Table of Contents

State/Territory Name: Nebraska

State Plan Amendment (SPA) #: NE-25-0006

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

September 18, 2025

Drew Gonshorowski
Medicaid Director
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
PO Box 95026
Lincoln, NE 68509-5026

Dear Director Gonshorowski:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) NE-25-0006, submitted on June 22, 2025, has been approved. The effective date for this SPA is December 31, 2024.

Through SPA NE-25-0006, Nebraska revises the strategic objectives and performance goals in section 9 of the CHIP state plan with the state's CHIP Annual Report. This SPA also removes outdated strategic objectives and performance goals from the state plan that the state no longer includes in the CHIP Annual Report. Nebraska will work towards reducing the number of uninsured children through its new strategic objective. The corresponding performance goals set by the state in order to meet this strategic objective are to:

- Decrease the total number of uninsured low-income children under 200% FPL in the state by 5% annually until the total percentage of uninsured children in the state is at 5% or below.
- Maintain the distribution of CHIP informational materials to 100% of Nebraska's public school districts by or near the beginning of each school year.

To measure progress on these goals, the state will use American Community Survey data and state tracking of public school district distribution.

Your Project Officer is Carrie Grubert. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Carrie.Grubert@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Alice Weiss/

Alice Weiss
Acting Director
on Behalf of Sarah deLone, Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory:_____Nebraska_____
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

_____
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Drew Gonshorowski~~Matthew Ahern~~ Position/Title: ~~Interim~~ Director; Div of Medicaid & LTC Name: Crystal Georgiana~~Catherine Gekas Steeby~~ Position/Title: Administrator II; Div of Medicaid & LTC ***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, and Baltimore, Maryland 21244-1850.**

Introduction: Section 4901 of the Balanced Budget Act of 1997 (BBA), public law 1005-33 amended the Social Security Act (the Act) by adding a new title XXI, the Children's Health Insurance Program

(CHIP). In February 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) renewed the program. The Patient Protection and Affordable Care Act of 2010 further modified the program.

This template outlines the information that must be included in the state plans and the state plan amendments (SPAs). It reflects the regulatory requirements at 42 CFR Part 457 as well as the previously approved SPA templates that accompanied guidance issued to States through State Health Official (SHO) letters. Where applicable, we indicate the SHO number and the date it was issued for your reference. The CHIP SPA template includes the following changes:

- Combined the instruction document with the CHIP SPA template to have a single document. Any modifications to previous instructions are for clarification only and do not reflect new policy guidance.
- Incorporated the previously issued guidance and templates (see the Key following the template for information on the newly added templates), including:
  - Prenatal care and associated health care services (SHO #02-004, issued November 12, 2002)
  - Coverage of pregnant women (CHIPRA #2, SHO # 09-006, issued May 11, 2009)
  - Tribal consultation requirements (ARRA #2, CHIPRA #3, issued May 28, 2009)
  - Dental and supplemental dental benefits (CHIPRA # 7, SHO # #09-012, issued October 7, 2009)
  - Premium assistance (CHIPRA # 13, SHO # 10-002, issued February 2, 2010)
  - Express lane eligibility (CHIPRA # 14, SHO # 10-003, issued February 4, 2010)
  - Lawfully Residing requirements (CHIPRA # 17, SHO # 10-006, issued July 1, 2010)
- Moved sections 2.2 and 2.3 into section 5 to eliminate redundancies between sections 2 and 5.
- Removed crowd-out language that had been added by the August 17 letter that later was repealed.

The Centers for Medicare & Medicaid Services (CMS) is developing regulations to implement the CHIPRA requirements. When final regulations are published in the Federal Register, this template will be modified to reflect those rules and States will be required to submit SPAs illustrating compliance with the new regulations. States are not required to resubmit their State plans based on the updated template. However, States must use the updated template when submitting a State Plan Amendment.

Federal Requirements for Submission and Review of a Proposed SPA. (42 CFR Part 457 Subpart A) In order to be eligible for payment under this statute, each State must submit a Title XXI plan for approval by the Secretary that details how the State intends to use the funds and fulfill other requirements under the law and regulations at 42 CFR Part 457. A SPA is approved in 90 days unless the Secretary notifies the State in writing that the plan is disapproved or that specified additional information is needed. Unlike Medicaid SPAs, there is only one 90 day review period, or clock for CHIP SPAs, that may be stopped by a request for additional information and restarted after a complete response is received. More information on the SPA review process is found at 42 CFR 457 Subpart A.

When submitting a State plan amendment, states should redline the changes that are being made to the existing State plan and provide a "clean" copy including changes that are being made to the existing state plan.

The template includes the following sections:

1. **General Description and Purpose of the Children's Health Insurance Plans and the Requirements**- This section should describe how the State has designed their program. It also is the place in the template that a State updates to insert a short description and the proposed effective date of the SPA, and the proposed implementation date(s) if different from the effective date. (Section 2101); (42 CFR, 457.70)
2. **General Background and Description of State Approach to Child Health Coverage and Coordination**- This section should provide general information related to the special characteristics of each state's program. The information should include the extent and manner to which children in the State currently have creditable health coverage, current State efforts to provide or obtain creditable health coverage for uninsured children and how the plan is designed to be coordinated with current health insurance, public health efforts, or other enrollment initiatives. This information provides a health insurance baseline in terms of the status of the children in a given State and the State programs currently in place. (Section 2103); (42 CFR 457.410(A))
3. **Methods of Delivery and Utilization Controls**- This section requires a description that must include both proposed methods of delivery and proposed utilization control systems. This section should fully describe the delivery system of the Title XXI program including the proposed contracting standards, the proposed delivery systems and the plans for enrolling providers. (Section 2103); (42 CFR 457.410(A))
4. **Eligibility Standards and Methodology-** The plan must include a description of the standards used to determine the eligibility of targeted low-income children for child health assistance under the plan. This section includes a list of potential eligibility standards the State can check off and provide a short description of how those standards will be applied. All eligibility standards must be consistent with the provisions of Title XXI and may not discriminate on the basis of diagnosis. In addition, if the standards vary within the state, the State should describe how they will be applied and under what circumstances they will be applied. In addition, this section provides information on income eligibility for Medicaid expansion programs (which are exempt from Section 4 of the State plan template) if applicable. (Section 2102(b)); (42 CFR 457.305 and 457.320)
5. **Outreach-** This section is designed for the State to fully explain its outreach activities. Outreach is defined in law as outreach to families of children likely to be eligible for child health assistance under the plan or under other public or private health coverage programs. The purpose is to inform these families of the availability of, and to assist them in enrolling their children in, such a program. (Section 2102(c)(1)); (42CFR, 457.90)
6. **Coverage Requirements for Children's Health Insurance**- Regarding the required scope of health insurance coverage in a State plan, the child health assistance provided must

consist of any of the four types of coverage outlined in Section 2103(a) (specifically, benchmark coverage; benchmark-equivalent coverage; existing comprehensive state-based coverage; and/or Secretaryapproved coverage). In this section States identify the scope of coverage and benefits offered under the plan including the categories under which that coverage is offered. The amount, scope, and duration of each offered service should be fully explained, as well as any corresponding limitations or exclusions. (Section 2103); (42 CFR 457.410(A))

7. **Quality and Appropriateness of Care**- This section includes a description of the methods (including monitoring) to be used to assure the quality and appropriateness of care and to assure access to covered services. A variety of methods are available for State's use in monitoring and evaluating the quality and appropriateness of care in its child health assistance program. The section lists some of the methods which states may consider using. In addition to methods, there are a variety of tools available for State adaptation and use with this program. The section lists some of these tools. States also have the option to choose who will conduct these activities. As an alternative to using staff of the State agency administering the program, states have the option to contract out with other organizations for this quality of care function. (Section 2107); (42 CFR 457.495)

8. **Cost Sharing and Payment-** This section addresses the requirement of a State child health plan to include a description of its proposed cost sharing for enrollees. Cost sharing is the amount (if any) of premiums, deductibles, coinsurance and other cost sharing imposed. The cost-sharing requirements provide protection for lower income children, ban cost sharing for preventive services, address the limitations on premiums and cost-sharing and address the treatment of preexisting medical conditions. (Section 2103(e)); (42 CFR 457, Subpart E)

9. **Strategic Objectives and Performance Goals and Plan Administration**- The section addresses the strategic objectives, the performance goals, and the performance measures the State has established for providing child health assistance to targeted low income children under the plan for maximizing health benefits coverage for other low income children and children generally in the state. (Section 2107); (42 CFR 457.710)

10. **Annual Reports and Evaluations**- Section 2108(a) requires the State to assess the operation of the Children's Health Insurance Program plan and submit to the Secretary an annual report which includes the progress made in reducing the number of uninsured low income children. The report is due by January 1, following the end of the Federal fiscal year and should cover that Federal Fiscal Year. In this section, states are asked to assure that they will comply with these requirements, indicated by checking the box. (Section 2108); (42 CFR 457.750)

11. **Program Integrity**- In this section, the State assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Sections 2101(a) and 2107(e); (42 CFR 457, subpart
I)

12. **Applicant and Enrollee Protections**- This section addresses the review process for eligibility and enrollment matters, health services matters (i.e., grievances), and for states that use premium assistance a description of how it will assure that applicants and enrollees are given

the opportunity at initial enrollment and at each redetermination of eligibility to obtain health benefits coverage other than through that group health plan. (Section 2101(a)); (42 CFR 457.1120)

Program Options. As mentioned above, the law allows States to expand coverage for children through a separate child health insurance program, through a Medicaid expansion program, or through a combination of these programs. These options are described further below:

- **Option to Create a Separate Program-** States may elect to establish a separate child health program that are in compliance with title XXI and applicable rules. These states must establish enrollment systems that are coordinated with Medicaid and other sources of health coverage for children and also must screen children during the application process to determine if they are eligible for Medicaid and, if they are, enroll these children promptly in Medicaid.
- **Option to Expand Medicaid-** States may elect to expand coverage through Medicaid. This option for states would be available for children who do not qualify for Medicaid under State rules in effect as of March 31, 1997. Under this option, current Medicaid rules would apply.

Medicaid Expansion- CHIP SPA Requirements

In order to expedite the SPA process, states choosing to expand coverage only through an expansion of Medicaid eligibility would be required to complete sections:

- 1 (General Description)
- 2 (General Background)

They will also be required to complete the appropriate program sections, including:

- 4 (Eligibility Standards and Methodology)
- 5 (Outreach)
- 9 (Strategic Objectives and Performance Goals and Plan Administration including the budget)
- 10 (Annual Reports and Evaluations).

Medicaid Expansion- Medicaid SPA Requirements

States expanding through Medicaid-only will also be required to submit a Medicaid State Plan Amendment to modify their Title XIX State plans. These states may complete the first check-off and indicate that the description of the requirements for these sections are incorporated by reference through their State Medicaid plans for sections:

- 3 (Methods of Delivery and Utilization Controls)
- 4 (Eligibility Standards and Methodology)
- 6 (Coverage Requirements for Children's Health Insurance)
- 7 (Quality and Appropriateness of Care)
- 8 (Cost Sharing and Payment)
- 11 (Program Integrity)

- 12 (Applicant and Enrollee Protections) indicating State

- **Combination of Options-** CHIP allows states to elect to use a combination of the Medicaid program and a separate child health program to increase health coverage for children. For example, a State may cover optional targeted-low income children in families with incomes of up to 133 percent of poverty through Medicaid and a targeted group of children above that level through a separate child health program. For the children the State chooses to cover under an expansion of Medicaid, the description provided under "Option to Expand Medicaid" would apply. Similarly, for children the State chooses to cover under a separate program, the provisions outlined above in "Option to Create a Separate Program" would apply. States wishing to use a combination of approaches will be required to complete the Title XXI State plan and the necessary State plan amendment under Title XIX.

Proposed State plan amendments should be submitted electronically and one signed hard copy to the Centers for Medicare & Medicaid Services at the following address: Name of Project Officer

Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, Maryland 21244
Attn: Children and Adults Health Programs Group
Center for Medicaid, CHIP and Survey & Certification
Mail Stop - S2-01-16

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the Requirements

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101)(a)(1)); (42 CFR 457.70):

Guidance: Check below if child health assistance shall be provided primarily through the development of a separate program that meets the requirements of Section 2101, which details coverage requirements and the other applicable requirements of Title XXI.

1.1.1 ☐ Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

Guidance: Check below if child health assistance shall be provided primarily through providing expanded eligibility under the State's Medicaid program (Title XIX). Note that if this is selected the State must also submit a corresponding Medicaid SPA to CMS for review and approval.

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

Guidance: Check below if child health assistance shall be provided through a combination of both 1.1. and 1.2. (Coverage that meets the requirements of Title XXI, in conjunction with an expansion in the State's Medicaid program). Note that if this is selected the state must also submit a corresponding Medicaid state plan amendment to CMS for review and approval.

1.1.3. ☒ A combination of both of the above. (Section 2101(a)(2))
Children from conception to birth are reviewed for eligibility under Nebraska's separate CHIP referred to as 599 CHIP. Children birth up to age 19 will be reviewed for eligibility under Nebraska's Medicaid expansion program.

1.1-DS ☐ The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

1.2 ☒ Check to provide an assurance that expenditures for child health assistance will not be
claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 ☒ Check to provide an assurance that the State complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age
Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

On May 13, 1998, Nebraska submitted a Title XXI State Plan, Kids Connection Phase I, to expand Medicaid eligibility for individuals age 15 through 18 to 100 Percent of the Federal Poverty Level (FPL).

Effective Date: May 1, 1998
Implementation Date: May 1, 1998

Amendment
SPA # 1, Purpose: Implement Phase II of Kids Connection, to expand Medicaid eligibility for children through age 18 up to 185 percent of the Federal Poverty Level (FPL).
Effective Date: August 1, 1998
Implementation Date: September 1, 1998

SPA # 2, Purpose: Updates and amends the CHIP State Plan to indicate the State's compliance with the final CHIP regulations.
Effective Date: June 27, 2002
Implementation Date: August 24, 2001

SPA # 3, Purpose: Expand the income eligibility level for children in CHIP from the current income level of 185% of the Federal Poverty Level (FPL) up to and including 200% of the FPL.

Effective Date: October 1, 2009
Implementation Date: October 1, 2009

SPA # 4, Purpose: Obtain Federal matching funds to expand eligibility to uninsured non-citizen, targeted low-income children who have gross family incomes up to and including 200 percent of the Federal poverty level, and who are lawfully residing in the United States, as permitted by section 214 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

Effective Date: July 1, 2010
Implementation Date: July 1, 2010

SPA # 5, Purpose: CMS determined that SPA # 5 was not needed. Nebraska is a Medicaid Expansion state. Nebraska follows the Nebraska Medicaid tribal SPA #11-15 that was approved October 13, 2011 with an effective/implementation date of July 1, 2011.

Effective Date: N/A
Implementation Date: N/A

SPA # 6, Purpose: Provide Federal funding for the Nebraska Regional Poison Center (NRPC) under a health services initiative.

Effective Date: January 1, 2012
Implementation Date: January 1, 2012

SPA # 7, Purpose: Legislative bill 599 instructed Nebraska to create a separate CHIP program for unborn/prenatal coverage. The creation of the new separate CHIP program changed Nebraska from a Medicaid Expansion State to a Combination State.

Effective Date: July 19, 2012
Implementation Date: July 19, 2011

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
NE -13-0008 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS9 CS15	Eligibility – Coverage from Conception to Birth MAGI-Based Income Methodologies	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3 Incorporate within a separate subsection under section 4.3
NE-13-0009 Effective/Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
NE-13-0010 Effective/Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
NE-13-0011 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4
NE-13-0012 Effective/Implementation Date: January 1, 2014	Non-Financial Eligibility General Eligibility	CS17 CS18 CS19 CS27	Residency Citizenship Social Security Number Continuous Eligibility	Supersedes the current section 4.1.5 Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR Supersedes the current section 4.1.9.1 Supersedes the current section 4.1.8

NE-24-0007	General Eligibility	CS27	Continuous Eligibility	Supersedes the current CS27.

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
Effective/Implementation Date: January 1, 2024				

SPA # 13, Purpose: Update the State Plan to change the delivery system for the separate CHIP from fee-forservice to managed care.

Effective Date: January 1, 2017
Implementation Date: January 1, 2017

SPA # 14, Purpose: Update the State Plan to comply with Mental Health Parity

Effective Date: October 2, 2017
Implementation Date: October 2, 2017

SPA # 15, Purpose: Update the State Plan to comply with the CHIP Managed Care regulation Effective Date: July 1, 2018
Implementation Date: July 1, 2018

SPA # 16, Purpose: CHIP Disaster SPA
In the event of a disaster, the State will notify CMS of the intent to provide temporary adjustments to tribal notification, State delay in processing the applications, State delay in processing renewals and extension of renewals and deadlines for families, and extend the reasonable opportunity period, temporarily provide presumptive eligibility, the effective dates of such adjustments, and the specific areas impacted by the state or Federal disaster, if applicable.

Effective Date: March 1, 2020
Implementation Date: March 1, 2020
For the COVID-19 public health emergency Nebraska will invoke the flexibilities described above beginning March 1, 2020 through the duration of the State or Federal emergency declaration, whichever is later.

SPA #17, Purpose: Update the State Plan to comply with Section 5022 of the SUPPORT Act.
Effective Date: January 1, 2020
Implementation Date: January 1, 2020

SPA #18: NE-22-0004

Purpose of SPA: The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

Proposed effective date: March 11, 2021
Proposed implementation date: March 11, 2021

SPA#19: NE-24-0015

Purpose of SPA: The purpose of this SPA is to assure coverage of age-appropriate vaccines and their administration without cost sharing, and continuous eligibility for children.
Proposed effective date: October 1, 2023 for vaccines, January 1, 2024 for continuous eligibility.
Proposed implementation date: October 1, 2023 for vaccines, January 1, 2024 for continuous eligibility.

SPA #20: NE-25-0006

Purpose of SPA: Update Section 9, Strategic Objectives and Performance Goals and Plan Administration, to align with Section IV of the CHIP Annual Report.

Proposed effective date: December 31, 2024.

Proposed implementation date: December 31, 2024.

1.4- TC **Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

~~Tribal notice was provided to all Nebraska tribes on April 16, 2024. No comments were received.~~
Tribal notice was provided to all Nebraska tribes on November 21, 2024. No comments were received.

Section 9. Strategic Objectives and Performance Goals and Plan Administration

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

The strategic objective for Nebraska's CHIP program is to reduce the number of uninsured children within the state.

~~The strategic objective of Heritage Health is to promote better health outcomes by being a smart purchaser of services that focuses on an efficient and thoughtful delivery of benefits. The Heritage Health plans report specific performance measures including Adult Core Measures, Child Core Measures, and HEDIS Measures. MLTC acknowledges that these measures are only a starting point that require further analytics to provide a deeper understanding the effectiveness of the plans' care management strategies. As such, MLTC requires the plans to implement an analysis of whether there have been demonstrated improvements in members' health outcomes, the quality of clinical care, quality of service to members, and overall effectiveness of the QM program. MLTC continually evaluates the reporting measures and evaluations in pursuit of maximizing health benefits coverage.~~

~~Some examples of specific projects related to pregnant women and the health of unborns include:~~

1. ~~**17-alpha-hydroxyprogesterone (17P)** – The focus is on pregnant women with previous preterm births with an emphasis on variance in sub populations.~~
    a. ~~Numerator – # of pregnant women with a history of premature birth who receive 17P~~
    b. ~~Denominator – # of pregnant women with a history of premature birth who deliver at >23 weeks gestation.~~
2. ~~**Tdap in pregnancy** – The focus is on increasing the Tdap immunization rate in pregnant women between 27-36 weeks gestation. Immunizations administered in the post-partum period will not count.~~
    a. ~~Numerator – # of pregnant women who receive Tdap in pregnancy between 27-36 weeks gestation~~
    b. ~~Denominator – # of delivered babies~~

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

~~As noted in 9.1 the goal is to increase health babies by increasing the use of 17P and TDAP immunizations in pregnant women. Also noted the Heritage Health plans will report specific performance measures including Adult Core Measures, Child Core Measures, and HEDIS Measures. MLTC acknowledges that these measures are only a starting point that require further analytics to provide a deeper understanding the effectiveness of the plans' care management strategies.~~

As noted in 9.1 the strategic objective is to decrease the number of uninsured children in Nebraska. The performance goal to meet this objective is to decrease the total number of uninsured low-income children under 200% FPL in the state by 5% annually until the total percentage of uninsured children in the state is at 5% or below. This performance goal will then be maintained each year once the initial target is met.

The baseline number of total uninsured children under 200% FPL per the American Community Survey data is 10,000 children from 2023. Reducing this total number by 5% will result in a goal of 9,500 uninsured children in the state after the first year.

A second performance goal to evaluate the program's effectiveness is to maintain the distribution of CHIP informational materials to 100% Nebraska's Public School Districts by or near the beginning of each school year.

9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State's performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

~~The Heritage Health plans must promote and facilitate the capacity of its providers to provide patient-centered care by using systematic, patient-centered medical home (PCMH) management processes and health information technology to deliver improved quality of care, health outcomes, and patient compliance and satisfaction. The plans provided with their proposals a methodology for evaluating the level of provider participation and the health outcomes achieved. MLTC will work with the plans to develop a common evaluation methodology. The findings from these evaluations shall be included in the plans' annual quality evaluation report.~~

~~Finally, the Heritage Health plans must develop processes and procedures and designate points of contact for collaboration with the Division of Children and Family Services funded programs that support the safety, permanency, and well-being of children in the care and custody of the State. The plans must collaborate with these entities when serving members and identifying and responding to members' behavioral and physical health needs. The plans must provide effective outreach and education to parents/guardians of children regarding covered services and the benefits of making responsible decisions about preventative health care and appropriate utilization of health care services for their children.~~

Goal 1 progress will be measured by American Community Survey data, as indicated in the Health Insurance Coverage table HI-11 ACS.

Goal 2 progress will be measured by manual tracking via the School Based Services Coordinator. The School Based Services Coordinator receives a school district list from the Nebraska Department of Education and materials are prepared. CHIP informational mailers are sent to each of the school districts in Nebraska.

Check the applicable suggested performance measurements listed below that the State plans to use: (Section 2107(a)(4))

9.3.1. ☐ The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

9.3.2. ☒☐ The reduction in the percentage of uninsured children.

9.3.3. ☐ The increase in the percentage of children with a usual source of care.

9.3.4. ☐☒ The extent to which outcome measures show progress on one or more of the health problems identified by the state.

9.3.5. ☒ HEDIS Measurement Set relevant to children and adolescents younger than 19.

9.3.6. ☒ Other child appropriate measurement set. List or describe the set used.

- CMS child core measures
- CAHPS 5.0H.is used to measure the following:
    - Children with chronic conditions measuring satisfaction with the respective health plans.
    - Parents measuring their children's care satisfaction

These measures are reported on annually.

9.3.7. ☐ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

- **9.3.7.1.** ☐ Immunizations
- **9.3.7.2.** ☐ Well childcare
- **9.3.7.3.** ☐ Adolescent well visits
- **9.3.7.4.** ☐ Satisfaction with care
- **9.3.7.5.** ☐ Mental health
- **9.3.7.6.** ☐ Dental care
- **9.3.7.7.** ☐ Other, list:

9.3.8. ☐ Performance measures for special targeted populations.