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 >> 11/01/2020 - 11/31/2020

(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**
	Comment:						