



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

November 25, 2014

[REDACTED]
J.T.E. Enterprises, Inc.
390 E. Suffolk Avenue
Islandia, New York 11749

RE: Final Audit Report
Audit #:08-4663
Provider #: [REDACTED]
County Demo Program –
Suffolk County

Dear [REDACTED]:

This letter constitutes the Office of the Medicaid Inspector General's (OMIG) Final Audit Report of payments to J.T.E. Enterprises, Inc. (the Provider) for transportation services paid by Medicaid covering the period of January 1, 2006, through December 31, 2007.

The New York State Department of Health (Department) is the single state agency responsible for the administration of the medical assistance (Medicaid) program. The OMIG is an independent office within the Department responsible for a variety of Medicaid program integrity functions. As part of its responsibilities, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews assess provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of the Department of Health and the Department of Mental Hygiene (Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York) and the Department's Medicaid Managed Care Model Contract, Medicaid Management Information System (MMIS) Provider Manuals and *Medicaid Update* publications.

A review of payments to the Provider for transportation services paid by Medicaid for Suffolk County recipients from January 1, 2006, through December 31, 2007, was recently completed. During the audit period, \$1,202,039.50 was paid for 27,383 services rendered to 1,311 recipients. This review consisted of a random sample of 150 services involving 110 recipients with Medicaid payments of \$7,157.40. The purpose of the audit was to determine whether: drivers and/or vehicles were properly licensed; certified and/or registered; prior authorizations were obtained; all billing and rate requirements were met; Medicaid reimbursable services were rendered for the dates billed; appropriate procedure codes were billed for services rendered; vendor records contained the documentation required by the regulations; and claims for payment were submitted in accordance with Department regulations and the Provider Manuals for Transportation.

After reviewing the Provider's July 11, 2104 response to the OMIG's May 28, 2014 Draft Audit Report, as well as any other information/documentation submitted, OMIG has determined that for the period and scope reviewed, the Provider generally adhered to applicable Medicaid billing rules and regulations. The OMIG has concluded that no further action is required pertaining to this audit.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR Section 519.18(a), if the Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED].

Issues you may raise shall be limited to those issues relating to determinations contained in the Final Audit Report. Further, issues must be limited to those you raised in any written response to the Draft Audit Report. The hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid program, take action where appropriate, and recover any associated overpayments. If you have any questions regarding the above, please contact me at [REDACTED]. Thank you for your cooperation.

Sincerely,
[REDACTED]

Division of Medicaid Audit, Albany Office
Office of the Medicaid Inspector General

cc: [REDACTED]

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED