



**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

August 15, 2014

Michael Murphy
Coventry Cares
9900 Corporate Campus, Ste. 1000
Louisville, KY 40223

Dear Mr. Murphy,

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 Coventry Health and Life Insurance (Coventry), Coventry 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. Coventry’s final resolution of all potential quality concerns shall be completed within six (6) months of Coventry’s notification.

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Coventry Non-Compliant in the following elements of Enrollee Rights and Protection:

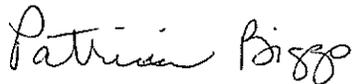
Unique Identifier	Review Findings
CC2014IPRO-ER1	Ensuring that Members are informed of their rights and responsibilities.
CC2014IPRO-ER2	Monitoring the selection and assignment process of PCPs
CC2014IPRO-ER3	Identifying, investigation and resolving Member Grievances about health care services
CC2014IPRO-ER4	Assisting Members with filing formal Appeals regarding plan determinations
CC2014IPRO-ER5	Providing each Member with an identification card that identifies the Member as a participant with the Contractor, unless otherwise approved by the Department
CC2014IPRO-ER6	Explaining rights and responsibilities to members or to those who are unclear about their rights or responsibilities including reporting of suspected fraud and abuse.
CC2014IPRO-ER7	Explaining Contractor’s right and responsibilities, including the responsibility to assure minimal waiting periods for scheduled member office visits and telephone requests, and avoiding undue pressure to select specific Providers or services

CC2014IPRO-ER8	Providing within five (5) business days of the Contractor being notified of the enrollment of a new Member, by method that will not take more than three (3) business days to reach the Member, and whenever requested by member, guardian or authorized representative, a Member Handbook and information on how to access services; (alternative notification methods shall be available for persons who have reading difficulties or visual impairments)
CC2014IPRO-ER9	Explaining or answering any questions regarding the Member Handbook
CC2014IPRO-ER10	Facilitating the selection of or explaining the process to select or change PCPs through telephone or face-to-face contact where appropriate. The Contractor shall assist members to make the most appropriate PCP selection based on previous or current Primary Care Provider relationship, providers of other family members, medical history, language needs, provider location and other factors that are important to the Member. The Contractor shall notify members within thirty (30) days prior to the effective date of voluntary termination (or if Provider notifies Contractor less than thirty (30) days prior to the effective date, as soon as Contractor receives notice), and within fifteen (15) days prior to the effective date of involuntary termination if their Primary Care Provider leaves the Program and assist members in selecting a new Primary Care Provider;
CC2014IPRO-ER11	Facilitating direct access to specialty physicians in the circumstances of: <ol style="list-style-type: none"> 1. Members with long-term, complex health conditions; 2. Aged, blind, deaf, or disabled persons; and 3. Members who have been identified as having special healthcare needs and who require a course of treatment or regular healthcare monitoring. This access can be achieved through referrals from the Primary Care Provider or by the specialty physician being permitted to serve as the Primary Care Provider.
CC2014IPRO-ER12	Arranging for and assisting with scheduling EPSDT Services in conformance with federal law governing EPSDT for persons under the age of twenty-one (21) years
CC2014IPRO-ER13	Providing Members with information or referring to support services offered outside the Contractor's Network such as WIC, child nutrition, elderly and child abuse, parenting skills, stress control, exercise, smoking cessation, weight loss, behavioral health and substance abuse
CC2014IPRO-ER14	Facilitating direct access to primary care vision services; primary dental and oral surgery services, and evaluations by orthodontists and prosthodontists; women's health specialists; voluntary family planning; maternity care for Members under age 18; childhood immunizations; sexually transmitted disease screening evaluation and treatment; tuberculosis screening, evaluation and treatment; and testing for HIV, HIV related conditions and other communicable diseases; all as further described in Appendix I of this Contract
CC2014IPRO-ER15	Facilitating access to behavioral health services and pharmaceutical services
CC2014IPRO-ER16	Facilitating access to the services of public health departments, Community Mental Health Centers, rural health clinics, RQHCs, the Commission for Children with Special Health Needs and charitable care providers, such as Shriner's Hospital for Children
CC2014IPRO-ER17	Assisting members in making appointments with Providers and obtaining services. When the Contractor is unable to meet the accessibility standards for access to Primary Care Providers or referrals to specialty providers, the Member Services staff function shall document and refer such problems to the designated Member Services Director for resolution
CC2014IPRO-ER18	Assisting members in obtaining transportation for both emergency and appropriate non-emergency situations

CC2014IPRO-ER19	Handling, recording and tracking Member Grievances properly and timely and acting as an advocate to assure Members receive adequate representation when seeking an expedited Appeal;
CC2014IPRO-ER20	Facilitating access to Member Health Education Programs
CC2014IPRO-ER21	Assisting members in completing the Health Risk Assessment (HRA) as outlined in Covered Services upon any telephone contact; and referring Members to the appropriate areas to learn how to access the health education and prevention opportunities available to them including referral to case management or disease management;
CC2014IPRO-ER22	The Member Services staff shall be responsible for making an annual report to management about any changes needed in Member Services functions to improve either the quality of care provided or the method of delivery. A copy of the report shall be provided to the Department

Please note that each issue is assigned a unique identifier. This must be included in the Corrective Action Plan and in any other correspondence concerning this issue. Failure to include this will result in the Plan being rejected by the Department. I look forward to receiving Coventry's Corrective Action Plans 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