

1 10A NCAC 22F .0104 is readopted with changes as published in 32:13 NCR 1258–1268 as follows:

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3 **10A NCAC 22F .0104 PREVENTION**

4 (a) Provider Education. The Division ~~may, may at its discretion, or shall~~ upon the request of a provider, conduct
5 on-site educational visits to assist a provider in complying with requirements of the Medicaid Program.

6 (b) Provider Manuals. The Division ~~shall will~~ prepare and make available ~~furnish each provider with~~ a provider
7 manual containing at least the following information:

- 8 (1) amount, duration, and scope of assistance;
- 9 (2) participation standards;
- 10 (3) penalties;
- 11 (4) reimbursement rules; and
- 12 (5) claims filing instructions.

13 (c) Prepayment Claims Review. The Division ~~shall will~~ check eligibility, duplicate payments, third party liability,
14 and unauthorized or uncovered services by means of prepayment review, computer edits and audits, and investigation.
15 ~~other appropriate methods of review.~~

16 (d) Prior Approval. The Division shall require prior approval for certain specified covered services as set forth in the
17 Medicaid State Plan.

18 (e) Claim Forms. The following terms and conditions shall apply to the submission of claims ~~(Claim) forms and~~
19 [shall contain] ~~The Division's provider claim forms shall include the following requirements~~ [that] ~~for provider~~
20 ~~participation and payment. These requirements shall be binding on upon~~ the Division and the providers:

- 21 (1) [medicaid]Medicaid payment constitutes payment in full; ~~full~~.
- 22 (2) charges ~~Charges~~ to Medicaid recipients for the same items and services shall not be higher than for
23 private paying ~~patients; patients~~.
- 24 (3) the ~~The~~ provider shall keep all records as necessary to support the services claimed for
25 reimbursement; ~~reimbursement~~.
- 26 (4) the ~~The~~ provider shall fully disclose the contents of his Medicaid financial and medical records to
27 the Division and its agents; ~~agents~~.
- 28 (5) [medicaid]Medicaid reimbursement shall only be made for medically necessary care and services
29 as defined in 10A NCAC 25A .0201; and services.
- 30 (6) the ~~The~~ Division may suspend or terminate a provider for violations of Medicaid laws, federal
31 regulations, the rules of this Subchapter, the provider administrative participation agreement, the
32 Medicaid State Plan, and Medicaid Clinical Coverage policies. ~~policies, or guidelines~~.

33 (f) ~~Pharmacy and Institutional~~ Provider Administrative Participation Agreements. All ~~institutional and pharmacy~~
34 providers shall ~~be required to~~ execute a written participation agreement as a condition for participating in the N.C.
35 State Medicaid ~~Medical Assistance~~ Program.

36 (g) The Recipient Management LOCK-IN System. The ~~Department of Health and Human Services, Division of~~
37 Medical Assistance, will shall establish a lock-in system to control recipient overutilization of provider services. A

1 lock-in system restricts an overutilizing recipient to the use of one physician and one pharmacy, of the recipient's
2 choice, provided the recipient's physician is able to ~~can~~ refer the recipient to other physicians as medically necessary,
3 as defined in 10A NCAC 25A .0201. ~~necessary.~~

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5 *History Note: Authority G.S. 108A-25(b); 108A-63; 108A-64; 42 C.F.R. Part 455; 42 CFR 455.23;*
6 *Eff. May 1, 1984; ~~1984~~.*
7 *Readopted Eff. July 1, 2018.*

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