



JANUARY 2022

## KMAP HCBS BULLETIN 22012

# Updates to the HCBS Provider Qualifications Audit Process

Per Kansas Medical Assistance Program (KMAP) Bulletin **19216**, the State has delegated auditing of Home and Community Based Services (HCBS) provider qualifications to the Managed Care Organizations (MCO). This applies to all providers of HCBS. Auditing of HCBS provider qualifications will occur annually beginning January 2020. Providers will only be audited one time per year.

The three MCOs have contracted with a single company, Averifi, to complete the HCBS audits. Beginning Q12020, and using the process described below, Averifi will complete an annual audit of each HCBS provider and provide the results to each MCO that has the provider in their network.

Each MCO will determine audit findings based upon its policy and provide a separate response to the provider. The qualifications audited for each HCBS provider are based upon the waiver services the provider is enrolled in KMAP to provide and the provider qualification requirements for each HCBS service as identified within each approved HCBS waiver.

This audit is conducted remotely to ensure minimum disruption and exposure to HCBS providers. Averifi will send a letter to each HCBS provider via email and/or mail to initiate the audit. The letter will provide an overview of the audit as well as a request of all current HCBS employees. Averifi will determine the audit sampling and coordinate with the HCBS provider to obtain the necessary documentation to demonstrate compliance.

Upon completion of the audit, Averifi will submit the findings from the audit to each MCO which has the provider in their network.

### KMAP

[Kansas Medical Assistance Program](#)

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### Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP



## Updates to the HCBS Provider Qualifications Audit Process continued

### **Audit Determinations:**

Each MCO is required by the State to make a separate determination using the audit findings and based upon the MCO's individual policy for HCBS Provider Qualifications Audits. For providers who are found not to meet the qualifications requirements, the MCO may implement a corrective action plan or take other action including and up to termination of the provider from the MCO's network.

### **References:**

[KMAP HCBS Provider Qualifications Bulletin](#)

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