



# Medicaid Managed Care

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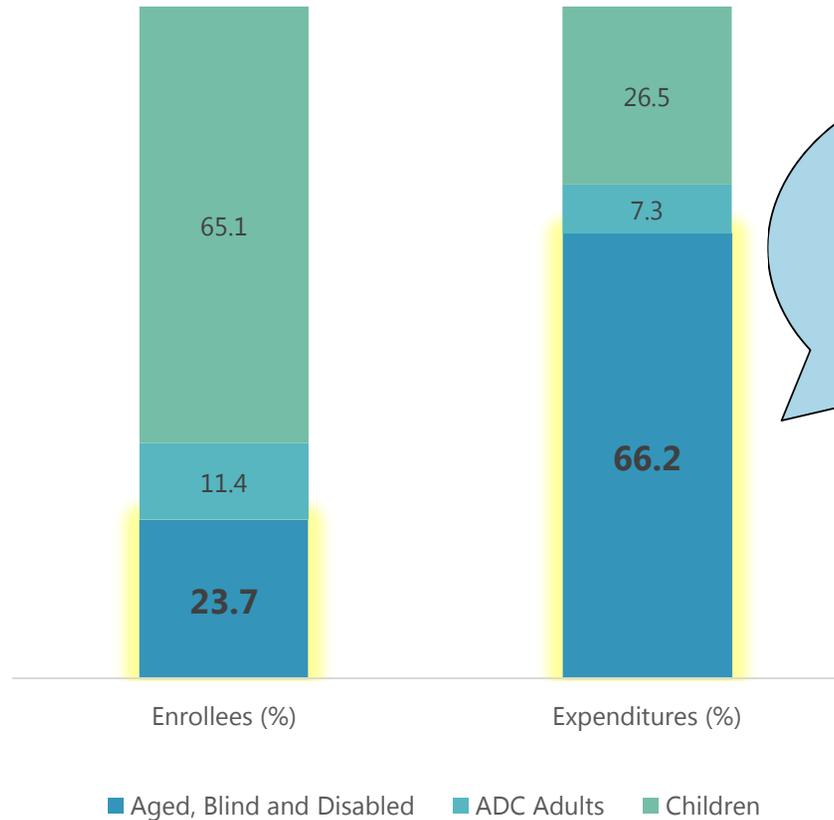
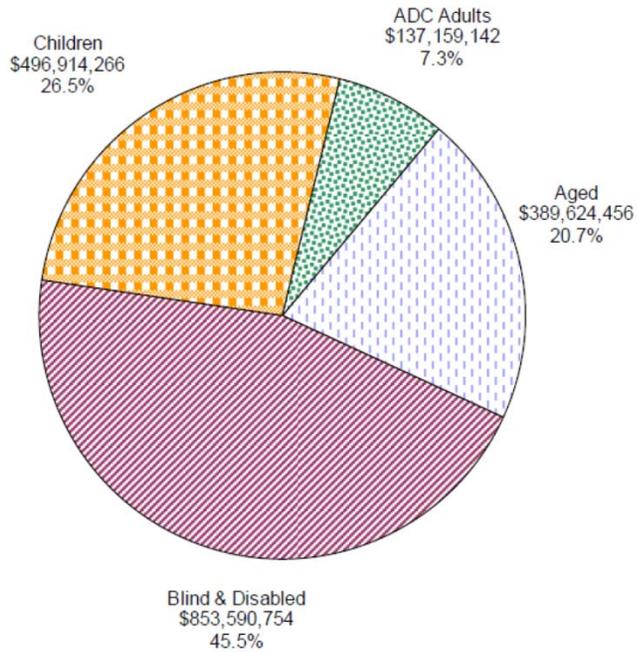
Department of Health & Human Services

**DHHS**

N E B R A S K A

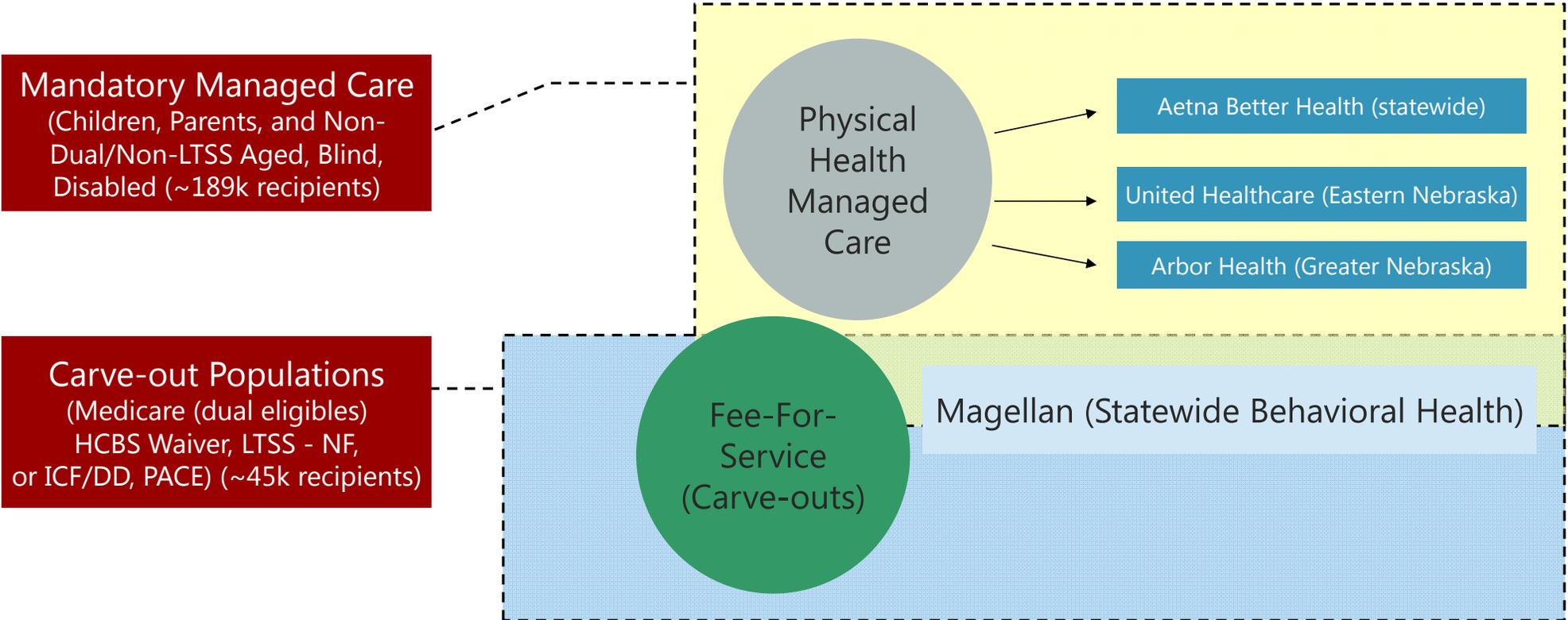
# Nebraska Medicaid is a nearly \$2 billion Program

**NEBRASKA MEDICAID AND CHIP VENDOR EXPENDITURES BY ELIGIBILITY**  
Fiscal Year 2015  
Total: \$1,877,288,618



**ABD categories account for 23.7% of enrollees but 66.2% of expenditures.**

# Current Delivery System

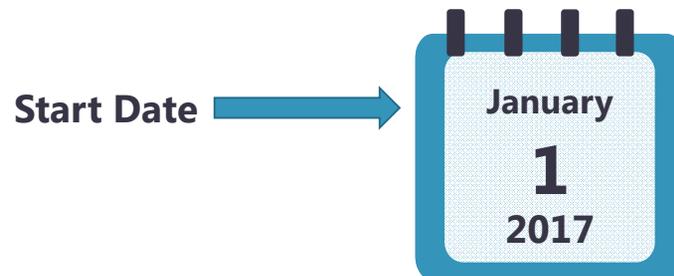


A New Era for Medicaid in Nebraska



# Heritage Health

- Nebraska Medicaid released a Request for Proposals (RFP) on October 21, 2015 for Heritage Health, a new managed care program providing integrated health care services.
- Nebraska Medicaid will contract with a minimum of two and a maximum of three statewide MCOs.
- Each MCO will coordinate a full range of services, including physical health, behavioral health, and pharmacy services.



# New Populations

- Heritage Health will include new populations currently excluded from participating in physical health managed care. These include:
  - ✓ Individuals participating in home and community based waivers (Aged and Disabled Waiver, TBI Waiver, and DD Waivers)
  - ✓ Individuals who live in long-term care institutional settings, such as nursing facilities and intermediate care facilities for people with developmental disabilities.
- These individuals will have their physical health (for example, physician and hospital care), behavioral health, and pharmacy services administered by their Heritage Health plan.
- Long-term services and supports will continue to administered as they are today.

# Services not changing under Heritage Health

- Long-term nursing facility and ICF/DD services
- HCBS waiver services
- Personal Assistance Services (PAS)
- Dental services
- Non-Emergency Transportation (NET)

## Heritage Health Key Features

Focusing on Quality, Care Management, and Social Determinants of Health

- ▶ Enhanced MLTC partnership with sister Divisions
- ▶ Performance measures specific to Nebraska's Medicaid members
- ▶ New MLTC Heritage Health Quality Committee
- ▶ Early identification of care management need
- ▶ Inclusion of social determinants of health in health risk assessment and care management strategy
- ▶ Referrals to community resources

## Heritage Health Key Features

### Expanding Access

- ▶ Requirements for robust provider networks including hospitals, physicians, specialists, pharmacies, mental health and substance use disorder providers, and allied health providers
- ▶ Preventive, primary care, specialty care, and recovery-oriented services
- ▶ Patient-centered medical homes

## Heritage Health Key Features

## Engaging and Protecting Members

- ▶ Proactive provision of information, accessible formats
- ▶ Availability of toll-free call center
- ▶ Extensive MLTC-approved grievance process
- ▶ Evaluation of member experience, using national survey
- ▶ Member choice – MLTC will contract with Enrollment Broker to provide choice counseling

## Heritage Health Key Features

Ensuring a  
smooth transition

- ▶ MLTC-approved transition and implementation plan
- ▶ Nine-month collaborative implementation period
- ▶ Key staffing requirements
- ▶ Provider network in place 90 days in advance
- ▶ Strong continuity of care protections to ensure no disruption

MLTC and its contracted enrollment broker will coordinate member education and enrollment with the new MCOs.



# Procurement Timeline and Resources (revised)



*More information, including a fact sheet, FAQs and links to procurement materials:*

**[www.dhhs.ne.gov/HeritageHealth](http://www.dhhs.ne.gov/HeritageHealth)**

# Questions and Answers

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Care

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