



# **OMIG AUDIT PROTOCOL AMBULETTE TRANSPORTATION FOR SERVICE DATES PRIOR TO 12/31/2018**

***REVISED 03/31/2020***

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Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law. Audit protocols are intended solely as guidance in this effort. This guidance does not constitute rulemaking by the New York State Office of the Medicaid Inspector General (OMIG) and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the audit protocols alters any statutory or regulatory requirement and the absence of any statutory or regulatory requirement from a protocol does not preclude OMIG from enforcing the requirement. In the event of a conflict between statements in the protocols and either statutory or regulatory requirements, the requirements of the statutes and regulations govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and, therefore, are not a substitute for a review of the statutory and regulatory law. OMIG cannot provide individual advice or counseling, whether medical, legal, or otherwise. If you are seeking specific advice or counseling, you should contact an attorney, a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

Audit protocols are applied to a specific provider type or category of service in the course of an audit and involve OMIG's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, OMIG will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.

OMIG, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program. Furthermore, audit protocols do not limit or diminish OMIG's authority to recover improperly expended Medicaid funds and OMIG may amend audit protocols as necessary to address identified issues of non-compliance. Additional reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

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<b>1.</b>	<b>Missing/Incomplete Documentation</b>
<b>OMIG Audit Criteria</b>	<p>If any item listed below is not included in the contemporaneous documentation to substantiate the claim, the claim will be disallowed. Documentation must include the following information for both legs of the trip:</p> <ol style="list-style-type: none"> <li>1. Recipient name and Medicaid identification number</li> <li>2. Date of service</li> <li>3. Origination of trip</li> <li>4. Destination of trip</li> <li>5. Time of pickup</li> <li>6. Time of drop off</li> <li>7. Vehicle license plate number</li> <li>8. Printed full name of driver</li> <li>9. Driver's license number (effective <b>03/01/2016 and after</b>)</li> <li>10. Signature of driver (effective <b>03/01/2016 and after</b>)</li> <li>11. Attestation from driver that trip was completed (effective <b>03/01/2016 and after</b>)</li> </ol> <p><b>NOTE:</b> The following items presented as the <i>only</i> evidence of a trip <b>are not</b> considered acceptable documentation: a driver/vehicle manifest or dispatch sheet; prior authorizations or roster; or an attendance log from a day program. However, these documents may be considered supplemental to additional required documentation and can be presented to supplement required documentation.</p>
<b>Regulatory References</b>	<p>18 NYCRR § 505.10(e)(8)          NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section II          NYS DOH Medicaid Update, August 2010, Vol. 26, No. 10          NYS DOH Medicaid Update, December 2015, Vol. 31, No. 13          NYS DOH Medicaid Update, January 2016, Vol. 32, No. 1</p>

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<b>2.</b>	<b>Missing/Incorrect Information on Medicaid Claim</b>
<b>OMIG Audit Criteria</b>	<p>If the following information is missing or incorrect, the claim will be disallowed:</p> <ol style="list-style-type: none"> <li>1. <b>Missing</b> or <b>incorrect</b> driver's license number on the claim.</li> <li>2. <b>Missing</b> or <b>incorrect</b> vehicle license plate number on the claim.</li> <li>3. <b>Incorrect</b> Procedure Code on the claim.</li> </ol> <p><b>Note:</b> If the procedure code on the claim is incorrect, the difference between the amount of the billed procedure code and the correct procedure code will be disallowed.</p>
<b>Regulatory References</b>	<p>NYS Medicaid Program Transportation Manual, Policy Guidelines,          Versions 2012-1 through 2014-1, Section II          Versions 2012-1 through 2019-1, Section III          New York State Billing Guidelines - Transportation,          Versions 2011-1 through 2016-1, Section II          NYS DOH Medicaid Update, November 2005, Vol. 20, No. 12</p>

<b>3.</b>	<b>Excessive Mileage Claimed</b>
<b>OMIG Audit Criteria</b>	<p>Mileage shall be measured from the first pick-up to the last drop-off location of the recipient. The amount paid in excess of the amount of the correct mileage will be disallowed.</p> <p><b>NOTE: APPLICABLE TO NYC ONLY</b> - New York City has established fixed reimbursement rates for trips occurring inside a borough (inside common medical market area) and outside a borough (outside common medical market area). When a trip occurs within any of the five boroughs, extra mileage should not be ordered.</p> <ul style="list-style-type: none"> <li>• <u>NYC Mileage Claims</u>: Non-emergency medical transportation mileage is paid after 8.0 passenger-laden miles, from mile 8.0 to the end of the passenger-laden trip.</li> <li>• <u>NYC Ambulette/Livery Surcharge Claims</u>: The Department will pay a one, per-trip, flat fee add-on per Medicaid passenger for one-way trips exceeding 3.0 miles in duration and originating from or ending at a destination below 110th Street in Manhattan. <b>(Effective 03/15/2014 and After)</b></li> </ul>
<b>Regulatory References</b>	<p>NYS Medicaid Program Transportation Manual, Policy Guidelines,          Versions 2012-1 through 2019-1, Section III</p>

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<b>4.</b>	<b>The Medical Service Could Not Be Corroborated for the Transportation Service Provided</b>
<b>OMIG Audit Criteria</b>	Transportation services are limited to the provision of passenger-occupied transportation to and/or from Medicaid-covered services. Claims paid for a transportation service to or from a non-Medicaid-covered service location will be disallowed.
<b>Regulatory References</b>	18 NYCRR § 505.10(a) NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section II Versions 2012-1 through 2019-1, Section III

<b>5.</b>	<b>Vehicle Not Owned, Leased or Registered by Provider or Not Insured to Provider</b>
<b>OMIG Audit Criteria</b>	<p><b>For Services December 1, 2015 and After:</b></p> <p>A provider must own the vehicle outright or be personally responsible for the vehicle pursuant to a vehicle lease agreement. It is unacceptable for a Medicaid-enrolled transportation service provider to enter into any arrangement whereby the provider uses or leases vehicles registered/listed to, insured by, and/or maintained by another individual or entity. Further, vehicles must be insured and maintained by the Medicaid-enrolled transportation provider.</p> <p>The provider may only enter into a lease agreement with a motor vehicle manufacturer or with a licensed vehicle dealership. Vehicle lease agreement and registration must be in the name of the Medicaid-enrolled transportation service provider.</p> <p>The claim will be disallowed if the vehicle used on the date of service is not owned, leased or registered by the provider or not insured to the provider.</p>
<b>Regulatory References</b>	NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2016-1 through 2019-1, Section II NYS DOH Medicaid Update, December 2015, Vol. 31, No. 13

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<b>6.</b>	<b>Provider Used Subcontractor to Provide Transportation Service</b>
<b>OMIG Audit Criteria</b>	<p><b>For Services December 1, 2015 and After:</b>          Medicaid program transportation service providers are personally and directly responsible for transporting Medicaid enrollees. These responsibilities may not be assigned, delegated, or subcontracted out. The claim will be disallowed if the provider used a subcontractor to provide the medical transportation service for date of service.</p> <p><b>NOTE:</b> Formerly, due to mechanical breakdowns and other acute circumstances, the Medicaid program allowed, on a short-term basis, Medicaid-enrolled providers to subcontract with or lease vehicles from another Medicaid-enrolled providers or other entities. <b>Effective 12/01/2015 and after</b>, the Medicaid program will no longer allow these arrangements.</p>
<b>Regulatory References</b>	NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2016-1 through 2019-1, Section II NYS DOH Medicaid Update, December 2015, Vol. 31, No. 13

<b>7.</b>	<b>Driver Not Connected to Provider's NYS DMV 19-A Carrier Driver History Report on Date of Service</b>
<b>OMIG Audit Criteria</b>	<p>Ambulette drivers are required to be certified by the NYS Department of Motor Vehicles (DMV) under Article 19-A of the Vehicle and Traffic Law in order for the provider to bill for the transportation service. Per DMV's 19-A requirements, a provider must maintain a Carrier Driver Roster for all drivers who are transporting for them. Any driver, employed by the Carrier for longer than 10 days, not found to be connected to the Carrier's NYS DMV Driver History Report at the time of transport should not be transporting.</p> <p>The claim will be disallowed if the driver has been employed by the Carrier for longer than 10 days and is <b>not</b> connected to the provider's DMV 19-A Carrier Driver History Report on the date of service.</p>
<b>Regulatory References</b>	18 NYCRR § 505.10(e)(6)(ii) NYS DMV Article 19-A Guide for Motor Carriers, Version CDL-15, January 2015 NY Consolidated Laws, Vehicle and Traffic Law - VAT § 509-d(4) NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section I

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