Report Name: **Program Integrity Audits and Investigations**
Report Code: **MO-PI1**
Submission Date: **7/31/19**
Code Citation: **IC 12-15-30.5-4 (a)(3)(D)**

Experience Period >> 06/01/19 - 06/33/19

(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 Quarter**
6/13/2019		NA	Provider was paid for services not rendered.	No fraud was identified. The provider will be educated on having the member call dispatch when a cancellation occurs.	6/14/2019		
	Comment:						

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