

9505.2160 SCOPE AND APPLICABILITY.

Subpart 1. **Scope.** Parts 9505.2160 to 9505.2245 govern procedures to be used by the department in identifying and investigating fraud, theft, abuse, or error by vendors or recipients of health services through a program as defined in part 9505.2165, subpart 8, that is administered by the department, and for the imposition of sanctions against vendors and recipients of health services. Additionally, parts 9505.2160 to 9505.2245 establish standards applicable to the health service and financial records of vendors of health services through a program.

Parts 9505.2160 to 9505.2245 must be read in conjunction with titles XVIII and XIX of the Social Security Act; Code of Federal Regulations, title 42; Minnesota Statutes, chapters 62E, 145, 152, 245, 245A, 252, 253, 254A, 254B, 256, 256B, 256D, 256L, and 609.

Subp. 2. **Applicability.** Parts 9505.2160 to 9505.2245 apply to local agencies, vendors participating in a program, and recipients of health services through a program. To the extent that provisions of a contract between the department and prepaid health plans have functionally equivalent requirements, the department shall exempt the prepaid health plans from the specific requirements of parts 9505.2160 to 9505.2245.

Statutory Authority: *MS s 256B.04; 256D.03*

History: *15 SR 2563, 19 SR 1898; L 2002 c 277 s 32; L 2003 1Sp14 art 11 s 11; 33 SR 127*

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