



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

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September 22, 2014

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

Dear Mr. Pendleton,

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

The 2013 Medicaid Compliance Review conducted by IPRO on behalf of the Department found Humana Non-Compliant in the following areas of Quality Assessment and Performance Improvement: Access-Utilization Management:

Unique Identifier	Requirements and/or Findings
HCS2014IPRO-UM1	The Contractor shall give the Member written notice that meets the language and formatting requirements for Member materials, of any action (not just service authorization actions) within the timeframes for each type of action pursuant to 42 CFR 438.210(c). The notice must explain; The Member’s right to request a State hearing;
HCS2014IPRO-UM2	The Contractor must give notice by the date of the Action for the following: 1. In the death of a Member;

Unique Identifier	Requirements and/or Findings
HCS2014IPRO-UM3	2. A signed written Member statement requesting service termination or giving information requiring termination or reduction of services (where he understands that this must be the result of supplying that information);
HCS2014IPRO-UM4	3. The Member's admission to an institution where he is ineligible for further services;
HCS2014IPRO-UM5	4. The Member's address is unknown and mail directed to him has no forwarding address;
HCS2014IPRO-UM6	5. The Member has been accepted for Medicaid services by another local jurisdiction;
HCS2014IPRO-UM7	6. The Member's physician prescribes the change in the level of medical care;
HCS2014IPRO-UM8	7. An adverse determination made with regard to the preadmission screening requirements for nursing facility admissions on or after January 1, 1989;
HCS2014IPRO-UM9	8. The safety or health of individuals in the facility would be endangered, the Member's health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required by the member's urgent medical needs, or a Member has not resided in the nursing facility for thirty (30) days.

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

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

Sincerely,



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

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