

1 10A NCAC 22F .0302 is readopted with changes as published in 32:13 NCR 1258–1268 as follows:

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3 **10A NCAC 22F .0302 INVESTIGATION**

4 (a) ~~Abusive practices~~ Fraud, waste, abuse, [overutilization,] error, or practices not conforming to state and federal
5 Medicaid laws and regulations, [regulations or] clinical coverage policies, [policy] or the Medicaid State Plan shall be
6 investigated according to the provisions of Rule .0202 of this Subchapter.

7 (b) A Provider Summary Report shall be prepared by the investigative unit furnishing the full investigative findings
8 of fact, conclusions, and recommendations.

9 (c) The Division shall review the findings, conclusions, and recommendations and make a tentative decision for
10 disposition of the ~~case.~~ The Division shall seek full restitution of any improper provider payments as required by
11 10A NCAC 22F .0601. In addition, the Division may also take one or more of from among the following
12 administrative actions:

13 (1) ~~to recommend suspension or termination; To place provider on probation with terms and conditions~~
14 ~~for continued participation in the program.~~

15 (2) ~~to place the provider on probation with terms and conditions for continued participation in the~~
16 ~~program; [program including, placing]~~

17 (3) ~~to place~~ the provider on prepayment claims review pursuant to G.S. 108C-7; To recover in full any
18 ~~improper provider payments.~~

19 (3)(4) ~~to~~ To negotiate a financial settlement with the provider; provider.

20 (4)(5) ~~to~~ To impose remedial measures to include a monitoring program of the provider's Medicaid practice
21 terminating with a "follow-up" review to ensure corrective measures have been introduced; or
22 introduced.

23 (5)(6) ~~to~~ To issue a warning letter notifying the provider that he or she must not continue his or her aberrant
24 practices not conforming to state and federal Medicaid laws and regulations, clinical coverage
25 policies, or the Medicaid State Plan or he or she will be subject to further division actions.

26 (6) ~~—To recommend suspension or termination.~~

27 (d) The tentative decision shall be subject to the review procedures described in Section .0400 of this Subchapter.

28 (e) If the investigative findings show that the provider is not licensed or certified as required by federal and state law,
29 then the provider ~~shall not~~ cannot participate in the North Carolina State Medical Assistance Program (Medicaid). The
30 Division is required to verify provider licensure pursuant to 42 C.F.R. 455.12, which is adopted and incorporated by
31 reference with subsequent changes or amendments and available free of charge at <https://www.ecfr.gov/>.

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33 *History Note:* Authority G.S. 108A-25(b); 108A-63; 108C-7; 42 C.F.R. 455, Subpart A; 455 C.F.R. 412; 455.14;
34 42 C.F.R. 455.15;

35 Eff. April 15, 1977;

36 Readopted Eff. October 31, 1977;

37 Amended Eff. July 1, 1988; May 1, 1984; 1984.

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Readopted Eff. July 1, 2018.