

Medicaid Transportation Monitoring Report

_____ Wake County DSS

Recipient Name _____

Medicaid ID Number _____ Date of Transport _____

Vendor Used MV

Medical Provider Name _____

Medical Provider Telephone Number _____

Please circle one answer for each question below.

Was recipient authorized for Medicaid on trip date? Yes or No

Was recipient in an eligible Medicaid category? Yes or No

Was recipient transported to a Medicaid Enrolled Provider? Yes or No

Did recipient receive a Medicaid covered service? Yes or No

DMA-5048, Transportation Exception Verification Form in the file? Yes or No or N/A

Current DMA-5046, Notice of Rights in the file? Yes or No

Current DMA-5047, Medicaid Assessment in the file? Yes or No

Current DMA-5024, Transportation Assessment Notification in the file? Yes or No

Calculation of the reimbursement for the trip/related expenses done correctly? Yes or No

Was there a DMA-5019, Denial of Transportation Request provided to the recipient? Yes or No or N/A

Trip coded correctly for reimbursement on the DMA-2056, Transportation Log? Yes or No

Review Date _____

Name of Monitor Oliver Abreu