

## Medicare Part A and Part B

### ***Ambulance services – Supplier Compliance with Payment Requirements Billing and Payments.***

OIG will examine Medicare claims to determine whether Medicare payments for ambulance service were made in accordance with Medicare Regulations. Prior OIG work found that Medicare made inappropriate payments for advanced life support emergency transports. Medicare pays for emergency and nonemergency ambulance services when a beneficiary's medical condition at the time of transport is such that other means of transportation are contraindicated (i.e., would endanger the beneficiary). (Social Security Act, § 1861(s) (7).) Medicare pays for different levels of ambulance service, including Basic Life Support and Advanced Life Support as well as specialty care transport. (42 CFR § 410.40(b).) (W-00-17-35574; various reviews; expected issue date: FY 2017).

## Medicaid Reviews

### ***Other Medicaid Services, Equipment and Supplies***

A. Transportation services – compliance with Federal and State requirements The OIG will review Medicaid payments by States to providers for transportation services to determine the appropriateness of the payment for such services. Federal regulations require States to ensure necessary transportation for Medicaid beneficiaries to and from providers. (42 CFR § 431.53.) Each State may have different Medicaid coverage criteria, reimbursement rates, rules governing covered 11 Ibid at page 28 12 Ibid at page 29 7 services, and beneficiary eligibility for services. (OAS; W-00-17-31121; various reviews; expected issue date: FY2017)

Read the Full HHS OIG Work Plan for 2017. [Click Here](#)