

November 20, 2014 MAC Binder
Section 3 – Corrective Action Plans Part B
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**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

October 6, 2014

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

Dear Mr. Carter,

I am writing in regards to a recent issue concerning Passport's submission of Provider Files. On September 24, 2014 Passport submitted a Provider File that contained end dates of 99991231 instead of 22991231. This error caused serious issues with the group member tables, resulting in critical errors for users. I appreciate Passport's timely response to the situation and the steps taken to prevent a reoccurrence. The Department will continue to monitor this issue to ensure that future data submissions meet Department requirements.

I look forward to continued cooperation with Passport on this issue and will be available for any questions you may have.

Sincerely,

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

Patricia Biggs, R.N., C.P.C.
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



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October 6, 2014

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

Re: PHP2014ES-2

Dear Mr. Carter,

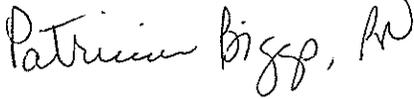
I am writing this Letter of Concern in regards to issues that AmeriHealth, a subcontractor for Passport, has with encounter submissions. Over the past several months, AmeriHealth has failed to correctly submit encounter data and has repeatedly failed to meet the deadlines they submitted to correct the issue. I understand that while AmeriHealth has successfully submitted some encounters, there remains a problem with submitting voided encounters. Although AmeriHealth is a subcontractor, Contract Section 4.3 states, "The Contractor shall oversee and remain accountable for any functions and responsibilities that it delegates to any Subcontractor." Section 17.1 states, "All Subcontracts with Providers or other vendors of service must have provisions requiring that Encounter Record is reported/submitted in an accurate and timely fashion."

Submission of accurate encounters is vital to the Department's efforts to measure the health outcomes of the Medicaid population. As a provider of family planning services, AmeriHealth serves a very important segment of the Medicaid population. Timely, accurate data is a must if we are to measure the effectiveness of these services.

In accordance with Contract Section 39.4(B), I am asking that Passport notify me within two business days of receipt of this letter that you have contacted AmeriHealth concerning these issues and are working together to ensure that accurate encounter data is submitted within the parameters of the contact requirements. If you are unable to meet within this time, please notify me when this meeting will take place. If you prefer to respond by electronic mail, please attach a formal response to your email.

I look forward to receiving Passport's response and will be available for any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Biggs, R.N." followed by a stylized initial "PB".

Patricia Biggs, R.N., C.P.C
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



October 9, 2014

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: PHP2014ES-2

Dear Ms. Biggs:

This letter responds the Letter of Concern ("LOC") dated October 6, 2014 that the Department for Medicaid Services' ("Department") issued to Passport Health Plan ("Passport"). Specifically, the LOC requests that Passport notify you that Passport has contacted AmeriHealth concerning the issues identified in the LOC and that Passport and AmeriHealth HMO are working together to ensure that accurate encounter data is submitted within the parameters of the contract requirements. By copy of this letter, Passport confirms that it has contacted AmeriHealth concerning the issues identified in the LOC and that we are working together to ensure that accurate encounter data is submitted within the parameters of the contract requirements.

In August we worked with AmeriHealth HMO to draft a new plan to address the encounter issues. In mid-September we began meeting with AmeriHealth HMO on a regular basis and as a result, AmeriHealth HMO was able to successfully submit files to both the test and production environments. Unfortunately, we discovered that there are still issues related to AmeriHealth HMO's ability to submit the original encounter with all data elements required to void the encounters as requested by Department. Since our discovery of these additional issues (over two weeks), we have been meeting with AmeriHealth HMO on a daily basis. Based on these meetings and the submission of files into the test environment, we have been able to determine how we need to adjust or change the system logic to address the encounter issues. We are optimistic that in the next few weeks we will be able to successfully submit files including voids to the Department.

We trust this adequately responds to your request and shows that we are committed to supporting the Departments' efforts to accurately measure health outcomes of the Medicaid population and thereby improve the health and quality of their lives. Please let us know if you have any questions or need any further information.

Sincerely,

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

DH/sas



Name
Page 2
Date

cc:

Lawrence Kissner, 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





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October 22, 2014

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

Dear Mr. Carter,

I am writing in response to the letter we received from David Henley concerning issues that AmeriHealth, a subcontractor for Passport, has with encounter submissions. As you are aware from my prior letter (PHP2014ES-2) Contract Section 4.3 states, "The Contractor shall oversee and remain accountable for any functions and responsibilities that it delegates to any Subcontractor." Section 17.1 states, "All Subcontracts with Providers or other vendors of service must have provisions requiring that Encounter Record is reported/submitted in an accurate and timely fashion." We appreciate the timely response and Passport's interest in resolving this issue.

While we are confident that Passport will work to solve the issue in the next few weeks, we would like to be kept abreast of its progress in ensuring that its contractor meets the requirements of the Contract and in maintaining oversight of that contractor. We are asking that Passport provide us weekly updates (beginning 10/24/14) on the plan progress via email to Jan Thornton, DMS, Passport Liaison, DMS. In addition, Passport is to produce a detailed report on the plan's implementation schedule, including a reasonable timeline. Failure to meet the implementation schedule may result in further action. We are asking for the detailed report within ten (10) business days of receipt of this letter.

We look forward to receiving Passport's response and will be available for any questions you may have.

Sincerely,

A handwritten signature in black ink that reads "Patricia Biggs, RN". The signature is written in a cursive style with a large, stylized "P" and "B".

Patricia Biggs, R.N., C.P.C.
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



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October 14, 2014

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

Dear Mr. Carter,

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 University Health Care, Inc. d/b/a Passport Health Plan (Passport), Passport 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. Passport’s final resolution of all potential quality concerns shall be completed within six (6) months of Passport’s notification.

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Minimally Compliant in the following areas of Case Management/Care Coordination:

Unique Identifier	Requirements
PHP2014IPRO-CM-1	Thirty (30) days after the end of each quarter, the Contractor shall submit a quarterly report detailing the number of service plan reviews conducted for Guardianship, Foster and Adoption assistance Members outcome decisions, such as referral to case management, and rationale for decisions.
PHP2014IPRO-CR-2	In order for Contractor and its Providers to effectively manage care for Members who qualify for School-Based Services, it will be necessary to coordinate the care provided through both programs as children who are receiving these services are identified, to share information with early intervention/school-based service providers with appropriate permission from parents.

PHP2014IPRO-CM-3	Members who are adult guardianship clients or foster care children shall be identified as ISHCN and shall be enrolled in the Contractor through a service plan that will be completed on each such Member by DCBS and Department for Aging and Independent Living (DAIL) prior to being enrolled with the Contractor. The service plan will be completed by DCBS or DAIL and forwarded to the Contractor prior to Enrollment and will be used by DCBS and or DAIL and the Contractor to determine the individual's medical needs and identify the need for placement in case management. The Contractor shall be responsible for the ongoing care coordination of these members whether or not enrolled in case management to ensure access to needed social, community, medical and behavioral health services. A monthly report of Foster Care Cases shall be sent to Department thirty (30) days after the end of each month.
PHP2014IPRO-CM-4	The Contractor shall establish procedures to coordinate care for children receiving school-based services and early intervention services, in a manner that prevents duplication of Contractor provided services. The Contractor shall monitor the continuity and coordination of care for these children as part of its QAPI program. Services provided under these programs are authorized under the Federal Individuals with Disabilities Education Act, but typically excluded from Contractor coverage except in situations where a child's course of treatment is interrupted due to school breaks, after school hours or during summer months, the Contractor is responsible for providing all Medically Necessary Covered Services. IEP services should not be duplicated.
PHP2014IPRO-CM-5	School-Based Services provided by schools are excluded from Contractor coverage and are paid by the Department through fee-for-service Medicaid when provided by a Medicaid enrolled provider. School-Based Services provided by public health departments are included in Contractor coverage. However, in situations where a child's course of treatment is interrupted due to school breaks, after school hours or during summer months, the Contractor is responsible for providing all Medically Necessary Covered Services. Coordination between the schools and the Contractor shall ensure that Members receive medically necessary services that complement the individual education plan (IEP) services and promote the highest level of function for the child.

I am aware that Passport 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 Passport's progress in this area, I am asking that Passport 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 Passport's Quarterly Progress Reports and will be available for your questions throughout the process.

Sincerely,



Patricia Biggs, R.N., C.P.C.
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



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5100 Commerce Crossing Drive
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The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Non-Compliant in the following area of Quality Assessment and Performance Improvement – Utilization Management:

Unique Identifier	Requirements
PHP2014IPRO-UM-1	The Contractor shall submit its request to change any prior authorization requirement to the Department for review.

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Minimally Compliant in the following area of Quality Assessment and Performance Improvement – Utilization Management:

Unique Identifier	Requirements
PHP2014IPRO-UM-2	A written description of the UM program shall outline the program structure and include a clear definition of authority and accountability for all activities between the Contractor and entities to which the Contractor delegates UM activities. The description shall include policies and procedures to evaluate care coordination, discharge criteria, site of services, levels of care, triage decisions and cultural competence of care delivery;

I am aware that Passport 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 Passport's progress in this area, I am asking that Passport 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 in any other correspondence concerning these issues. I look forward to receiving Passport's Quarterly Progress Reports and will be available for your questions throughout the process.

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

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The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Minimally Compliant in the following area of Medical Records:

Unique Identifier	Requirements
PHP2014IPRO-MR-1	The Contractor shall have written policies and procedures for maintaining the confidentiality of Member information consistent with applicable laws. Policies and procedures shall include, but not be limited to, adequate provisions for assuring confidentiality of services for minors who consent to diagnosis and treatment for sexually transmitted disease, alcohol and other drug abuse or addiction, contraception, or pregnancy or childbirth without parental notification or consent as specified in KRS 214.185. The policies and procedures shall also address such issues as how to contact the minor Member for any needed follow-up and limitations on telephone or mail contact to the home.

I am aware that Passport may have submitted a Corrective Action Plan to IPRO in an effort to correct this deficiency. Upon IPRO's recommendation, DMS will accept this plans and I encourage you to implement it in order to become fully compliant with the Contract and Federal Regulations. In order to track Passport's progress in this area, I am asking that Passport give a report on the plan's progress at the Quarterly Quality Meetings.

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Sincerely,



Patricia Biggs, R.N., C.P.C.
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



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The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Minimally Compliant in the following areas of Quality Assessment and Performance Improvement: Measurement and Improvement:

Unique Identifier	Requirements
PHP2014IPRO-MI-1	For all reportable Effectiveness of Care and Access/Availability of Care measures, the Contractor shall stratify each measure by Medicaid eligibility category, race, ethnicity, gender and age.
PHP2014IPRO-MI-2	Members of the Committee shall be consistent with the composition of the Member population, including such factors as aid category, gender, geographic distribution, parents, as well as adult members and representation of racial and ethnic minority groups. Responsibilities of the Committee shall include: Reviewing Member education materials prepared by the Contractor;

I am aware that Passport 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 Passport's progress in this area, I am asking that Passport 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 Passport's Quarterly Progress Reports 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: Lawrence Kissner, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
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The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Non-Compliant in the following area of Quality Assessment and Performance Improvement - Access:

Unique Identifier	Requirements
PHP2014IPRO-AC-1	Payment for Emergency Services covered by a non-contracting provider shall not exceed the Medicaid fee-for service rate as required by Section 6085 of the Deficit Reduction Act of 2005.

I am aware that Passport may have submitted a Corrective Action Plan to IPRO in an effort to correct this deficiency. Upon IPRO's recommendation, DMS will accept this plan and I encourage you to implement it in order to become fully compliant with the Contract

and Federal Regulations. In order to track Passport's progress in this area, I am asking that Passport give a report on the plan's progress at the Quarterly Quality Meetings.

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Director of Program Quality and Outcomes
Department for Medicaid Services

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The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Non-Compliant in the following area of Behavior Health Services:

Unique Identifier	Requirements
PHP2014IPRO-BH-1	The Behavioral Health Services Hotline may serve multiple Contractor Programs if the Hotline staff is knowledgeable about all of the Contractor Programs. The Behavioral Health Services Hotline may serve multiple Service Areas if the Hotline staff is knowledgeable about all such Service Areas, including the Behavioral Health Provider Network in each Service Area.

I am aware that Passport may have submitted a Corrective Action Plan to IPRO in an effort to correct this deficiency. Upon IPRO's recommendation, DMS will accept this plan and I encourage you to implement it in order to become fully compliant with the Contract

and Federal Regulations. In order to track Passport's progress in this area, I am asking that Passport give a report on the plan's progress at the Quarterly Quality Meetings.

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Sincerely,

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

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

cc: Lawrence Kissner, Commissioner, Department for Medicaid Services
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Elizabeth Justus, Manager, Managed Care Oversight, Department for Medicaid Services



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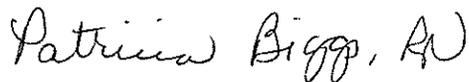
The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Passport Minimally Compliant in the following areas of Grievance System:

Unique Identifier	Requirements
PHP2014IPRO-GS-1	All grievance or appeal files shall be maintained in a secure and designated area and be accessible to the Department or its designee, upon request, for review. Grievance or appeal files shall be retained for ten (10) years following the final decision by the Contractor, HSD, an administrative law judge, judicial appeal, or closure of a file, whichever occurs later.
PHP2014IPRO-GS-2	Documentation regarding the grievance shall be made available to the Member, if requested.

I am aware that Passport 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 Passport's progress in this area, I am asking that Passport give a report on the plan's progress at the Quarterly Quality Meetings.

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October 27, 2014

Mark Carter
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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.

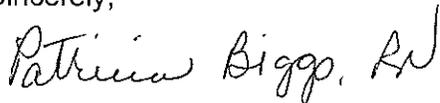
Identifying #	Contract Section	DEFICIENCY
PHP2014HTL-BH-1	33.6 Behavioral Health Services Hotline	Failure to answer at least eighty percent (80%) of calls within thirty (30) seconds measured from the time the call is placed in queue after selecting an option.

In preparing our September Dashboard it was brought to our attention that Passport Health Plan's percentage of calls answered within thirty (30) seconds was 72% in July, 65% in August and 59% in September. The contractual requirement is: At least eighty percent (80%) of calls must be answered by toll-free line staff within thirty (30) seconds measured from the time the call is placed in queue after selecting an option.

Please ensure your response includes the specific actions to correct this deficiency, the date of implementation and the action utilized to assure ongoing compliance. Also 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.

I look forward to receiving Passport Health Plan'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". The signature is written in black ink and is positioned above the typed name.

Patricia Biggs, R.N., C.P.C.
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

November 10, 2014

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

RE: Response to Department Request for Corrective Action Plan

Dear Ms. Biggs:

This letter responds to the Department for Medicaid Services' ("Department") letter dated October 27, 2014 requesting that Passport Health Plan ("Passport") submit to the Department a Corrective Action Plan (CAP) that addresses the Department's concerns with call response times related to the behavioral health services hotline. We respectfully submit the following CAP that outlines the steps we have taken to improve behavioral health services response times so that they meet the requirements set forth in section 33.6 of the Managed Care Contract between the Commonwealth of Kentucky and Passport ("Contract").

Prior to receiving the Department's letter, we were working with our behavioral health administrator, Beacon Health Strategies, Inc. ("Beacon") to meet contractual requirements regarding response times for the behavioral health hotline. On September 18, 2014, Passport issued a letter to Beacon requesting them to provide Passport with an explanation as to the reason they were not meeting hotline response time requirements and to provide a corrective action plan outlining the actions they plan to take to meet their contractual obligations.

Beacon explained in their response letter that they have one line for the hotline that is available for both members and providers. When a call comes in to the hotline, the call is routed to either a staff member for member calls or a staff member for provider calls. As such, Beacon determined that the failure to meet the contractual hotline response times is attributed to a lack of adequate staffing for the hotline. In order to address the lack of adequate staffing, Beacon set forth in their corrective action plan a hiring and training schedule for staff to support the operation of the hotline. Below is a summary of the hiring that has taken place to date or that will occur over the next couple of months.

- Beacon hired and trained eight (8) hotline representatives during August and September. The new representatives are now actively taking Passport hotline calls.
- Beacon hired an additional eleven (11) hotline representatives with start dates in October and November. The new representatives will start taking Passport hotline calls within the next two (2) months.



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LOUISVILLE, KY 40229
502-585-7900 / 800-578-0603
WWW.PASSPORTHEALTHPLAN.COM

The following are specific actions Beacon and Passport are taking to ensure the contractual requirements related to the hotline are achieved as new staff are hired and trained:

- Beacon is providing Passport with a weekly report on the progress of the hiring and training of hotline staff.
- Beacon is monitoring hotline outcomes on weekly basis to ensure that members and providers receive timely and appropriate responses. Beacon is continually analyzing the hotline call volume so they can assign additional staff when call volume is at its highest. Analysis Completion Target date – 11/14/14

Passport Health Plan is committed to meeting the hotline response time requirements as quickly as possible. As such, we will provide weekly updates about this matter to the Department until the hotline response time requirements are achieved. Please feel free to contact me if you have any questions or need any additional information

Sincerely,

A handwritten signature in blue ink that reads "Christie Spencer".

Christie Spencer
Vice President, Operations
Passport Health Plan

cc: David McAnally, Internal Policy Analyst III, Managed Care Oversight, Department for Medicaid Services

Jan Thornton, Managed Care Oversight, Department for Medicaid Services

Elizabeth Justus, Manager, Managed Care Oversight, Department for Medicaid Services

Lawrence Kissner, Commissioner, Department for Medicaid Services

Christina Heavrin, General Counsel, Cabinet for Health and Family Services

Mark Carter, Chief Executive Officer, Passport Health Plan

David Henley, Chief Compliance Officer, 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

Lawrence Kissner
Commissioner

November 5, 2014

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

Dear Ms. Munson,

We are conducting an inquiry regarding members being served by both Appalachian Regional Healthcare (ARH) and WellCare.

The reason for the inquiry is to ensure WellCare's Compliance with:

Contract Section 33.8, Follow-up after Hospitalization for Behavioral Health Services-The Contractor shall require, through Provider contract provision, that all Members receiving inpatient psychiatric services are scheduled for outpatient follow-up and/or continuing treatment prior to discharge. The outpatient treatment must occur within fourteen (14) days from the date of discharge. The Contractor shall ensure that Behavioral Health Service Providers contact Members who have missed appointment within twenty-four (24) hours to reschedule appointments.

Contract Section 33.5, Behavioral Health Provider Network- The Contractor shall ensure accessibility and availability of qualified providers to all Members in the service area pursuant to Provider Program Capacity Demonstration as contained in the RFP.

For Verification purposes as part of the preliminary inquiry, we are asking that WellCare complete the attached spreadsheet for any ARH denials of members receiving inpatient psychiatric services from 7/1/14 through 11/14/14. Please also include an overview (narrative) of the process and the decision matrix utilized for members to ensure compliance with the aforementioned Contract Sections. We are asking for an update at the Operations Meeting on 11/18/14 and completion of the worksheet no later than C.O.B. 11/21/14. Failure to respond to the inquiry and meet the required timeframe may result in further action.

We look forward to receiving the information from WellCare and will be available for your questions throughout the process.

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: 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



**CABINET FOR HEALTH AND FAMILY SERVICES
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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

November 12, 2014

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

Dear Ms. Munson,

We are conducting an inquiry regarding the MCO Quarterly Grievance/Appeal Activity Report for the period of 4/1/14-6/30/14 and 7/1/14-9/30/14.

The reason for the inquiry is to ensure WellCare's Compliance with:
907 KAR 17:010:

(14) An MCO shall:

(b) Have an expedited review process for appeals if the MCO determines that allowing the time for a standard resolution could seriously jeopardize an enrollee's life or health or ability to attain, maintain, or regain maximum function;

(c) Resolve an expedited appeal within three (3) working days of receipt of the request; and

(d) Extend the timeframe for an expedited appeal established in paragraph (c) of this subsection by up to fourteen (14) calendar days if:

1. The enrollee requests the extension; or

2.a. The MCO demonstrates to the department that there is need for additional information; and

b. The extension is in the enrollee's interest.

For the period of 4/1/14-6/30/14 and 7/1/14-9/30/14 the Percentage (%) Expedited Resolved in 3 days was 96%.

For Verification purposes as part of the preliminary inquiry, we are asking that WellCare:

- Confirm the number of Expedited Appeals Received that were not resolved in 3 Days for the period of 4/1/14-6/30/14 (total Expedited Received 470) and 7/1/14-9/30/14 (total Expedited Received 569).

- Confirm the number of Expedited Received for each respective quarter that were granted a fourteen (14) calendar days based upon the provisions of 907 KAR 17:010.
- Also should there be any Expedited Appeals that fall out of the parameters of the inquiry (in each quarter) please include the Medicaid Member ID and any specifics causing noncompliance (if applicable).

We are asking for a status at the Operations Meeting on 11/18/14 and the information with any pertinent details within ten (10) business days of receipt. Failure to respond to the inquiry and meet the required timeframe may result in further action.

We look forward to receiving the information from WellCare 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: 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