



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

**Steven L. Beshear**  
Governor

275 East Main Street, 6W-A  
Frankfort, KY 40621  
P: 502-564-4321  
F: 502-564-0509  
www.chfs.ky.gov

**Audrey Tayse Haynes**  
Secretary

**Lawrence Kissner**  
Commissioner

July 30, 2014

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

Dear Ms. Munson,

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that in order to be compliant with Section 21.5 (EQR Performance) of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and WellCare of Kentucky ("WellCare") shall submit to the Department Corrective Action Plans for each deficiency cited below. Plans shall be submitted within 60 days following the date of this notification delineating the time and manner in which each deficiency is to be corrected. WellCare's final resolution of all potential quality concerns shall be completed within six (6) months of WellCare's notification.

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found WellCare Minimally Compliant in the following elements:

**Behavior Health Services**

Unique Identifier	Review Findings
WC2014IPRO-BH1	The Contractor cannot impose maximum call duration limits and shall allow calls to be of sufficient length to ensure adequate information is provided to the Member.

**Health Risk Assessment**

<b>Unique Identifier</b>	<b>Review Findings</b>
WC2014IPRO-HRA1	The Contractor agrees to make all reasonable efforts to contact new Members in person, by telephone, or by mail to have Members complete the initial health screening questionnaire.
WC2014IPRO-HRA2	The Contractor agrees to make all reasonable efforts to contact new Members in person, by telephone, or by mail to have Members complete the initial health screening questionnaire.

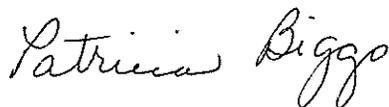
**Case Management/Care Coordination**

<b>Unique Identifier</b>	<b>Review Findings</b>
WC2014IPRO-CM1	The Contractor shall develop and implement policies and procedures to ensure access to care coordination for all DCBS clients.

I am aware that WellCare has submitted a Corrective Action Plans to IPRO in an effort to correct these deficiencies. Upon IPRO's recommendation, DMS will accept those plans and I encourage you to implement them in order to become fully compliant with the Contract and Federal Regulations. In order to track WellCare's progress in this area, I am asking that WellCare give a report on the plan's progress at the Quarterly Quality Meetings.

Please note that each issue is assigned a unique identifier. This must be included in any other correspondence concerning this issue. I look forward to receiving WellCare's Quarterly Progress Reports and will be available for your questions throughout the process.

Sincerely,



Patricia Biggs  
Director of Program Quality and Outcomes  
Department for Medicaid Services

cc: Lawrence Kissner, 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