2-503.

THE INSPECTOR GENERAL:

- (1) MAY INVESTIGATE MISTAKEN CLAIMS, AND FRAUD, WASTE, AND ABUSE OF DEPARTMENTAL FUNDS:
- (2) SHALL COOPERATE WITH AND COORDINATE INVESTIGATIVE EFFORTS WITH THE MEDICAID FRAUD CONTROL UNIT AND WHERE A PRELIMINARY INVESTIGATION ESTABLISHES A SUFFICIENT BASIS TO WARRANT REFERRAL, SHALL REFER SUCH MATTERS TO THE MEDICAID FRAUD CONTROL UNIT; AND
- (3) SHALL COOPERATE WITH AND COORDINATE INVESTIGATIVE EFFORTS WITH DEPARTMENTAL PROGRAMS AND OTHER STATE AND FEDERAL AGENCIES TO ENSURE A PROVIDER IS NOT SUBJECT TO DUPLICATIVE AUDITS. 2–504.

THE INSPECTOR GENERAL, IN COLLABORATION WITH THE APPROPRIATE DEPARTMENTAL PROGRAM, MAY:

- (1) TAKE NECESSARY STEPS TO RECOVER ANY MISTAKEN, WRONGFUL, MISTAKEN CLAIMS PAID OR PAYMENTS OBTAINED IN ERROR OR FRAUDULENT CLAIMS PAID TO OR OBTAINED BY A PROVIDER; AND
- (2) TAKE NECESSARY STEPS TO RECOVER THE COST OF BENEFITS MISTAKENLY, WRONGFULLY MISTAKENLY PAID OR OBTAINED IN ERROR, OR FRAUDULENTLY PAID TO OR OBTAINED BY A RECIPIENT;
 - (3) PERFORM AUDITS AND INSPECTIONS OF PROVIDERS:
- (4) WORK WITH PROVIDERS TO REDUCE MISTAKEN CLAIMS AND FRAUD,
 WASTE, AND ABUSE IN THE HEALTH CARE SYSTEM:
- (5) COORDINATE INVESTIGATIVE—AND RECOVERY EFFORTS WITH OTHER DEPARTMENTS AND AGENCIES;
- (6) ISSUE AN ADMINISTRATIVE SUBPOENA FOR THE PRODUCTION OF ALL INFORMATION, DOCUMENTS, REPORTS, ANSWERS, RECORDS, ACCOUNTS, PAPERS, ELECTRONIC MEDIA, AND OTHER DATA AND DOCUMENTARY EVIDENCE THAT MAY ASSIST IN THE INVESTIGATION OF POTENTIAL FRAUD, WASTE, ABUSE, AND MISTAKEN OR WRONGFUL CLAIMS;
- (7) ADMINISTER TO AND ACCEPT FROM AN INDIVIDUAL AN OATH, AFFIRMATION, OR AFFIDAVIT:
- (8) REQUIRE A PROVIDER SEEKING PAYMENT FROM A STATE HEALTH PROCRAM TO ADOPT AND HAVE IN PLACE A CORPORATE COMPLIANCE PROGRAM:
- (9) WHEN A PROVIDER'S FISCAL SITUATION WARRANTS, REQUIRE A SURETY BOND FROM A PROVIDER TO ASSURE THAT SUFFICIENT FUNDS ARE AVAILABLE TO SATISFY ANY RECOVERY AMOUNTS DUE TO THE DEPARTMENT:
 - (10) ENFORCE THE PENALTIES IN § 2 507 OF THIS SUBTITLE; AND