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 10, 2026

Samantha Olds Frey
Humana MMAI Health Plan

RE: Humana MMAI EUM 2026 Eval 1 $50,000 Financial Penalty

Dear Ms. Olds Frey:

This letter serves as notification to Humana MMAI Health Plan ("Humana") of sanction pursuant to Section 5.3.14 of the Contract for the Medicare and Medicaid Alignment Initiative ("MMAI Contract") between the Department of Health and Human Services, acting by and through the Centers for Medicare & Medicaid Services (CMS), the State of Illinois, acting by and through the Department of Healthcare and Family Services (Department) and Humana:

5.3.14 Intermediate Sanctions and Civil Monetary Penalties

5.3.14.1 In addition to termination under Section 5.5, CMS and the Department may impose any or all of the sanctions in Section 5.3.14.2 upon any of the events below; provided, however, that CMS and the Department will only impose those sanctions they determine to be reasonable and appropriate for the specific violations identified. Sanctions may be imposed in accordance with regulations that are current at the time of the sanction. Sanctions may be imposed in accordance with this section if the Contractor:

5.3.14.1.11 Fails to comply with reporting requirements;

5.3.14.1.12 Fails to submit complete and usable encounter data

Humana's EUM 2026 Eval 1 Subcategory score for Inpatient Hospital, 80.2%, is below the threshold of 85% related to the $50,000 Financial Penalty pursuant to Section 2.17.3 of the MMAI Contract. The Department is hereby providing written notice that Humana failed to meet the established expectation and is therefore fining Humana in the amount of $50,000. Humana is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, May 08, 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: XXXXXX
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 EUM 2026 Eval 1
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 information, please contact Devang Ghadia at 217-524-2502.

Sincerely,

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

cc:, Amanda Harcus, Craig Stokan, Kevin Sebaski, Keshonna Lones, Jessica Pickens, Veronica Trimble, Amy Roberts, Rich Allen, Adam Lewis; Lindsey Freeman, and Devang Ghadia.