

MAC Binder Section 3A – Corrective Action Plans

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

1 – ANT2015NA-1 re substantial compliance CAP_dte032415:

Anthem is not in substantial compliance with certain material provisions. Expansion and/or changes to in the network, failure to maintain an adequate provider network.

2 – ANT2015NA-1 re response CAP_dte041415:

Anthem response to DMS letter of concern dated March 24, 2015, failure to maintain adequate provider network.

3 – ANT2015NA-1 re response CAP_dte042315:

Corrective Action Plan – April 23, 2015, Response is accepted with conditions of written monthly updates until liaison verifies compliance for three straight months.

4 – CC2015NA1 re substantial compliance CAP_dte032415:

CoventryCares is not in substantial compliance with certain material provisions. Expansion and/or changes to in the network, failure to maintain an adequate provider network.

5 – CC2015NA1 re response substantial compliance CAP_dte040815:

CoventryCares response to DMS letter of concern dated March 24, 2015, failure to maintain adequate provider network.

6 – CC2015NA1 re response substantial compliance CAP_dte042315:

CAP not accepted. DMS is unable to locate in CoventryCares corrective action the deficiency in detail. MCO to submit written monthly updates until liaison verifies compliance for three straight months must be supplied.

7 – CC2015SP-2 re DMS response CAP_dte033015:

MCO CAP dated March 6, 2015 (found in the Mar. 2015 mtg binder), is accepted regarding 29.11 Supplemental payments to (PCPs).

8 – CC2015PIP-1 CAP re response substantial compliance CAP_dte041715:

CoventryCares is not in substantial compliance with 20.4 Performance Improvements Projects (PIPs), failure to meet the pre-determined norms and/or goals of demonstrable and/or sustained improvements.

MAC Binder Section 3A – Corrective Action Plans

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9 – HU2015CP-1 re Letter of Concern LOC_dte032415:

Humana care Source's failure to process 99% of all claims within ninety (90) days of the date. Failure to do so will result in submissions being rejected.

10 – HU2015CP-1 response re Letter of Concern LOC_dte032715:

HCS acknowledges that the contractual standards were missed. HCS has more than tripled in Medicaid membership; therefor HCS has increased staffing to ensure processing can keep pace with claim volume.

11 – HU2015CP-1 response re Letter of Concern LOC_dte041715:

DMS accepts MCO response for LOC dated March 27, 2015.

12 – HU2015PHI-1 re Letter of Concern LOC_dte031115:

HCS-Failure to follow protocol regarding submission of Protected Health Information (PHI)

13 – HU2015PHI-1 response re Letter of Concern LOC_dte032015:

HCS has acknowledged unsecure emails and have discussed this issue with associates to further improve transmission of correspondence that includes PHI.

14 – HU2015PHI-1 response re Letter of Concern LOC_dte032415:

DMS accepts MCO response for LOC dated March 20, 2015.

15 – PHP2015WU-1 PHP2014ES-2 response re Letter of Concern LOC_dte031015:

DMS accepts response from Passport Health Plan dated February 19, 2015, reference March MAC Binder for DMS letter and Passport Health Plan responses.

16 –PP2015ESE-1 re Letter of Concern CAP_dte031015:

Passport Health is not in substantial compliance with 17.1 Encounter Data Submission, failure to submit accurate Encounter Data.

17 –PP2015ESE-1 re Letter of Concern CAP_dte031215:

Passport acknowledges failure to submit accurate data. Passport has proposed a three step process to create more efficient and systematic method for the encounter build and submission process as a long-term solution.

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18 –PP2015ESE-1 response re Letter of Concern CAP_dte033015:

March 12, 2015 is accepted regarding 17.1 Encounter Data Submission

19 –PP2015ESE-2 re CAP failure to submit accurate data_dte03115:

Passport Health is not in substantial compliance with 17.1 Encounter Data Submission, failure to submit accurate Encounter Data.

20 –PP2015ESE-2 response re CAP failure to submit accurate data_dte041615:

Passport Health Plan conducted a call with noted parties and has requested a process change be put in place to eliminate password protection of encounter files; this should prevent the problem from occurring in the future.



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

Steven L. Beshear
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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

March 24, 2015

Cecilia Manlove
Anthem Health Plans of Kentucky
13550 Triton Park Blvd,
Louisville, KY 40223

Re: ANT2015NA-1

Dear Ms. Manlove,

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that Anthem Health Plans of Kentucky d/b/a Anthem Blue Cross and Blue Shield ("Anthem") is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Anthem Health Plans of Kentucky Inc., d/b/a Anthem Blue Cross and Blue Shield. Pursuant to Section 28.9 of the Contract, Anthem shall submit to the Department a Corrective Action Plan within fifteen (15) 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
ANT2015NA-1	28.9 Expansion and/or Changes in the Network	Failure to maintain an adequate provider network.

Section 28.7 outlines the manner in which Anthem is to assure that covered service are accessible to Members. Section 28.9 goes on to state that the standards identified in Section 28.7 must apply to 95% of Members. According to the February Network Adequacy Report, Anthem failed to meet this standard in the following areas:

- 94.37% of Members are within 60 miles of a Dermatologist;
- 72.39% of Members are within 60 miles of a Durable Medical Equipment (DME); and,
- 0% of Members are within 60 miles of a Pharmacy.

Section 28.9 of the contract also states the corrective action plan shall describe the deficiency in detail, including the geographic location where the problem exists, and identify specific action steps to be taken by the Contractor and time-frames to correct the deficiency. If your MCO believes the data

October 6, 2013

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information was submitted incorrectly (i.e. Pharmacy) please also include the correct information and the plans your MCO has regarding future submission of network adequacy reporting.

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 Anthem's Corrective Action Plan 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 for Medicaid Services



April 14, 2015

Patricia Biggs
Director, Division of Program Quality and Outcomes
Department for Medicaid Services
275 E Main St. 6C-C
Frankfort, KY 40621

RE: Identifying # ANT2015NA-1

Dear Ms. Biggs,

Anthem Blue Cross and Blue Shield Medicaid (Anthem) is responding to the notice dated March 24, 2015 from the Department for Medicaid Services (DMS). The notice was issued to Anthem by DMS pursuant to Contract Section 28.9 Expansion and/or Changes in the Network with a noted deficiency of failure to demonstrate network adequacy for particular provider types in our February Network Adequacy Report. We respectfully submit the following information in regards to this deficiency and the required Corrective Action Plan.

- Dermatologists – There were nine providers whose licenses did not load into our system and therefore were not included in the provider network file. These licenses have since been updated and they will be included in our next file.
- Durable Medical Equipment (DME) Providers – Due to a system coding issue, the February file did not pull this provider type correctly. We have since corrected the issue and implemented monitoring processes to prevent recurrence.
- Pharmacies – The vendor file we received contained additional leading zeroes in the provider Medicaid ID field. This caused all pharmacies to fail to be pulled into the file. The pharmacy vendor has been educated and we have updated our programming to remove leading zeroes in the future.

Steps have been taken to monitor the overall integrity of future files, including earlier staging of the file in order to provide more time for provider count verification. We will compare files to the previous month and if additional errors are found we will update the programming prior to submission to DMS in order to provide a correct network file. We believe this information shows that we do have an adequate network for DME providers and pharmacies. We are working to expand our Dermatology network, which is a state-wide issue for all MCOs.

We are available to discuss any questions or concerns regarding this action plan, and thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Amy Hayden".

Amy Hayden
Manager, Regulatory Services
Anthem Blue Cross and Blue Shield Medicaid



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

Steven L. Beshear
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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

April 23, 2015

Cecilia Manlove
Anthem Health Plans of Kentucky
13550 Triton Park Blvd,
Louisville, KY 40223

Re: ANT2015NA-1

Dear Ms. Manlove,

The Division of Program Quality & Outcomes is in receipt of the response developed for ANT2015NA-1 (regarding Section 28.9 Expansion and/or Changes in the Network) dated April 14, 2015.

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

Written monthly updates (as well as an update during the monthly Operations meeting) submitted to your liaison and Elizabeth Justus until the DMS liaison verifies compliance for three straight months.

Please respond within ten (10) business days, if Anthem 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, 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 for Medicaid Services



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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

March 24, 2015

Sabrina Moore
Michael Murphy
9900 Corporate Campus, Ste. 1000
Louisville, KY 40223

Re: CC2015NA-1

Dear Ms. Moore and Mr. Murphy:

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that CoventryCares of Kentucky ("CoventryCares") is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Coventry Health and Life Insurance Company. Pursuant to Section 28.9 of the Contract, CoventryCares shall submit to the Department a Corrective Action Plan within fifteen (15) 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
CC2015NA-1	28.9 Expansion and/or Changes in the Network	Failure to maintain an adequate provider network.

Section 28.7 outlines the manner in which Coventry is to assure that covered service are accessible to Members. Section 28.9 goes on to state that the standards identified in Section 28.7 must apply to 95% of Members. According to the February Network Adequacy Report, Coventry failed to meet this standard in the following areas:

92.98% of Members are within 60 miles of a Dermatologist.

Section 28.9 of the contract also states the corrective action plan shall describe the deficiency in detail, including the geographic location where the problem exists, and identify specific action steps to be taken by the Contractor and time-frames to correct the deficiency.

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 Coventry's Corrective Action Plan 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 for Medicaid Services



04/8/15

Via Mail

Department for Medicaid Services
Cabinet for Health and Family Services
275 E. Main St. 6C-C
Frankfort, KY 40621

Re: Request for Corrective Action Plan- CC2015NA-1

Dear Ms. Patricia Biggs:

Please accept this correspondence in response to your notification dated March 24, 2015 with regard to a request for a revised Corrective Action Plan for the following cited deficiency:

Identifying #	Contract Section	DEFICIENCY
CC2015NA-1	28.9 Expansion and/or Changes in Network	Failure to Maintain an adequate provider network.

Per your communication and according to the February Network Adequacy Report, CoventryCares was below the 95% requirement for member adequacy for dermatology providers.

CoventryCares of Kentucky (CoventryCares) has identified Dermatology providers that we can send a recruitment packet out requesting that they join our network. We have enclosed a copy of the target list along with a copy of our recruitment letter. All of the recruitment letters will be sent out by Friday April 10, 2015.

CoventryCares of Kentucky is committed to meeting our obligations. We believe this letter answers your concerns. Should you have any follow up questions or concerns, please feel free to contact me at (502) 719-8809.

Best Regards,

Sabrina Moore
Plan Compliance Officer

9900 Corporate Campus Drive • Suite 1000 • Louisville, KY 40223
502-719-8600 • 888-470-0550 • www.coventrycaresky.com

CoventryCares of Kentucky is a Medicaid product of Coventry Health and Life Insurance Company



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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

April 23, 2015

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

Re: CC2015PIP-1

Dear Ms. Moore and Mr. Murphy,

We are in receipt of your Corrective Action Plan regarding:

Identifying #	Contract Section	DEFICIENCY
CC2015NA-1	28.9 Expansion and/or Changes in the Network	Failure to maintain an adequate provider network.

After reviewing your MCO's response, regarding Dermatology providers, we were unable to locate in Coventry's corrective action plan the description of the deficiency in detail, including the geographic location where the problem exists, the identification of specific action steps to be taken by the Contractor and time-frames to correct the deficiency were in the plan. These are all requirements of Section 28.9 of the contract; therefore, the response is not accepted.

Coventry shall be required (as part of the revised plan) to submit written monthly updates and an update during the monthly Operations meeting. These updates are required until the DMS liaison verifies compliance for three straight months.

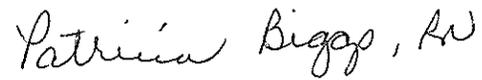
As you are aware this deficiency has been assigned a unique identifier. Please include this number with any correspondence concerning this issue. Failure to do so will result in your submission being rejected.

We look forward to receiving Coventry's revised Corrective Action Plan (within ten (10) business days of receipt of this letter) and will be available for your questions throughout the process.



Please note this issue has been assigned a unique identifier. Please include this number with any correspondence concerning this issue. Feel free to contact me with any questions you have concerning this or any other matter.

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



**CABINET FOR HEALTH AND FAMILY SERVICES
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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

March 30, 2015

Sabrina Moore
Michael Murphy
9900 Corporate Campus, Ste. 1000
Louisville, KY 40223

Re: CC2015SP-2

Dear Ms. Moore and Mr. Murphy:

The Division of Program Quality & Outcomes is in receipt of the response developed for CC2015SP-2 (regarding 29.11 Supplemental Payments to PCPs) dated March 6, 2015. Please be advised that the response is accepted.

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, 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



**CABINET FOR HEALTH AND FAMILY SERVICES
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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

April 17, 2015

Sabrina Moore
Denise Croce
Coventry Cares
9900 Corporate Campus, Ste. 1000
Louisville, KY 40223

Re: CC2015PIP-1

Dear Ms. Moore and Ms. Croce,

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that CoventryCares of Kentucky ("CoventryCares") is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Coventry Health and Life Insurance Company. Pursuant to Section 39.4 of the Contract, CoventryCares 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
CC2015PIP-1	20.4 Performance Improvement Projects (PIPs)	Failure to meet the pre-determined norms and/or goals of demonstrable and/or sustained improvement.

Recently Coventry scored a 47.5 for the Major Depression Disorder PIP and 37.5 for the ED Utilization PIP of RY2014 (see attached) which are both "Requirements not Met" per the score sheet and require a Corrective Action Plan. Please also note Coventry did not implement all of the IPRO recommendations that may have improved the scoring related to the aforementioned PIPs.

As Coventry is aware Section 20.4 Performance Improvement Projects (PIPs) goes into great detail regarding meeting the predetermined norms and/or goals for PIPs. Therefore we are requesting a detailed plan with reasonable timeframe to ensure future compliance (regarding these specific areas and PIPs overall). We strongly encourage Coventry to consult with Judy Baker and/or Marydale Coleman, DMS, Division of Program Quality & Outcomes regarding Coventry's response prior to formal submission.

Please note this issue has been assigned a unique identifier. Please include this number with any correspondence concerning this issue. Feel free to contact me with any questions you have concerning this or any other matter.

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



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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

March 24, 2015

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

Re: HU2015CP-1

Dear Mr. Pendleton,

We are writing this Letter of Concern regarding Humana Care Source (Humana) failure to process 99% of all Claims within ninety (90) days of the date (Section 29.1 of the contract).

Humana was at 98.4% for December 2014, 98.73% for January 2015 and 98.63% for February of 2015.

In accordance with Contract Section 39.4(A), we are asking that Humana notify us within two business days of receipt of this letter with a plan to ensure future compliance regarding claims processing with implementation date.

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 Humana'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



March 27, 2015



Patricia Biggs
Director of Program Quality and Outcomes
Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, KY 40621



Dear Ms. Biggs,

In accordance with the timeframes established in 39.4 of the Kentucky Medicaid Managed Care Contract ("Requirement of Corrective Action"), Humana-CareSource (HCS) acknowledges receipt of the Letter of Concern issued by the Department on March 24, 2015 regarding the processing of 99% of all Claims within ninety days (90) days of the date of receipt of such Claims.

HCS is committed to addressing the issue set forth in the Letter of Concern. HCS believed that Report #53 was to be used to track compliance with Section 29.1 of the contract, specifically, whether 99% of all claims (paid, denied, and suspended) were processed within ninety (90) days of the date of receipt. However, if the state relies upon Report #60 to track whether we are meeting that contractual requirement, please confirm and we will utilize that report to track our performance going forward.

In reference to December 2014, HCS acknowledges that the contractual standard was missed. The primary factor that contributed to missing the 99% within 90 days requirement was due to Medicaid expansion membership enrollment being higher than forecasted with greater utilization of health services. HCS more than tripled in Medicaid membership comparing EOY 2013 to 2014. As a result of the December 2014 metric falling below the standard, HCS has increased staffing and plans to continue to onboard additional resources to ensure processing can keep pace with the claims volume. Further, HCS will increase oversight of claims processing and the relevant reports so that we are able to address issues as they arise.

HCS takes the issues addressed in this Letter of Concern very seriously and will remediate issues related to the Department's concern about processing of 99% of all Claims within ninety days (90) days of the date of receipt.

Should you have any questions, please don't hesitate to contact me at apendleton1@humana.com.

Sincerely,

Chad Pendleton Executive Director, Kentucky Medicaid/Duals



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

Steven L. Beshear
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Audrey Tayse Haynes
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Lisa D. Lee
Commissioner

April 17, 2015

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

Re: HU2015CP-1

Dear Mr. Pendleton,

The Division of Program Quality & Outcomes is in receipt of the response developed for HU2015CP-1 (regarding Section 29.1 failure to process 99% of all Claims within ninety (90) days) dated March 27, 2015. Please be advised that the response is accepted.

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



**CABINET FOR HEALTH AND FAMILY SERVICES
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Audrey Tayse Haynes
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Lisa D. Lee
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March 11, 2015

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

Re: HU2015PHI-1

Dear Mr. Pendleton,

We are writing this Letter of Concern regarding failure of Humana Care Source (Humana) to follow protocol regarding submission of PHI (Protected Health Information) documents.

On 2/10/15, Humana sent an email to the IT mailbox with zip file attachments, EDI X12 files, containing PHI that contained member and provider information. All MCOs, including Humana Care Source have been repeatedly reminded to send PHI encrypted only. In this particular case, Office of Administrative and Technology Services (OATS) told Humana via email on 2/27/15 to send the x12 files to SharePoint. The X12 files are large and therefore should only be posted to SharePoint (along with the concern of the information containing PHI).

On 3/5/15, Humana again sent an email to the IT mailbox with zip file attachments, EDI X12 files, containing member and provider information and again was reminded by OATS not to send PHI (Protected Health Information) unsecured.

In accordance with Contract Section 39.4(A), we are asking that Humana notify us within two business days of receipt of this letter with a plan to ensure future compliance of PHI submissions with implementation date.

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 Humana's response and will be available for your questions throughout the process.

Sincerely,

A handwritten signature in black ink that reads "Patricia Biggs, R.N." The signature is written in a cursive style.

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



Medicaid
500 W. Main Street
Louisville, KY 40202

March 20, 2015

Via UPS-Next Business Day Delivery

Ms. Patricia Biggs, R.N., C.P.C.
Director of Program Quality and Outcomes
Cabinet for Health and Family Services Department for Medicaid Services
275 East Main Street, 6W-A
Frankfort, KY 40601

Re: HU2015PHI-1

Dear Ms. Biggs,

This letter is in response to your March 11, 2015 Letter of Concern regarding failure of Humana CareSource to follow protocol regarding submission of documents containing Protected Health Information (PHI). Your Letter of Concern was received March 18, 2015 and acknowledged within the required contractual timeframes. The Letter specifically references two emails sent on 2/10/15 and 3/5/15 from a Humana associate to the IT mailbox with zip file attachments, EDI X12 files, containing PHI that contained member and provider information. You are correct that the two emails with PHI were sent unsecured and unencrypted. As of March 18, 2015, this issue has been addressed and corrected. The Humana Associate who sent the emails has been notified of the breach in protocol and additional training will be provided to that Associate.

Please know that Humana CareSource takes its responsibilities seriously. All Humana associates are trained on and given periodic refreshers on how to use secure email when sending PHI. Humana realizes relying on associate behavior is not enough. Additionally, Humana relies on a security filter to catch unsecured emails and attachments. The security filter catches emails and attached files containing potential PHI and automatically reroutes them securely to Humana's visitor portal. The recipient of the secure emails would then have to log-in to retrieve the email and attached files. However, when email attachments are zipped and password protected, those files are not able to go through the filter and thus, may not be caught and rerouted. In this case, the two emails referenced above were both zipped and password protected but was not caught by the security filter, resulting in them being sent without being secure and encrypted or rerouted to Humana's visitor portal.

Again, Humana has discussed this issue with the Associate who sent the emails and will continue outreach to Humana associates to further improve our transmission of correspondence that includes PHI.

Should you have any questions, please do not hesitate to contact me at apendleton1@humana.com

Kindest regards,

A. Chad Pendleton
Executive Director, Kentucky Medicaid



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DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

March 24, 2015

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

Re: HU2015PHI-1

Dear Mr. Pendleton,

The Division of Program Quality & Outcomes is in receipt of the response developed for, HU2015PHI-1, failure to follow protocol regarding submission of Protected Health Information (PHI) documents.

Please be advised that the response is accepted. Thank you for your attention and cooperation during this 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 for Medicaid Services



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

Steven L. Beshear
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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

March 10, 2015

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

Re: PHP2015WU-1 and PHP2014ES-2

Dear Mr. Carter,

The Division of Program Quality & Outcomes is in receipt of the response developed for PHP2015WU-1 (failure to follow an LOC, regarding weekly updates) and PHP2014ES-2 (regarding subcontractor encounters). Please be advised that the response is accepted contingent upon Passport continuing the weekly progress updates to Debbie Salleng, until Passport is in compliance with their subcontractor encounters.

If we 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,

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 for Medicaid Services



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Lisa D. Lee
Commissioner

March 10, 2015

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

Re: PP2015ESE-1

Dear Mr. Carter,

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that Passport Health Plan is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Passport Health Plan. Pursuant to Section 39.4 of the Contract, Passport Health Plan 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.

The correspondence dated 2/25/15 had the incorrect file name; we have corresponded and verified the file was correct with Office of Administrative and Technology Services (OATS). We apologize for any inconvenience this may have caused and have amended the request and response time.

Identifying #	Contract Section	DEFICIENCY
PP2015ESE-1	17.1 Encounter Data Submission	Failure to submit accurate Encounter Data

On Monday, 2/16/15, Passport submitted KYW837I_9900005019_D_20150212_065541.zip that contained a 16 digit member ID on the encounter file. The whole file failed (only 10 characters are allocated for member ID's) and caused HP's Encounter splitter to core-dump.

As Passport is aware Section 17.1 Encounter Data Submission, of the Contract states that the: *Encounter Record must follow the format, data elements and method of transmission specified*

by the Department. Therefore we are requesting a detailed plan with reasonable timeframe to ensure this type of error does not occur in the future.

Please note 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 Passport's Corrective Action Plan 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 for Medicaid Services

March 12, 2015



Patricia G. Biggs, RN CPC, CPMA
 Division Director
 Program Quality and Outcomes
 Cabinet for Health and Family Services
 Department for Medicaid Services
 275 East Main Street, 6C-C
 Frankfort, KY 40621

RE: PP2015ESE-1

Dear Ms. Biggs:

This is Passport Health Plan's (Passport) letter in response to the Department for Medicaid Service's (Department) letter dated February 25, 2015. The Department notified Passport it was not in substantial compliance with certain provisions of our Managed Care Contract with the Commonwealth of Kentucky. Specifically, a deficiency in section 17.1 Encounter Data Submission of our contract was cited for Passport's failure to submit accurate Encounter Data in the encounter batch file named KYW8371_9900005019_D_20150212_065541.zip. This encounter file contained a 16 digit member ID where only 10 digits are allocated for member ID's. Passport acknowledges the error and the negative impact to HP's encounter system.

After performing an internal review, the root cause has been determined to be human error while updating member information. Additionally, the field length in the Facets system is greater than 10 digits allowing this error to occur without systematically rejecting an 11 digits or greater number.

Passport respectfully proposes the following Corrective Action Plan (CAP) including actions taken to date and future actions:

CORRECTIVE ACTION	MEASUREMENT OF COMPLETION	DATE OF COMPLETION
Develop a daily report designed to identify invalid formatting of Member ID (MAIDs).	Report review and manual correction daily for any MAIDs identified.	As of March 3, 2015, this report has been used as a manual quality check with corrections to invalid MAIDs performed daily.
Develop and implement programming logic for the weekly encounter build to withhold for correction any encounters that are non-numeric or an invalid length in the Member MAID ID #.	Change management process is followed to include successful testing prior to moving changes into the production environment. Quality check performed post implementation.	Programming logic changes scheduled for June, 2015. Projected completion date of August 31, 2015.

Based on this proposal and actions taken to date, Passport's daily report and manual correction procedure currently mitigates future occurrences. The implementation of the programming logic creates a more efficient and systematic method for the encounter build and submission process as a long-term solution.

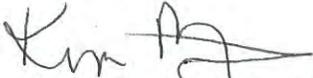
Given the above, Passport submits that this deficiency has been corrected and seeks to close PP2015ESE-1 if the Department is in agreement. Passport requests a letter of closure in this matter or further communication regarding revisions to this corrective action in the event the actions taken to date do not satisfy the Department's requirements.



Patricia Biggs, RN, CPC, CPMA
Page 2
March 12, 2015

Please let me know if you have questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Myers", with a long horizontal stroke extending to the right.

Kim Myers, CCEP, CHPC
Compliance Director and Privacy Officer

cc: Lisa Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Director of Policy and Operations, Department for Medicaid Services
Mark Carter, CEO, Passport Health Plan
Christie Spencer, VP, Operations, Passport Health Plan
David Henley, CCO, Passport Health Plan
Elaine Hayes, Director of Claims and Reimbursement, Passport Health Plan



**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

March 30, 2015

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

Re: PP2015ESE-1

Dear Mr. Carter,

The Division of Program Quality & Outcomes is in receipt of the response developed for PP2015ESE-1 (regarding 17.1 Encounter Data Submission) dated March 12, 2015. Please be advised that the response is accepted.

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, 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



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

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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

March 11, 2015

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

Re: PP2015ESE-2

Dear Mr. Carter,

Please accept this correspondence as notification from the Commonwealth of Kentucky, Department for Medicaid Services ("Department") that Passport Health Plan is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Passport Health Plan. Pursuant to Section 39.4 of the Contract, Passport Health Plan 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
PP2015ESE-2	17.1 Encounter Data Submission	Failure to submit accurate Encounter Data

On Monday, 3/3/15, Passport submitted KYW837P_9900000697_V_20150127_160615.zip failed in FTS (File Transfer System). The file was password protected so could not be opened.

As Passport is aware Section 17.1 Encounter Data Submission, of the Contract states that the: Encounter Record must follow the format, data elements and method of transmission specified by the Department. Therefore we are requesting a detailed plan with reasonable timeframe to ensure future accurate encounter data submissions.

Please note 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 Passport's Corrective Action Plan and will be available for your questions throughout the process.

Sincerely,

A handwritten signature in black ink that reads "Patricia Biggs RN". The signature is written in a cursive style.

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 for Medicaid Services

April 16, 2015

Patricia G. Biggs, RN CPC, CPMA
Division Director
Program Quality and Outcomes
Cabinet for Health and Family Services
Department for Medicaid Services
275 East Main Street, 6C-C
Frankfort, KY 40621

RE: PP2015ESE-2

Ms. Biggs:

In response to the Department for Medicaid Services' (DMS) letter dated March 11, 2015, Passport Health Plan (Passport) is submitting the enclosed corrective action plan for the above-referenced matter. The corrective action plan outlines the actions Passport, AmeriHealth Caritas and Independence Blue Cross (IBC)/Family Planning have taken to resolve the error that occurred when a file was sent to DMS that was password protected. The file transfer process is documented and has been reviewed by all parties.

As we noted in our April 13, 2015 email to DMS, Passport conducted a call with both IBC/Family Planning and AmeriHealth Caritas representatives the day the failure occurred to submit accurate encounter data. During that call, AmeriHealth Caritas clarified that IBC/Family Planning is not required to password protect files transmitted to them through their secure FTP site. To address this situation, we requested that a process change be put in place to eliminate password protection of encounter files. This should prevent this problem from occurring in the future.

We trust that this adequately responds to DMS' request. Please let me know if you have questions or concerns.

Sincerely,



David Henley, JD, CCEP, CHIE, FLMI
Vice President and Chief Compliance Officer

cc: Lisa Lee, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Director of Policy and Operations, Department for Medicaid Services
David McAnally, Internal Policy Analyst III, Managed Care Oversight – Contract Compliance
Debbie Salleng, Department for Medicaid Services
Mark Carter, CEO, Passport Health Plan
Christie Spencer, VP, Operations, Passport Health Plan

Enclosure



Action Plan for Correction for Password Protected File

Update: April 15, 2015

Background and Conclusions:

- Recent Independence Blue Cross/Family Planning encounter files were password protected prior to being emailed to AmeriHealth. A file was subsequently transferred to DMS without removing the password.
- Family Planning encounter files should be sent to the AmeriHealth secure server and are not required to be password protected.

Item #	Deliverable	Responsible Party	Next Steps	Completion Date
1.	<ul style="list-style-type: none"> Schedule a conference call with Independence Blue Cross/Family Planning and AmeriHealth. Agenda: <ul style="list-style-type: none"> How to prevent password protected files from being transferred to DMS Review automated process for moving files 	Sean Pleasant, PHP	Review Process for transfer of Production and Test Files between AmeriHealth and Independence Blue Cross/Family Planning	3/05/2015
2.	<ul style="list-style-type: none"> Attendees for conference call <ul style="list-style-type: none"> Independence BC/Family Planning: John McGregor, Renee Trader & Al Eschert Passport: Sean Pleasant & Leah Smith AmeriHealth: Brian Franklin & Nadine Anderson Discussion Points: <ul style="list-style-type: none"> Review Automated Process for Family Planning Production & Test Files AmeriHealth confirmed that the automated process to pick up Family Planning files from secure server for production files has not changed. Confirmed file location address/folder location & name to send production and test files. FTP transfer is secure and does not require password protection of individual files. Reviewed best practice to keep Family Planning password protected file from being sent to DMS. Family indicated test files are normally sent Monday, Tuesday, & Wednesday and Production files are sent Thursday & Friday AmeriHealth confirmed days for submission of test 	Passport, AmeriHealth, Family Planning	Family Planning will send test files to AmeriHealth secure FTP on Monday, Tuesday, & Wednesday. Production files will be sent to AmeriHealth secure FTP on Thursday & Friday. Family Planning will also send email communication to AmeriHealth primary and secondary contacts and copy Passport Encounter Supervisor when test file is being submitted.	03/06/2015

- and production files are acceptable. AmeriHealth provided primary and secondary contacts to Family Planning. Family Planning will notify contacts by email when test files are being sent and copy Passport Encounter Supervisor, Sean Pleasant.