## 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: 06/30/2020

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

## Experience Period >> 03/01/20-03/31/20

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

Date		Driver(s), if			Date	Recoupment/Repayment	Projected Activity for Next
Initiated	Provider Name	Appropriate	Summary of Reason for Audit/Investigation	Actions Taken	Completed	Schedule	Month
3/2/2020	XXX	Unauthorized Driver	The Fraud, Waste, and Abuse Department (FWA) was contacted by Southeastrans Providers Relations Manager regarding provider XXX using an unauthorized driver. During the review of Trip Reimbursement Forms (TRF), it was determined the times and mileage appeared to be inconsistent between the pick-up and drop-off locations with overlapping times and conflicting miles.	An SIU was emailed to Indiana Program Integrity Department informing that Southeatrans Program Integrity Department			
3/3/2020		Billing for services not rendered and transporting unauthorized members.	The Fraud, Waste, and Abuse Department (FWA) was contacted by a member regarding provider YYY allowing a member daughter to ride in place of the mom. During the review of an attendance verification form, it was determined the provider billed for services not rendered	An SIU was emailed to Indiana			
	Comment:	ı	1	ı			1

## 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: 06/30/2020

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

## Experience Period >> 03/01/20-03/31/20

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

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