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.

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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.