Medicaid Expansion Briefing

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Governor Pete Ricketts
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Medicaid Today

- Medicaid provides health coverage for a variety of groups, from children, persons with disabilities, and the elderly, who all have unique health needs.
- Benefit packages are tailored to the unique needs of each eligibility group.
- The group outlined in Initiative 427 will have a benefit package suited to adults age 19-64
  - Pursuant to the initiative, currently enrolled adults (caretaker relatives) will receive the same benefit package as the expansion group.
  - Certain groups must be excluded from the expansion group per federal law, like Former Foster Care and Pregnant Women.
- Most Medicaid benefits are currently delivered through managed care.
  - The expansion group will also receive their benefits through managed care.
  - Managed care organizations (MCOs) are a single contact for members for all their care needs, provide care and case management, and provide value-added services in addition to those required by Medicaid.

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Roadmap to Success

- The 1115 Demonstration Waiver will allow the State to create an innovative program for our new members and offers a variety of benefits.
- The waiver application process must be budget neutral.
- Federal law requires at least two public hearings with opportunities for comment.
  - Nebraska is planning 4 public hearings.
- The waiver will allow the State to create a benefit package comparable to commercial insurance.
- The State and CMS negotiate the final terms of the waiver.

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Heritage Health Adult Program - Year 1

- Everyone who meets eligibility requirements from the initiative will receive Basic coverage.
- Prime coverage adds dental, vision, and over-the-counter medications to Basic coverage.
- To earn Prime coverage in year 1 of the program, members must participate in active care and case management.
  - Care and case management will involve talking with MCO's case manager, developing a care plan, and working to managed health needs, including finding a primary doctor and scheduling a checkup

Care and Case Management

- Care and Case Management is a major benefit in managed care systems.
  - These are currently available through Heritage Health.
- With these, the Heritage Health plans will help the expansion group learn about the health care available to them and assist with finding a doctor, arranging appointments.
- Care and Case Management will involve finding a primary care doctor and attending an annual checkup.
  - This will help to evaluate a new member's health and determine future needs.

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Heritage Health Adult Program - Year 2

- Moving into the second year and beyond, members will need to meet certain community engagement requirements to retain Prime coverage. Members will either need to be:
  - Caring for a relative; or
  - Volunteering for a public charity (501(c)(3)'s, churches, etc), attending a post-secondary school, trade school, or apprenticeship, receiving treatment, be employed, or be engaged in job-seeking activities for at least 80 hours per month.
- DHHS plans to utilize existing systems such as Dept. of Labor and ResCare to verify these requirements in order to save administrative costs.
- The Heritage Health Adult Program's community engagement requirements empower individuals to improve their lives.
  - Community engagement requirements are not tied to eligibility for Medicaid.

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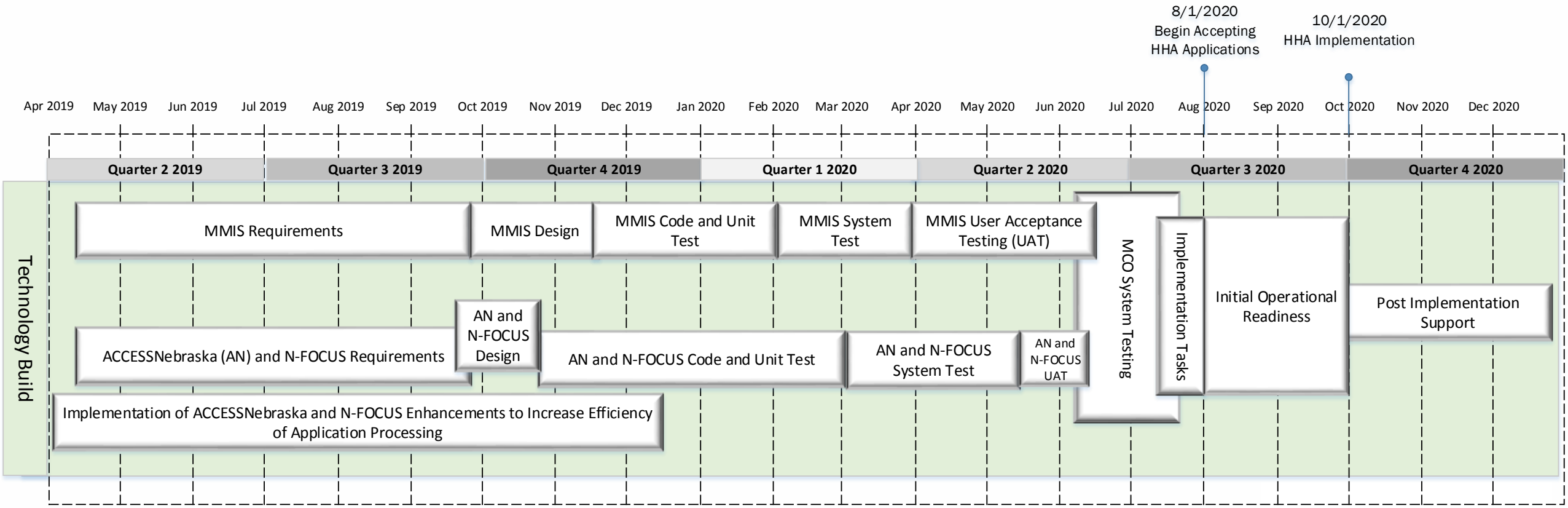
Technology Builds



Dates may be subject to change

Eligibility

- Eligibility workers will redetermine eligibility every 6 months to ensure only eligible individuals are receiving Medicaid services.
- Retroactive eligibility is limited to the first of the month of application similar to many commercial health plans.
- Criteria for the medically frail group is being determined based on other states' experience and clinical criteria.
    - See 42 CFR §440.315(f)
- DHHS plans to support Parent Caretaker Relatives ahead of the program's launch so those currently enrolled Caretakers may receive Prime coverage Day 1 by meeting the requirements.
- The role of Home and Community-Based Services will be evaluated in our negotiations with CMS.

HHS Committee Cost Questions

- Parent Caretaker Relatives
- Community Engagement and Administrative Costs
- Dental Benefits, and other benefits not included in Basic coverage
- Centene's pending acquisition of Wellcare
- MCO's communication and collaboration
- MCO Contracts

Appropriations Committee Budget Questions

GROSS AID				
Total/Gross Aid	**Total Funds**	**State Funds**	**Federal Funds**	**Ave Mo Enrollees**
FY20	$0	$0	$0	-
FY21	$394,133,439	$46,190,428	$347,943,011	88,602
Offsets By Program	**Behvioral Health Div**	**State Disabled Program**	**Women with Cancer Pgm**	**Total of Program Offsets**
	Pgm 038 GF	**Pgm 347 GF**	**Pgm 348 GF**	
FY20	$0	$0	$0	$0
FY21	($4,350,000)	($834,549)	($802,953)	($5,987,502)
Contingency Aid	**Total Funds**	**State Funds**	**Federal Funds**	
FY20	$0	$0	$0	
FY21	$82,536,686	$9,672,877	$72,863,807	
NET AID				
AID Net of Offsets	**Total Funds**	**State Funds**	**Federal Funds**	
FY20	$0	$0	$0	
FY21	$476,670,125	$49,875,804	$426,794,320	

Revised Cost Estimates (rev 4.11.2019)			
ADMINISTRATIVE			
Estimated Admin	**Total Funds**	**State Funds**	**Federal Funds**
FY20	$14,653,804	$5,979,812	$8,673,992
FY21	$12,145,538	$5,772,769	$6,372,769
Contingency Admi	**Total Funds**	**State Funds**	**Federal Funds**
FY20	$1,500,000	$750,000	$750,000
FY21	$1,500,000	$750,000	$750,000

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