

1 10A NCAC 22F .0202 is readopted with changes as published in 32:13 NCR 1258–1268 as follows:

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3 **10A NCAC 22F .0202 INVESTIGATION**

4 ~~(a) The Division will publish methods and procedures for the control of provider fraud, abuse, error, and~~
5 ~~overutilization.~~

6 (a)(b) There shall be a preliminary investigation of all complaints received or fraud, waste, abuse, [overutilization,]
7 error, or practices not conforming to state and federal Medicaid laws and regulations, clinical coverage policies, or
8 the Medicaid State Plan [regulations or policy] ~~aberrant practices~~ detected, until it is determined:

- 9 (1) whether there are sufficient findings to warrant a full investigation;
10 (2) whether there is sufficient evidence to warrant referring the case for civil fraud investigation, [and]
11 ~~and/or~~ criminal fraud investigation, or both; action; or
12 (3) whether there is insufficient evidence to support the allegation(s) and the case may be closed.

13 (b)(e) There shall be a full investigation if the preliminary findings support the conclusion of possible fraud until:

- 14 (1) the case is referred to the appropriate law enforcement agency;
15 (2) the case is found to be one of program abuse subject to administrative action;
16 (3) the case is closed for insufficient evidence of fraud or abuse; or
17 (4) the provider is found not to have abused or defrauded the program.

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19 *History Note: Authority G.S. 108A-25(b); 108A-63; 42 U.S.C. 1396(b) et seq.; 42 C.F.R. Part 455, Subpart A;*
20 *455;*
21 *Eff. April 15, 1977;*
22 *Readopted Eff. October 31, 1977;*
23 *Amended Eff. May 1, 1984; 1984.*
24 *Readopted Eff. July 1, 2018.*
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