

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

**Steven L. Beshear
Governor**

Division of Program Quality & Outcomes
275 E. Main Street, 6C-C
Frankfort, KY 40621
(502) 564-9444
Fax: (502) 564-0223
www.chfs.ky.gov

**Audrey Tayse Haynes
Secretary**

**Lawrence Kissner
Commissioner**

October 1, 2014

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

Re: ABC2014CR-1

Dear Ms. Manlove,

I am writing this Letter of Concern in regards to Anthem's compliance with Section 38.2 of the Contract – Confidentiality of Records. I appreciate the fact that Anthem self-reported several breaches of member confidentiality concerning faxes with confidential information being sent to the wrong providers. I understand that the number of violations was small compared to the volume of faxes sent on a regular basis and that at least one of these breaches was done by a provider, not an Anthem employee. However, the Department takes every breach of confidentiality seriously.

The Department has reviewed Anthem's responses and policies and is concerned with one aspect of the solution. It is clear that Anthem takes the necessary steps to correct a problem once it occurs; I am concerned about what Anthem is doing to prevent such occurrences. Anthem's policies call for associates to be re-trained on privacy issues yearly. I think some immediate action is in order. I am asking that Anthem implement an awareness program to reinforce to associates the importance of protecting member privacy.

In accordance with Contract Section 39.4(B), I am asking that Anthem provide me with an answer to this request within two business days of receipt of this letter. If you are unable to provide the information within this time period, please respond with a date when we can expect delivery. Please note this issue has been given a unique identifying number, include this number in any correspondence concerning this issue.

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

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 of Medicaid Services



October 3, 2014

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

RE: Identifying # ABC2014CR-1

Dear Ms. Biggs,

Anthem Blue Cross and Blue Shield (Anthem) is responding to the Letter of Concern (LOC) dated October 1, 2014 from the Department for Medicaid Services (DMS). This LOC was issued to Anthem by DMS pursuant to Contract Section 38.2 – Confidentiality of Records due to several disclosure notifications regarding member data. DMS has expressed concern about Anthem's plans to prevent future occurrences and has requested that we implement an awareness program to reinforce to our associates the importance of protecting member privacy.

Anthem maintains a robust privacy training program which begins with Ethics Privacy and Information Security Compliance training for all new hires within 30 days of their start day. In addition, departments provide training to their associates on the processes they use to safeguard PHI as the associate performs their daily duties. Finally, Anthem requires all associates to complete an annual refresher training which includes topics on privacy and security.

In response to the concerns expressed by DMS, Anthem will circulate privacy tips related to verification, authentication, faxing and other issues by email and also in periodic associate newsletters. We will begin sending these tips on October 3, 2014 and will continue sending them periodically in order to reinforce existing privacy training, foster greater awareness of privacy requirements and help reduce fax errors.

In addition to the issue above, Anthem received an email communication from Cynthia Lee at DMS dated September 25, 2014 which contained concerns from Mary Tansey regarding our policies for fax transmittal of protected health information (PHI). Information regarding this issue was provided to Ms. Lee on September 12, 2014, including two policies from our Corporate Privacy Program. These policies did not have the level of detail that Ms. Tansey had previously requested. As a general matter, our policies do not contain more detailed procedures that address specific associate actions. Therefore, we have enclosed for your review our Privacy Procedures which do provide guidance to all of our associates regarding the requirement to verify and authenticate a person who is requesting member PHI, as well as ensuring that only the requested member PHI is being transmitted to the verified and authenticated requestor.

Methods of Sending Transmitting or Transporting PHI Procedure MBU

Please see page 8 for the section named Faxing PHI sub paragraphs (1-5) for the detailed requirements for verifying the identity and the authority of a requestor to obtain a members PHI and the requirement to ensure that only the requested members PHI is returned to the requestor.

Verification and Authentication Procedure MBU

Please see page 6 for paragraph 12 which outlines the detailed verification and authentication process that our associates follow before disclosing PHI to providers. Also see page 7 for paragraph 16 which provides guidance to our associates on the selection of a providers return fax number.

Anthem understands and shares the concern DMS has for the protection of our members and we want to assure DMS that we will work diligently to reduce these incidents going forward. We are available to discuss any questions or concerns. We thank you for your time and consideration.

Sincerely,



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

Title: Facsimile (Fax) Transmission	No.: CPPr901.3
Business Area/Team: Privacy Office	Last Review/Approval Date: 04/25/2014
Approver(s): Michelle Nader, Staff VP Ethics & Compliance and Chief Privacy Officer	Effective Date: 07/01/2012

Purpose:

The purpose of this procedure is to explain the business area desktop procedure for [Methods for Sending, Transmitting or Transporting Protected Health Information \(PHI\) Policy](#).

Background:

Authorized WellPoint Associates may disclose Protected Health Information (PHI) via facsimile transmission if ALL of the following conditions are met:

- Verify the identity and authority of the requestor
- A cover sheet is used and the name of the recipient is included in the "To Field"
- PHI does not appear on the cover sheet
- The fax number is confirmed at the time of each request
- If your business area participates in mass faxes or fax blasts, then you must verify all fax numbers being utilized (verify all fax numbers on an annual basis)
- The recipient is made aware that the fax contains confidential information and ensures security of the fax being utilized
- The cover sheet contains language similar to the following statement:

The information contained in this facsimile message and in any accompanying documents is intended only for use by the individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee, associate or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you received this communication in error, please immediately notify the sender by telephone to arrange for its destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein.

Related Documents:

1. [Methods for Sending, Transmitting or Transporting Protected Health Information \(PHI\) Policy](#)

**Corporate Privacy Policy Desktop Procedure
Facsimile (Fax) Transmission**

Version History:

History	Review and/or Approval Date	Effective	Description of changes
	5/1/2012		Original procedure
Initial Draft	5/1/2012	7/1/2012	This procedure was previously part of the WellPoint Privacy Policy Manual Version 11.1, but was revised to exist as a stand-alone procedure. See WellPoint Privacy Policy Manual revision history for detailed information.
Annual Review	4/30/2013		Revised vesion history column headers
Annual Review	04/25/2014		No changes

CORPORATE PRIVACY POLICY

Title: Methods for Sending, Transmitting or Transporting Protected Health Information (PHI)	No.: CPP901
Applicability: Associates of WellPoint and its Wholly Owned Affiliates & Subsidiaries Exceptions: As noted on the Privacy Policy Applicability Matrix	Original Effective Date: 04/21/2004
Approver(s): Michelle Nader, Staff VP Ethics & Compliance and Chief Privacy Officer	Last Review/Approval Date: 04/25/2014
Citations for Related Laws: 45 C.F.R. § 164.530	Effective Date: 05/21/2014

POLICY

Once an Authorized WellPoint Associate has determined that Protected Health Information (PHI), Personally Identifiable Information (PII), Personal Financial Information (PFI) and/or other Confidential Information can be shared with a requestor, a determination must be made of how to send the information.

Authorized WellPoint Associates have many different communication media at their disposal. It is essential that the appropriate medium be used in a secure manner. Protected Health Information (PHI) may be disclosed via the following media, but only in the manner prescribed.

1. [Mailing Protected Health Information \(PHI\)](#)

Authorized WellPoint Associates may disclose Protected Health Information (PHI) by mailing the individual's printed PHI to the individual's address of record.

- A. If asked to mail the individual's PHI to an address other than the address of record. Authorized WellPoint Associates should refer to the Disclosure Matrix for guidance.
- B. All mailed PHI must be in a sealed envelope prior to placing the envelope in outgoing mail bins. Business areas that have significant amounts of outgoing mail but do not have mail metering equipment, may make arrangements with local internal mailrooms to place unsealed envelopes in outgoing mail bins that are managed by the mailroom, provided the mailroom ensures that envelopes are sealed prior to sending externally. Associates must contact their Privacy and Security Manager (PSM) or the Director of Print Mail Services to discuss reasonable alternatives that would be consistent with the spirit of this Policy.
- C. The outside of the envelope cannot include:
 - a. Conditions such as diabetes or asthma
 - b. Diagnostic test reminders such as mammograms or colonoscopies
 - c. References that imply a member is pregnant or just had a baby
 - d. Member age or date of birth or inference thereto;
 - e. Social Security Numbers, other number that may contain a Social Security Number (e.g. Tax ID number or Medicare ID number), or a truncated version of a Social Security Number
 - f. Identification number or account numbers, or
 - g. Warehouse stock codes such as DIA-CAL2012 or COPD0101Z that imply a medical condition
- D. The outside of the envelope may include:
 - a. References to general wellness information that applies to everyone such as:
 - b. Your 2014 Living Well Calendar Enclosed;
 - c. Flu shot reminder information;
 - d. Drink 8 glasses of water a day to stay hydrated;
 - e. See inside for healthy hints;

- E. Mailed written materials that promote WellPoint programs in general (e.g. disease management program or wellness programs) may use a folded post card mailer with a wafer seal (versus a sealed envelope) provided
- The mailing is not targeted at any particular group of members (e.g. not targeted to pregnant women or diabetics); and
 - The mailing contains the same information for all recipients; and
 - The mailing does not contain information about member-specific claims or services; and
 - The outside of the mailing complies with the procedure in 3 and 4 above

F. For the purpose of this policy, mail shall be deemed to include US Mail, and similar mailing services such as United Parcel Service, Federal Express, and Airborne Express, Refer to the [Shipping Information site](#) for more information on shipping.

G. Social Security Numbers:

- If a vendor is conducting a mailing, a review of a sample of the mailing label or envelope must be conducted by a WellPoint associate prior to moving forward with the mailing event. Documents must be randomly sampled to ensure they do not contain a printed 9-digit (or greater) number that could contain SSN (including Tax ID numbers which could also be an SSN). If a nine digit (or greater) number appears on the outside of the mailing, the business area/owner must validate that the number that appears is not an SSN or TIN. If SSN or TIN (even if followed or preceded by other numbers/letters) appears on the outside of the mailing, it must be removed prior to release.
- The business area must work with the vendor to review multiple production samples of the mailing prior to the information being released.
- All files sent to outside vendors should be "scrubbed" to ensure they do not include SSN (including any other 9-digit or greater number such as TINs which could also contain an SSN).
- Hiding or masking a portion of a file (e.g. hiding the column of an excel spreadsheet) containing SSN is not enough. The information must be deleted from the file prior to sending outside the company.
- It is the responsibility of the business area/owners and/or front end IT to ensure the SSN is not on the transactional documents, such as bills, letter, checks and EOBs that are sent to the external vendor.

2. [Protected Health Information \(PHI\) via Messenger Service](#)

Authorized WellPoint Associates may disclose Protected Health Information (PHI) that is in written form by messenger service only to the requestor's address of record. WellPoint Associates must log (scan, track, print copy of contents including member name, identification number, all Protected Health Information (PHI) elements included) any Protected Health Information (PHI) prior to sealing package/pouch and passing to messenger service. (See example [Log Sheet for Shipment of Protected Information](#)). If any items are lost during transfer via messenger service, immediately report that to the local mailroom, your manager and submit a [Privacy and Security Disclosure Report eForm](#).

3. [Telephone](#)

Authorized WellPoint Associates may disclose Protected Health Information (PHI) via the telephone, under the following conditions. WellPoint Associates should take reasonable precautions to avoid conversations being overheard by individuals who do not have a need to know the information

Only approved wireless phones or headsets distributed by telecommunications are to be used while discussing or disclosing Protected Health Information (PHI) information. Disclosure of Protected Health Information (PHI) via cellular telephone is permitted only if the WellPoint Associate first verifies that their cellular telephone is in digital mode. If the cellular telephone is in analog mode, WellPoint Associates should not discuss or disclose Protected Health Information (PHI). Associates may not share Protected Health Information (PHI) via text message at any time.

4. Facsimile (FAX) Transmission

Authorized WellPoint Associates may disclose Protected Health Information (PHI) via facsimile transmission if ALL of the following conditions are met:

- A. Verify the identity and authority of the requestor
- B. A cover sheet is used and the name of the recipient is included in the "To Field"
- C. Protected Health Information (PHI) does not appear on the cover sheet
- D. The fax number is confirmed at the time of each request
- E. If a business area participates in mass faxes or fax blasts, then Associates must verify all fax numbers being utilized (verify all fax numbers on an annual basis)
- F. The recipient is made aware that the fax contains Confidential Information and ensures security of the fax being utilized
- G. The cover sheet contains language similar to the following statement:

The information contained in this facsimile message and in any accompanying documents is intended only for use by the Individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee, associate or agent responsible for delivering the message to the intended recipient, you are hereby notified that any Disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you received this communication in error, please immediately notify the sender by telephone to arrange for its destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein

5. Right Fax

Authorized WellPoint Associates may disclose Protected Health Information (PHI) via Right Fax if ALL of the following conditions are met:

- A. Verify the identity and authority of the requestor
- B. Select the option to utilize a cover sheet and ensure the name of the recipient is included in the "To Field"
- C. PHI does not appear on the cover sheet
- D. The fax number is confirmed at the time of each request
- E. If a business area participates in mass faxes or fax blasts, then Associate must verify all fax numbers being utilized before faxing PHI
- F. The recipient is made aware that the fax contains confidential information and ensures security of the fax being utilized
- G. The cover sheet contains language similar to the following statement:
The information contained in this facsimile message and in any accompanying documents is intended only for use by the Individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee associate or agent responsible for delivering the message to the intended recipient, you are hereby notified that any Disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you received this communication in error, please immediately notify the sender by telephone to arrange for its

destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein.

- H. Verify that the correct document is attached when utilizing Attachments.
- I. Use the Hold for Preview option prior to releasing faxes.

6. Internal Email Transmission

Authorized WellPoint Associates may disclose Protected Health Information (PHI) to other Authorized members of WellPoint's Workforce via WellPoint's internal e-mail system in accordance with WellPoint's policy on Appropriate Use of Electronic Mail and Other Forms of Communication ([IS-STD-001; Section 3.3](#)). A manager or Privacy & Security Manager (PSM) may determine the minimum necessary amount of Protected Health Information (PHI) that can be included in the subject line of an internal e-mail transmission for Treatment, Payment or Operations and internal business continuity purposes.

Associates must NOT include Protected Health Information (PHI) in the subject line (i.e. Member Full Name (first & last), SSN, HCID, etc). The subject line may include identifiers such as claim ID, reference number, or internal tracking numbers.

Note – if the internal email goes outbound (outside of WellPoint.com) NO PHI may be in the subject line at any time.

7. External Email Transmission

Authorized WellPoint Associates may disclose Personally Identifiable Information (PII) or other types of Company Confidential Information via external email under the conditions listed in subsections 1 & 2 below. Note that Personally Identifiable Information (PII) describes any sensitive information that can be attributed to an individual such as their medical ID, Social Security Number, address, credit card numbers, tax ID numbers, and any other Protected Health Information (PHI), or Personal Financial Information (PFI).

A. Email Encryption

- a. The key word SECURE (upper or lower case acceptable) must be entered on the subject line of that email. Using the word SECURE in the subject line is not optional; it is required.
- b. No Protected Health Information (PHI), Personal Financial Information (PFI) or other Confidential Information should be included in the subject line of the email; and

B. Password Protect Email Attachments

- a. In addition to using the keyword SECURE in the subject line, attachments or files containing Protected Health Information (PHI) or Personal Financial Information (PFI) must be password protected prior to being attached to the email message.
 - (i) When responding to an email, the risk of sending Protected Health Information (PHI) or Personal Financial Information (PFI) to the wrong email address is minimal, therefore when responding using the REPLY button, attachment(s) do not need to be password protected. Before hitting the SEND button however, be sure to verify that only those email addresses that an Associate knows should be receiving the information are the only ones listed in the To field. Also be sure to type Secure in the subject line to ensure that the reply is sent using WellPoint's Secure eMail solution.
- b. To ensure the integrity of password protection, the following procedures must be used:

- (i) Utilize WellPoint standard tools to password-protect files, and the Information Security's [Symantec Endpoint Encryption](#) for assistance.
- (ii) Create complex passwords. Passwords must be a length of ten (10) characters or longer and created in accordance with the [Information Security Standards IS-STD 001, Section 6.1.1.3 Passwords](#);
- (iii) Create unique passwords for different recipients or entities (do not use the same password).
- (iv) Share passwords only with individuals authorized to receive the intended information.
- (v) Relay password values to the intended recipient(s) by using "out of band" methods such as a telephone call or use a mutually agreed-upon value, known before the attachments are e-mailed.

The purpose for doing this is to ensure that a secured email with password protected attachments sent to an unintended address, is not also followed by a communication with the password value, to that same unintended address.

Any exceptions to the method of communication of the password to the intended recipient must be reviewed and approved in writing by the business area Privacy & Security Manager or the Privacy Office. Please contact your Privacy & Security Manager (PSM) with any questions

- (vi) Before actually sending emails with files containing Confidential Information, follow the Privacy [Quality Control Disclosure for Protected Health Information \(PHI\) policy](#), check to ensure that files (attachments) contain only the data intended for the authorized and designated recipient.

C. Automated E-Mail Process

In instances where an automated process is used to routinely create files with Protected Health Information (PHI) and insert them into e-mail messages, password protection may not be necessary. The following controls must be followed in order to ensure that e-mail messages are accurately distributed to the intended, authorized recipients:

- Stringent testing must be performed on the matching of the appropriate files to the intended recipient's e-mail address, prior to implementing the automated distribution in production
- The key word SECURE must be pre-filled on the subject line of each e-mail created in this process.
- Where applicable, the [Quality Control Disclosure for Protected Health Information \(PHI\) policy](#) is applied throughout this process.

Examples of automated e-mail processes include Group billing and/or benefit utilization files, where manual intervention is minimal or non-existent as e-mails are created and distributed on a scheduled basis.

D. Text Message

WellPoint Associates are prohibited from sending Protected Health Information (PHI) via text message.

E. Company Confidential

When distributing files containing Company Confidential Information via e-mail to authorized recipients external to the Company, careful consideration should be given to determine whether or not to the use of password protections is appropriate for these files. The decision should be risked based and any Confidential Information must continue to be sent using the keyword SECURE in the subject line of e-mail communications.

F. Confidentiality Notice Language

The text within the body of the email message must contain language similar to the following notice:

CONFIDENTIALITY NOTICE: This email message, including any attachments, is solely for use by the intended recipient(s) and may contain information that is confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure, distribution or forwarding of this message or its attachments is strictly prohibited. If you are not the intended recipient, please contact the sender via reply email and destroy the original and all copies of this message and its attachments

* Note – WellPoint email servers automatically append this Confidentiality Notice to all emails distributed outside of the Company.

G. Sanction

Failure to adhere to this Policy could result in disciplinary action. Please refer to the [Corrective Action/Sanction policy](#) for further details.

8. [Intranet \(Internal\)](#)

Authorized WellPoint Associates may disclose Protected Health Information (PHI) to other Authorized members of WellPoint's Workforce via WellPoint's intranet systems

9. [Extranet \(External\)](#)

Protected Health Information (PHI) may be disclosed via WellPoint extranet systems in a manner consistent with WellPoint's eBusiness policy, handling requirements for stored information ([IS-STD-001; Section 4.2.1.5](#)) and Privacy Office policies related to the [Disclosure of Protected Health Information \(PHI\) Policies](#).

10. [Voice Response Unit \(VRU\)](#)

WellPoint may disclose certain Protected Health Information (PHI) via Interactive Voice Response (IVR) and Voice Response Unit (VRU) in a manner consistent with the Verification and Authentication Guidelines, Section IV.

Business Area Desktop Procedure/Guidelines

Business Areas that perform functions related to this corporate privacy policy must have Business Area Desktop Procedures. These procedures must be frequently communicated to Associates and periodic training must be provided and proof of training retained by the Business Area. Business Area Desktop Procedures must include the following information:

- 1.0 Desktop Procedure(s)
- 2.0 Process For Associate Training On Privacy Policy Procedures/Guidelines Annually
- 3.0 Process For Annual Review/Approval Of Privacy Policy Procedures/Guidelines
- 4.0 Process To Produce Privacy Policy Procedures/Guidelines Upon Request
- 5.0 Process For Incorporating Corporate Privacy Policy Changes/Revisions Into Procedures/Guidelines
- 6.0 Process For Publishing And Communicating Changes/Revisions To Procedures/Guidelines
- 7.0 Process For Incorporating Any State Specific Requirements
- 8.0 Tools That Must Be Used By Associates
- 9.0 Process For Retaining Copies Of Privacy Policy Procedures/Guidelines

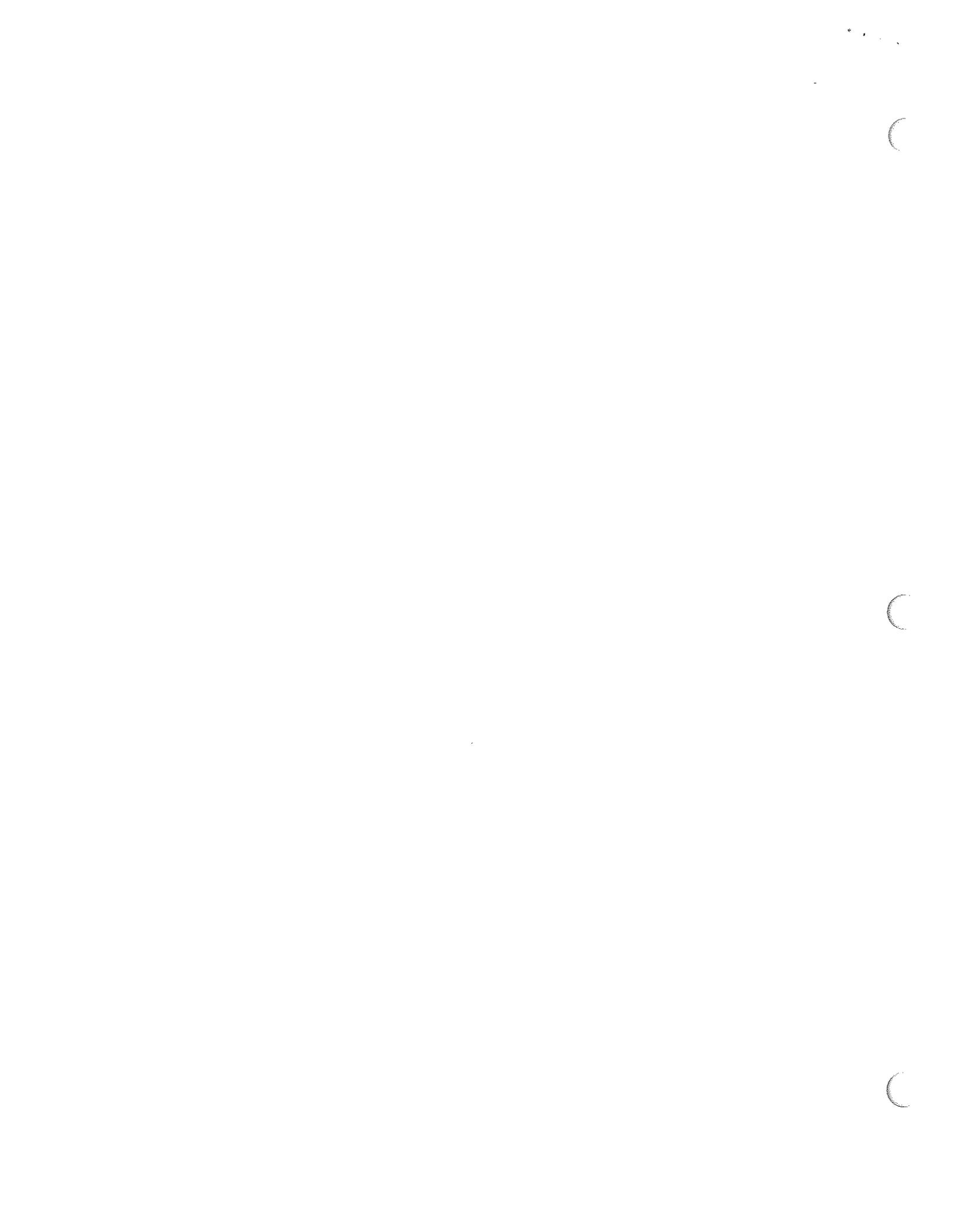
RELATED DOCUMENTS

1. [Shipping Information site](#)
2. [Information Security Standards IS –STD 001; Section 3.3](#)
3. [Symantec Endpoint Encryption](#)

4. [Quality Control Disclosure for Protected Health Information \(PHI\)](#)
5. [Corrective Action/Sanction Policy](#)
6. [IS-STD-001; Section 4.2.1.5](#)
7. [Privacy and Security Disclosure Report eForm](#)
8. [Disclosure of Protected Health Information \(PHI\) Policies](#)
9. [Mailing Protected Health Information \(PHI\) Procedure](#)
10. [Protected Health Information \(PHI\) via Messenger Service Procedure](#)
11. [Telephone Procedure](#)
12. [Facsimile \(FAX\) Transmission Procedure](#)
13. [Internal Email Transmission Procedure](#)
14. [External Email Transmission Procedure](#)
15. [Intranet \(Internal\) Procedure](#)
16. [Extranet \(External\) Procedure](#)
17. [Voice Response Unit \(VRU\) Procedure](#)
18. [Log Sheet for Shipment of PHI](#)

VERSION HISTORY

History	Review and/or Approval Date	Effective	Description of changes
Initial Version		04/21/2004	Original Policy
Review and Approved	05/01/2012	07/01/2012	This policy was previously part of the WellPoint Privacy Policy Manual Version 11.1, but was revised to exist as a stand-alone policy. See WellPoint Privacy Policy Manual revision history for detailed information.
Review and Approved	12/11/2012	01/01/2013	This policy was revised to include statement regarding sending PHI to another address under #1, removing the link to IS ST001, Section 3.2.4 in #2, adding a Section #5 for Right Fax, removing item b under Email Encryption, changing the term Guardian Edge Encryption to Symantec Endpoint Encryption
Annual Review	04/30/2013	06/01/2013	Updated header to reflect the proper Applicability language; added link to example Log Sheet for Shipment of Protected Information
Annual Review	04/25/2014	05/21/2014	Updated regulatory citation to include "45 CFR"; updated 7Ba(i) to include Personal Financial Information; updated the Information Security Standard Section under 7Bb(ii) and 9; grammatical changes





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**Steven L. Beshear
Governor**

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**Audrey Tayse Haynes
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**Lawrence Kissner
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October 23, 2014

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

Re: ABC2014CR-1

Dear Ms. Manlove,

The Division of Program Quality & Outcomes is in receipt of the response developed for ABC2014CR-1 (regarding several self-reported breaches of member confidentiality concerning faxes with confidential information being sent to the wrong providers) dated October 3, 2014. Please be advised that the comprehensive 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 the monitoring 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: Lawrence Kissner, 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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275 East Main Street, 6W-A
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November 12, 2014

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

Dear Mr. Murphy,

The Cabinet has reviewed Coventry Cares response to the 2013 Medicaid Compliance Review conducted by IPRO regarding Case Management:

Unique Identifier	Review Findings
CC2014IPRO-CM1	The contractor shall develop and implement policies and procedures to ensure access to care coordination for all DCBS clients. The Contractor shall track, analyze, report and when indicated, develop corrective action plans on indicators that measure utilization, access, complaints and grievances, and satisfaction with care services specific to the DCBS population.

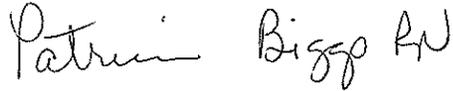
Please be advised that the response to the corrective action plan is accepted contingent upon:

- Coventry Cares notifies Stephanie Bates (or her designee) the implementation date of the Plan.
- Coventry Cares will also need to submit monthly updates for the first six (6) month following the implementation date to Ms. Bates (no later than the 10th of the following month).

Coventry Cares will have ten (10) business days to submit the implementation date. Failure to submit the implementation date and adherence to the monthly update schedule may result in further action.

Please note that this issue is assigned a unique identifier. This must be included in any other correspondence concerning this issue. We look forward to receiving the requested information 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: 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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November 12, 2014

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

Dear Mr. Murphy,

The Cabinet has reviewed Coventry Cares response to the 2013 Medicaid Compliance Review conducted by IPRO regarding Enrollee Rights and Protection:

Unique Identifier	Review Findings
CC2014IPRO-ER1	Ensuring that Members are informed of their rights and responsibilities.
CC2014IPRO-ER2	Monitoring the selection and assignment process of PCPs.
CC2014IPRO-ER3	Identifying, investigation and resolving Member Grievances about health care services.
CC2014IPRO-ER4	Assisting Members with filing formal Appeals regarding plan determinations.
CC2014IPRO-ER5	Providing each Member with an identification card that identifies the Member as a participant with the Contractor, unless otherwise approved by the Department.
CC2014IPRO-ER6	Explaining rights and responsibilities to members or to those who are unclear about their rights or responsibilities including reporting of suspected fraud and abuse.
CC2014IPRO-ER7	Explaining Contractor's right and responsibilities, including the responsibility to assure minimal waiting periods for scheduled member office visits and telephone requests, and avoiding undue pressure to select specific Providers or services.
CC2014IPRO-ER8	Providing within five (5) business days of the Contractor being notified of the enrollment of a new Member, by method that will not take more than three (3) business days to reach the Member, and whenever requested by member, guardian or authorized representative, a Member Handbook and information on how to access services; (alternative notification methods shall be available for persons who have reading difficulties or visual impairments.

Unique Identifier	Review Findings
CC2014IPRO-ER9	Explaining or answering any questions regarding the Member Handbook.
CC2014IPRO-ER10	Facilitating the selection of or explaining the process to select or change PCPs through telephone or face-to-face contact where appropriate. The Contractor shall assist members to make the most appropriate PCP selection based on previous or current Primary Care Provider relationship, providers of other family members, medical history, language needs, provider location and other factors that are important to the Member. The Contractor shall notify members within thirty (30) days prior to the effective date of voluntary termination (or if Provider notifies Contractor less than thirty (30) days prior to the effective date, as soon as Contractor receives notice), and within fifteen (15) days prior to the effective date of involuntary termination if their Primary Care Provider leaves the Program and assist members in selecting a new Primary Care Provider.
CC2014IPRO-ER11	Facilitating direct access to specialty physicians in the circumstances of: <ol style="list-style-type: none"> 1. Members with long-term, complex health conditions; 2. Aged, blind, deaf, or disabled persons; and 3. Members who have been identified as having special healthcare needs and who require a course of treatment or regular healthcare monitoring. This access can be achieved through referrals from the Primary Care Provider or by the specialty physician being permitted to serve as the Primary Care Provider.
CC2014IPRO-ER12	Arranging for and assisting with scheduling EPSDT Services in conformance with federal law governing EPSDT for persons under the age of twenty-one (21) years.
CC2014IPRO-ER13	Providing Members with information or referring to support services offered outside the Contractor's Network such as WIC, child nutrition, elderly and child abuse, parenting skills, stress control, exercise, smoking cessation, weight loss, behavioral health and substance abuse.
CC2014IPRO-ER14	Facilitating direct access to primary care vision services; primary dental and oral surgery services, and evaluations by orthodontists and prosthodontists; women's health specialists; voluntary family planning; maternity care for Members under age 18; childhood immunizations; sexually transmitted disease screening evaluation and treatment; tuberculosis screening, evaluation and treatment; and testing for HIV, HIV related conditions and other communicable diseases; all as further described in Appendix I of this Contract.
CC2014IPRO-ER15	Facilitating access to behavioral health services and pharmaceutical services.
CC2014IPRO-ER16	Facilitating access to the services of public health departments, Community Mental Health Centers, rural health clinics, RQHCs, the Commission for Children with Special Health Needs and charitable care providers, such as Shriners' Hospital for Children.

Unique Identifier	Review Findings
CC2014IPRO-ER17	Assisting members in making appointments with Providers and obtaining services. When the Contractor is unable to meet the accessibility standards for access to Primary Care Providers or referrals to specialty providers, the Member Services staff function shall document and refer such problems to the designated Member Services Director for resolution.
CC2014IPRO-ER18	Assisting members in obtaining transportation for both emergency and appropriate non-emergency situations.
CC2014IPRO-ER19	Handling, recording and tracking Member Grievances properly and timely and acting as an advocate to assure Members receive adequate representation when seeking an expedited Appeal.
CC2014IPRO-ER20	Facilitating access to Member Health Education Programs.
CC2014IPRO-ER21	Assisting members in completing the Health Risk Assessment (HRA) as outlined in Covered Services upon any telephone contact; and referring Members to the appropriate areas to learn how to access the health education and prevention opportunities available to them including referral to case management or disease management.
CC2014IPRO-ER22	The Member Services staff shall be responsible for making an annual report to management about any changes needed in Member Services functions to improve either the quality of care provided or the method of delivery. A copy of the report shall be provided to the Department.

Please be advised that the response to the corrective action plan is accepted contingent upon:

- Receipt of the Policy and Procedure (P/P) MC-008 (for each of the above issues) to DMS within ten (10) business days of receipt of this letter.

Failure to submit the information within the prescribed timeframe may result in further action.

Please note that this issue is assigned a unique identifier. This must be included in any other correspondence concerning this issue. We look forward to receiving the requested information 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



**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

November 12, 2014

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

Dear Mr. Murphy,

The Cabinet has reviewed Coventry Cares response to the 2013 Medicaid Compliance Review conducted by IPRO regarding the Grievance System:

Unique Identifier	Review Findings
CC2014IPRO-GS1	The contractor shall continue the member's benefits if the following are met: The member or the service provider files a timely appeal of the Contractor action or the Member asks for a state fair hearing within 30 days from the date on the Contractor notice of action.
CC2014IPRO-GS2	The Contractor shall ensure that punitive action is not taken against a Member or a service provider who requests an expedited resolution or supports a Member's expedited appeal.

Please be advised that the response to the corrective action plan is accepted contingent upon (at a minimum) the following:

- Correction of the 2014 Electronic Version (online) Member information within ten (10) business days of receipt of this letter.
- Verification the 2015 Electronic Version (online) Member information has been corrected within ten (10) business days of receipt of this letter. And a reasonable timeframe for supplemental member information for 2015 to be mailed to members.

Failure to submit the information within the prescribed timeframe may result in further action.

Please note that this issue is assigned a unique identifier. This must be included in any other correspondence concerning this issue. We look forward to receiving the requested information 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 with a large initial "P".

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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Frankfort, KY 40621
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November 12, 2014

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

Dear Mr. Murphy,

The Cabinet has reviewed Coventry Cares response to the 2013 Medicaid Compliance Review conducted by IPRO regarding Health Risk Assessments (HRAs). Please be advised that the response to the corrective action plan is not accepted. The indicated issues that have not been sufficiently addressed are as follows:

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 an acceptable response needs to include the following components (regarding HRAs):

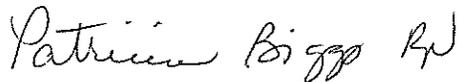
- A formal plan should a future MCO exit the marketplace (and Coventry absorbs part of the member population) that identifies new members who contractually require HRAs;

- Maintenance of the documentation of new members (due to the exit of another MCO) who required HRA's;
- Maintenance of the documentation of the new members (due to the exit of another MCO) who did not require HRA's and why they were excluded (were not contractually required); and,
- Overall maintenance of documentation for HRA's (please note there was a finding regarding documentation for HRA's in 2012) including the new members (due to the exit of another MCO) who required HRA's.

It is recommended to contact Judy Baker, Branch Manager, for questions regarding the plan prior to submission.

Please note that each issue was 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 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 of Medicaid Services



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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

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Secretary

Lawrence Kissner
Commissioner

November 12, 2014

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

Dear Mr. Murphy,

The Cabinet has reviewed Coventry Cares response to the 2013 Medicaid Compliance Review conducted by IPRO regarding Program Integrity:

Unique Identifier	Review Findings
CC2014IPRO-PI1	The name of any officer, director, employee or agent of, or any person with an ownership or controlling interest in, the Contractor, any Subcontractor or supplier, who is also employed by the Commonwealth of any of its agencies.

Please be advised that the response to the CC2014IPRO-PI1 corrective action plan is accepted contingent upon:

- Submission of screening documentation and an attestation page within ten (10) business days of receipt of this letter.

Unique Identifier	Review Findings
CC2014IPRO-PI6	Incidents or allegations concerning physical or mental abuse of Members shall be immediately reported to the Department for Community Based Services in accordance with state law and carbon copy the Department for Medicaid Services and OIG.

Please be advised that the response to the CC2014IPRO-PI6 corrective action plan is accepted contingent upon:

- Submission of the Policy SIU Medical Case Process, a copy of CM-033, CM-34 within ten (10) business days of receipt of this letter.

Unique Identifier	Review Findings
CC2014IPRO-PI8	In the event no action toward collection of overpayments is taken by the Contractor after one hundred and eighty (180) days the Commonwealth may begin collection activity and shall retain any overpayments collected. If the Contractor takes appropriate action to collect overpayments, the Commonwealth will not intervene.

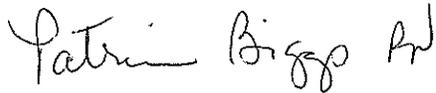
Please be advised that the response to the CC2014IPRO-PI8 corrective action plan is accepted contingent upon:

- Submission of a copy of the CSO-001 and a reasonable policy implementation date within ten (10) business days of receipt of this letter.

Failure to submit the information within the prescribed timeframe may result in further action.

Please note that this issue is assigned a unique identifier. This must be included in any other correspondence concerning this issue. We look forward to receiving the requested information 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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Steven L. Beshear
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

October 15, 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 Humana CareSource Health Plan is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Humana CareSource Health Plan. Pursuant to Section 39.4 of the Contract, Humana CareSource 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
HU2014ENC750-1	17.1 Encounter Data Submission	Failure to submit accurate Encounter Data.

In preparing our September Encounters Letters it was brought to our attention that Humana CareSource's encounters submitted in September 2014 contained encounters which were an average of three thousand seven hundred twenty-six days (3,726) late per the criteria above because it did not include a paid date in the encounter submissions and HP's default date of 1/1/1900 was substituted for the absent field. A late fee in the amount of \$1,863,000.00 was calculated for the month of September 2014. However, DMS is not assessing the late fee at this time, but rather elected to issue a request for a Correction Action Plan (CAP).

Please also note that Humana CareSource's Plan should include correction of all encounter submissions (for September) using a correct paid date (with timeline) as well as a plan to ensure future compliance (Time and Manner). 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 Humana CareSource's Corrective Action Plan and will be available for your questions throughout the process.

Sincerely,

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



Corrective Action Plan

Date: November 4, 2014

Topic: Encounter Data Submission

Unique Identifier: HU2014ENC750-1

Compliance/Business Requirement:

If a MCO fails to submit encounters within thirty days of the adjudication date, it is subject to a \$500 late fee per day for each day late.

Background:

On October 16, 2014, we received a letter from the State informing us that the Humana – CareSource Encounters submitted in September 2014 contained encounters which were an average of three thousand seven hundred twenty-six days (3,726) late. The encounter submissions did not include a paid date, therefore, HP's default date of 1/1/1900 was substituted for the absent field. As a result, a late fee in the amount of \$1,863,000.00 was calculated for the month of September 2014. DMS elected to issue a request for a Correction Action Plan (CAP) in lieu of assessing the late fee.

After receiving the letter, Humana – CareSource researched the issue and determined that this pertains to NCPDP files submitted as Encounter to KDMS. It appears that KDMS is using the optional/situational field of Billing Cycle End Date in calculating the paid date. Humana - CareSource is submitting 0s in this field which is being interpreted by KDMS as a date of 1/1/1900. At the time of the Encounters submissions in September 2014, Humana-CareSource understood from the companion guide (CG) that the Billing Cycle End Date was a situational field. On October 17, 2014, an updated CG was published to reflect the new KDMS requirement detailing that the field was to be populated.

Summary of actions taken/to be undertaken and completion dates:

Deficiency	Corrective Action	Due Date	Responsible Party
Humana - CareSource is submitting 0s in Billing Cycle End Date field, which is being interpreted by KDMS as a date of 1/1/1900.	Humana - CareSource to submit the adjudication date in the Billing Cycle End Date field in addition to the Adjudication Date field.	Completed on 10/20/14 for all NCPDP files (RFC#13459), except denials. Completed on 10/29/2014 for NCPDP Denial files (RFC# 13482).	Encounters Team

Business Owner Signature: Chad Pendleton



11/7/2014

Date:



**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

November 18, 2014

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

Dear Mr. Pendleton,

The Cabinet has reviewed Humana CareSource Health Plan's response dated 11/4/14 regarding HU2014ENC750-1, 17.1 Encounter Data Submission (Failure to submit accurate Encounter Data).

Please be advised that the response is accepted conditionally based upon the following clarification:

The issue (resulting in this request) has been a topic in IT meetings (conducted in conjunction with the Office of Administrative and Technology Services Operations) and all MCO's complied with using field 213 except Humana CareSource. This date is necessary to ensure a clean claim date within 30 days of the submission of the clean claim (as required by KRS 304.17A-702) per the Department of Insurance. Therefore, Humana CareSource should have never inserted 0s in field 213. Additionally, Appendix D of the contract states: Encounter Records must follow the format, data elements and method of transmission specified by the Department

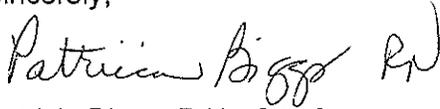
Please also note no further exceptions will be granted regarding this issue. Per Humana CareSource Health Plan's response: Humana - CareSource submitted the adjudication date in the Billing Cycle End Date field in addition to the Adjudication Date field. This was Completed on 10/20/14 for all NCPDP files (RFC#13459), except denials. Completed (denials) on 10/29/2014 for NCPDP Denial files (RFC# 13482).

October 14, 2014

Page 2

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

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 of Medicaid Services



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

Division of Program Quality & Outcomes
275 E. Main Street, 6C-C
Frankfort, KY 40621
(502) 564-9444
Fax: (502) 564-0223
www.chfs.ky.gov

Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

October 24, 2014

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

Re: HCS2014MP-2

Dear Mr. Pendleton,

We are writing this Letter of Concern in reference to the Humana CareSource Health Plan website referenced through Google (attached) that still states Humana CareSource Health Plan is "Kentucky's ONLY Medicaid plan with NO Copays." One reference was last updated 10/22/14 (also attached). We know that this information is not accurate. Section 25.2 of the Contract States:

Marketing Rules

The Contractor shall abide by the requirements in 42 CFR Section 438.104 regarding Marketing activities. Face to face marketing by the Contractor directed at Members or potential Members is strictly prohibited. In developing marketing materials such as written brochures, fact sheets, and posters, the Contractor shall abide by the following rules:

B. No fraudulent, *misleading*, or *misrepresentative information shall be used in the marketing materials*;

The following are inappropriate marketing activities, and the Contractor shall not:

F. Threaten, coerce or make untruthful *or misleading statements to potential Members or Members regarding the merits of enrollment with the Contractor or any other plan.*

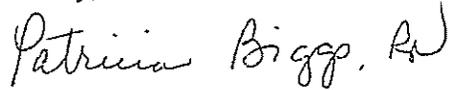
With open enrollment starting, accurate marketing information is vital therefore we are requesting immediately removal of all marketing regarding "Kentucky's ONLY Medicaid plan with NO Copays."

In accordance with Contract Section 39.4(B), I am asking that Humana CareSource notify me within two business days of receipt of this letter that this issue has been corrected.

Failure to meet the timeframe will result in a Corrective Action Plan and may also result in further action. If you prefer to respond by electronic mail, please attach a formal response to your email followed by hardcopy.

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

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: 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

humana caresource

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Humana Medicare Plans - humana.com

Ad www.humana.com/Medicare
Enroll in a Humana Medicare Plan w/ Affordable Monthly Plan Premiums
Humana Walmart Rx Plan - Enroll Today Online

Kentucky | CareSource

https://www.caresource.com/members/kentucky/
Aug 8, 2014 - Welcome humana - caresource members! This health plan was created just for you! We think you'll be happy with it humana - caresource is a Member Information - Benefits and Services - Find A Doctor / Provider - How to Enroll

Kentucky Medicaid | CareSource

https://www.caresource.com/ky/
Jul 11, 2014 - Choose Humana - CareSource. Whether you are new to Medicaid or already have a Medicaid plan, you can join thousands of Kentuckians
1 Google review Write a review Google+ page

10200 Forest Green Blvd, Louisville, KY 40223
(502) 213-4700

Kentucky | CareSource

https://www.caresource.com/providers/kentucky/
Sep 3, 2014 - Welcome humana - caresource providers! view the provider feedback survey thank you for becoming a participating provider with humana

Members | CareSource

https://www.caresource.com/members/
Jun 27, 2014 - Welcome Ohio Members See more about the CareSource plan options more about the Humana - CareSource plan for Kentucky members

Humana - CareSource - Provider Portal - Users - User Login

https://providerportal.caresource.com/KY
MESSAGES Our Members Have No Copayments Humana - CareSource is the only Medicaid plan in Kentucky that does not require copayments by its

Covered Services | CareSource

https://www.caresource.com/providers/covered-services/
Jan 28, 2014 - Covered services humana - caresource covers the same services as traditional fee-for-service medicaid Our members do not have

Humana-CareSource Commonwealth of Kentucky Medicaid

https://www.caresource.com/ky/kentucky-preferred-drug-list/
Page 1, 1 Humana-CareSource Commonwealth of Kentucky Medicaid 10/01/2014 INTRODUCTION

Provider Portal | CareSource

https://www.caresource.com/providers/providerportal/
Jan 28, 2014 - Provider portal humana - caresource secure online provider portal makes it easier for you to work with us 24/7 The provider portal has

Benefits and Services | CareSource

https://www.caresource.com/members/benefits-and-services/
Jan 27, 2014 - Benefits and services- as a humana - caresource member, you can get the same health care services that are covered by the regular

MCNA Dental: Humana - CareSource™

www.mcna.net/en/caresource
MCNA is proud to provide access to dental benefits for Kentucky residents enrolled with Humana - CareSource™ MCNA maintains a statewide network of

Humana Medicare Plans - Get Low Cost Medicare Plans

Ad www.medicaresolutions.com/
View All Plans & Prices Online

Humana Care Source - Humana Medicare Coverage Plans

Ad www.tumedicare.com/Humana
Review Options & Start Today!



Humana - CareSource

Directions Write a review

Address: 10200 Forest Green Blvd, Louisville, KY 40223

Phone: (502) 213-4700

Hours: Open today 8:00 am - 5:00 pm

Reviews

1 Google review

Feed



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KENTUCKY MEDICAID

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Radio Commercial

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WHY CHOOSE HUMANA – CARESOURCE®?

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- **No copays** for doctor visits
- **No copays** for vision and dental care
- **No copays** for prescriptions
- **No copays** for over-the-counter drugs ordered by your doctor
- **No copays** for medical services

LARGE PROVIDER NETWORK

Humana – CareSource is accepted at Kentucky's leading children's hospitals and health care provider locations. We make it easy for you to find health care providers using our [Find a Doctor/Provider](#) link.

NO REFERRAL NEEDED

This means you can go to any of our [participating doctors/providers](#) for services needed, for example:

- Dentist (teeth care)
- Optometrist (eye care)
- Obstetrician/Gynecologist (female care)
- Psychologist (mental health care)
- Chiropractor (back care)
- Podiatrist (foot care)

Use our [Find a Doctor/Provider](#) link to locate participating providers near you.

THE RIGHT CHOICE FOR YOU

We care about your health and the health of your family. Humana – CareSource gives you extra services to make your life easier. You get all Medicaid-covered services, including preventive health care benefits for children under 21.

As a member of Humana – CareSource, you get the following additional services:

- **No copays**
- Help from local pharmacists to help you learn about your medicine and drug safety
- Behavioral Health Services hotline and crisis intervention
- Incentive programs for healthy behaviors and preventive care

We also provide a Case Management program for those who have chronic health conditions like asthma, diabetes or heart disease. Our 24-hour nurse advice line is staffed with registered nurses to answer your questions 24 hours a day, 7 days a week, 365 days a year.

HUMANA – CARESOURCE

Humana and CareSource have teamed up to serve Medicaid-eligible people in the state of Kentucky. Humana is a local health plan that has served Kentucky families for more than 50 years. CareSource is a nonprofit Medicaid leader. Thousands of Kentuckians count on us for their health care. You can too. [Join or Switch](#) to the only Medicaid plan in Kentucky with **NO COPAYS**.

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Member Care

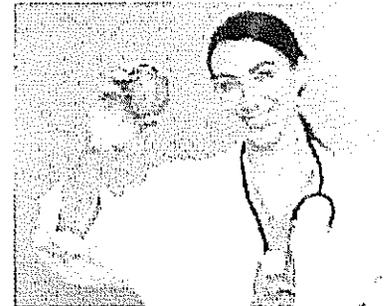
(examples)

Preventive Care

- Child & adolescent immunizations
- Prenatal care
- Cervical cancer screening

Access to Care

- Adult & child primary care
- ED & hospital services
- Dental health
- Behavioral health



NO COPAYS!

Humana

**CareSource™**



Ms. Patricia Biggs, R.N., C.P.C
Director of Program Quality and Outcomes
Department for Medicaid Services
275 E. Main Street, 6C-C
Frankfort, KY 40621
October 28, 2014



Dear Ms. Biggs,

This letter is in response to your October 24, 2014 letter regarding the Humana-CareSource Health Plan website that states Humana-CareSource Health Plan is "Kentucky's ONLY Medicaid plan with NO Copays." Your Letter of Concern was received on October 24, 2014 and acknowledged within the required contractual timeframes. The letter indicates that the statement "Kentucky's ONLY Medicaid plan with NO Copays" is not accurate and requests immediate removal of all marketing with that statement. Thank you for speaking with Paige Greenwell and Samantha Harrison in addressing the concerns set forth in the Letter.

You are correct in that the web page for Humana-CareSource retained the old tag line stating, "Kentucky's ONLY Medicaid plan with NO Copays." As of the afternoon of October 27, 2014, this issue has been corrected. The relevant phrase has been removed from Humana-CareSource's website. "Kentucky's ONLY Medicaid plan with NO Copays" was also utilized in other marketing materials, including but not limited to billboards, bus cutaways, transit posters, marketing brochures, and fliers. Any marketing materials or advertisements that utilize that language have been removed from the market. Specifically, any radio advertisements with that language have been pulled from being aired. In addition, promotional items with that language are no longer being distributed.

Please know that Humana-CareSource takes its responsibilities seriously, and the materials utilizing the statement "Kentucky's ONLY Medicaid Plan with NO Copays" was intended for audiences with regard to the 2014 Plan Year. This language was approved by the Department and used during the 2014 open enrollment timeframe. However, this language required updating to remain accurate for the 2015 enrollment period. We submitted materials for approval to KDMS throughout October that did not utilize the language of "Kentucky's ONLY Medicaid plan with NO Copays" for purposes of marketing for 2015 Open Enrollment. Specifically, Document HUCS00687, submitted on October 16, 2014, was intended to update the web page in time for the 2015 enrollment period which began on October 27, 2014, and corrected the statement that Humana-CareSource was the only Medicaid plan with no copays. After an initial discussion with you, and later with Lisa Thompson and David McAnally, we

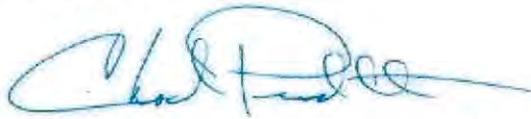
received verbal approval to move forward with the updates to the web page on October 27, 2014, and these changes were implemented on that date.

We apologize for any confusion, and hope the above information responds to your concerns. Going forward, Humana-CareSource will ensure our future requests of such sensitive issues are submitted in a timely matter, and will follow timelines indicated in both Medicaid Managed Care Contract Section 4.4 and 907 KAR 17:010, Section 11(3)(b).

Should you have any questions, please don't hesitate to contact me at apendleton1@humana.com or at 502.476.3082.

Sincerely,

Chad Pendleton

A handwritten signature in blue ink, appearing to read "Chad Pendleton", with a stylized flourish extending to the right.

Executive Director, Kentucky Medicaid/Duals



**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

November 5, 2014

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

Dear Mr. Pendleton,

The Division of Program Quality & Outcomes is in receipt of the response developed for HCS2014MP-2 (regarding Contract Section 25.2 Marketing Rules) dated October 24, 2014. 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., 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 of Medicaid Services