

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

Report Name: Program Integrity Audits and Investigations
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 Report Code: MO-PI1
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Experience Period >> 01/01/20-01/31/20

(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
1/31/2019	XXX	NA	While auditing the High Trip Volume Report for the month of December, it was identified that a member had two trips on the same day that could have been scheduled as one trip. While reviewing the Trip Reimbursement submitted by the provider, it was determined that the member's signature was similar to the driver's signature. After sending an Attendance Verification Form to the member's facility, it was verified by the facility that the member did not attend the appointments on the dates the provider submitted for payment.	Investigation in Process			
Comment:							

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