



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

June 24, 2013

[REDACTED]
Island Wide Ambulette Service
100 North Clinton Avenue
Bay Shore, New York 11706-6446

Final Audit Report
County Demonstration Project – Suffolk County
Audit #09-4083
Provider ID [REDACTED]

Dear [REDACTED]:

This letter will serve as our final audit report of the recently completed review of payments made to Island Wide Ambulette Service (the Provider) under the New York State Medicaid Program.

The New York State Department of Health (DOH) is responsible for the administration of the Medicaid program. As part of this responsibility, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR, 14 NYCRR, 18 NYCRR)] and the Medicaid Management Information System (MMIS) Provider Manuals.

Medicaid reimbursement in New York State is available to lawfully authorized ambulance, ambulette and taxi providers for transportation services furnished to Medicaid eligible persons going to or from the site of Medicaid covered medical services. Other carriers are specifically approved to transport Medicaid recipients to and from prescribed day treatment services. Transportation providers and their drivers must comply with all applicable state, county and municipal requirements for legal operation, including those for licensing, inspection, training, staffing and equipment. Applicable regulations of the State Departments of Transportation, Health and Motor Vehicles are referenced in the Department's governing regulation, Title 18 NYCRR Section 505.10.

A common requirement for all Medicaid transportation providers is the need to obtain prior authorization for all non-emergency services that are provided. Once authorized, a service must be rendered to receive reimbursement. Each billing claim for service submitted for Medicaid payment must conform to the billing requirements contained in the MMIS Provider Manual for Transportation and rate schedules issued by county social service districts as part of their local transportation plans.

A review of payments to the Provider for transportation services paid by Medicaid for Suffolk County recipients from July 1, 2003, through December 31, 2008, was recently completed. During the audit period, \$2,347,641.22 was paid for 30,394 services rendered to 416 recipients. This review consisted of a random sample of 100 services involving 57 recipients with Medicaid payments of \$7,434.10. The purpose of this audit was to verify that: 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.

The Provider's failure to comply with Title(s) 10, 14 and/or 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) and the MMIS Provider Manual for Transportation resulted in a total sample overpayment of \$5,621.14.

The statistical sampling methodology employed allows for extrapolation of the sample findings to the universe of cases (18 NYCRR Section 519.18). The mean per unit point estimate of the amount overpaid is \$1,708,489. The lower confidence limit of the amount overpaid is \$1,493,564. We are 95% certain that the actual amount of the overpayment is greater than the lower confidence limit (Exhibit I). This audit may be settled through repayment of the lower confidence limit of \$1,493,564.

Since you did not respond to our revised draft audit report dated April 2, 2013, the findings in the final audit report remain identical to the draft audit report.

DETAILED FINDINGS

In addition to any specific detailed findings, rules and/or regulations which may be listed below, the following regulations pertain to all audits:

Regulations state: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department."
18 NYCRR Section 504.3

Regulations state: "All bills for medical care, services and supplies shall contain: . . . (8) a dated certification by the provider that the care, services and supplies itemized have in fact been furnished; that the amounts listed are due and owing . . . ; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment . . . ; and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided. . . ."

18 NYCRR Section 540.7(a)

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."

18 NYCRR Section 518.1(c)

Furthermore, according to regulations, all providers must prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program. In addition, the provider must keep, for a period of six years, all records necessary to disclose the nature and extent of services furnished and the medical necessity therefor, including any prescription or fiscal order for the service or supply. This information is subject to audit for a period of six years and must be furnished, upon request.

18 NYCRR Section 517.3(b)

1. Missing/Incomplete Documentation

Regulations state: "By enrolling the provider agrees... to prepare and to maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information, upon request, to the department, the Secretary of the United States Department of Health and Human Services, the Deputy Attorney General for Medicaid Fraud Control and the New York State Department of Health[.]"

18 NYCRR Section 504.3(a)

Regulations state: "Payment to a provider of ambulette services will only be made for services documented in contemporaneous records in accordance with section 504.3 of this Title. Documentation must include:

- (i) the recipient's name and MA identification number;
- (ii) the origination of the trip;
- (iii) the destination of the trip;
- (iv) the date and time of service; and
- (v) the name of the driver transporting the recipient."

18 NYCRR Section 505.10 (e)(8)

Medicaid policy states: "Record Keeping Requirements: Trip Tickets
Payment to a provider of ambulette services will only be made for services documented in contemporaneous records, typically referred to as "trip tickets." Documentation shall include the following:

- Recipient's name and Medicaid identification number;
- Origination of the trip;
- Destination of the trip;
- Date and time of service; and,
- Name of the driver transporting the recipient"

MMIS Transportation Manual Policy Guidelines, Version 2004-1, Section II

Medicaid policy states: "Record Keeping Requirements
Payment to ambulette, taxi/livery/van and day treatment transportation providers who transport Medicaid recipients Medicaid-covered services will only be made for services documented in contemporaneous records.

Documentation shall include the following:

- The recipient's name and Medicaid identification number;
- The origination of the trip;
- The destination of the trip;
- The date and time of service; and,
- The name of the driver transporting the recipient.

For auditing purposes, Medicaid recipient records must be maintained and be available to authorized officials for six (6) years following the date of payment."

MMIS Transportation Manual Policy Guidelines, Version 2006-1 (effective 20 Oct 06), Section II
Version 2006-2 (effective 1 Dec 06), Section II
Version 2007-1 (effective 9 Jan 07), Section II

Medicaid policy states: "Record Keeping Requirements
Payment to ambulette, taxi/livery/van and day treatment transportation providers who transport Medicaid enrollees to Medicaid-covered services will only be made for services documented in contemporaneous records. Documentation shall include the following:

- The Medicaid enrollee's name and Medicaid identification number;
- Both the origination and destination of the trip;
- The date and time of service; and,
- The name of the driver transporting the Medicaid enrollees.

For auditing purposes, Medicaid enrollee records must be maintained and available to authorized officials for six (6) years following the date of payment."

MMIS Transportation Manual Policy Guidelines, Version 2008-1 (effective 1 Jun 08), Section II
Version 2008-2 (effective 25 Jun 08), Section II
Version 2008-3 (effective 1 Sept 08), Section II

In 25 instances pertaining to 21 recipients, contemporaneous documentation of a transportation service was missing. This resulted in a sample overpayment of \$1,912.72 (Exhibit II).

In 4 instances pertaining to 3 recipients, contemporaneous documentation supporting the name of the driver was missing or incomplete. This resulted in a sample overpayment of \$270.12 (Exhibit III).

In 1 instance, contemporaneous documentation supporting the time of service on the trip ticket was missing or incomplete. This resulted in a sample overpayment of \$80.04 (Exhibit IV).

2. **Missing/Inaccurate Information on Medicaid Claim**

Regulations state: "By enrolling the provider agrees.... to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission" and "that the information provided in relation to any claim for payment shall be true, accurate and complete". *18 NYCRR Sections 504.3(f) and (h)*

Medicaid policy states: "...all claims (electronic and paper) submitted to Medicaid by nonemergency ambulette transportation providers (category of service 0602) must contain the *Driver's License Number*; and the *Vehicle License Plate Number*."

DOH Medicaid Update November 2005 Vol. 20, No. 12

Medicaid policy states: "Transportation providers billing for services when an ambulette vehicle is used 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 Medicaid enrollee/s 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."

*MMIS Transportation Manual Policy Guidelines, Version 2006-1 (effective 20 Oct 06), Section II
Version 2006-2 (effective 1 Dec 06), Section II
Version 2007-1 (effective 9 Jan 07), Section II
Version 2008-1 (effective 1 Jun 08), Section II
Version 2008-2 (effective 25 Jun 08), Section II
Version 2008-3 (effective 1 Sept 08), Section II*

Medicaid policy states: "Medicaid policy requires that all Ambulette Providers (Category of Service 0602) enter the ordering provider's Medicaid identification number, or license number and profession code, when submitting a claim to Computer Sciences Corporation.

Failure to accurately report the ordering provider's identification number will prevent the payment of claims."

DOH Medicaid Update October 2006 Vol. 21, No. 10

In 26 instances pertaining to 18 recipients, the claim contained inaccurate information in the vehicle plate number field. This resulted in a sample overpayment of \$1,821.54 (Exhibit V).

In 4 instances pertaining to 4 recipients, the claim contained inaccurate information in the driver license field. This resulted in a sample overpayment of \$246 (Exhibit VI).

3. **Driver is Not NYS DMV 19A Certified**

Regulations state: "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 Section 505.10(e)(6)(ii)*

The Medicaid policy states: "Medicaid reimbursement is available to lawfully authorized ambulette providers for ambulette transportation furnished to recipients whenever necessary to obtain medical care. Transportation services are limited to the provision of passenger occupied transportation to or from Medicaid covered services."

*MMIS Transportation Manual Policy Guidelines, Version 2004-1, Section II
Version 2006-1 (effective 20 Oct 06), Section II
Version 2006-2 (effective 1 Dec 2006), Section II
Version 2007-1 (effective 9 Jan 07), Section II*

Version 2008-1 (effective 1 Jun 08), Section II
Version 2008-2 (effective 25 Jun 08), Section II
Version 2008-3 (effective 1 Sept 08), Section II

Medicaid policy states: "Only lawfully authorized ambulette services may receive reimbursement for the provision of ambulette transportation.

Ambulettes need to be in compliance with any and all New York State Department of Transportation licensing requirements. Ambulette drivers must be qualified under Article 19A of the New York State Department of Motor Vehicles' Vehicle and Traffic Law."

MMIS Transportation Manual Policy Guidelines, Version 2006-1 (effective 20 Oct 06), Section I
Version 2006-2 (effective 1 Dec 06), Section I
Version 2007-1 (effective 9 Jan 07), Section I

Medicaid policy states: "Only lawfully authorized ambulette services may receive reimbursement for the provision of ambulette transportation.

Ambulettes must be in compliance with all New York State Department of Transportation (NYSDOT) licensing, inspection and operation requirements; including those at Title 17 NYCRR §720.3(A). Ambulette drivers must be qualified under Article 19A of the New York State Department of Motor Vehicles' Vehicle and Traffic Law. Where applicable, proof of licensure by the local Taxi and Limousine Commission is required as a condition of enrollment."

MMIS Transportation Manual Policy Guidelines, Version 2008-1 (effective 1 Jun 08), Section I
Version 2008-2 (effective 25 Jun 08), Section I
Version 2008-3 (effective 1 Sept 08), Section I

In 16 instances pertaining to 12 recipients, the provider did not ensure its drivers complied with DMV certification requirements of Article 19A of the Vehicle and Traffic Law and therefore had non-19A-certified drivers. This resulted in a sample overpayment of \$1,290.72 (Exhibit VII).

Total sample overpayments for this audit amounted to \$5,621.14.

Additional reasons for disallowance exist regarding certain findings. These findings are identified in Exhibit VIII.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. If you decide to repay the lower confidence limit amount of \$1,493,564, one of the following repayment options must be selected within 20 days from the date of this letter:

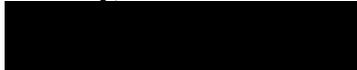
OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:


 New York State Department of Health
 Medicaid Financial Management, B.A.M.
 GNARESP Corning Tower, Room 2739
 File #09-4083
 Albany, New York 12237-0048

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 15% withhold after 20 days until the agreement is established.

Furthermore, the OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. 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. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

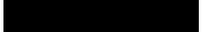
Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204



If within 20 days, you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to recover payment and liquidate the lower confidence limit amount, interest and/or penalty, not barring any other remedy allowed by law. The OMIG will provide notice to you no later than 5 days after the withholding of any funds. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against the amount owed.

If you choose not to settle this audit through repayment of the lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the meanpoint estimate of \$1,708,489. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report 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 .

Issues you may raise shall be limited to those issues relating to determinations contained in the final audit report. Your 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.

At the hearing you have the right to:

- a) be represented by an attorney or other representative, or to represent yourself;
- b) present witnesses and written and/or oral evidence to explain why the action taken is wrong; and
- c) cross examine witnesses of the Department of Health and/or the OMIG.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid Program, take action where appropriate, and recover monies owed through the initiation of a civil lawsuit or other legal mechanisms including but not limited to the recovery of state tax refunds pursuant to Section 206 of the Public Health Law and Section 171-f of the State Tax Law.

Should you have any questions, please contact me at [REDACTED].

Thank you for the cooperation and courtesy extended to our staff during this audit.

Sincerely,

[REDACTED]

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

[REDACTED]
Enclosure
Ver-29.5
Fin-7/16/12

CERTIFIED MAIL: [REDACTED]
RETURN RECEIPT REQUESTED

cc: [REDACTED]

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

ISLAND WIDE AMBULETTE SERVICE
100 N. CLINTON AVENUE
BAY SHORE, NY 11706-6446

PROVIDER ID

AUDIT #09-4083

AMOUNT DUE: \$1,493,564

AUDIT

TYPE

PROVIDER
 RATE
 PART B
 OTHER:
County Demo

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:

New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower, Room 2739
File #09-4083
Albany, New York 12237-0048

Thank you for your cooperation.

ISLAND WIDE AMBULETTE SERVICE
TRANSPORTATION SERVICES AUDIT
AUDIT #09-4083
AUDIT PERIOD: 07/01/03 – 12/3108

EXTRAPOLATION OF SAMPLE FINDINGS

Sample Overpayments	\$	5,621.14
Services in Sample		100
Overpayments Per Sampled Service	\$	56.2114
Services in Universe		30,394
Meanpoint Estimate	\$	1,708,489
Lower Confidence Limit	\$	1,493,564

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

Missing/Incomplete Documentation - No Documentation of Service

Sample #	Date of Service	Billing Code	Amount Disallowed
5	4/26/2005	NY100	\$80.04
6	6/17/2005	NY100	\$80.04
12	8/16/2004	NY102	\$80.04
21	11/28/2003	NY100	\$80.04
22	5/31/2004	NY102	\$80.04
26	1/4/2006	NY102	\$110.08
27	1/9/2006	NY100	\$80.04
29	1/18/2006	NY102	\$110.08
30	2/16/2006	NY100	\$80.04
32	6/26/2006	NY100	\$80.04
42	1/24/2007	NY100	\$100.00
43	2/26/2007	NY199	\$23.00
48	5/17/2007	NY199	\$23.00
49	6/5/2007	NY100	\$100.00
57	11/12/2007	NY100	\$100.00
61	12/27/2007	NY199	\$23.00
63	1/31/2008	NY199	\$23.00
65	2/28/2008	NY100	\$100.00
70	7/19/2008	NY100	\$100.00
75	4/7/2003	47201	\$80.04
88	6/28/2004	47209	\$30.00
93	11/23/2004	47201	\$80.04
95	10/29/2004	47201	\$80.04

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

Missing/Incomplete Documentation - No Documentation of Service

Sample #	Date of Service	Billing Code	Amount Disallowed
97	1/4/2005	47202	\$110.08
99	2/17/2005	47201	\$80.04
Total Services:	25		\$1,912.72

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

Missing/Incomplete Documentation - No Driver on Trip Ticket

Sample #	Date of Service	Billing Code	Amount Disallowed
17	4/1/2004	NY102	\$80.04
79	8/26/2003	47201	\$80.04
81	12/23/2003	47201	\$80.04
90	5/6/2004	47209	\$30.00
Total Services:	4		\$270.12

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

Missing/Incomplete Documentation - No Time of Service on Trip Ticket

Sample #	Date of Service	Billing Code	Amount Disallowed
10	2/5/2005	NY100	\$80.04
Total Services:	1		\$80.04

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

**Missing/Inaccurate Information on Medicaid Claim - Inaccurate Plate
Number**

Sample #	Date of Service	Billing Code	Amount Disallowed
31	4/28/2006	NY100	\$80.04
33	7/18/2006	NY100	\$100.00
35	8/22/2006	NY100	\$100.00
36	8/22/2006	NY100	\$100.00
37	9/14/2006	NY100	\$100.00
38	10/17/2006	NY100	\$100.00
39	8/3/2006	NY100	\$100.00
40	8/24/2006	NY100	\$100.00
44	3/12/2007	NY100	\$100.00
45	5/1/2007	NY100	\$100.00
46	5/1/2007	NY102	\$136.50
47	5/21/2007	NY100	\$100.00
51	6/28/2007	NY199	\$23.00
52	7/10/2007	NY199	\$23.00
53	8/13/2007	NY199	\$23.00
54	8/20/2007	NY199	\$23.00
55	8/21/2007	NY199	\$23.00
58	11/2/2007	NY199	\$23.00
59	11/2/2007	NY199	\$23.00
62	1/17/2008	NY199	\$23.00
67	4/23/2008	NY199	\$23.00
68	4/25/2008	NY132	\$152.00
71	8/12/2008	NY199	\$23.00

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

**Missing/Inaccurate Information on Medicaid Claim - Inaccurate Plate
Number**

Sample #	Date of Service	Billing Code	Amount Disallowed
72	8/6/2008	NY100	\$100.00
73	11/4/2008	NY199	\$23.00
74	11/20/2008	NY100	\$100.00
Total Services:	26		\$1,821.54

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

Missing/Inaccurate Information on Medicaid Claim - Inaccurate Drivers License

Sample #	Date of Service	Billing Code	Amount Disallowed
34	8/21/2006	NY100	\$100.00
41	1/4/2007	NY100	\$100.00
50	6/28/2007	NY199	\$23.00
60	12/13/2007	NY199	\$23.00
Total Services:	4		\$246.00

ISLAND WIDE AMBULETTE SRVC

MMIS #: [REDACTED]

Audit #: 09-4083

Driver is Not NYS DMV 19A Certified

Sample #	Date of Service	Billing Code	Amount Disallowed
1	4/28/2005	NY100	\$80.04
3	4/26/2005	NY100	\$80.04
4	4/28/2005	NY100	\$80.04
7	7/25/2005	NY100	\$80.04
9	9/14/2005	NY100	\$80.04
11	1/21/2004	NY100	\$80.04
15	5/26/2004	NY109	\$30.04
20	11/9/2005	NY100	\$80.04
23	10/24/2005	NY100	\$80.04
25	12/16/2005	NY100	\$80.04
77	9/16/2003	47201	\$80.04
80	10/23/2003	47201	\$80.04
82	12/23/2003	47201	\$80.04
83	2/27/2004	47202	\$110.08
84	4/12/2004	47201	\$80.04
85	4/12/2004	47202	\$110.08
Total Services:	16		\$1,290.72

Island Wide Ambulette Service

Audit #09-4083

Provider ID [REDACTED]

Sample #	Primary	Secondary	Tertiary	Quaternary
31	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
34	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Driver is Not NYS DMV 19A Certified		
35	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
36	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Driver is Not NYS DMV 19A Certified	
37	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
39	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
40	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Missing/Inaccurate Info. On Medicaid Claim - Driver License Not Valid on Date of Service	Driver is Not NYS DMV 19A Certified
41	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Driver is Not NYS DMV 19A Certified		
44	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
45	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
47	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
50	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Driver is Not NYS DMV 19A Certified		
53	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License		
60	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Driver is Not NYS DMV 19A Certified		

Island Wide Ambulette Service

Audit #09-4083

Provider ID XXXXXXXXXX

Sample #	Primary	Secondary	Tertiary	Quaternary
67	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Missing/Inaccurate Info. On Medicaid Claim - Vehicle Not Registered on Date of Service	
72	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Driver License	Driver is Not NYS DMV 19A Certified	
74	Missing/Inaccurate Info. On Medicaid Claim - Inaccurate Plate Number	Missing/Inaccurate Info. On Medicaid Claim - Incorrect Procedure Code Billed	Missing/Incomplete Documentation - Recipient Name Missing from Trip Ticket	
79	Missing/Incomplete Documentation - No Driver on Trip Ticket	Driver is Not NYS DMV 19A Certified		
81	Missing/Incomplete Documentation - No Driver on Trip Ticket	Driver is Not NYS DMV 19A Certified		
90	Missing/Incomplete Documentation - No Driver on Trip Ticket	Driver is Not NYS DMV 19A Certified		