Department of Health & Human Services
DHHS
NEBRASKA

MEDICAID MANAGED CARE PHYSICAL HEALTH SERVICES CONTRACT
BETWEEN
THE STATE OF NEBRASKA, DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID AND LONG-TERM CARE
AND
COVENTRY HEALTH CARE OF NEBRASKA, INC.

AMENDMENT TWO, JUNE 2015

This Amendment Two is entered into by the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care ("DHHS") and Coventry Health Care of Nebraska, Inc. ("Contractor" or "MCO"), the parties to Contract 64227 O4 (the "Contract").

The parties mutual agree to amend the Contract as follows:

1. Article IV, paragraph (C)(6)(f)(ii)(s) is stricken and reserved.

2. Article IV, paragraph (C)(12) is amended as follows:
   12. **Provider Network**
   The MCO's provider network must include a network to meet the state standard for adequate capacity for PCP's, Hospitals, Urgent Care Centers, Federally Qualified Health Centers (FQHC), and Rural Health Clinics (RHC) The MCO's network must include Specialists and ancillary providers (Home Health, DME, PT/OT/SLP therapies, nursing facilities, and hospice facilities) as part of the network.

3. Article IV, paragraph (C)(20) is amended as follows:
   20. **University of Nebraska Medical Center (UNMC) Physician/Practitioner Payment**
   The MCO must implement an alternative payment methodology for services provided by practitioners (physician and other licensed independent practitioners credentialed by Nebraska Medicaid) who are acting in the capacity of an employee or Contractor of the University of Nebraska Medical Center (UNMC) or its affiliated medical practices. Under the Medicaid Fee-for-Service, the payment amount is the difference between payments otherwise made to these practitioners and the average rate paid for the services by commercial insurers. These payments are made in addition to payments otherwise provided under the State Plan to practitioners that qualify for such payments.

4. Article IV, paragraph (D)(5) is added as follows:
   5. **RATE INCREASES FOR PROVIDERS**
   Contractor shall ensure that any legislative appropriation for rate increases for providers of services under the Medical Assistance Act shall be passed on in their entirety to participating providers.

5. Article IV, paragraph (E)(3)(a) is amended as follows:
   a. Individual Geo Access maps for hospitals, PCP's, Specialists, FQHCs, RHCs, Urgent Care Centers, and ancillary providers for whom letters of intent have been signed;

6. Article IV, paragraph (E)(8)(d) is added as follows:
   d. Hospice Report

7. Article IV, paragraph (E)(9)(n) is added as follows:
   n. Indian Health Services Report

8. Article IV, paragraph (E)(9)(o) is added as follows:
   o. Value Added Report

9. Article IV, paragraph (E)10(i) is added as follows:
   i. Annual audited financial statement.

10. A revised copy of Attachments "C," "D," and "F" is attached.

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

IN WITNESS THEREOF, the parties have executed this Amendment Two and each acknowledges its receipt.

FOR DHHS:	FOR CONTRACTOR: Coventry Health Care of Nebraska, Inc.
By:	By:
Name: Courtney Phillips	Name: Pamela S. Sedmak, President - Medicaid
Date: 7/1/15	Date: June 26, 2015

Attachment C

DHHS Managed Care Access Standards

Specialists who are serving in the PCP role (i.e., Internal Medicine, Pediatrics, or Ob/Gyn) are subject to the PCP Access Standards.

A. Timely Access-Standards for appointment availability for Primary Care Providers (PCPs) and Specialists:

Timely Access		
Physician Type	Appointment Type	Availability Standard
Primary Care Provider (PCP)	Emergency	Twenty-four (24) hours per day, seven (7) days per week
	Medically Necessary/ Urgent Care	Same Day
	Routine	Fourteen (14) working days
High Volume Specialists (Cardiologist, Neurologist, Hematologist/Oncologist, Orthopedics)	Routine	Thirty (30) working days
Prenatal	First (1st) Trimester	Fourteen (14) working days
	Initial Second (2nd) Trimester	Seven (7) working days
	High Risk	Three (3) working days

B. Timely Access-Standards for hours of operation for PCP's:
   1. One (1) Medical Doctor (MD) practice-twenty (20) hours per week
   2. Two (2) or more MD practice-thirty (30) hours per week

C. Geographic Access-Standards for provider location to clients:
   1. PCP Access*:
      a. Urban Counties-Two (2) PCPs within thirty (30) miles of residence
      b. Rural Counties-One (1) PCP within forty-five (45) miles of residence
      c. Frontier Counties-One (1) PCP within sixty (60) miles of residence
   2. High Volume Specialist (i.e. Cardiologist, Neurologist, Hematologist/Oncologist, Ob/Gyn, Orthopedics):
      a. Urban Counties-One (1) High Volume Specialist within thirty (30) miles of residence
      b. Rural Counties-One (1) High Volume Specialist within sixty (60) miles of residence
      c. Frontier Counties-One (1) High Volume Specialist within ninety (90) miles of residence
   3. Inclusion of Urgent Care Centers within the network
   4. Inclusion of all FQHC's and RHC's within the network

D. Cultural Competency Access**-Provider access of more than one (1) PCP that is multi-lingual and culturally.

**Note: Multi-lingual does not mean use of a language line to communicate with non-English speaking members.

Performance Measures: The following performance measures will be used to establish baseline data and also to be compared to national benchmark standards, if available. Data related to each of the performance measures must be submitted by August 15 of the year following the measurement year. If a measure has a performance standard already set, this standard is listed. The Adult, Child, and HEDIS measures can be updated as new measures are introduced, deleted, and as The Department determines necessary.

Adult Core Measures

1. Flu Shots for Adults Age 50 to 64 *
2. Adult Body Mass Index (BMI) Assessment *
3. Breast Cancer Screening *
4. Cervical Cancer Screening *
5. Medical Assistance with Smoking and Tobacco Use *
6. Plan All-Cause Readmission Rate *
7. PQI 01: Diabetes Short-Term Complications Admission Rate
8. PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
9. PQI 08: Congestive Heart Failure (CHF) Admission Rate
10. PQI 15: Adult Asthma Admission Rate
11. Chlamydia Screening in Women Ages 21 to 24 *
12. PC-01: Elective Delivery
13. PC-03: Antenatal Steroids
14. Controlling High Blood Pressure *
15. Comprehensive Diabetes Care: Hemoglobin A1c Testing *
16. Annual Monitoring for Patients on Persistent Medications *
17. CAHPS Health Plan Survey 5.0H – Adult Questionnaire *
18. Postpartum Care Rate *

***Measure is also a HEDIS Measure**

Child Core Measures

1. HPV: Human Papillomavirus Vaccine for Female Adolescents *
2. WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessment for Children/Adolescents *
3. CAP: Children And Adolescent Access to Primary Care Practitioners (PCP) *
4. CIS: Childhood Immunization Status *
5. IMA: Immunization Status for Adolescents *
6. FPC: Frequency of Ongoing Prenatal Care *
7. PPC: Timeliness of Prenatal Care *
8. CSEC: Cesarean Rate for Nulliparous Singleton Vertex
9. DEV: Developmental Screening in the First Three Years of Life
10. W15: Well-Child Visits in the First 15 Months of Life *
11. W34: Well-Child Visits in the Third, Fourth, Fifth, And Sixth Years Of Life *
12. AWC: Adolescent Well-Care Visits *
13. CHL: Chlamydia Screening in Women *
14. (reserved)
15. (reserved)

16. MMA: Medication Management for People with Asthma *
17. ADD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication *
18. AMB: Ambulatory Care - Emergency Department Visits *
19. CPC: Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0h (Child Version Including Medicaid and Children With Chronic Conditions Supplemental Items) *
20. (reserved)
21. (reserved)
22. EPSDT Screening Participation Rate

***Measure is also a HEDIS Measure**

HEDIS Measures

1. Comprehensive Diabetes Care
2. Cholesterol Management for Patients with Cardiovascular Conditions
3. Medication Management for People with Asthma (Adults)
4. Lead Screening in Children
5. Appropriate Testing for Children With Pharyngitis
6. Race/Ethnicity Diversity of Membership
7. Appropriate Treatment for Children With Upper Respiratory Infection (URI)
8. Use of Spirometry Testing in the Assessment and Diagnosis of COPD
9. Pharmacotherapy Management of COPD Exacerbation
10. Use of Appropriate Medications for People With Asthma
11. Annual Monitoring for Patients on Persistent Medications
12. Adults' Access to Preventive/Ambulatory Health Services
13. (reserved)
14. Antibiotic Utilization
15. Frequency of Ongoing Prenatal Care
16. Timeliness of Prenatal Care

State of Nebraska

Final

COVENTRY HEALTH CARE OF NEBRASKA, INC.
64227 O4

Amended Revised Attachment F
Contract Rate Exhibit
July 1, 2015 through December 31, 2015
Service Area 1

Category of Aid	Portion of Rate at Regular FMAP (non-UNMC)	UNMC Supplemental at Regular FMAP	HIPF	Payment Rate
AABD 00-20 M&F	$ 737.28	$ 18.56	$ 24.56	$ 780.40
AABD 21+ M&F	$ 793.94	$ 28.05	$ 26.40	$ 848.39
AABD 21+ M&F-WWC	$ 2,013.60	$ 117.79	$ -	$ 2,131.39
CHIP M&F	$ 101.57	$ 5.33	$ 3.38	$ 110.28
Family Under 1 M&F	$ 465.08	$ 18.46	$ 15.49	$ 499.03
Family 01-05 M&F	$ 113.68	$ 6.30	$ 3.79	$ 123.77
Family 06-20 F	$ 84.46	$ 4.45	$ 2.81	$ 91.72
Family 06-20 M	$ 77.91	$ 4.05	$ 2.59	$ 84.55
Family 21+ M&F	$ 258.58	$ 11.85	$ 8.61	$ 279.04
Foster Care M&F	$ 165.73	$ 7.46	$ 2.78	$ 175.97
Katie Beckett 00-18 M&F	$ 13,043.19	$ 29.70	$ 434.42	$ 13,507.31
Maternity	$ 7,174.19	$ 390.32	$ -	$ 7,564.51