



OMIG AUDIT PROTOCOL TAXI / LIVERY TRANSPORTATION FOR SERVICE DATES PRIOR TO 12/31/2018

REVISED 06/17/2020

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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1.	Missing/Incomplete Documentation
OMIG Audit Criteria	<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"> 1. Recipient name and Medicaid identification number 2. Date of service 3. Origination of trip 4. Destination of trip 5. Time of pickup 6. Time of drop off 7. Vehicle license plate number 8. Printed full name of driver 9. Driver's license number (effective 03/01/2016 and after) 10. Signature of driver (effective 03/01/2016 and after) 11. Attestation from Driver That Trip Was Completed (effective 03/01/2016 and after) <p>NOTE: The following items presented as the <i>only</i> evidence of a trip are not considered acceptable documentation: a driver/vehicle manifest or dispatch sheet; prior authorizations or roster; or 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>
Regulatory References	<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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2.	Missing/Incorrect Information on Medicaid Claim
OMIG Audit Criteria	<p>If the following information is missing or incorrect, the claim will be disallowed:</p> <ol style="list-style-type: none"> 1. Effective 5/24/2018, missing or incorrect driver license number on the claim. 2. Effective 5/24/2018, missing or incorrect vehicle license plate number on the claim. 3. Effective 11/2005, incorrect procedure code on the claim. Note: 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.
Regulatory References	<p>NYS Medicaid Program Transportation Manual, Policy Guidelines, 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, December 2015, Vol. 31, No. 13 NYS DOH Medicaid Update, April 2018, Vol. 34, No. 4</p>

3.	Excessive Mileage Claimed
OMIG Audit Criteria	<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>NOTE: APPLICABLE TO NYC ONLY - 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 5 boroughs, extra mileage should not be ordered.</p> <ul style="list-style-type: none"> • <u>NYC Mileage Claims:</u> All 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. <p><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. (Effective 03/15/2014 and after)</p>
Regulatory References	<p>NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section III</p>

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4.	The 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 and/or from Medicaid-covered services. Claims paid for a transportation service to or from a non-Medicaid covered service location will be disallowed.
Regulatory References	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

5.	Vehicle Not Owned, Leased or Registered by Provider or Not Insured to Provider
OMIG Audit Criteria	<p><u>For Taxi Services Only:</u> For Services December 1, 2015 and After: 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/leased to, insured by, and/or maintained by another individual or entity.</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>
Regulatory References	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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6.	Provider Used Subcontractor to Provide Transportation Service
OMIG Audit Criteria	<p><u>For Taxi Services Only:</u></p> <p>Effective 12/1/2015 and After: Medicaid program transportation service providers are personally and directly responsible for transporting Medicaid enrollees. These responsibilities may not be assigned, delegated or subcontracted out.</p> <p>NOTE: Formerly, due to mechanical breakdowns and other acute circumstances, the Medicaid program allowed, on a short-term basis, a Medicaid-enrolled provider to subcontract with or lease vehicles from another Medicaid-enrolled provider or other entities. <i>Effective 12/1/2015, the Medicaid program will no longer allow these arrangements.</i></p> <p>The claim will be disallowed if the provider used a subcontractor to provide the medical transportation service for date of service.</p>
Regulatory References	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

7.	Provider's Livery Base Station Does Not have a Valid NYC TLC For-Hire Base License
OMIG Audit Criteria	<p><u>For Livery Services Only:</u></p> <p>Providers of livery services in NYC are not permitted to operate a business as a Livery Base Station without a Valid For-Hire Base License from the Taxi and Limousine Commission (TLC). Claims will be disallowed if the provider does not have a valid For-Hire Base License from the TLC for the date of service.</p>
Regulatory References	18 NYCRR § 505.10(e)(6)(iii) Rules of City of New York Taxi and Limousine Commission (35 RCNY), Section 59A-11(e)(2) NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section I Versions 2012-1 through 2019-1, Section II NYS DOH Medicaid Update, November 2009, Vol. 25, No. 14 NYS DOH Medicaid Update, March 2016, Vol. 32, No. 3

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8.	Driver is Not Taxi and Limousine Commission Licensed
OMIG Audit Criteria	<p><u>For Livery Services Only:</u> Drivers providing livery services in NYC, Nassau, and Westchester must have a Valid For-Hire driver license from the NYC Taxi and Limousine Commission. Claims will be disallowed if the driver does not have a valid NYC TLC For-Hire Driver License for the date of service.</p> <p>In instances where an ambulette vehicle is used to perform a taxi/livery service, the ambulette driver providing the taxi/livery service in an ambulette vehicle must be NYS DMV 19A qualified, in lieu of the TLC licensing requirement for the date of service.</p>
Regulatory References	<p>18 NYCRR § 505.10(e)(6)(iii) Rules of City of New York Taxi and Limousine Commission (35 RCNY), Section 59A-11(b)(1) Rules of City of New York Taxi and Limousine Commission (35 RCNY), Section 59B-11(c)(1) NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section I Version 2012-1, Section II NYS DOH Medicaid Update, November 2009, Vol. 25, No. 14 NYS DOH Medicaid Update, March 2016, Vol. 32, No. 3</p>

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