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OMIG AUDIT PROTOCOL – TRANSPORTATION AMBULETTE

For Service Dates Prior to February 7, 2014

EFFECTIVE 05/23/2013

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.

OMIG AUDIT PROTOCOL – TRANSPORTATION AMBULETTE FOR SERVICE DATES PRIOR TO 02/07/2014

Effective 05/23/2013

1.	Missing/Incomplete Documentation
OMIG Audit Criteria	<p>If the provider has no contemporaneous documentation to substantiate the claim, the amount paid for the claim will be disallowed. Typically, transportation providers keep records referred to as “trip tickets”. Providers may also use driver logs, dispatch logs and other forms of computerized records containing required information. The following information is required.</p> <ol style="list-style-type: none"> 1. Recipient name 2. Name of Driver (Effective 01/01/2004); Printed Full Name of Driver (09/01/2010) 3. Origination of Trip 4. Destination of Trip 5. Date of Service 6. Time of Pickup & Drop Off (Effective 09/01/2010) 7. Vehicle License Plate Number for Both Legs of Trip (Effective 09/01/2010)
Regulatory References	<p>18 NYCRR Section 504.3(a) 18 NYCRR Section 505.10(e)(8) MMIS Transportation Manual Policy Guidelines Version 2004-1 Section II, Version 2006-1 Section II, Version 2006-2 Section II, Version 2007-1 Section II, Version 2008-1 Section II, Version 2008-2 Section II, Version 2008-3 Section II, Version 2009-1 Section II, Version 2009-2 Section II, Version 2009-3 Section II, Version 2009-4 Section II, Version 2010-1 Section II, Version 2011-1 Section II, Version 2011-2 Section II, Version 2012-1 Section II, Version 2012-2 Section II</p> <p>DOH Medicaid Update August 2010</p>

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2.	Missing/Inaccurate Ordering Provider Information on Claim
OMIG Audit Criteria	<p>If the following information is missing or incorrect, the claim is disallowed and projected:</p> <ol style="list-style-type: none"> 1. Effective 01/01/2006, the claim must have the <u>driver's license #</u> and <u>vehicle plate #</u>. If the return trip is provided by a different driver and/or vehicle, the provider should enter the first driver/vehicle information only. 2. Effective 10/01/2006, the claim must have the <u>Ordering Provider ID #</u>. This information is provided by the ordering provider and appears on the Transportation Prior Authorization Roster. A copy of the Roster is sent to the transportation provider as well as the ordering provider. 3. A missing or incorrect <u>Procedure Code</u>.
Regulatory References	<p>18 NYCRR Sections 504.3 (f) and (h) MMIS Transportation Manual Policy Guidelines Version 2006-1, Section II, Version 2006-2, Section II, Version 2007-1, Section II, Version 2008-1, Section II, Version 2008-2, Section II, Version 2008-3, Section II, Version 2009-1, Section II, Version 2009-2, Section II, Version 2009-3, Section II, Version 2009-4, Section II, Version 2010-1, Section II, Version 2011-1, Section II, Version 2011-2, Section II, Version 2012-1, Section II, Version 2012-2, Section II</p> <p>DOH Medicaid Update November 2005 and October 2006</p>

3.	Non-Reimbursable Tolls
	<p>Effective May 1, 2008, road and bridge tolls can only be reimbursed for the actual toll paid, not for the toll times the number of recipients in the ambulette. Providers using E-Z Pass receive a discounted rate. Therefore, E-Z Pass statements will be reviewed.</p>
Regulatory References	<p>MMIS Transportation Manual Policy Guidelines Version 2008-1, Section II,</p>

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	<p>Version 2008-2, Section II, Version 2008-3, Section II, Version 2009-1, Section II, Version 2009-2, Section II, Version 2009-3, Section III, Version 2009-4, Section III, Version 2010-1, Section III, Version 2011-1, Section III, Version 2011-2, Section III, Version 2012-1, Section III, Version 2012-2, Section III</p> <p>DOH Medicaid Update May 2008</p>
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4.	Excessive Mileage Claimed
OMIG Audit Criteria	The mileage for group rides should be measured from the first pick-up to the last drop-off and only billed to one recipient, not to every recipient on the trip.
Regulatory References	<p>MMIS Transportation Manual Policy Guidelines</p> <p>Version 2004-1, Section II, Version 2006-1, Section II, Version 2006-2, Section II, Version 2007-1, Section II, Version 2008-1, Section II, Version 2008-2, Section II, Version 2008-3, Section II, Version 2009-1, Section II, Version 2009-2, Section II, Version 2009-3, Section II, Version 2009-4, Section III, Version 2010-1, Section II, Version 2011-1, Section III, Version 2011-2, Section III, Version 2012-1, Section III, Version 2012-2, Section III</p> <p>DOH Medicaid Update May 2008</p>

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5.	A Medical Service Could Not Be Corroborated for the Transportation Service Provided
OMIG Audit Criteria	Transportation services are limited to the provision of passenger-occupied transportation to or from Medicaid covered services. Transportation providers that bill for their Prior Authorization Rosters are more prone to bill for services not rendered. In addition, Traumatic Brain Injury Waiver Recipients will be an exception to this medical service requirement.
Regulatory References	18 NYCRR Section 505.10(a) MMIS Transportation Manual Policy Guidelines Version 2004-1, Section II, Version 2006-1, Section II, Version 2006-2, Section II, Version 2007-1, Section II, Version 2008-1, Section II, Version 2008-2, Section II, Version 2008-3, Section II, Version 2009-1, Section II, Version 2009-2, Section II, Version 2009-3, Section II, Version 2009-4, Section II, Version 2010-1, Section II, Version 2011-1, Section II, Version 2011-2, Section II, Version 2012-1, Section II, Version 2012-2, Section II

6.	Driver is Not NYS DMV 19A Certified
OMIG Audit Criteria	Regulations require ambulette drivers to be certified by the NYS Department of Motor Vehicles (DMV) under Article 19A of the Vehicle and Traffic Law in order for the provider to bill for the transportation service.
Regulatory References	18 NYCRR Section 505.10(e)(6)(ii) MMIS Transportation Manual Policy Guidelines Version 2004-1, Section II, Version 2006-1, Sections I & II, Version 2006-2, Sections I & II, Version 2007-1, Sections I & II, Version 2008-1, Sections I & II, Version 2008-2, Sections I & II,

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	Version 2008-3, Sections I & II, Version 2009-1, Sections I & II, Version 2009-2, Sections I & II, Version 2009-3, Sections I & II, Version 2009-4, Sections I & II, Version 2010-1, Sections I & II, Version 2011-1, Sections I & II, Version 2011-2, Sections I & II, Version 2012-1, Sections I & II, Version 2012-2, Section I
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7.	Provider is Not Taxi and Limousine Commission Licensed
OMIG Audit Criteria	Providers of ambulette services in New York City (NYC), Nassau County and Westchester County must be licensed by the applicable Taxi and Limousine Commission on the date of service.
Regulatory References	18 NYCRR Section 505.10(e)(6)(ii) MMIS Transportation Manual Policy Guidelines Version 2004-1, Section I, Version 2006-1, Sections I & II Version 2006-2, Sections I & II Version 2007-1, Sections I & II Version 2008-1, Sections I & II Version 2008-2, Sections I & II Version 2008-3, Sections I & II Version 2009-1, Sections I & II Version 2009-2, Sections I & II Version 2009-3, Sections I & II Version 2009-4, Sections I & II Version 2010-1, Sections I & II, Version 2011-1, Sections I & II, Version 2011-2, Sections I & II, Version 2012-1, Sections I & II, Version 2012-2, Sections I & II, DOH Medicaid Update November 2009

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8.	Driver is Not Taxi and Limousine Commission Licensed
OMIG Audit Criteria	Drivers providing ambulette services in New York City (NYC), Nassau County and Westchester County must be licensed by the applicable Taxi and Limousine Commission on the date of service.
Regulatory References	<p>MMIS Transportation Manual Policy Guidelines</p> <p>Version 2004-1, Section I, Version 2006-1, Sections I & II Version 2006-2, Sections I & II Version 2007-1, Sections I & II Version 2008-1, Sections I & II Version 2008-2, Sections I & II Version 2008-3, Sections I & II Version 2009-1, Sections I & II Version 2009-2, Sections I & II Version 2009-3, Sections I & II Version 2009-4, Sections I & II Version 2010-1, Sections I & II, Version 2011-1, Sections I & II, Version 2011-2, Sections I & II, Version 2012-1, Sections I & II, Version 2012-2, Sections I & II,</p> <p>DOH Medicaid Update November 2009</p>

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