



**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

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 Minimally Compliant in the following elements of Health Risk Assessment:

Unique Identifier	Review Findings
CC2014IPRO-HR1	The Contractor shall conduct initial health screening assessment of new Members who have not been enrolled in the prior twelve (12) month period, for the purpose of assessing the Member's need for any special health care needs within ninety (90) days of Enrollment. Members whose Contractor has a reasonable belief to be pregnant shall be screened within thirty (30) days of Enrollment, and if pregnant, referred for appropriate prenatal care.
CC2014IPRO-HR2	The Contractor agrees to make all reasonable efforts to contact new Members in person, by telephone, or by mail to have Members complete the initial health screening questionnaire.
CC2014IPRO-HR3	Information to be collected shall include demographic information, current health and behavioral health status to determine the Member's need for care management, disease management, behavioral health services and/or any other health or community services.

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,

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

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