Dear Ambulance Provider:

The Department of Health (DOH) Bureau of Emergency Medical Services (BEMS) has brought instances of ambulance transport policy violations by some Medicaid transportation providers to our attention. Continued participation in the Medicaid program requires that ambulance transportation providers comply with BEMS as well as Medicaid program policies. While your individual company may not be among the violators identified by BEMS, we are sending this letter to all ambulance providers in New York State.

Please be reminded that ambulance providers must comply with BEMS and Medicaid policies, rules, and regulations, including the standards set forth in Article 30 of the Public Health Law (PHL), which governs emergency medical services, as well as Title 18 of the New York Code of Rules and Regulations (NYCRR) §505.10, which governs Medicaid-funded transportation services.

Please review the following areas where the identified violations of policies have occurred and, if necessary, comply as directed.

 Territory

Ambulance services are certified to operate in an explicit primary geographic area, or territory. Per Article 30 PHL §3010, an ambulance company may receive patients only within the primary territory specified on the operating certificate, or outside the territory with the exceptions indicated (such as with the approval of DOH and the emergency medical services council to meet an emergency need). Consequently, claims for ambulance services may be submitted only when those services originate within the ambulance services' approved territory of operation or meet the statutorily prescribed exceptions.

If you have any questions regarding the boundary of your primary territory or the exceptions, please contact the Regional Emergency Medical Services or the DOH Bureau of Emergency Medical Services at (518) 402-0996.

Fire Companies

Under the current provisions of New York State General Municipal Law §209-b(4) and Town Law §176; a fire district, a fire department, or any entity incorporated for the
purposes of providing fire protection to a district or municipality, may not charge fees for ambulance services rendered by that fire district. Therefore, such entities may not lawfully enroll and receive provider status from Medicaid for ambulance service. Please note that the prohibition does not apply to a municipality (county, city, town or village) that possesses PHL §3010 ambulance operating authority.

If you have questions regarding your status under this law, please contact DOH Bureau of Emergency Medical Services staff at (518) 402-0996.

Billing Advanced Life Support

Advanced Life Support (ALS) services must be provided by an advanced emergency medical technician. If your ambulance service has been certified to provide basic life support, but not ALS services, then you are permitted to submit claims for basic life support services only.

Any questions regarding your ambulance services approved the level of care should be directed to DOH Bureau of Emergency Medical Services staff at (518) 402-0996.

Paramedic Intercept

Paramedic Intercept means EMT-Paramedic services provided by an ambulance service in the situation where a second ambulance service furnishes the basic life support ambulance transport (Source: 42 Code of Federal Regulations Chapter IV §414.601 10/1/02). If your agency provides Paramedic Intercept services to another ambulance service, Medicaid should see two distinct bills:

- one from the ambulance service providing the basic life support transport, and
- one from the company for the paramedic intercept.

It is unacceptable for either company to bill Medicaid for both the physical trip and the Paramedic Intercept service.

If you have any questions regarding Medicaid billing procedures, please contact the Medicaid fiscal agent, Computer Sciences Corporation, at (800) 343-9000.

Billing Agents

Due to the complexity of billing insurances for services rendered, many ambulance services have contracted with an outside entity (billing agent) to perform this function. In order for a company to bill Medicaid on your behalf, the billing agent must be enrolled in Medicaid as a "Service Bureau" (18 NYCRR 504.9(g)). Such enrolled entities include, but are not limited to:

- Certified Ambulance Group from Connecticut,
- Multi-Med Billing from Central New York,
• Med-Ex Billing, Inc. from Western New York.

Although these entities are billing Medicaid on your company’s behalf, the ambulance service is ultimately responsible for any identified inappropriate billing and improper practices. Therefore, it is imperative that ambulance companies ensure that their contracted billing agent adheres to applicable policies. Further, officers of ambulance services should be aware of Medicaid ambulance policies, contained in the Provider Policy Manual, located at:

http://www.emedny.org/ProviderManuals/Transportation/index.html.

Medicaid Enrollment File

Once enrolled, Medicaid providers must maintain with the Medicaid Program accurate address and telephone numbers. To verify the accuracy of your address information, please contact Medicaid Enrollment staff at (518) 474-8161. To update your address file, please complete a “Fee-for-Service Provider Address Change Form”, available online at:

http://www.emedny.org/info/ProviderEnrollment/index.html.

Additional Questions

Thank you for reviewing these issues and for the important role your ambulance service provides in the delivery of Medicaid transportation services. Questions related to Medicaid transportation policy should be directed to Medicaid Transportation Policy staff at (518) 474-5187, or via email to MedTrans@health.state.ny.us.

Sincerely,

[Signature]

Gregory S. Allen, Director
Division of Financial Planning and Policy
Office of Health Insurance Programs