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 >>** 02/01/2021 - 02/28/2021

| (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** |
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