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

September 22, 2014

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

Dear Mr. Pendleton,

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

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

Unique Identifier	Requirements and/or Findings
HCS2014IPRO-PC-1	The contractor shall meet requirements under KRS 205.560(12) related to credentialing. Verification of the Providers credentials shall include the following: Professional board certification, eligibility for certification, or graduation from a training program to serve children with special health care needs under twenty-one (21) years of age;

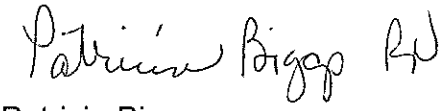
The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Humana Minimally Compliant in the following area of Credentialing:

Unique Identifier	Requirements and/or Findings
HCS2014IPRO-PC-2	The contractor shall meet requirements under KRS 205.560(12) related to credentialing. Verification of the Providers credentials shall include the following: A current valid license or certificate to practice in the Commonwealth of Kentucky.

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

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

Sincerely,



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

cc: Lawrence Kissner, Commissioner, Department for Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Manager, Managed Care Oversight, Department for Medicaid Services