



New York State Office of the Medicaid Inspector General
Compliance Confirmation Confirmation

Date Submitted: 2011-12-01_10:24:28

Confirmation Number: NYSOMIG-110000005902

Form: NYS OMIG CCSSL2011 (Revised: 12/01/2011)

Certification of Compliance with the Social Services Law § 363-d and 18 NYCRR Part 521

This form permits Medicaid providers to certify that their compliance program is effective as required by NYS Social Services Law Section 363-d and 18 NYCRR Part 521.

This form **CANNOT** be used to certify that Medicaid providers meet the requirements of the Federal Deficit Reduction Act of 2005 (DRA) which establishes requirements about the False Claims Act. To determine if you must certify under the DRA, please see the material on the Federal Deficit Reduction Act by going to www.omig.ny.gov, clicking on the Compliance tab on the home page and clicking on the Certification sub tab and looking for the Federal Deficit Reduction Act material.

Directions:

1. Please complete all blank lines on the form before submission.
2. When asked for an FEIN, please use the FEIN number associated with Medicaid payments which can be found on remittance statements, or located on the 1099 form you receive annually from the Medicaid program. If you are unsure of the correct FEIN, please confirm the correct FEIN with your accounting department.
3. If you submit Medicaid claims under more than one FEIN, you will need to certify separately under each FEIN number. Please complete separate forms.
4. For most providers, the information on the Person Certifying should be different from the Compliance Officer Information. OMIG expects that the certifying official is a member of senior management (or the governing board) that the compliance function reports to. In most situations, OMIG does not recommend that the compliance officer report to the general counsel or to the Chief Financial Officer.

Corporation/Provider Information

Enrolled Provider | Enrolling Provider

Federal Employer Identification Number (FEIN) (SSN IF 1099): **611605910**

Corporation/Provider Name: **Wheels of Progress Inc.**, hereinafter "Provider"

Address1: **1325 5th Ave Suite 4B** Address2:

City: **New York** State: **NY** Zip Code: **10029**

Compliance Officer Information

First Name: **Dr. Rosemarie** Middle Initial: Last Name: **Murray** Suffix: Title: **V.P.**

Phone Number: **(914) 498-1341** Email Address: **Dr.rmurray@wheelsofprogress.org**

Person Certifying

First Name: **George** Middle Initial: Last Name: **Gallego** Suffix: Title: **CEO**

Phone Number: **(347) 645-3265** Email Address: **g.gallego@wheelsofprogress.org**

Check this box if your organization utilizes a Third Party Billing Service/Service Bureau.

Certification

Provider certifies that the provider and its affiliates have adopted, implemented and maintain an effective compliance program that meets the requirements of NYS Social Services Law §363-d and 18 NYCRR Part 521.
