**CABINET FOR HEALTH AND FAMILY SERVICES**
**DEPARTMENT FOR MEDICAID SERVICES**

**Steven L. Beshear**
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**Audrey Tayse Haynes**
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**Lawrence Kissner**
Commissioner

March 25, 2014

Kelly Munson
CEO, WellCare of Kentucky
13551 Triton Park Boulevard, Ste. 1800
Louisville, KY 40223

Re: WC2014CS-1

Dear Ms. Munson,

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that WellCare of Kentucky ("WellCare") is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and WellCare of Kentucky. Pursuant to Section 39.4 of the Contract, WellCare shall submit to the Department a Corrective Action Plan within ten (10) business days following the date of this notification delineating the time and manner in which the deficiency cited below is to be corrected.

| Identifying # | Contract Section | DEFICIENCY |
|---|---|---|
| WC2014CS-1 | 22.1 Required Functions | Failure to meet standards for call center abandonment rate for providers and Behavioral Health. |

Call Center reports submitted by WellCare for the month of February show the Abandonment Rate for the provider line was 11.15% and 7.49% for the behavioral health line. Both of these rates are above the 5% standard. WellCare also reported a 202 second Speed to Answer for the provider line, well above the 60 second standard.

I recognize that WellCare already has a plan in place to correct the problem. The Department is willing to accept WellCare's plan as a Corrective Action Plan with some modification. According to the information supplied, the major cause of the problem was the inability of staff to report to work due to weather conditions. The submitted plan indicates the number of staff to be added, but does not address what will be done if there

is another weather event that prevents staff from reporting. I am asking that this issue be addressed.

Please note that this deficiency has been assigned a unique identifier. Include this number with any correspondence concerning this issue. Failure to do so will result in your submission being rejected. I look forward to receiving WellCare's Corrective Action Plan and will be available for your questions throughout the process.

Sincerely,

Thomas McMahan
Senior Policy Advisor
Managed Care Oversight
Department for Medicaid Services

cc: Lawrence Kissner, Commissioner, Department for Medicaid Services
Lee A. Guice, Director of Policy and Operations, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Managed Care Oversight, Department for Medicaid Services