

WAC 182-600-0500 Program integrity—Activities. (1) The health care authority (HCA) ensures preauthorized LTSS services are provided through service verification and audits and recoups any inappropriate payments and refers potential fraud to law enforcement.

(2) **Methods.** Program integrity activity methods include, but are not limited to:

(a) Service verifications;

(b) Audits of records and review of other documentation to determine compliance with laws, regulations, and billing guides; and

(c) Interviews with providers, eligible beneficiaries, and witnesses.

(3) **Audit period.** HCA may conduct program integrity activities involving claims submitted for payment to HCA anytime up to six years after the date of service.

(4) **Scope and focus.** HCA determines the scope and focus of any program integrity activity.

(5) **Selecting claims and information to be evaluated.** HCA may evaluate records or other information relevant to validating whether the LTSS provider received inappropriate payment.

(6) **Cooperation.**

(a) An LTSS provider must cooperate with an audit.

(b) An LTSS provider must provide information and submit records requested by HCA by the due date in the request.

(c) An LTSS provider must submit records electronically unless otherwise requested, or granted permission by HCA to submit a hard copy, and must follow the instructions for records submission included in the request.

(d) If sent electronically, records must be sent using a secure method uploaded through HCA's managed file transfer (MFT) site.

(e) If the LTSS provider does not comply with the audit, HCA may issue a final notice of findings and assess an overpayment.

(7) HCA does not reimburse any costs an LTSS provider incurs complying with program integrity activities.

[Statutory Authority: RCW 50B.04.020 (2)(e), 41.05.021, and 41.05.160. WSR 26-07-035, s 182-600-0500, filed 3/11/26, effective 4/11/26.]