



**Commonwealth of Kentucky  
Cabinet for Health and Family Services**

**FOR IMMEDIATE RELEASE**

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**Commonwealth Issues New Request for Medicaid  
Managed Care**

*Previous contracts, issued by outgoing governor's administration, canceled  
amid public concern*

**FRANKFORT, KY** (Jan. 10, 2020) – In furtherance of the Beshear administration's mission of providing access to affordable health care to all Kentuckians, the Commonwealth of Kentucky is rebidding its Medicaid managed care contracts, beginning the process to select which health care companies can manage benefits for the state's Medicaid enrollees.

According to officials with the Cabinet for Health and Family Services, where the Department for Medicaid Services is housed, a request for proposals was issued by the state Finance and Administration Cabinet today. Current contracts with Aetna (via Coventry Cares), Anthem Inc., Humana Inc. (via CareSource), Passport Health Plan, and Wellcare are set to expire on June 30.

The action follows a decision by Governor Andy Beshear to cancel managed care contracts awarded by the outgoing governor's administration in early December. The initial contract award created public outcry from both lawmakers and health policy

experts, who raised concerns about the timing of the awards, review process and bias regarding certain companies.

Gov. Beshear said transparency and accessibility of service are at the heart of the new request for proposals.

“Health care is a basic human right. At the end of this process, we want Kentuckians to have confidence that contracts have been fairly reviewed and awarded,” said Gov. Beshear. “Ensuring openness and transparency are of the utmost concern as is making sure every Kentuckian has access to quality health care across the state.”

Acting CHFS Secretary Eric Friedlander said rebidding managed care contracts is necessary for ensuring ready health care access for all Kentuckians and quality care.

“Medicaid provides health care coverage for over 1 million people in the Commonwealth. We strongly feel the previous contract awards raised numerous questions and concerns regarding a program intended to protect the health and wellbeing of many of the most vulnerable Kentuckians,” said Friedlander. “We look forward to a thorough and objective procurement process.”

Through a competitively bid process the administration has a goal of selecting providers in the spring.

Managed Care is a health care delivery system designed to manage cost, utilization and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracts between Medicaid and the MCOs that accept a set per member, per month payment for these services. By contracting with MCOs to deliver Medicaid health care services, states can reduce Medicaid program costs and better manage utilization of health services. Improvement in health plan performance, health care quality and health outcomes are key objectives of Medicaid managed care.

To view a copy of the RFP issued by the Finance and Administration Cabinet today, [click here](#).

