



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

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Audrey Tayse Haynes
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September 22, 2014

Chad Pendleton
Humana CareSource Health Plan
101 South 5th Street
Louisville, KY 40202

Dear Mr. Pendleton,

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 Humana Health Plan (Humana), 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. Humana’s final resolution of all potential quality concerns shall be completed within six (6) months of Humana’s notification.

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Humana Non-Compliant in the following area of Enrollee Rights:

Unique Identifier	Requirements and/or Findings
HCS2014IPRO-ER1	The Contractor shall provide written notice within fifteen (15) days to a member whose PCP has been voluntarily or involuntarily disenrolled or been terminated from participation in the Contractor’s network.

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Humana Minimally Compliant in the following area of Enrollee Rights:

Unique Identifier	Requirements and/or Findings
HCS2014IPRO-ER2	The handbook shall be written at the sixth grade reading comprehension level and shall include at a minimum the following information: K. Procedures for notifying the Department for Community Based Services (DCBS) of family size changes, births, address changes, death notifications;

I am aware that Humana may have submitted 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 Humana's progress in this area, I am asking that Humana 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 these issues. I look forward to receiving Humana'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