

MAC Binder Section 3B – Corrective Action Plans

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Located online at <http://chfs.ky.gov/dms/mac.htm>

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DMS rejects MCO CAP dated April 16, 2015, on the basis of being unable to location a specific plan on how Passport overall will mitigate errors through a detailed plan within a reasonable timeframe.

22 –WC2015PS-1 response re LOC WC collaboration with CareCore_dte030315:

WellCare response to DMS LOC dated Feb. 25, 2015 (found in the Mar. 2015 meeting binder); a task force has been developed to research and address the concerns.

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WellCare is not in substantial compliance with contract section 27.1 provider services; deficient providing assistance to providers in coordination of care for child and adult members with complex and/or chronic conditions.

24 –WC2015PS-2 response re CAP deficiency in coordination of care_dte032415:

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25 –WC2015PS-2 response re CAP deficiency in coordination of care_dte033015:

DMS rejects MCO CAP dated March 24, 2015, on the basis of being unable to locate a specific plan should WellCare enter into future collaborations that will assist providers in coordination of care.

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WellCare CAP which includes detailed information regarding their plan to ensure appropriate coordination should any future vendor contracts be executed.

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DMS conditional acceptance of WellCare CAP dated April 14, 2015.

28 –WC2015MK-1 re CAP member brochure not DMS app_dte032315:

WellCare sent a member brochure which was not approved by DMS to a non-member; this mailing appears to cold-call marketing which is prohibited.

29 –WC2015MK-1 response re CAP member brochure not DMS app_dte040615:

WellCare CAP which includes updating logic used to pull member list for mailings and require logic to be reviewed and approved to ensure criteria used accurately captures targeted audience.

MAC Binder Section 3B – Corrective Action Plans

Table of Contents with Document Summary

Located online at <http://chfs.ky.gov/dms/mac.htm>

30 –WC2015Mk-1 response re CAP member brochure not DMS app_dte041715:

DMS conditional acceptance of WellCare CAP dated April 6, 2015.



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

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

April 23, 2015

Mark Carter
Passport Health Plan
5100 Commerce Crossing Drive
Louisville, KY 40229

Re: PP2015ESE-2

Dear Mr. Carter,

We are in receipt of your Corrective Action Plan regarding:

Identifying #	Contract Section	DEFICIENCY
PP2015ESE-2	Section 17.1 Provider Services	Failure to submit accurate Encounter Data.

After reviewing your MCO's response, we were unable to locate a specific plan on how Passport overall will mitigate errors (not just this specific issue) through a detailed plan within a reasonable timeframe (that includes subcontractors); therefore, the response is not accepted. This information was requested in the March 11, 2015 letter and reiterated in an April 14, 2015 email to David Henley. Passport has had two Corrective Action Plans on Encounters Submissions (Section 17.1) within a short timeframe (and had an active LOC requiring weekly updates on subcontractor encounters during the same time period).

As you are aware this deficiency has been assigned a unique identifier. Please include this number with any correspondence concerning this issue. Failure to do so will result in your submission being rejected.

We look forward to receiving Passport's revised Corrective Action Plan within ten (10) business days

following the date of this notification and will be available for your questions throughout the process.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs, RN".

Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Department for Medicaid Services

cc: Lisa D. Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department of Medicaid Services



Rebecca Randall
Director, Regulatory Affairs

Patricia Biggs
Director of Program Quality and Outcomes
Department of Medicaid Services
275 E. Main St. 6W-A
Frankfort, Kentucky 40621

March 3, 2015

RE: CareCore Letter of Concern: WC2015PS-1

Dear Ms. Biggs:

On behalf of WellCare of Kentucky, Inc., ("WellCare") I am acknowledging receipt of your letter received via mail on February 27, 2015 in which you expressed concern regarding WellCare's collaboration with CareCore for physical and occupational therapy services.

As a result of our meetings with the Department as well as with providers, WellCare developed a task force to research and address the concerns expressed with CareCore. Accordingly, WellCare immediately implemented the following strategies to focus on the concerns:

- 1) Webinars for continuing education and outreach to providers. WellCare and CareCore will be conducting numerous webinars throughout the next several weeks with various provider groups to ensure they are familiar with CareCore policies and procedures with regards to authorization submissions. We are also collaborating with the Home Health Technical Advisory Committee (TAC) and the Children's Therapy TAC to facilitate additional provider participation in the webinars.
- 2) With regards to authorizations for EPSDT services, upon learning of the provider concerns regarding recertification for EPSDT services, WellCare agreed to extend the authorization recertification period from the once a month schedule to once a quarter (or every 90 days). We believe this will significantly reduce the administrative burden expressed by some of our providers.

While many of the provider concerns expressed thus far appear to be education and notification related, I would like to emphasize that WellCare did submit instructions to all providers along with the mailed provider notification letter. A Frequently Asked Questions (FAQs) document regarding the new prior authorization process was included within the notification. However, we recognize that this information may not have been forwarded to the appropriate billing staff within the providers' offices. We will be mindful of this lesson learned and the potential impact of such changes in the future.

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Rebecca Randall

Director, Regulatory Affairs

As such, to further demonstrate WellCare's commitment to provider and member quality service and care, WellCare is deploying additional strategies to ensure that providers are fully aware of changes in delegated functions and the impact those changes may have on the members they serve. These actions include targeted provider relations outreach (specifically to high utilization providers) to ensure full understanding of new requirements. We are also reviewing our internal policies to ensure that appropriate care coordination planning occurs and is also addressed with affected providers.

WellCare is a proud participant in the Medicaid Managed Care Program and appreciates the opportunity to respond to the Department's concern. I look forward to providing additional updates on this issue as they become available.

Please let me know if I may answer any further questions.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Randall".

Rebecca Randall
Director
Regulatory Affairs

Cc: Kelly Munson, Senior Vice President, Division President and Product
Ben Orris, COO Kentucky
Lisa Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department for Medicaid Services
Donald Speer, Executive Director, Kentucky Finance Cabinet



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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

March 10, 2015

Ms. Kelly Munson
WellCare of Kentucky
13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223

Re: WC2015PS-2

Dear Ms. Munson:

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that WellCare of Kentucky is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and WellCare. Pursuant to Section 39.4 of the Contract, WellCare of Kentucky 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 each deficiency cited below is to be corrected.

Identifying #	Contract Section	DEFICIENCY
WC2015PS-2	Section 27.1 Provider Services	Requirement of assistance (by MCO's) to providers in coordination of care for child and adult members with complex and/or chronic conditions (as well as Assisting Providers with Prior Authorization and referral procedures for these members).

DMS conducted conference call with WellCare on 1/30/15 to discuss prior authorizations for physical and occupational therapy services. DMS received complaints from two physicians and a member regarding WellCare's collaboration with CareCore for authorization of Home Health services. DMS requested an update and written follow-up by close of business 2/10/15. The

written follow-up was not received until 2/13/15. On 2/25/15, a letter of concern was sent to WellCare and a response was received on 3/3/15.

WellCare notified providers that CareCore would provide prior authorization services effective 12/1/15, but WellCare failed to notify (or educate) the providers that WellCare and CareCore systems would not communicate historical data regarding the members. This information was conveyed to DMS in the Operations Meeting by WellCare (and by a provider to DMS from a conversation with a CareCore representative). This lack of historical information made CareCore view prior authorization requests as initial requests.

We recognize that WellCare agreed to extend the authorization recertification period from once a month to once a quarter (or every 90 days), members are still experiencing a disruption of therapy services. Documentation provided to DMS from providers shows the number of requested physical and occupational services versus the number approved is drastically different.

As of 3/3/15 (the date of the LOC response), our staff are still receiving reports that medical history on members were not being relayed to CareCore from WellCare. Because of this, there are still members being treated as if they are requesting an initial visit. Asking providers to provide historical information is not a resolution and was not prescribed in the instructions. Providers are also reporting that when they try to submit additional documentation, CareCore is refusing to review stating that they only will accept their standard form. The WellCare provider notifications and Frequently Asked Questions (FAQS) sent to notify providers of the CareCore (new) prior authorization process did not inform the providers that none of the previous medical history was going to be available to CareCore (from WellCare), nor did it inform them that member therapy requests would be treated as initial requests.

Providers are also reporting that prior authorization request decisions are not being delivered within the required two (2) business day period after receipt of the request for service. This creates another interruption of care for members and if substantiated would be a violation of Section 20.6 (Utilization Management).

We are asking that WellCare's response include a specific plan and implementation date to resolve the providers (and DMS concerns) regarding CareCore. In addition, we are also requesting a specific plan (referenced in our 2/25/14 letter) should WellCare enter into future collaborations that will assist providers in coordination of care for child and adult members with complex and/or chronic conditions.

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. We look forward to receiving WellCare's response and will be available for your questions throughout the process.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs, RN".

Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Department for Medicaid Services

cc: Lisa D. Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department of Medicaid Services



Rebecca Randall
Director of Regulatory Affairs

Patricia Biggs
Director, Program Quality and Outcomes
Department of Medicaid Services
275 E. Main St.
Frankfort, Kentucky 40621

March 24, 2015

RE: WC2015PS-2

Dear Ms. Biggs:

On behalf of WellCare of Kentucky, Inc., ("WellCare"), I am responding to your letter dated March 10, 2015 which indicated WellCare was not in substantial compliance with Section 27.1 Provider Services of our contract and requested corrective action.

WellCare previously acknowledged issues that contributed to the concern in a letter dated March 3, 2015 to the Department. As a result of our response and ongoing provider abrasion, you requested additional research and actions to ensure resolution of provider and Department concerns regarding CareCore.

The information below, in addition to the attached corrective step actions, provides detailed information regarding the efforts WellCare has implemented to address the Department's concerns.

Additional Provider Outreach and Training

Our initial notification to providers included notice of the change of utilization review functions for physical and occupational therapy to CareCore as well as Frequently Asked Questions (FAQs). To follow on, WellCare hosted provider webinars for continuing education and outreach to providers. Webinars were conducted March 16-18 2015, with approximately 120 providers across the Commonwealth in attendance. The notifications for these webinars were distributed to providers by WellCare provider relations staff and members of the Home Health and Therapy Advisory Technical Advisory Committees. These webinars were conducted to ensure providers are familiar with CareCore policies and procedures with regards to authorization submissions, including instructions as to how to submit authorizations via fax, internet and phone. This training also reviewed CareCore's process of medical necessity review for therapy authorizations and the associated timeframes and documentation required. Each webinar was concluded with a question and answer period in which CareCore and WellCare fielded various questions. Providers were also given an electronic version of the webinar for reference.

Assurance of Appropriate Care Coordination for Members

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Rebecca Randall

Director of Regulatory Affairs

As previously communicated to the Department, WellCare has already implemented an extension of the authorization recertification period from the once a month schedule to once a quarter (or every 90 days) for EPSDT children with chronic conditions. This action was proactively taken in an effort to work collaboratively with our providers to address concerns previously expressed with the recertification process.

Additionally, the webinars offered the opportunity to review CareCore's authorization waiver policy with providers. This policy is one in which CareCore waives the requirement to submit clinical documentation on the initial authorization request. Providers receive approval for 6-10 visits (based on the member's condition) without the requirement of submitting supporting clinical documentation. CareCore's process takes into account that if additional care beyond the waiver visits is needed, clinical information should then be submitted. Many providers that attended the webinar were not aware of this policy and as such, erroneously believed that service requests were not being reviewed.

Continued Monitoring of Authorization Turn Around Times (TAT) and Document Processing

Internal monthly turnaround time (TAT) reports from WellCare's Delegation Oversight audits indicate that CareCore has a 98% compliance rate for the time period of December 2014 through February 2015 with regards to the two (2) day authorization TAT requirement. WellCare has researched specific examples submitted by providers alleging non-compliance with the forty-eight (48) hour TAT requirement and found these allegations to be unfounded. The research completed thus far indicates that providers were 1) submitting requests to the wrong fax number and 2) submitting post-service authorization requests. WellCare will continue to research specific examples submitted by providers. In addition, WellCare, through its Delegation Oversight Department's internal audit functions, will continue to monitor CareCore's compliance with the contractual metrics for authorization approvals.

As a result of examples provided during the training webinars, WellCare did discover an issue in which submission of clinical documentation not included on CareCore's Clinical Worksheet (CareCore's standard worksheet used for online authorization submissions) was not processed for authorization requests submitted via fax. This issue has been remediated. CareCore will now accept and process any submitted information, along with the Clinical Worksheet, as part of a faxed authorization request. WellCare will continue to monitor and randomly audit CareCore's processes to ensure this misstep does not reoccur.

Formation of a Market Advisory Panel

To demonstrate WellCare's ongoing commitment to continuing provider engagement, WellCare has agreed to form a Therapy Task Force comprised of representatives from the provider community, WellCare provider relations and CareCore clinical staff. The task force will collectively serve as an advisory group with the ability to review and offer feedback on WellCare policy decisions with regards to therapy services. The task force is currently under development but will meet on a quarterly basis once membership and participation confirmations are received.

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Rebecca Randall
Director of Regulatory Affairs

WellCare feels privileged to serve our Kentucky membership. We want to assure the Department that we are taking the necessary steps to ensure all provider and member care coordination needs are met and providers are adequately trained and capable of providing the highest possible service level to our members. We feel confident that the implementation of the step actions attached and described above will address any remaining concerns.

If we may address any further questions regarding this matter, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Randall".

Rebecca Randall
Director, Regulatory Affairs

Cc: Kelly Munson, State President Kentucky
Lisa Lee, Commissioner, Department of Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Don Speer, Executive Director, Cabinet for Finance and Administration



Received: March 10, 2015

Deviation:					Repeat Deficiency?
1	KY Medicaid Contract Section 27.1 Provider Services Requirement of assistance (by MCOs) to providers in coordination of care for child and adult members with complex and/or chronic conditions (as well as assisting providers with prior authorization and referral procedures for these members).				No
Step Actions:	Step Action	Complete?	Target Completion Date or Actual Completion Date	Responsible Department	
1	In order to address the identified educational gap, additional provider outreach will be conducted to educate providers on the authorization process and what information will be required at the time of the request. Provider webinars will be conducted by WellCare and CareCore on March 16th, 17th and 18th.	Yes	Mar-15	Health Service Operations/Provider Relations	
2	The authorization process will be updated to allow for the 90 day authorization timeframe to be applied for neurological cases at the initial request. Additionally, providers will be able to identify other diagnoses considered to be more complex that may require longer authorization periods. Clinical information will need to be provided to support longer authorization periods.	Yes	Feb-15	Health Service Operations	
3	Conduct interim audits to ensure CareCore is processing authorizations within contractual guidelines (48 hours standard, 24 hours expedited).	Ongoing	Dec-15	Health Service Operations/Delegation Oversight	
4	Develop a market advisory panel comprised of plan and provider representatives to meet once a quarter to review/address questions regarding CareCore authorization policy and procedures	Ongoing	May-15	Provider Relations/Health Service Operations	



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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

March 30, 2015

Ms. Kelly Munson
WellCare of Kentucky
13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223

Re: WC2015PS-2

Dear Ms. Munson:

We are in receipt of your Corrective Action Plan regarding:

Identifying #	Contract Section	DEFICIENCY
WC2015PS-2	Section 27.1 Provider Services	Requirement of assistance (by MCO's) to providers in coordination of care for child and adult members with complex and/or chronic conditions (as well as Assisting Providers with Prior Authorization and referral procedures for these members).

After reviewing your MCO's response, we were unable to locate a specific plan should WellCare enter into future collaborations that will assist providers in coordination of care for child and adult members with complex and/or chronic conditions to ensure compliance. This plan was requested in our February 25th Letter of Concern and our Corrective Action Plan request on March 10th.

As you are aware this deficiency has been assigned a unique identifier. Please include this number with any correspondence concerning this issue. Failure to do so will result in your submission being rejected.

We look forward to receiving WellCare's revised Corrective Action Plan within ten (10) business days

following the date of this notification and will be available for your questions throughout the process.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs, R.N.".

Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Department for Medicaid Services

cc: Lisa D. Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department of Medicaid Services



Rebecca Randall
Director of Regulatory Affairs

Patricia Biggs
Director, Program Quality and Outcomes
Department of Medicaid Services
275 E. Main St.
Frankfort, Kentucky 40621

April 14, 2015

RE: WC2015PS-2

Dear Ms. Biggs:

On behalf of WellCare of Kentucky, Inc., ("WellCare"), I am responding to your letter received via email on March 31, 2015 requesting a specific plan for future collaborations to assist providers in care coordination for members with chronic conditions.

The information below, in addition to the attached step actions, provides detailed information regarding WellCare's plan to ensure appropriate coordination should any future vendor contracts be executed.

Pre-Vendor Deployment: Initiation and Planning

WellCare will employ a multi-faceted approach with any future vendor collaborations that ensures appropriate care coordination with providers. As presented within the attached corrective action plan steps, before the implementation of any such agreement, WellCare will employ an internal market project implementation work group comprised of relevant business areas such as health services, provider relations, operations, case management, etc. with the intent of representing any unique provider and/or member needs throughout the implementation process. Together, this work group will identify impacted providers and develop specific step actions regarding the appropriate project communication and outreach strategy. As we learned during the CareCore implementation, not all providers' billing staff read mailings detailing specific changes to our processes therefore other notification methods inclusive of provider mailings will be utilized. This may include provider web portal postings or other methods as deemed appropriate. Any such communication will be distributed at least 30 days prior to effective date of the proposed change(s).

In conjunction with targeted communication, WellCare's local provider relations team will develop a specific training initiative that will encompass onsite visits to high volume/high impact providers, conference call and/or webinars. We have learned that webinars are a preferred training method for providers in Kentucky and this will be taken into consideration for future initiatives.

This internal workgroup will also work very closely with applicable corporate partners such as our Health Services Department and IT to evaluate the need for sharing any type of historical member data such as



Rebecca Randall
Director of Regulatory Affairs

claims history or authorization information with the oncoming vendor. This will further ensure that all appropriate care coordination is achieved.

Post-Vendor Deployment

As part of our strategy to ensure appropriate assistance to providers with care coordination for our members, WellCare will also establish specific work groups or advisory panels comprised of representatives from the provider community to offer a forum to express concerns, issues or offer suggestions post implementation. As we have learned with the CareCore transition for Occupational and Physical Therapy services, this has proven to be a favorable strategy for providers in Kentucky. Additionally, through the work groups or panels, WellCare will maintain an issue log to track any reported concerns or issues as well as responses and/or resolutions as needed.

Finally, WellCare will monitor any future vendor's performance (as with all WellCare vendor agreements) based upon specific contractual obligations as set forth in our contract with the Commonwealth and any applicable state or federal statutory requirements. This will be accomplished via WellCare's Delegation Oversight Department. Any identified deficiencies and subsequent corrective actions will be reported to the Department via our quarterly subcontractor monitoring report #15.

In conclusion, WellCare feels privileged to serve our Kentucky membership. We want to assure the Department that we are taking the necessary steps to ensure all provider and member care coordination needs are met and providers are adequately trained and capable of providing the highest possible service level to our members. We feel confident that the implementation of the step actions attached and described above will address any remaining concerns.

If we may address any further questions regarding this matter, please let me know.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Randall".

Rebecca Randall
Director, Regulatory Affairs

Cc: Kelly Munson, State President Kentucky
Lisa Lee, Commissioner, Department of Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Don Speer, Executive Director, Cabinet for Finance and Administration



Received: March 31, 2015

Deviation:	Step Action	Complete?	Target Completion Date or Actual Completion Date	Repeat Deficiency?
<p>1</p> <p>Step Actions:</p> <p>1</p> <p>1(a)</p> <p>1(b)</p> <p>1(c)</p> <p>1(d)</p> <p>2</p>	<p>Pre-Vendor Deployment: Initiation and Planning</p> <p>Develop specific project plan to define the various phases and various tasks within the phases for vendor implementation. The following specific tasks will be included to ensure appropriate provider collaboration:</p> <p>Develop market project implementation work group comprised of all relevant business areas—health services, provider relations, operations, case management, etc. with specific roles and responsibilities defined</p> <p>Determine whether any historical member data (claims history, authorizations, etc.) should be shared with oncoming vendor</p> <p>Identify impacted providers</p> <p>Targeted provider notification (inclusive of provider mailings and provider web portal postings and other notification methods as deemed appropriate) disseminated at least 30 days prior to effective date of proposed change(s).</p> <p>Provider relations team to develop specific training and targeted outreach plans to impacted providers</p>			<p>No</p> <p>Corporate/Market Collaboration</p> <p>Market</p> <p>Corporate/Market Collaboration</p> <p>Market</p> <p>Provider Operations/Communications</p> <p>Provider Operations/Relations</p>



Received: March 31, 2015

2(a)	Various training initiatives conducted including but not limited to: pre-implementation on site visits to high volume/high impact providers; webinars; conference calls, etc.			Provider Operations/Relations/Applicable Vendor Representatives
	Post-Vendor Deployment			
3	Establish work group(s) or advisory panel comprised of local providers and WellCare PR/Operations/Care Management team leads			Provider Relations/Operations
3(a)	Conduct follow-up provider meetings via conference calls, task force meetings, webinars or onsite as needed			Provider Relations/Operations
3(b)	Creation of specific issue log to track any reported issues/concerns and responses			Provider Relations/Operations
4	Ongoing vendor performance monitoring via WellCare's delegation oversight department			Delegation Oversight
5	Develop internal corrective action plans to address any concerns discovered			Delegation Oversight



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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

April 23, 2015

Ms. Kelly Munson
WellCare of Kentucky
13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223

Re: WC2015PS-2

Dear Ms. Munson,

The Division of Program Quality & Outcomes is in receipt of the response dated April 14, 2015 to WC2015PS-2 (regarding Section 27 Provider Services- Requirement of assistance, by MCO's, to providers in coordination of care for child and adult members with complex and/or chronic conditions, as well as Assisting Providers with Prior Authorization and referral procedures for these members). This response supplanted WellCare's response dated March 24, 2015.

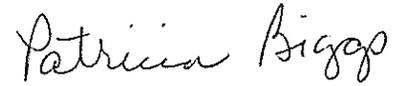
Please be advised that the response is accepted with the following conditions:

- Stephanie Bates (or her designee), Division of Program Quality and Outcomes, be added to the Market Advisory Council (referenced in your March 24, 2015 letter).
- Weekly email updates be emailed to your liaison, Cynthia Lee and Stephanie Bates regarding the progress on WellCare's Step Actions through May 15, 2015 (and the results of the interim audits though December 2015 be sent to the same two individuals).
- Finally, any future WellCare subcontracts that affect coordination of care for child and adult members with complex and/or chronic condition be sent to the same two individuals (along with the appropriate materials and implementation plan).

Please respond within ten (10) business days, if WellCare does not accept the conditions of acceptance.

If I may be of additional assistance, please contact me at the above-referenced telephone number. Thank you for your attention and cooperation during our review.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs".

Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Department for Medicaid Services

cc: Lisa D. Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department of Medicaid Services



**CABINET FOR HEALTH AND FAMILY SERVICES
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March 23, 2015

Ms. Kelly Munson
WellCare of Kentucky
13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223

Re: WC2015MK-1

Dear Ms. Munson:

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that WellCare of Kentucky is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and WellCare. Pursuant to Section 39.4 of the Contract, WellCare of Kentucky 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 each deficiency cited below is to be corrected.

Identifying #	Contract Section	DEFICIENCY
WC2015MK-1	25.1 Marketing Activities	"A Join WellCare Today" brochure was sent to non WellCare Member in violation of 42 CFR 438.104

DMS was informed WellCare sent a brochure to a non-member encouraging the receiver to "Join WellCare Today". The individual was a prior WellCare member who changed MCOs effective 8/1/14. DMS conducted an inquiry on 2/18/15 and received a response dated 3/3/15.

According to WellCare's response to the inquiry, this brochure was sent only to WellCare members, showing as active, on or before 11/19/14. Therefore, WellCare's mailing list was not up to date at the time of the distribution of the 298,154 brochures (the brochure was sent to at least one dis-enrolled member).

While the contents of the brochure had been previously approved by DMS, the brochure did not have a mailer format when submitted to DMS for approval. DMS did not approve this brochure for mailing purposes; therefore, please discontinue distribution by mail immediately.

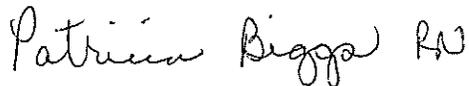


The mailing of this brochure appears to cold-call marketing which is prohibited in 42 CFR 438.104. If the brochure was intended for Wellcare's active members (as stated in the response), the brochure should not have stated "Join WellCare Today". Active members are already enrolled and would not need to "Join".

We require WellCare's response include a specific plan and implementation date to ensure that any future mailing list for members is current and contains accurate information. Additionally, any future requests of marketing materials intended for mailings must be submitted in the format of a mailer. Further, the description must be appropriate for the target audience, (i.e for current WellCare Members it is not accurate to send a brochure that states "Join WellCare today").

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. We look forward to receiving WellCare's response and will be available for your questions throughout the process.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs R.N.".

Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Department for Medicaid Services

cc: Lisa D. Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department of Medicaid Services



Rebecca Randall
Director, Regulatory Affairs

Patricia Biggs
Director of Program Quality and Outcomes
Department of Medicaid Services
275 E. Main St. 6W-A
Frankfort, Kentucky 40621

April 6, 2015

RE: Corrective Action Plan: WC2015-MK1

Dear Ms. Biggs:

On behalf of WellCare of Kentucky, Inc., ("WellCare") I am responding to your letter received via email on March 23, 2015 in which you stated that WellCare was not in substantial compliance with Section 25.1 of our contract and requested subsequent corrective action.

As a result of internal research, WellCare would like to offer the following items and attached corrective actions for the Department's consideration on the various points raised within your letter.

- 1) *"DMS was informed WellCare sent a brochure to a non-member."*

WellCare's "Plan for a Healthy Tomorrow" brochure was an educational brochure created for distribution to WellCare members during the 2014 Fall Open Enrollment Period to communicate new plan benefits effective in 2015. It included information on covered and non-covered benefits, provider information, utilization management, network, and pharmacy procedures—all intended to be utilized by the member to plan for their future health needs in the year ahead. This brochure was previously reviewed and approved by the Department in November 2013 and most recently in September 2014.

WellCare's logic to pull the list of members (the intended recipients of the mailing) was designed to pull active, head of household members as of 10/24/14 (the date the mailing query was run). Upon further review of the logic used to pull the query, WellCare discovered an error where retro-eligibility scenarios were not taken into account.

Moving forward, WellCare will require that the logic for all mailing queries be reviewed and approved by the respective business owner (i.e., Community Outreach) to ensure the criteria used accurately captures the targeted audience. Additionally, the respective business owner will pull a random sample from within our mailing queries to ensure that the correct population has been identified.

Office Address: One Triton Office Place, 13551 Triton Park Boulevard, Suite 1800, Louisville, KY 40223

Mailing Address: One Triton Office Place, 13551 Triton Park Boulevard, Suite 1800, Louisville, KY 40223

Telephone: 1-502-253-5111 | **E-mail:** Rebecca.Randall@wellcare.com



Rebecca Randall
Director, Regulatory Affairs

- 2) *"The mailing of this brochure appears to be cold-call marketing which is prohibited in 42 CFR 438.104.*

Over the course of our three and a half years of serving Kentucky's Medicaid population, WellCare has never engaged in inappropriate marketing activities. It is not our intent to violate any provision of the marketing guidelines set forth within our contract. WellCare does acknowledge that through an error in our mailing query logic that non-active WellCare members unintentionally received the brochure however this was not the objective.

- 3) *"While the contents of the brochure had been previously approved by DMS, the brochure did not have a mailer format when submitted to DMS for approval. Any future requests for marketing materials intended for mailing must be submitted in the format of a mailer. DMS did not approve this brochure for mailing purposes; therefore, please discontinue distribution by mail immediately."*

The "Plan for a Healthy Tomorrow" educational brochure was submitted and mailed in a "self-mailer" format, meaning that the last page of the brochure was designed to fold over so that there was no separate mailing envelope or "mailer format" required to send this document to our members.

The DMS site does not allow for further elaboration as to what a document's intended use is beyond the "Title" and "Submission Type". There is no field available to submit any descriptive text other than the drop down categories displayed on the site. We would like to note that both the email notification that is provided to MCOs when documents are approved as well as the Managed Care Oversight Member Information Materials Review Policy states the following when document approval is granted:

"If your status is "Approved": The MCO submission has been determined to be compliant with the contract and relevant regulations; therefore it has been approved for use in the format in which it was submitted. The document may be distributed to Kentucky Medicaid members. No further action is required."

Per the Department's request, we have suspended the distribution of this brochure. We look forward to receiving additional guidance from the Department regarding the submission criteria for member mailing materials.

- 4) *If the brochure was intended for WellCare's active members (as stated in the response), the brochure should not have stated "Join WellCare today." Active members are already enrolled and would not need to "Join." The description must be appropriate for the target audience.*

As stated earlier and within our response to the Department's inquiry in February, the "Plan for a Healthy Tomorrow" brochure was designed as an educational brochure intended for distribution to

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Rebecca Randall
Director, Regulatory Affairs

active WellCare members during the 2014 Fall Open Enrollment Period to communicate new plan benefits effective in 2015. As this mailing occurred within a time period of open enrollment and the phrase "Join WellCare Today" was used in recognition of our new benefit offerings in 2015, such that active members will join us for new benefits offered in 2015, we feel that the messaging was appropriate for the intended audience. However, we appreciate the Department's feedback and we will revise the brochure language for future submission and approval.

WellCare is a dedicated partner committed to providing the highest level of service to our members. We want to assure the Department that we take these concerns very seriously and that WellCare does not participate in any misleading marketing activities. In this particular scenario, we do acknowledge that through an error in our mailing query non-active members inadvertently received our brochure; however this was not our intention. We feel confident that the implementation of the corrective actions attached and described herein will address any remaining concerns.

Please contact me if you have any further questions.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Randall".

Rebecca Randall
Director
Regulatory Affairs

Cc: Kelly Munson, Senior Vice President, Division President and Product
Ben Orris, COO Kentucky
Lisa Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department for Medicaid Services
Donald Speer, Executive Director, Kentucky Finance Cabinet



Received: March 23, 2015					
Deviation:	Repeat Deficiency?				
1	No	KY Medicaid Contract Section 25.1 Marketing Activities: A brochure was sent to a non-WellCare member in violation of 42 CFR 438.104			
Step Actions:	Complete?	Target Completion Date or Actual Completion Date	Responsible Department		
1	Yes	Apr-15	IT	Business owners will provide input and approve all query logic developed for mass mailings	
2	Yes	Apr-15	IT	Upon receipt of mailing list, business owners shall pull a random sample from within the query to ensure accuracy.	
3	Yes	Apr-15	IT	Business owners must approve all queries prior to sending to mail/print vendor for distribution	



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

Steven L. Beshear
Governor

Division of Program Quality & Outcomes
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Frankfort, KY 40621
P: 502-564-9444
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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

April 17, 2015

Ms. Kelly Munson
WellCare of Kentucky
13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223

Re: WC2015MK-1

Dear Ms. Munson,

The Division of Program Quality & Outcomes is in receipt of the response developed for WC2015MK-1 (regarding Section 25.1 Marketing Activities-brochure was sent to non WellCare Member in violation of 42 CFR 438.104) dated April 6, 2015.

Please be advised that the response is accepted with the following clarification and the addition of the brochure to the contract file:

Regarding item #4 of WellCare's response: the "Plan for a Healthy Tomorrow" brochure was designed as an educational brochure intended for active WellCare Members and the phrase "Join WellCare Today" was used in recognition of our (WellCare's) new benefit offerings in 2015.

To clarify our position, we are outlining key aspects of this brochure (attached) that resulted in the Department's action including the first page that states "Join WellCare Today", the second page of the brochure that states "Choosing a health care plan is a big decision. And we want you to have all of the information you need" and the fourth page of the brochure that states "Why Choose us?" before outlining the Extra Benefits/Special Programs of WellCare.

This brochure was sent to at least one non-member (not just active members) by WellCare's own admission due to a logic error.

If I may be of additional assistance, please contact me at the above-referenced telephone number. Thank you for your attention and cooperation during our review.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs, RN".

Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Department for Medicaid Services

cc: Lisa D. Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department of Medicaid Services



Plan for a
Healthy
Tomorrow

Join WellCare today.

 **WellCare**[®]
Health Plans



WE'RE HERE TO HELP

Choosing a health care plan is a big decision. And, we want you to have all of the information you need. If you have any issues reading this booklet, please call WellCare at 1-877-389-9457. TTY users, call 1-877-247-6272. We can:

- Explain the information
- Provide it orally in English or in your main language
- Send you a copy in another language or in other ways (if available)
- Help you if you are visually- or hearing-impaired

WHY CHOOSE US?

If you join WellCare, you'll see we put you and your family first. We make sure you get what you need to stay healthy. We also offer extra benefits to make your life easier.

Extra Benefits/Special Programs

NO CO-PAYS for:

- Physician services
- Kid's allergy shots, immunizations, dental exams/cleanings
- Inpatient/outpatient hospital care
- Behavioral health services
- Vision, hearing and dental services



FREE Over-the-Counter (OTC) Items – \$120 a year (\$10/month) per family for OTC items sent right to your home, like diapers, vitamins and almost 100 others



Prenatal Rewards Program – Free baby stroller when you go to all your doctor visits during and after pregnancy



FREE baby shower – Attend a shower in your community and get a gift basket and tips to keep you and your baby healthy