AMENDMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Nebraska Department of Health and Human Services ("DHHS") and the Nebraska Total Care Inc have entered into this Amendment, amending the following Service Contracts:

EXISTING AGREEMENT NUMBER	AMENDMENT NUMBER
102894 O4	AMD 4

AMENDMENTS

I. **Additions:** The Parties hereto agree to add the following sections:

A. Glossary of Terms

Critical Incident: An actual event or situation that causes serious harm to the health or welfare of a person or negatively impacts the physical and/or mental health of a person or creates a situation of significant risk for serious harm.

Indian Health Care Provider (IHCP): A health care program operated by the IHS or by an I/T/U as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603). [42 CFR 438.14(a)].

B. Section C.20.a-c - Dual Special Needs Plans

a. All current HIDE SNPs will adhere to a threshold of 90% coverage for all dual eligibles in the state of Nebraska effective January 1, 2024.
b. All new HIDE SNPs will be required to maintain the 90% threshold beginning in their second year of operation.

C. Section V.E.9.b.ii.14.
14. Crisis Services for Foster Care Youth

D. Section V.H.2.e.
e. Medicaid beneficiaries may now also appeal a denied or untimely prior authorization decision as if it were a denied claim.

E. Section V.L.2.d. – Care and Case Management Services
d. Include members in an Assisted Living Facility as a targeted population for holistic case management.

F. Section V.N.7.d. – Retrospective Utilization Review
d. The MCO must comply with any MLTC requested audits of network provider's clinical utilization to assure compliance with Medicaid requirements.

II. **Modifications:** The Parties hereto agree to add the following sections:

A. Glossary of Terms

Grievance: A written or verbal expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee. Or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO to make an authorization decision {42 CFR 438.400(b)].

B. Section V.B.4.c.ii. – Change in Status

ii. The MCO must notify MLTC via ACCESSNebraska, of any other known changes in status, including but not limited to, death, entry into involuntary custody, or incarceration, in a manner and format required by MLTC.

C. Section V.H.3.c.v. – Standard Service Authorization Denial (Effective January 1, 2025)

v. For a standard determination, as expeditiously as a beneficiary's health condition requires, but in no case later than 7 calendar days after receiving the request, unless a shorter minimum timeframe is established under State law. The timeframe for standard authorization decisions can be extended by up to 14 calendar days if the beneficiary or provider requests an extension, or if the State agency determines that additional information from the provider is needed to make a decision. If the MCO extends the timeframe, the member must be provided written notice of the reason for the decision to extend the timeframe and the right to file an appeal if he or she disagrees with that decision. The MCO must issue and carry out its determination as expeditiously as the member's health condition requires and, in any event, no later than the date the extension expires.

D. Section M.14.b.-c. – Medical and Behavioral Health Provider Satisfaction Surveys

b. The MCO must work with MLTC and any other MCO to develop the provider satisfaction survey tool and methodology that will be used by all participating MCOs and submit to MLTC for review and approval annually by July 1. The methodology used by the MCO must be based on proven survey techniques that ensure an adequate sample size and statistically valid and reliable data collection practices with a confidence interval of a minimum of 95% and scaling, that results in a clear positive or negative finding (neutral response categories should be avoided). The MCO must utilize measures that are based on current scientific knowledge and clinical experience.

c. The MCO must submit an annual medical and behavioral health provider satisfaction survey report that summarizes the survey methods and findings and provides an analysis of opportunities for improvement and action plans derived from surveys results. This report is due forty-five (45) calendar days after the end of each calendar year.

E. Section M.15.a.-b. – Dental Provider Satisfaction Surveys

a. The MCO must conduct an annual provider survey to assess satisfaction with provider enrollment, provider communication, provider education, provider complaints, claims processing, claims reimbursement, and utilization management processes. The MCO must work with MLTC and any other MCO to develop the Dental Provider Satisfaction survey tool and methodology that will be used by all participating MCOs and submit to MLTC for review and approval annually by July 1.

b. The MCO must submit an annual dental provider satisfaction survey report that summarizes the survey methods and findings and provides an analysis of opportunities for improvement and action plans derived from survey results. This report is due forty-five (45) calendar days after the end of each calendar year.

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STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

F. Section V.O.4.a.iv.(b)

b). When the MCO identifies a relationship with a debarred or excluded individual or entity, the MCO must initiate efforts to sever the relationship with the debarred or excluded individual or entity immediately and report to NMPI immediately (as described in section 1902(kk)(8) of the Act.)

G. Attachment 6 – QPPs

H. Attachment 13 – Reporting Requirements

III. Deletions: The Parties hereto agree to delete the following sections:

A. ACRONYM AND INITIALISM LIST

RMAP - Refugee Medical Assistance Program

B. Section V.A.2.j.

j. Members eligible for the Refugee Medical Assistance Program (RMAP)

C. Section P.2.d.xx.

xx. Refugee Medical

D. Section S.2.g.i.

i. MLTC will provide the current published edits to the MCO.

E. Section S.9.a.

a. On a quarterly basis, the MCO must submit payment accuracy reports to MLTC in a format determined by MLTC.

ATTACHMENTS

The following attachments, as amended (if applicable), are attached hereto and hereby incorporated into this Amendment:

1. Attachment 6 – QPPs UHC_NTC
2. Attachment 13 – Reporting Requirements

All other terms and conditions remain in full force and effect.

AMENDMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

SIGNATURES

IN WITNESS HEREOF, the parties hereto have duly executed this Amendment, and each individual signing below certifies that he or she has the authority to legally bind the party to this Amendment. Each party acknowledges the receipt of a duly executed copy of this Amendment.

FOR DHHS	FOR
Matthew Ahern Interim Medicaid Director DocuSigned by: Matthew Ahern 0CCF88BE38C149A... **DATE:** 10/22/2024 | 08:36:55 PDT	Adam Proctor CEO Signed by: Adam Proctor AC813FACE283442... **DATE:** 10/22/2024 | 09:00:48 CDT

Attachment 6
Quality Performance Program Measures – Contract Year One
Nebraska Total Care and UnitedHealthcare

Base Performance Requirement	40% Payment Threshold	Full Payment Threshold	% of Payment Pool
Claims Processing Timeliness - 15 Days: Process and pay or deny, as appropriate, at least 90% of all claims for medical services provided to members within 15 days of the date of receipt. The date of receipt is the date the MCO receives the clean claim.	N/A	95% within 10 business days	6%
Encounter Acceptance Rate: Submitted encounters must be accepted 95% or greater by MLTC's Medicaid Management Information System pursuant to MLTC specifications.	N/A	98%	7%
Appeal Resolution Timeliness: MCO must resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within 30 calendar days from the day the MCO receives the appeal.	N/A	95% within 20 days	6%
Immunizations for Adolescents (IMA): The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. • Combination 2	30.66%	34.31%	6%

Prenatal and Postpartum Care (PPC): **Timeliness of Prenatal Care:** Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in Medicaid/CHIP. **Postpartum Care:** Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.	Timeliness of Prenatal Care: 84.23% Postpartum Care: 80.78%	Timeliness of Prenatal Care: 86.86% Postpartum Care: 82.00%	5% 5%
Chlamydia Screening in Women (CHL): The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. • 16 – 20 years of age • 21 – 24 years of age	16 – 20 years of age: 44.47% 21 – 24 years of age: 56.30%	16 – 20 years of age: 46.76% 21 – 24 years of age: 58.70%	5% 5%

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD): Percentage of beneficiaries age 18 and older (Combining age groups 18-64 and 65+) with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: • **Initiation of AOD Treatment**. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis • **Engagement of AOD Treatment**. Percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit	Total AOD abuse of dependence Initiation 40.41% Total AOD abuse of dependence Engagement 11.11%	Total AOD abuse of dependence Initiation 41.92% Total AOD abuse of dependence Engagement 13.87%	5% 5%

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH): Percentage of adolescents ages 12 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year: • Body mass index (BMI) percentile documentation • Counseling for nutrition • Counseling for physical activity	BMI 70.51% Counseling for Nutrition 68.24% Counseling for Physical Activity 74.67%	BMI 73.15% Counseling for Nutrition 73.89% Counseling for Physical Activity 76.06%	5% 5% 5%

Follow-Up After Hospitalization for Mental Illness (FUH): The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. (Total) 2. The percentage of discharges for which the member received follow-up within 7 days after discharge. (Total)	30 days Total: 63.47% 7 days Total: 41.03%	30 days Total: 65.38% 7 days Total: 44.29%	5% 5%
Follow-Up After Emergency Department Visit for Mental Illness (FUM): The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). (Total) 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days) (Total)	30 days Total: 60.08% 7 days Total: 40.59%	30 days Total: 64.29% 7 days Total: 46.35%	5% 5%
Follow-Up After Emergency Department Visit for Substance Use (FUA): The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). (Total) 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). (Total)	30 days Total:42.67% 7 days Total: 29.98%	30 days Total: 53.44% 7 days Total: 38.15%	5% 5%

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI): The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: 1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.	NA - Monitoring Only	NA - Monitoring Only	NA - Monitoring Only
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: (Child and Adult) • Getting Care Quickly (Usually + Always) • Getting Needed Care (Usually + Always) • Customer Service (Usually + Always) • Rating of All Health Care (9 + 10) • Rating of Health Plan (9 + 10)	NA - Monitoring Only	NA - Monitoring Only	NA - Monitoring Only
Topical Fluoride for Children (TFL-CH): Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.	NA - Monitoring Only	NA - Monitoring Only	NA - Monitoring Only
Topical Fluoride for Adults at Elevated Caries Risk (TFL-A-A): Percentage of enrolled adults aged 18 years and older who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year	NA - Monitoring Only	NA - Monitoring Only	NA - Monitoring Only

State may request supporting documentation for metrics, including but not limited to, claims extracts, denominator member list, supplemental information used in calculation, etc. If the plan does not supply the requested documentation, the measure target will be held to have not been met.

Bi-Weekly	Due the 1st and 15th of the month.
Monthly Deliverables	Due on the 15th day of the following calendar month unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC.
Quarterly Deliverables	Due 45 calendar days after the end of the most recent quarter unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC.
Semi-Annual Deliverables	Due as specified in this attachment.
Annual Deliverables	Reports, files, and other deliverables due annually must be submitted within 45 calendar days following the 12th month of the contract year, except those reports that are specifically exempted from the 45-calendar day deadline by this RFP or by written agreement between MLTC and the MCO.
Ad Hoc Deliverables	Ad hoc reports must be submitted within five business days from the date of request, unless otherwise specified by MLTC.

- **If a due date falls on a weekend or State-recognized holiday, the deliverable is due the next business day.**
- **All reports must be submitted in an MLTC provided template or in a format approved by MLTC.**

Ad Hoc Deliverables	Description	Due Date
Vetting Report	Form, template, and field definitions used to respond to NMPI or MFPAU requests for provider history and detailed claims information.	Ad Hoc (5 Business Days to respond)
Bi-Weekly Deliverables	**Description**	**Due Date**
Bi-Weekly Tips	Pursuant to V.O, The MCO must notify MLTC if it identifies patterns of provider billing anomalies and/or the safety of Nebraska Medicaid members (42 CFR 455.15).	Bi-Weekly
Monthly Deliverables	**Description**	**Due Date**
Third Party Resource – Health Coverage	Data on instances of MCO identified TPR	Monthly; No later than the 15th
Member-Provider Call Center	Pursuant to Section V.F, data summarizing relevant call center operations.	Monthly; No later than the 15th
Death Notifications	Data reporting MCO notification of member deaths to AccessNE.	Monthly; No later than the 15th
EVV KPI – Home Health	Summary key performance indicators for home health claims and visits for electronic visit verification, as required by the 21st Century Cures Act.	Monthly; No later than the 15th
Executive Dashboard	Summary operations, communications, financial, claims, and care management data for leadership meetings.	Monthly; No later than 3 business days prior to

		Leadership meeting

Monthly Claims Report	Segmented data on all non-pharmacy claims volume, adjudication status, and payment timeliness.	Monthly; No later than the 15th
Monthly FWA Detection Effort Report	Summary of the MCO's fraud prevention efforts as described in Section V.O - Program Integrity.	Monthly; No later than the 15th
Monthly FWA Report	Summary of investigations as described in Section V.O – Program Integrity.	Monthly; No later than the 15th
Pharmacy Claims Report	Data on Pharmacy claims volume, adjudication status, and payment timeliness	Monthly; No later than the 15th
Pharmacy Prior Authorization Report	Summary of prior authorizations, peer review, and peer-to-peer consultation statistics; also includes special categories of drug prior authorizations.	Monthly; No later than the 15th
Provider Network Changes	Data and metrics summarizing any change to the MCO's network.	Monthly; No later than the 15th
Supplemental Member Care Report	Contains supplemental information related to member care and case management and member outreach.	Monthly; No later than the 15th
MLTC Reporting Database: Care Management Log	Data of member assessment and their care management.	Monthly; No later than the 15th
MLTC Reporting Database: Grievance Log	Data regarding the grievances received by the MCOs.	Monthly; No later than the 15th
MLTC Reporting Database: Appeals Log	Data regarding the appeals received by the MCOs.	Monthly; No later than the 15th
MLTC Reporting Database: State Fair Hearing Log	Data regarding the state fair hearings.	Monthly; No later than the 15th
MLTC Reporting Database: Out of Network Referrals	Data regarding out of network provider authorization requests.	Monthly; No later than the 15th
Quarterly Deliverables	**Description**	**Due Date**
Geographic Access Standards	Details of the MCO's network, including GeoAccess reports, as described in Section V.I – Provider Network Requirements and Attachment 14 – Access Standards.	Quarterly

SUD IMD Stays Report	SUD-related inpatient residential stays for Medicaid beneficiaries ages 21-64 in IMDs (over 16 beds primarily engaged in behavioral health treatment) from 07/01/2019 to the end of the reporting period.	Quarterly; due 10 calendar days after the end of the reporting period.
Insure Kids Now (IKN) Report	MCO must submit a file (or multiple files) to the federal government that contains information, specified in Attachment 5 – Insure Kids Now, about the Medicaid and CHIP providers in the state that provide dental care to children.	Quarterly; The MCO must submit these no later than:Feb 4th (FFY Q1 (Oct-Dec)); May 4th (FFY Q2 (Jan-Mar)); Aug 4th (FFY Q3 (Apr-Jun); Nov 4th (FFY Q4 (July-Sept))
Insure Kids Now (IKN) – MLTC Notification	MCOs must provide MLTC the **"Data File Submission and Validation Receipt", with Examination Results of "Accepted" or "Accepted with rejected rows."** If IKN does not accept it, then the MCO must work with IKN technical team for technical revisions until it is accepted by IKN. MLTC will reject the receipt and direct the MCO to revise and resubmit both the report to IKN and subsequent receipt with IKN approval to MLTC. Report accuracy and timeliness for this reporting deliverable reflect MCO contractual compliance.	Quarterly; Feb 15th; May 15th; August 15th; Nov 15th
Language Availability Report	Summary data and metrics on language availability access as determined by MLTC.	Quarterly
LB1063_68-2004 Children's Health and Treatment Act	Data related to youth Medicaid mental health authorization requests for all children ages 0-19.	Quarterly; Due 45 days after the most recent calendar quarter.
MCO Financial Report	Financial Reporting Template that allows the state to measure all financial key performance indicators related to Heritage Health Managed Care, to include but not limited to costs, utilization, enrollment and revenue. Summary of value added services (paid as claims and outside of claims payment systems) as agreed upon by the MCO and MLTC.	Quarterly; Due 45 calendar days after the end of the reported period.
NEMT Quarterly Report	Data regarding non-emergency transportation.	Quarterly

NF Skilled Stay Authorizations	Report the NF skilled stays authorized by the MCO. The report must include accurate information for the following: Provider Name, Provider NPI, Provider Medicaid ID, authorized date, start date for the skilled stay, last date paid for the skilled stay (in MMIS this is known as the end date for the stay), Member Medicaid ID, and Member first and last name. In addition, provide the determination/completion date for the most current PASRR completed as of the start date for the skilled stay. Also, provide the type of PASRR (Level I, Level II, or one of the following categorical exemptions: 7 day emergency, 30 day hospital exempt, 30 day respite, serious medical, dementia categorical for individuals with intellectual disability or related condition, or 60 day convalescent).	Quarterly
Pharmacy Call Center Report	Data summarizing relevant pharmacy call center operations.	Quarterly
Pharmacy DUR Report	DUR statistics to support preparation of MLTC's annual CMS DUR report.	Quarterly
Provider Appointment Availability Access	Summary data and metrics on provider network appointment access as determined by MLTC and described in Attachment 14 – Access Standards.	Quarterly
Psychotropic Medication for Youth Report	Summary of prior authorization and utilization relating to clinical edits.	Quarterly
Quarterly FWA Trending Reports	Summary data and narrative regarding FWA trends.	Quarterly
Service Verification	Service verification summary as described in Section V.O – Program Integrity, Section V.S – Claims Management, and Section V. T – Reporting and Deliverables.	Quarterly
Dental QAPI Committee Report	Narrative of the activities of the MCO's Dental QAPI Committee as described in Section V.M.8.g. – Dental QAPI Committee Responsibilities.	Quarterly
Semi-Annual Deliverables	**Description**	**Due Date**
Member Advisory Committee Report	Narrative of the activities of the MCO's Member Advisory Committee as described in Section V.M - Quality Management.	June 30 and December 31
MRO Reporting	Data related to Medicaid mental health authorization requests for all members ages 19+ for Medicaid Rehab Option Services.	June 30 and December 31
Annual Deliverables	**Description**	**Due Date**

Attachment 13 – Reporting Requirements

Adult Core Measures	Adult Core Measures results.	Annually by September 30
Annual Program Integrity Confirmation	Signed form acknowledging responsibilities related to the receipt of State and federal funds as described in Section V.O - Program Integrity.	Annually; No later than December 31st
CAP – MCO Providers	Results and status of all corrective action plans by provider type.	Annually; No later than Jan 31st
Child Core Measures	Child Core Measures results.	Annually by September 30
Clinical Advisory Committee Plan	Plan describing the development of the Clinical Advisory Committee	Annually; No later than January 15th
Direct Medical Education/Indirect Medical Education Verification – In accordance with 471 NAC	For the state fiscal year, financial information on direct and indirect medical education costs as required by MLTC in accordance with 471 NAC.	Annually; No later than March 31th, State initiates therequest
Electronic Attestation Acknowledgement	42 CFR 438.606; The MCO must submit certification (attestation) concurrently with the certified data and documents.	Annually, No later than Feb 1st
Fraud, Waste, Abuse, and Erroneous Payments Annual Plan	Compliance plan addressing requirements outlined in Section V.O - Program Integrity and 42 CFR 438.608	Annually; No later than Feb 15th
HEDIS Report	HEDIS results.	Annually by June 30th
LB 1160 Legislative Report	Number of state wards receiving behavioral health services from July 1 through June 30 immediately preceding the date of the current report; percentage of children denied Medicaid reimbursed services and the level of placement requested; and children in residential treatment.	Annually; No later than July 5th A
MLTC Reporting Database: CAHPS -- Adult	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: CAHPS – Child with CCC	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: CAHPS – CHIP with CCC	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: CAHPS – Adult Dental Survey	Data regarding the annual member satisfaction survey for the listed population and supplement.	Annually; No later than September 30th
MLTC Reporting Database: Child Dental Survey	Data regarding the annual member satisfaction survey for the listed population and supplement	Annually; No later than September 30th
Marketing Plan	Plan detailing the marketing activities it will undertake and materials it will create during the contract period.	Annually; Must submit a minimum of one hundred and fifty (150) calendar days

		before intended implementation of the marketing activity
MCO Financial Report	Financial Reporting Template that allows the state to measure all financial key performance indicators related to Heritage Health Managed Care, to include but not limited to costs, utilization, enrollment and revenue. Summary of value added services (paid as claims and outside of claims payment systems) as agreed upon by the MCO and MLTC.	Annually; Due 45 calendar days after the end of the reported period.
Member Advisory Committee Plan	Plan describing the draft goals and planned schedule for the Member Advisory Committee	Annually; No later than January 15th
Mental Health & Substance Use Disorder Parity Report	Pursuant to Section V.E.3.h. The MCO will report on the design and application of managed care practices such as prior authorization, reimbursement rate setting, and network design.	Annually; No later than July 1st
Network Development Management Plan & NetworkDevelopment Plan Template	Details of the MCO's network adequacy, including attestation, GeoAccess reports, and a discussion of any provider network gaps and the MCO's remediation plans, as described in Section V.I – Provider Network Requirements.	Annually. No later than November 1st
PIP Report	Annual report of all PIPs.	Annually; No later than April 30th
Provider Satisfaction Survey - Medical and Behavioral Health Providers	The MCO must submit an annual provider satisfaction survey report that summarizes the survey methods and findings and provides an analysis of opportunities for improvement and action plans derived from survey results.	45 calendar days after the end of each calendar year.
Provider Satisfaction Survey – Dental Providers	The MCO must submit an annual provider satisfaction survey report that summarizes the survey methods and findings and provides an analysis of opportunities for improvement and action plans derived from survey results.	45 calendar days after the end of each calendar year.
QAPI Program Description and Work Plan	Discussion of the MCO's QAPI goals, objectives and accountabilities, including definition of the scope of the program; work plan to include timeline for the coming year and all planned QAPI activities. All as described in Section V.M – Quality Management.	Annually; No later than Feb 15th
QAPI Program Evaluation	Statistical analysis of the data a descriptive summary of findings from the annual QAPI Work Plan. All as described in Section IV.M – Quality Management.	Annually; No later than April 30th
Dental QAPI Program Description and Work Plan	Discussion of the MCO's Dental QAPI goals, objectives and accountabilities, including definition of the scope of the program; work plan to include timeline for the coming year and all planned QAPI activities. All as described in Section V.M – Quality Management.	Annually; No later than Feb 15th

Dental QAPI Program Evaluation	Statistical analysis of the data a descriptive summary of findings from the annual Dental QAPI Work Plan. All as described in Section IV.M – Quality Management.	Annually; No later than April 30th
UM Program Description	Outlines UM structure and accountability mechanisms per contract section V.N.2.	Annually; No later than Feb. 15th
Department of Insurance Financial Report	Copy of annual audited financial statement	Annually; No later than June 1; Upon request of MLTC;
SOC 1 Audit Reports and Bridge Letters	SOC 1 Audit reports (and applicable Bridge Letters) for IT and business process controls. Applicable to MCOs and any subcontractors, such as PBMs processing claims.	Annually for each state fiscal year, upon request from the department

DocuSign

Certificate Of Completion

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Divison:
DHHS Sender: DHHS.Procurement@nebraska.gov
DHHS Sharepoint ID:
FFATA Reporting Required:
Source Envelope:
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Certificate Pages: 5
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Signer Events	Signature	Timestamp
Adam Proctor Adam.Proctor@NebraskaTotalCare.com CEO Security Level: Email, Account Authentication (None)	Signed by:  AC913FACE283442... Signature Adoption: Pre-selected Style Using IP Address: 12.220.211.49	Sent: 10/18/2024 1:39:27 PM Viewed: 10/18/2024 1:41:56 PM Signed: 10/22/2024 9:00:48 AM
Electronic Record and Signature Disclosure: Accepted: 10/18/2024 1:41:56 PM ID: 0c03381c-b1a4-46b9-a46d-07a450231674		
Matthew Ahern Matthew.Ahern@nebraska.gov Interim Medicaid Director Security Level: Email, Account Authentication (None)	DocuSigned by:  0CCF86BE38C149A... Signature Adoption: Pre-selected Style Using IP Address: 164.119.5.85	Sent: 10/22/2024 9:00:49 AM Viewed: 10/22/2024 10:36:46 AM Signed: 10/22/2024 10:36:55 AM
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In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/13/2022 11:33:43 AM ID: 8bbe78f1-da01-4455-a7d2-3f4c6b524185	COPIED	Sent: 10/18/2024 1:39:26 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/18/2024 1:39:26 PM
Certified Delivered	Security Checked	10/22/2024 10:36:46 AM
Signing Complete	Security Checked	10/22/2024 10:36:55 AM
Completed	Security Checked	10/22/2024 10:36:55 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Nebraska Department of Health & Human Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: john.canfield@nebraska.gov

To advise Nebraska Department of Health & Human Services of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at john.canfield@nebraska.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To request paper copies from Nebraska Department of Health & Human Services
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to john.canfield@nebraska.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
To withdraw your consent with Nebraska Department of Health & Human Services

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an e-mail to john.canfield@nebraska.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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- Until or unless I notify Nebraska Department of Health & Human Services as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Nebraska Department of Health & Human Services during the course of my relationship with you.