

# Frequently asked questions

## Program Integrity Education Webinar – June 6, 2018

### Identity Theft

**What are HCA's expectations for health plans referring identity theft issues? Should we be referring these to the HCA or working with the local law enforcement?**

If an Apple Health client or their provider comes across an identity theft issue and refers it to the Health Care Authority (HCA), HCA will refer these cases to local law enforcement and take a look at the client's eligibility and if there were any claims submitted using their information. If an identity mistake was made, Program Integrity will assist with reversing these claims.

If an Apple Health recipient is purposely using a false identity, HCA will work with the Department of Social and Health Services' (DSHS) Office of Fraud and Accountability (OFA) to perform an investigation.

### Unified Program Integrity Contractor (UPIC)

**When will the UPIC begin audits for Washington State?**

Qlarant LLC, the Centers for Medicare and Medicaid Services' (CMS) UPIC for the Western Region (Washington, Alaska, Oregon, California, Idaho, Nevada, Utah, Arizona, Montana, Wyoming, North Dakota and South Dakota), will begin audits of Apple Health providers in Fall 2018. More information will be forthcoming and posted to the Apple Health Program Integrity webpage.

### Training Expectations

**The requirements for training are very confusing and vague. How do I find out EXACTLY what I need to do, to meet training requirements?**

Under RCW 74.04.195, HCA is required to conduct annual educational and training programs for providers as of July 2017. Training topics must include a summary of audit results, a description of common issues, problems and mistakes identified through audits and reviews, and opportunities for improvement. The first training to meet this new requirement was the June 6, 2018 HCA Program Integrity Education Webinar.

In compliance with the RCW noted above, language was added to the Apple Health managed care contract requiring the managed care organizations (MCOs) to also conduct annual educational and training programs for providers. In addition, the MCOs are required to maintain records of the number and type of providers and support staff participating in provider education, including evidence of participant satisfaction from the training process.

A MCO may require a network provider to participate in training in accordance with their network provider contract. Please contact the MCOs for additional information.

Currently, the HCA does not mandate providers to participate in any provider educational and training programs.