

State of West Virginia DEPARTMENT OF HEALTH AND HUMAN RESOURCES Office of Inspector General Board of Review P.O. Box 970 Danville, WV, 25053

	Danville, WV 25053	
Joe Manchin III Governor		Martha Yeager Walker Secretary
	July 22, 2008	
Dear Ms:		
	s of fact and conclusions of law on your hearing he Department of Health and Human Resources' ac insportation (NEMT).	——————————————————————————————————————
and the rules and regulations esta	e Hearings Officer is governed by the Public Welt blished by the Department of Health and Human ses to assure that all persons are treated alike.	
regulations. Some of the regulat	y Medical Transportation (NEMT) Program is ba ons state that the OFA-NEMT-1 form may be use ered in the space titled "Date of Appointment." (C	ed for verification of up to 4
sections for trips partially comple	or hearing reveals that you provided an OFA-NEM eted for the medical appointment of May 8, 2008; the titled "Date of Appointment," which is the section	however none of the sections
It is the decision of the State Hea Emergency Medical Transportati	ring Officer to uphold the action of the Departme on reimbursement application.	ent in denying your Non-
	Sincerely,	
	Cheryl Henson State Hearing Officer Member State Board	of Review

Erika H. Young, Chairman, Board of Review Brenda Bailey, DHHR

cc:

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES BOARD OF REVIEW

,	
Claimant,	
v.	Action Number: 08-BOR-1480
West Virginia Departmen Health and Human Resou	
Respondent.	
	DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on July 16, 2008 for ______. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on July 16, 2008 on a timely appeal, filed May 19, 2008.

II. PROGRAM PURPOSE:

The Program entitled Non-Emergency Medical Transportation (NEMT) is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The Non-Emergency Medical Transportation (**NEMT**) program provides payment to or on behalf of eligible persons for transportation and other related expenses necessary to secure medical and other services covered by the Medicaid Program.

III.	PARTICIPANTS:	
	, Claimant , Claimant's spouse	
	Brenda Bailey, DHHR Representative	
	Presiding at the Hearing was Cheryl Henson, State Hearing Officer and a member of the State Board of Review.	
IV.	QUESTIONS TO BE DECIDED:	
	The question to be decided is whether the Department was correct in their action to deny the Claimant's request for Non-Emergency Medical Transportation (NEMT) reimbursement.	
V.	APPLICABLE POLICY:	
	West Virginia Income Maintenance Manual, Chapter 19.3 B.7.	
VI.	LISTING OF DOCUMENTARY EVIDENCE ADMITTED:	
	Department's Exhibits:	
	D-A Department's Summary D-B OFA-NEMT-1 form dated May 8, 2008 D-C Notification letters dated May 14, 2008 and May 15, 2008 D-D WV Income Maintenance Manual Section 19.3	
	Claimant's Exhibits:	
	None	
X/11	EINDINGS OF EACT.	

VII. FINDINGS OF FACT:

The Claimant submitted to the Department a Non-Emergency Medical Transportation application (D-B) dated May 8, 2008. This application was received by the Department on May 12, 2008. The Claimant entered the same information in all four of the sections titled "Verification of Travel and Attendance for NEMT." None of the four sections included the "trip date" in the section "date of appointment".

2) The Department sent the Claimant a denial letter (D-C) on May 14, 2008 which states in pertinent part:

Your application for Non-Emergency Medical Transportation for four trips has been denied effective May [sic], 2008.

Here is why: For the three trips to Dr. the dates of the appointments were not provided. These dates are requested and are needed to verify the trips. Failure to provide them will result in the denial of the application.

For the fourth trip, the date of the trip was not provided, the name or address of the doctor was not provided and the doctor did not sign to verify the trip. Again, this information is requested because it is needed to verify both the trip and the mileage.

Therefore, failure to provide any of the requested information will result in denial of the non-emergency medical transportation application.

3) The Department sent the Claimant a second denial letter (D-C) on May 15, 2008 which states in pertinent part:

ACTION: ________'s application for NEMT for 05/08/08 has been denied.

REASON: Failed to complete the application.

These same entries were repeated in the letter for a total of four times. The Department testified that because there was no entry in the section marked "date of appointment," the Department assumed the entries were for four (4) separate trips. The Department contends that policy requires that a date be entered in the section marked "date of appointment," which is the section the physician completes and signs to verify that the appointment occurred on that date. Although the physician's signature is on the form, no "date of appointment" is entered.

The Claimant testified that the form was complete and indicated that although all four sections of the form were completed, the form was submitted for only one trip, that being the medical appointment on May 8, 2008. The Claimant contends that because the transportation provider signed the form with that date, it should have been sufficient verification for the Department to show that only one trip occurred on May 8, 2008 for that application. The Department contends that the transportation provider date only verifies that he signed the form on that date, and does not verify the actual date of appointment. The Claimant stated that she was told by a Department worker to complete all four sections each time she submitted the form, thus explaining why all four sections were completed for the same trip.

5) WV Income Maintenance Manual Section 19.3 B.7 states in pertinent part:

The Application Form

The form may be used for verification of up to 4 trips. Each trip date must be entered in the space titled "Date of Appointment." Regardless of the number of trips included on the form, all trips must have occurred within the 60-day period prior to the date the form is submitted to DHHR for payment.

VIII. CONCLUSIONS OF LAW:

- 1) Policy is clear that a "date of appointment" is required to be entered into a specific section of the Non-Emergency Medical Assistance application, that being in the space titled "Date of Appointment."
- 2) It is clear that this information was not provided for this application.
- 3) The Department acted properly in denying the Non-Emergency Medical Transportation application.

IX. DECISION:

After reviewing the information presented during the hearing, and the applicable policy and regulations, I am ruling to **uphold** the action of the Department in denying your application for Non-Emergency Medical Transportation (NEMT) reimbursement.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision Form IG-BR-29

ENTERED this 22nd Day of July, 2008.

Cheryl Henson State Hearing Officer