HFS
Illinois Department of
Healthcare and Family Services

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763
Telephone: +1 217-782-1200, TTY: +1 800-526-5812

April 3, 2026

Samantha Olds Frey
Humana MMAI Health Plan

RE: Humana DSNP Key Position Change Sanction Notice 04102026

Dear Ms. Olds Frey:

This letter serves as written notification to Humana DSNP Health Plan ("Humana") of sanction pursuant to Section 1.2.38.H of the Contract for the Dual-Eligible Special Needs Plan (DSNP) between the Department of Healthcare and Family Services ("Department") and Humana.

Pursuant to MCO Policy 041, Humana failed to submit timely, a written Key Position Change Notice to the SharePoint Library. On March 27, 2026, Humana submitted a Key Position Change that was effective on February 23, 2026. MCO Policy 041 states, "Per Section 1.4.2 of the Dual Eligible Special Needs Plan Program (DSNP) Contract, DSNP Health Plans shall send written notice to the Department of such key position changes immediately, but no later than two (2) business days after such changes occurs. Notifications shall be sent via email to the BMC Office Coordinator with copy to the BMC Compliance Manager and the HFS Account Manager. Health Plans shall also submit a copy of their written notice in SharePoint as outlined below." The notice was not submitted to the SharePoint library within two (2) business days of the key position change and Humana did not request an extension to the submission due date. As such, the Department is sanctioning Humana $5,000. Humana is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, May 1, 2026. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Humana Health Benefits Plan
ORIG ID: XXXXXXXXX
ENTRY DESCR: this is to be left blank
ENTRY CLASS: *CCD*
TRACE NO: *Bank Information*
ENTRY DATE: *yymmdd*
IND ID NO: *Bank Information*
IND NAME: Humana Health Benefits Plan
REMARK: Hum Key Pos Change Sanction 04032026

ORIG BANK: *Bank Name*

*The information highlighted in yellow is specific to the Department and payment detail requirements, and shall not be changed or modified by the MCO.
*The information in gray is the banking information.

If you have any questions regarding this notification, please contact your HFS Account Managers Jessica Pickens at Jessica.A.Pickens@illinois.gov or Veronica Trimble at Veronica.A.Trimble@illinois.gov.

Sincerely,

Helena Lefkow, Deputy Administrator, Managed Care Performance
Division of Medical Programs

cc: Amanda Harcus, Craig Stokan, Kevin Sebaski, Keshonna Lones, Rich Allen, Veronica Trimble, Amy Roberts, Adam Lewis, Jessica Pickens.