

- v. Community agencies including but not limited to the Area Agencies on Aging and League of Human Dignity Waiver Offices.
 - vi. The Office of Probation.
 - vii. Other programs and initiatives within MLTC related to primary care and behavioral health integration/coordination and pharmacy management.
- b. The MCO must collaborate with these entities and programs when serving members and identifying and responding to members' behavioral and physical health needs. It must address and attempt to resolve any coordination of care issues with other MCOs and other State agencies and their contractors, tribes, and other community providers as expeditiously as possible.
 - c. The MCO must also collaborate with these entities and programs and its network providers regarding planning initiatives and system transformation.

7. Service Orientation, Interoperability, and Data Exchange

The State's Medicaid program is undergoing significant modernization across many projects. In alignment with CMS-MITA guidance, key objectives shared by all MLTC projects include high levels of capability/maturity with respect to service orientation, interoperability, and data exchange. MLTC expects the MCO to transmit and receive data in compliance with all applicable Federal (including but not limited to HIPAA), and State standards and mandates, both currently and in the future. The MCO must work with MLTC to develop and support an effective data exchange between the MCO and all stakeholders involved in the Medicaid program, including MLTC. The MCO shall also provide to MLTC at its request reports via electronic data exchanges to support enhanced analytics and report drill-down capabilities.

8. Participation in the Nebraska Health Information Initiative

The MCO is required to attempt to enter into a participation agreement with the Nebraska Health Information Initiative (NeHII). NeHII is a non-profit organization that includes health care providers, payers, and the State. NeHII's purpose is to achieve health care transformation through the creation of a secure, web-based health information exchange to serve the State. Should the MCO be unable to reach a mutually agreeable arrangement for participation in NeHII within one year of the contract start date, it must notify MLTC.

More information on NeHII can be found at www.nehii.org.

9. Participation in the MLTC Committees

The MCO is required to participate in MLTC committees including, but not limited to, the Administrative Simplification Committee, the Behavioral Health Integration Advisory Committee, and the Quality Assurance Performance Improvement Committee. The Administrative Simplification Committee will include State, MCO, and provider representation, and seek to identify and implement common processes and forms for use by MCOs. The Committee's goal is to reduce administrative burden for MCOs and providers in areas that may include, but not be limited to credentialing/re-credentialing, prior authorization, and grievances and appeals. The Behavioral Health Integration Advisory Committee will include representatives from the DHHS Division of Behavioral Health, MLTC, behavioral health and primary care providers, and MCOs. The Advisory Committee's objective will be to identify and address areas of opportunity or concern regarding the integration of behavioral health and physical health services. A description of the Quality Assurance Performance Improvement Committee is found in Section IV.M Quality Management.

10. Financial Viability/Solvency Requirements

a. Insolvency

The MCO must provide that its Medicaid members are not held liable for:

- i. The MCO's debts in the event of the MCO's insolvency.
- ii. The cost of covered services provided to the member, for which MLTC does not pay the MCO.