STATE OF NEBRASKA SERVICE CONTRACT AMENDMENT

State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, Nebraska 68508

Telephone: (402) 471-6500
Fax: (402) 471-2089

PAGE	ORDER DATE
1 of 2	11/28/17
BUSINESS UNIT	BUYER
25710178	MICHELLE THOMPSON (AS)

CONTRACT NUMBER
71165 O4

VENDOR NUMBER: 2266837

VENDOR ADDRESS:

NEBRASKA TOTAL CARE INC
7700 FORSYTH BLVD STE 800
SAINT LOUIS MO 63105-1837

THE CONTRACT PERIOD IS:

JANUARY 01, 2017 THROUGH DECEMBER 31, 2022

THIS SERVICE CONTRACT HAS BEEN AMENDED PER THE FOLLOWING INFORMATION:

THIS CONTRACT IS NOT AN EXCLUSIVE CONTRACT TO FURNISH THE SERVICES SHOWN BELOW, AND DOES NOT PRECLUDE THE PURCHASE OF SIMILAR SERVICES FROM OTHER SOURCES.

THE STATE RESERVES THE RIGHT TO EXTEND THE PERIOD OF THIS CONTRACT BEYOND THE TERMINATION DATE WHEN MUTUALLY AGREEABLE TO THE VENDOR/CONTRACTOR AND THE STATE OF NEBRASKA.

Original/Bid Document 5151 Z1

Contract to supply and deliver full-risk, capitated Medicaid managed care program for physical health, behavioral health, and pharmacy services to the State of Nebraska as per the attached specifications for a five (5) year period from date of award. The contract may be renewed for two (2) additional one (1) year periods when mutually agreeable to the vendor and the State of Nebraska.

Vendor Contact: Brent Layton
Phone: 770-241-9066
Cellular: 770-241-9066
E-Mail: BLAYTON@CENTENE.COM

(djo 04/12/16)

AMENDMENT ONE AS ATTACHED. (11/30/16 sc)

AMENDMENT TWO AS ATTACHED. (6/23/17 sc)

AMENDMENT THREE AS ATTACHED. (11/28/17 sc)

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
1	MEDICAID MANAGED CARE INITIAL CONTRACT TERM YEAR 1	392,451,761.0000	$	1.0000	392,451,761.00
2	MEDICAID MANAGED CARE INITIAL CONTRACT TERM YEAR 2	409,151,871.0000	$	1.0000	409,151,871.00
3	MEDICAID MANAGED CARE INITIAL CONTRACT TERM YEAR 3	426,562,697.0000	$	1.0000	426,562,697.00

DHHS Division Director

12/5/17 Michelle Thompson 12-1-17
BUYER

5 DEC 17
MATERIEL ADMINISTRATOR

R43500|NISH0003|NISH0003 20150901

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Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
	Total Order				**1,228,166,329.00**

MT 12-1-17
BUYER INITIALS

AMENDMENT THREE
Contract 71165 O4
Medicaid Managed Care Physical Health, Behavioral Health, and Pharmacy Services for the State of Nebraska
Between the State of Nebraska and Nebraska Total Care, Inc.

The State of Nebraska and Nebraska Total Care, Inc. make this Amendment (the Amendment") to Contract 71165 O4 (the "Contract"), and upon mutual agreement and other valuable consideration the parties agree to and hereby amend the contract as follows:

I. **MODIFICATIONS:** The Parties hereto modify the following sections effective January 1, 2018:

A. Section IV.Q. – Provider Reimbursement

16. Pharmacy Reimbursement

d. The MCO's dispensing fee reimbursement must be, at a minimum, the Medicaid FFS rate at the time of contract start for independent pharmacies (defined as those with ownership of six (6) or fewer pharmacies), unless otherwise agreed between the MCO and the pharmacy provider.

B. Attachment 11 – Rates

January 1, 2018, through December 31, 2018, and are set forth in the Amended Attachment 11 attached hereto and made a part hereof.

C. Attachment 14 – Quality Performance Program Measures-Contract Year Two

The Quality Performance Program measures have been revised for the time period January 1, 2018, through December 31, 2018, and are set forth in the Amended Attachment 14 attached hereto and made a part hereof.

D. Attachment 38 – Revised Reporting Requirements

The reporting requirements and templates have been changed. The updated requirements and report titles are set forth in the amended Attachment 38 attached hereto and made a part hereof.

This amendment becomes part of the contract. Except as set form in this amendment, the contract is unaffected and shall continue in full force and effect in accordance with its terms. If there is a conflict between this amendment and the contract or any earlier amendment, the terms of this amendment will prevail.

IN WITNESS WHEREOF, the parties have executed this amendment as of the date of execution by both parties below.

State of Nebraska

By: Douglas Wilken

Printed Name: Douglas Wilken

Title: Materiel Administrator

Date: 5 DEC 17

Nebraska Total Care

By: [illegible]

Printed Name: RYAN R SADLER

Title: CEO

Date: 11/16/17

Department of Health and Human Services
Division of Medicaid and Long-Term Care

By: [illegible]

Name: Thomas "Rocky" Thompson

Title: Interim Director

Date: 11/29/2017

NTC – HH Risk Adjusted Rates – 1.1.2018

Attachment 11 – Rates

Rating Region 1			
Category of Aid	**Non-UNMC Portion of the Rate**	**UNMC Pass-through**	**Payment Rate**
AABD 00-20 M&F	$ 1,219.58	$ 20.77	$ 1,240.35
AABD 21+ M&F	$ 1,763.72	$ 23.32	$ 1,787.04
AABD 21+ M&F-WWC	$ 3,311.18	$ 70.12	$ 3,381.30
CHIP M&F	$ 186.05	$ 1.50	$ 187.55
Family Under 1 M&F	$ 718.19	$ 20.36	$ 738.55
Family 01-05 M&F	$ 170.78	$ 1.75	$ 172.53
Family 06-20 F	$ 180.65	$ 1.44	$ 182.09
Family 06-20 M	$ 204.48	$ 1.17	$ 205.65
Family 21+ M&F	$ 430.24	$ 4.86	$ 435.10
Foster Care M&F	$ 507.07	$ 5.41	$ 512.48
Healthy Dual	$ 264.32	$ 5.71	$ 270.03
Dual LTC	$ 222.35	$ 4.04	$ 226.39
Non-Dual LTC	$ 3,436.52	$ 74.44	$ 3,510.96
Dual Waiver	$ 271.66	$ 5.25	$ 276.91
Non-Dual Waiver	$ 1,673.38	$ 40.26	$ 1,713.64
Katie Beckett 00-18 M&F	$ 13,305.61	$ 19.15	$ 13,324.76
599 CHIP - Cohort	$ 399.04	$ 14.63	$ 413.67
599 CHIP - Supplemental	$ 4,586.72	$ 105.79	$ 4,692.51
Maternity	$ 8,002.22	$ 190.41	$ 8,192.63

Rating Region 2			
Category of Aid	**Non-UNMC Portion of the Rate**	**UNMC Pass-through**	**Payment Rate**
AABD 00-20 M&F	$ 1,249.55	$ 14.37	$ 1,263.92
AABD 21+ M&F	$ 1,857.69	$ 9.37	$ 1,867.06
AABD 21+ M&F-WWC	$ 4,304.25	$ 5.11	$ 4,309.36
CHIP M&F	$ 190.11	$ 1.08	$ 191.19
Family Under 1 M&F	$ 654.31	$ 17.28	$ 671.59
Family 01-05 M&F	$ 158.48	$ 0.77	$ 159.25
Family 06-20 F	$ 188.35	$ 0.86	$ 189.21
Family 06-20 M	$ 220.86	$ 0.71	$ 221.57
Family 21+ M&F	$ 499.24	$ 1.81	$ 501.05
Foster Care M&F	$ 512.34	$ 2.25	$ 514.59
Healthy Dual	$ 219.99	$ 2.48	$ 222.47
Dual LTC	$ 186.61	$ 1.47	$ 188.08
Non-Dual LTC	$ 2,172.50	$ 16.87	$ 2,189.37
Dual Waiver	$ 242.14	$ 2.62	$ 244.76
Non-Dual Waiver	$ 1,549.27	$ 18.04	$ 1,567.31
Katie Beckett 00-18 M&F	$ 13,305.61	$ 19.15	$ 13,324.76
599 CHIP - Cohort	$ 399.04	$ 14.63	$ 413.67
599 CHIP - Supplemental	$ 4,586.72	$ 105.79	$ 4,692.51
Maternity	$ 8,033.16	$ 27.74	$ 8,060.90

Attachment 14
Quality Performance Program Measures – Contract Year Two

Base Performance Requirement	Payment Threshold	% of Payment Pool
Claims Processing Timeliness - 15 Days: Process and pay or deny, as appropriate, at least 90% of all clean 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.	95% within 10 business days	20%
Encounter Acceptance Rate: 95% of encounters submitted must be accepted by MLTC's Medicaid Management Information System pursuant to MLTC specifications.	98%	20%
Call Abandonment Rate: Less than 5% of calls that reach the Member/Provider 800 lines and are placed in queue but are not answered because the caller hangs up before a representative answers the call. Measured using annual system-generated reports.	<2%	10%
Appeal Resolution Timeliness: The MCO must resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within 45 calendar days from the day the MCO receives the appeal.	95% within 20 days	10%
PDL Compliance: The MCO shall dispense medications in PDL categories compliant with Nebraska State PDL Preferred Status at least 92% of the time each quarter.	95%	10%
Lead Screening in Children - The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	65%	10%
Well-Child Visits in the First 15 Months of Life - The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: 0 Visits, 1 Visit, 2 Visits, 3 Visits, 4 Visits, 5 Visits, 6 Visits or more	52% with 6 Visits or more	10%
Childhood Immunization Status - The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Combination #2 - 19% Combination #10 - 8%	Combination #2 - 5% Combination #10 - 5%

Attachment 38 – Revised Reporting Requirements

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
Criminal Report	Pursuant to IV.T.6, the MCO will report any criminal findings of a provider. The findings should include the provider identifying information (name/NPI/Taxonomy/complete address) and nature of criminal offence.	Ad Hoc
Standard Financial Reports	MLTC will request this with adequate notice given to the MCO.	Ad Hoc
Bi-Weekly Deliverables	**Description**	**Due Date**
Bi-Weekly Tips	Pursuant to IV.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**
Behavioral Health Children in Residential Treatment	Summary data, by member, on children in residential treatment including information on: wait list, discharges, children currently in treatment, and restraints and seclusions.	Monthly
Behavioral Health Critical Incident	Summary data on the number of critical incident reports by behavioral health facility and location.	Monthly
Claims Payment Accuracy	Claims payment accuracy percentages as described in Section IV.S - Claims Management.	Monthly

Enrollment Reconciliation Report	Report identifying any member for whom the MCO received a capitation payment for a month in which the member was never enrolled per official enrollment files	Monthly
Hospice Monthly Report	Data summarizing hospice authorizations, admissions, and discharges.	Monthly
Member-Provider Call Center	Pursuant to Section IV.F, data summarizing relevant call center operations.	Monthly
Monthly Claims Report	Summary data on claims system.	Monthly
Monthly FWA Detection Effort Report	Summary of the MCO's fraud prevention efforts as described in Section IV.O - Program Integrity.	Monthly
Monthly FWA Report	Summary of investigations as described in Section IV.O – Program Integrity.	Monthly
PDL Load Report	Data documenting that the MCO received and loaded the PDL file per contract requirements.	Monthly
Pharmacy Claims Report	Summary data on pharmacy claims system.	Monthly
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
Provider Network Changes	Data and metrics summarizing any change to the MCO's network.	Monthly
Restricted Services Report	Summary data related to members on restricted services.	Monthly
Third Party Resource	Summary data of all instances in which an MCO identified a TPR.	Monthly
Quarterly Deliverables	**Description**	**Due Date**
Eligible and Number of BH Services Recipients	Summary data documenting by cohort the number of members eligible for and receiving behavioral health services.	Quarterly
Geographic Access Standards	Details of the MCO's network, including GeoAccess reports, as described in Section IV.I – Provider Network Requirements and Attachment 39 – Revised Access Standards.	Quarterly
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: reports submitted to the Nebraska Legislature are due Jan. 1, Apr. 1, July 1, and Oct. 1. The MCO must submit these reports to MLTC December 15, March 15, June 15 and September 15 for the previous calendar quarter.

Attachment 38 – Revised Reporting Requirements

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.	Quarterly and Annually; Due 45 calendar days after the end of the reported period.
MLTC Reporting Database: 30 Day Behavioral Health ER Visits	Data of ER visits with a behavioral health diagnosis subsequent to an inpatient behavioral health discharge.	Quarterly
MLTC Reporting Database: 30 Day Inpatient Re-Admits	Data of inpatient re-admissions.	Quarterly
MLTC Reporting Database: Admit and Re-Admit to Psych Inpatient	Data of inpatient or residential admissions and re-admissions.	Quarterly
MLTC Reporting Database: Care Management Log	Data of member assessment and their care management.	Quarterly
MLTC Reporting Database: Grievance System Log table	Pursuant to Section IV.H, data regarding the grievance and appeal systems.	Quarterly
MLTC Reporting Database: Out of Network Referrals	Data regarding out of network provider authorization requests.	Quarterly
NF Skilled Stay Authorizations	Report on the number of skilled NF stay authorizations and denials, as well as PASRR compliance verification	Quarterly
PDL Compliance Report	Data documenting accuracy in dispensing medications in PDL categories.	Quarterly
Pharmacy Call Center Report	Data summarizing relevant pharmacy call center operations.	Quarterly
Pharmacy Prospective DUR Report	DUR statistics to support preparation of MLTC's annual CMS DUR report.	Quarterly
Pharmacy Retro-DUR Education Intervention Report	Project update in a format approved by MLTC.	Quarterly
Pharmacy Utilization Management Report	Data summarizing pharmacy utilization management categories including, but not limited to: quantity limits, prior authorization, step therapy, dose optimization, MAC, top 100 drugs, and top 50 drug categories listed by expenditures and claim count.	Quarterly
Provider Appointment Availability Access	Summary data and metrics on provider network appointment access as determined by MLTC and described in Attachment 39 – Revised Access Standards.	Quarterly
Psychotropic Medications for Youth Report	Summary of prior authorization and utilization relating to clinical edits.	Quarterly

Attachment 38 – Revised Reporting Requirements

Quality Oversight Committee Report	Committee activity summary as described in Section IV.M - Quality Management.	Quarterly
Quarterly FWA Trending Reports	Summary data and narrative regarding FWA trends.	Quarterly
Quarterly IHS Tracking	Data and metrics summarizing Indian Health Service delivery.	Quarterly
Quarterly Value-Added	Summary of value added services as agreed upon by the MCO and MLTC.	Quarterly; Due 45 days after the most recent calendar quarter
Service Verification	Service verification summary as described in Section IV.O – Program Integrity, Section IV.S – Claims Management, and Section IV. T – Reporting and Deliverables.	Quarterly
Subrogation	Data summarizing new and ongoing instances of subrogation.	Quarterly
Semi-Annual Deliverables	**Description**	**Due Date**
Claims Auditing Reporting Requirements	A report on error rate measurement data processing, medical necessity, and provider documentation audit of a statistically valid random sample of paid claims. The MCO must prepare an error rate measurement audit plan and submit it to MLTC for review and approval a minimum of 45 calendar days prior to the audit's planned completion date. The findings of the audit plan must be submitted to NMPI when completed. MLTC may require a corrective action plan based on the audit results.	June 30 and December 31
Member Advisory Committee Report	Narrative of the activities of the MCO's Member Advisory Committee as described in Section IV.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**
Adult Core Measures	Adult Core Measures results.	Annually by June 30
Annual Program Integrity Confirmation	Signed form acknowledging responsibilities related to the receipt of State and federal funds as described in Section IV.O - Program Integrity.	Annually
CAP	Results and status of all corrective action plans by provider type.	Annually
Child Core Measures	CHIPRA performance measure results.	Annually by June 30
Direct Medical Education/Indirect Medical Education Verification – In accordance with 471 NAC	For the state fiscal year, financial information on direct and indirect medical costs as required by MLTC in accordance with 471 NAC.	Annually; No later than March 31, State initiates the request
Fraud, Waste, Abuse, and Erroneous Payments Annual Plan	Compliance plan addressing requirements outlined in Section IV.O - Program Integrity.	Annually

Attachment 38 – Revised Reporting Requirements

HEDIS Report	HEDIS results.	Annually by June 30
LB 1160 Legislative Report	Number of state wards receiving behavioral health services from September 1 to August 31 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 September 10
Medication Therapy Management Report	Data and analysis that summarizes MTM program activities, the effectiveness of the program over the reporting period, and the objectives and implementation plan for the next reporting period.	Annually
MLTC Reporting Database: CAHPS -- Adult	Data regarding the annual member satisfaction survey.	Annually
MLTC Reporting Database: CAHPS – Child/CHIP with CCC	Data regarding the annual member satisfaction survey.	Annually
MLTC Reporting Database: CAHPS – Child/CHIP without CCC	Data regarding the annual member satisfaction survey.	Annually
MLTC Reporting Database: Provider and Facility Survey	Data regarding the annual provider and facility satisfaction surveys. The provider satisfaction survey tool and methodology must be submitted to MLTC for approval at least 90 days prior to its administration.	Annually
Network Development Plan & Network Development 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 IV.I – Provider Network Requirements.	Annually by November 1
PIP Report	Annual report of all PIPs.	Annually
Quality Management Work Plan and Program Evaluation	Discussion of the MCO's quality goals, initiatives and work plan; as well as data and analysis summarizing the results of the annual quality work plan. All as described in Section IV.M – Quality Management.	Annually
Utilization Management	Data and analysis summarizing the MCO's annual evaluation of its UM program.	Annually
Department of Insurance Financial Report	Copy of annual audited financial statement	Annually; Upon request of MLTC, no later than June 1
IRS Form 8963	Copy of form	Annually; By Sept. 5