

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.  
ACCESS TO RECOVERY (ATR)

POLICY MANUAL	AAIR PROGRAM	PAGE	1 of 2
CHAPTER 22	FRAUD AND ABUSE	NUMBER	c22.s3.0
SUBJECT	Investigation of Fraud and Abuse		
EFFECTIVE DATE	2/1/10		
REVISION DATE			

**POLICY:**

Internally identified and externally reported acts of fraud and abuse must be investigated each time AAIR suspects such an act may have occurred. AAIR will assign a fraud and abuse investigator to each case within three (3) business days of learning of a potentially fraudulent or abusive act.

**PROCEDURE:**

The investigator will complete an initial review of the case prior to developing a full fraud and abuse investigation. The purpose of the initial review is to determine if an internal (call center) or external (client, provider, or business associate) error has occurred and the reason(s) for the error.

Initial Review

To complete an initial review, the investigator will:

1. Open a fraud and abuse case file that is identified by a unique case number and stored separately from other client and provider files.
2. Conduct a short review of any relevant materials to determine if an error has occurred in the course of requesting, issuing, accepting, processing, or paying a voucher.

If the investigator determines that an error has occurred, the error will be corrected and the case will be closed. If, however, the investigator can not definitively determine that an error has not occurred, a full fraud and abuse investigation will begin.

Full Investigation

To complete a full investigation, the investigator will:

1. Suspend all vouchers for the client(s) and/or provider(s) under investigation.
2. Notify the client(s) and/or provider(s) that they are suspended pending a AAIR fraud and abuse investigation (**see c19.s1.0 – Suspending Clients and Providers**).
3. Determine the probable method of the fraud or abuse and the monetary benefit to the client(s) and/or provider(s). The investigator may use any of the following means to determine the method and monetary benefit:

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.  
ACCESS TO RECOVERY (ATR)

POLICY MANUAL	AAIR PROGRAM	PAGE	2 of 2
CHAPTER 22	FRAUD AND ABUSE	NUMBER	c22.s3.0
SUBJECT	Investigation of Fraud and Abuse		
EFFECTIVE DATE	2/1/10		
REVISION DATE			

- a. Review all past and present internal records of vouchers issued to the client and/or redeemed by the provider.
- b. Audit provider records containing AAIR information, including fiscal and client records.
- c. Conduct interviews and/or site visits with any party believed to have information valuable to the investigation.
- d. Review any other materials deemed necessary by the investigator.

If the investigation finds that no act of fraud or abuse has occurred, the investigator will close the case and issue a reinstatement letter to the client(s) and/or provider(s) who were suspended (**see c19.s4.0 – Reinstatement Review, Decision, and Notice**). If the investigator finds that one or more parties have committed an act of fraud or abuse, the investigator will initiate corrective action in accordance with **c22.s4.0 – Corrective Action**.

[END]