

# HBPE Performance Measure Report Dispute Form

To: Bureau for Medical Services

Hospital Name:

Date:

After reviewing the Hospital Based Presumptive Eligibility performance measure for the quarter beginning on (insert date), I dispute the reported performance measures for the following reason(s) (check all that apply):

The following individual(s) who were determined Presumptively Eligible (PE) died prior to completing the full Medicaid application. List name(s) and PE ID numbers of the individual(s) (please use a separate sheet of paper if needed.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following individual(s) either completed their full Medicaid application on WV inROADS or went into a local DHHR office but did not supply their PE ID number. List name(s) and PEID numbers of the individual(s) (please use a separate sheet of paper if needed.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other: List reason(s) for full Medicaid application not being completed along with the name(s) and PEID numbers of the patient(s). Please remember that unacceptable reasons for being out of compliance include, but are not limited to: could not reach the patient by phone, patient would not return phone calls, patient refused to cooperate, etc. (Please use a separate sheet of paper if needed). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:  
Cynthia Engle, Program Managers  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301

Fax: 304-558-1542

E-mail: [Cynthia.L.Engle@wv.gov](mailto:Cynthia.L.Engle@wv.gov) Since personal information is included on this form if emailing it must be by secure email.