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

**Broker Name** Southeastrans Version: 2020.01

Report Name: **Program Integrity Audits and Investigations** 

Report Code: **MO-PIIS** 

**Code Citation:** IC 12-15-30.5-4 (a)(3)(D)

> **Experience Period >>** 10/01/2020 - 10/31/2020

(2) (3) (4) (5) (6) (7) (8) (1)

5 . 7		Driver(s), if			Date	Recoupment/Repayment	Projected Activity for Next
Date Initiated	Provider Name	Appropriate	Summary of Reason for Audit/Investigation	Actions Taken	Completed	Schedule	Month
	Comment:						