



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 16, 2015

Totem Taxi, Inc.
105 W 3rd Street
Elmira, New York 14901-2107

FINAL AUDIT REPORT
Audit # 15-3768
Provider # [REDACTED]

Dear Provider:

The New York State Office of the Medicaid Inspector General (OMIG) completed an audit of Medicaid claims paid for transportation services allegedly provided to Medicaid recipients.

In accordance with Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR), this report represents the final determination on issues found during the OMIG's review.

Since you did not submit any documentation in response to the OMIG's July 22, 2015 Draft Audit Report, the overpayments are unchanged. A detailed Final Report, along with supporting exhibits, is appended to this notice.

Based on this determination, restitution of the overpayments as defined in 18 NYCRR 518.1 is required in the amount of \$11,561.22, inclusive of interest.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below.

OPTION #1: Make a full payment by check or money order within 20 days of the date of the final report. The check should be made payable to the New York State Department of Health and be sent with the enclosed Remittance Advice form, signed and dated, to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
Albany, New York 12237

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until an agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

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



Do not submit claim voids or adjustments in response to this Final Report.

You have 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), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If you wish to request a hearing, the request must be submitted in writing to:

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

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you. At the hearing, you may call witnesses and present documentary evidence on your behalf.

Questions concerning this audit may be directed to [REDACTED] at [REDACTED]

Sincerely, [REDACTED]

Bureau of Payment Controls and Monitoring
Office of the Medicaid Inspector General

Enclosure

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

Totem Taxi, Inc.
105 W 3rd Street
Elmira, New York 14901-2107

Provider # [REDACTED]

AUDIT #15-3768

AUDIT

TYPE

PROVIDER

RATE

PART B

OTHER:

AMOUNT DUE: \$ 11,561.22

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #15-3768
Albany, New York 12237

5. If the provider number shown above is incorrect, please enter the correct number below.

[REDACTED]
CORRECT PROVIDER NUMBER

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL**

**ANDREW M. CUOMO
GOVERNOR**

**DENNIS ROSEN
MEDICAID INSPECTOR GENERAL**

FINAL REPORT

**Totem Taxi, Inc.
105 W 3rd Street
Elmira, New York 14901-2107**

**Transportation
#15-3768**

ISSUED SEPTEMBER 16, 2015

BACKGROUND, PURPOSE AND SCOPE

The New York State Department of Health (DOH) is responsible for the administration of the Medicaid program. As an independent office within DOH, the OMIG conducts audits and reviews of providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assuring provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth in NY Public Health Law, NY Social Services Law, regulations of the Department of Health, (Titles 10 and 18 of the NYCRR), Medicaid Provider Manuals, and *Medicaid Update* publications.

A review of ambulette claims submitted for transportation services with payment dates from January 1, 2013 through December 31, 2014 show that the vehicle plate number was missing for each date of service.

DETAILED FINDINGS

A copy of the supporting exhibit is enclosed with this Final Audit Report. The exhibit details each disallowed claim by Recipient, Primary Provider Identification Number, Category of Service, Procedure/Rate Code, Date of Service and Date of Death.

1. Transportation Claims with Missing Vehicle License Plate for Date of Service

Transportation providers billing for ambulette services are required to include on their Medicaid claim the license plate number of the vehicle used to transport the Medicaid recipient.

A review of ambulette claims submitted for transportation services with payment dates from January 1, 2013 through December 31, 2014 show that the vehicle plate number was missing for each date of service.

Medicaid will not provide reimbursement for any mode of transportation when the provider is out of compliance with applicable Medicaid regulations.

Regulations state: "By enrolling the provider agrees ... that the information provided in relation to any claim for payment shall be true, accurate, and complete."

18 NYCRR 504.3(h)

Regulations state: "By enrolling, the provider agrees... to comply with the rules, regulations and official directives of the department."

18 NYCRR 504.3(i)

Regulation 18 NYCRR 518.1(c) defines "overpayment" as "any amount not authorized to be paid under the medical assistance program, whether paid as the result of ... improper claiming, unacceptable practices, fraud, abuse or mistake" and provides for the recovery by OMIG of these overpayments.

18 NYCRR 518.1(c)

Regulations state: "In order to receive payment for services provided to an MA recipient, a vendor must be lawfully authorized to provide transportation services on the date the services are rendered. A vendor of transportation services is lawfully authorized to provide such services if it meets the following standards:

..."(ii) Ambulette services must be authorized by the Department of Transportation. Ambulette drivers must be qualified under Article 19-A of the Vehicle and Traffic Law. Ambulette services and their drivers must comply with all requirements of the Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the ambulette services or their drivers are exempt from such requirements. In addition, ambulette services operating in New York City must be licensed by the New York City Taxi and Limousine Commission;"

18 NYCRR 505.10(e)(6)(ii)

Medicaid Transportation Manual Policy Guidelines state:

"Transportation providers billing for ambulette services (category of service 0602) are required to:

Include the **driver license number** of the individual driving the vehicle on their claim.

Include the **license plate number** of the vehicle used to transport the Medicaid client on their claim.

If a different driver and/or vehicle returns the recipient from the medical appointment, the license number of the driver and vehicle used for the origination of the trip should be reported on the claim.

*eMedNY Transportation Manual Policy Guidelines
Version 2012-4 (effective 1 Oct. 2012), p. 23.
Version 2013-2 (effective 1 Feb. 2013), p. 23
Version 2014-1 (effective 15 Sept. 2014), p. 33*

Ambulette Transportation Providers Additional Information Required for Billing

Transportation providers billing for ambulette services (category of service 0602) are now required to:

Include the driver license number of the individual driving the vehicle on their claim.

Include the license plate number of the vehicle used to transport the Medicaid client on their claim.

Providers should diligently update their billing systems to comply with this requirement.

*DOH Medicaid Update November 2005 Vol. 20, No. 12
DOH Medicaid Update August 2007 Vol. 23, No. 8*

Exhibit A is a list of disallowed transportation claims containing no vehicle license plate number for the date of service on the claim. Submitting these claims to Medicaid resulted in an overpayment of \$ 10,824.20

DETERMINATION

In accordance with 18 NYCRR 518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the preliminary determination of the overpayment. For the overpayments identified in this audit, the OMIG has determined that accrued interest totals \$737.22

Based on this determination, the total amount of overpayment, as defined in 18 NYCRR 518.1(c) is \$11,561.42, inclusive of interest.

Do not submit claim voids or adjustments in response to this Final Report.