

Office of Medicaid Policy and Planning  
Non-Emergency Medical Transportation Reports

**Report Name:** Program Integrity Audits and Investigations  
**Version:** 2.0  
**Report Code:** MO-PI1  
**Submission Date:** 07/20/2020  
**Code Citation:** IC 12-15-30.5-4 (a)(3)(D)

**Experience Period >> 02/01/20-02/29/20**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Date Initiated	Provider Name	Driver(s), if Appropriate	Summary of Reason for Audit/Investigation	Actions Taken	Date Completed	Recoupment/Repayment Schedule	Projected Activity for Next Month
2/11/2020	XXX	Member signature concerns/Unauthorized driver	XXX submitting denied claims with identical members for the same day with different drivers.	An SIU was emailed to Indiana Program Integrity Department informing that Southeatrans Program Integrity Department will be performing a preliminary investigation on the provider.			
2/26/2020	YYY	Billing for services not rendered	YYY being paid for services not rendered. During the review, it was determined the provider was being paid for unauthorized no-shows.	An SIU was emailed to Indiana Program Integrity Department informing that Southeatrans Program Integrity Department will be performing a preliminary investigation on the provider.			
Comment:							

**Note:** Data reflects the cases referred to FSSA/OMPP Program Integrity unit during the reporting month.