

Rule No. 560-X-4-.03. Method.

- (1) Acquire, organize, and analyze data.
- (2) Present computer results through special reports that will enable Program Integrity to accomplish the following:
 - (a) Develop a comprehensive statistical profile of health care delivery and utilization patterns.
 - (b) Reveal suspected instances of potential fraud, waste, and-or abuse by individual practitioners, providers, recipients, or sponsors of recipients.
 - (c) Provide information indicating the existence of any potential ~~defects~~ deficiencies in the level of care or quality of services provided under the Medicaid Program.
 - (d) Provide information indicating the existence of any potential ~~defects~~ deficiencies in State resolution procedures.
- (3) Conduct in-house and on-site reviews/investigations to obtain additional facts and/or evidence to substantiate suspicions or allegations. Alabama Medicaid ~~Investigators-staff~~ shall properly identify themselves to providers or recipients as representing the Alabama Medicaid Agency. They shall request information that they consider pertinent to the audit/investigation. Requests shall be made directly to the provider, administrator, or person designated in charge.
- (4) Prepare and present reviews/investigation findings for prosecution, corrective action and/or sanction.
- (5) Provide information identifying ~~defects~~ deficiencies in documented policy and intended application.

~~(5)~~(6) Assures that the Medicaid Agency complies with the process for screening providers in accordance with 42 CFR 455 Subparts B and E.

Author: Jacqueline G. Thomas, Director, Program Integrity Division

Authority: State Plan; Title XIX, Social Security Act, 42 C.F.R. §401, 431 et seq., 455 et seq., 456 et seq., State Medicaid Manual 11420.6M.

History: Rule effective October 1, 1982.

Amended November 10, 1988, and March 15, 1994. Effective date of this amendment March 26, 1996. **Amended:** Filed July 17, 2018.