

Medicaid Transportation Monitoring ReportWake County DSSRecipient Name RecipientMedicaid ID Number 948000000L Date of Transport 06/29/18Vendor Used MVMedical Provider Name FMC Wake DialysisMedical Provider Telephone Number 919-876-7501 ext. 153**Please circle one answer for each question below.**Was recipient authorized for Medicaid on trip date? Yes or NoWas recipient in an eligible Medicaid category? Yes or NoWas recipient transported to a Medicaid Enrolled Provider? Yes or NoDid recipient receive a Medicaid covered service? Yes or NoDMA-5048, Transportation Exception Verification Form in the file? Yes or No or N/ACurrent DMA-5046, Notice of Rights in the file? Yes or NoCurrent DMA-5047, Medicaid Assessment in the file? Yes or NoCurrent DMA-5024, Transportation Assessment Notification in the file? Yes or NoCalculation of the reimbursement for the trip/related expenses done correctly? Yes or NoWas there a DMA-5019, Denial of Transportation Request provided to the recipient? Yes or No or N/ATrip coded correctly for reimbursement on the DMA-2056, Transportation Log? Yes or NoReview Date 07/09/2018Name of Monitor Olivera Abreu