

# Heritage Health Adult Program

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NEBRASKA

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# Tenets of the Heritage Health Adult Program

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1. Advance the objectives of the Quadruple Aim:
  1. Improve the beneficiary experience of care in terms of quality and satisfaction;
  2. Improve the provider experience of care in terms of quality and satisfaction;
  3. Improve the health of populations; and
  4. Reduce the per capita cost of health care.
2. Encourage paths to wellness and life success through the effective use of managed care; and
3. Incentivize and reward active engagement in healthy behaviors.



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# Program Eligibility

- Initiative 427 requires Medicaid eligibility be expanded to include adults ages 19-64 with an income up to 138 percent of the federal poverty level (approx. \$16,000 per year for an individual).
- All adults – except certain populations such as pregnant women, persons with disabilities, and the elderly – will be enrolled in the Heritage Health Adult program.
- In order to mitigate possible issues of program integrity, eligibility will be re-determined every six months.



# Payer Delivery System

- Nebraska Medicaid delivers benefits primarily through Heritage Health, a managed care program which integrates physical health, behavioral health, and pharmacy benefits into a comprehensive, coordinated program.
- Three managed care organizations (MCOs) participate in the program:
  1. Nebraska Total Care
  2. UnitedHealthcare Community Plan of Nebraska
  3. WellCare of Nebraska
- The State pays a per-member, per-month rate for every member enrolled.
- The MCOs, in turn, manage all care for their members.
- The new adult group will be enrolled in Heritage Health.



# Benefit Package

- In designing a program for this new eligibility group, federal law has certain requirements (e.g., 42 CFR Subpart C).
- Our benchmark is modeled after the Blue Cross Blue Shield Pride plan, one of the largest small-group plans in Nebraska.
- Nebraska intends to seek an 1115 Demonstration Waiver authority from CMS, ensuring benefits are delivered in the best way for Nebraska.



# Waiver Year 1

- All members\* of the Heritage Health Adult Program will begin with Basic coverage, which is based on a commercial health plan.
- Prime coverage rewards personal responsibility and wellness activities with additional benefits, such as dental, vision, and over-the-counter medications.
- To earn Prime coverage, members must participate in active care and case management, select a primary care provider, and attend an annual checkup.
- Our objective for the program's first year is to address the health needs of our new members as quickly as possible.

\* A Medically Frail group will receive state plan services.



# Waiver Reforms

- Eligibility begins the 1<sup>st</sup> day of the month of application in order to simplify provider billing and reduce strain on our outdated claims system.
- All Adult program applicants will be evaluated for the Health Insurance Premium Payment program if they have private coverage available. This program will pay for private insurance premiums if it is cost-effective for the State.
- Members will receive Basic coverage for 1 year if they voluntarily drop commercial coverage for Medicaid.
- Members will receive Basic coverage for 1 year if they miss 3 or more health appointments without notifying the provider during a single enrollment period.



# Waiver Year 2 and Beyond

- 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
  - Be volunteering for a public charity, be attending a post-secondary school or apprenticeship, be employed, or be engaged in job-seeking activities for at least 80 hours per month.
- Members who do not meet these requirements at their eligibility redetermination will receive Basic coverage for the next enrollment period.
- Purpose: Create paths to wellness and life success and promote independence and personal responsibility.



# Implementing Heritage Health Adult Program

- Though Initiative 427 only provides a deadline for the State Plan Amendment, a number of additional changes will be needed to implement the Initiative
- MLTC has divided this work into 8 “swim lanes:”
  1. State Plan Amendments (SPA)
  2. Waivers
  3. Contract Amendments
  4. Technology Builds and Changes
  5. Field Operations
  6. Capitation Rates
  7. State Regulations
  8. Legislation

Supporting materials, including the full State Plan Amendments, concept paper and PowerPoint will be posted by 1 p.m. on Monday, April 1.

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