

# Nebraska Medicaid 101

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## MEDICAID 101

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## MEDICAID 101

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## MEDICAID 101

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## MEDICAID 101

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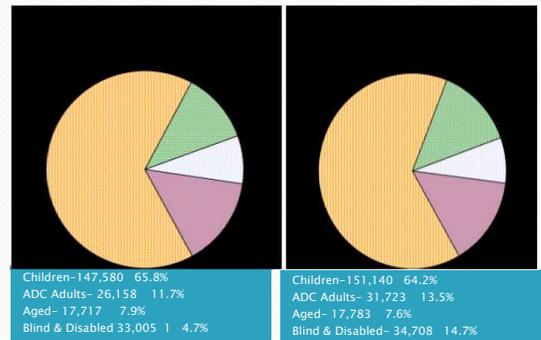
## Nebraska Medicaid 101

- I. Medicaid as an Insurance Company
- II. EPSDT serving children and youth
- III. Medicaid Managed Care in Nebraska
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## MEDICAID AS AN INSURANCE COMPANY

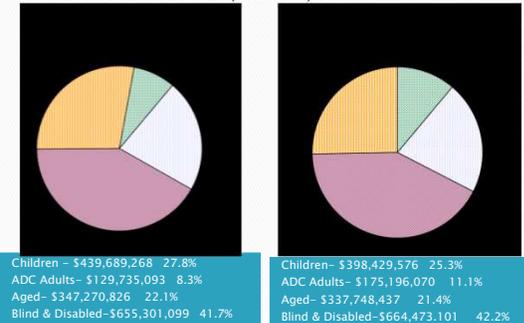
- ▶ No longer a Welfare Program
- ▶ The Nation's Largest Insurance Plan
- ▶ By 2020, Medicaid has the potential to cover 83.5 million (25%) Americans
- ▶ Approximately 60% covered by Federal Funds  
40% covered by State Funds
- ▶ The drive for "value" –health care delivered at the right time, in the right setting, achieving the right outcome.

Nebraska Medicaid provides coverage for the following eligibility categories: Children, Aid to Dependent Children (ADC) Adults, Aged, and Blind and Disabled. Figure 1 compares client eligibility by category for State Fiscal Years (SFY) 2010 and 2011.



## Nebraska Medicaid And Chip Vendor Expenditures by Eligibility

Fiscal Year 2010 - Total \$1,571,996,287  
Fiscal Year 2011 - Total \$1,575,847,184



## Nebraska Medicaid and CHIP Vendor Expenditures FY 2011

Nursing Facilities	\$299,071,686	19.0%
Inpatient Hospital	\$215,500,169	13.7%
Waiver Services (DD Waivers, Assisted Living)	\$244,545,513	13.9%
Physicians, Practitioners & EPSDT	\$125,141,069	7.9%
Drugs	\$154,170,704	9.8%
Outpatient Hospital	\$88,482,56	5.6%
Managed Care Capitation	\$214,489,45	13.6%
Other	\$57,345,968	3.6%
Comm Based Mental Health Clinics & Day Treatment	\$64,372,773	4.1%
ICF-MR	\$20,835,763	1.3%
Home Health	\$33,342,386	2.1%
Dental	\$38,880,934	2.5%
<b>Total</b>	<b>\$1,575,847,184</b>	<b>100.0%</b>

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## EPSDT—Early & Periodic Screening, Diagnostic and Treatment

- ▶ Started in 1967 as a benefit for all Medicaid children under age 21.
- ▶ EPSDT, also known in Nebraska as HEALTH CHECK, promotes good health by screening children for health problems that, if left untreated, could become more serious.

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## EPSDT (Health Check) SERVICE COMPONENTS— MANDATORY

- ▶ Health and developmental history
- ▶ Comprehensive unclothed physical examination
- ▶ Immunizations
- ▶ Necessary Laboratory tests (including blood lead screen)
- ▶ Health education and anticipatory guidance
- ▶ Vision screen (within the context of the health screen or performed by Ophthalmologist/Optomtrist)
- ▶ Hearing screen (within the context of the health screen or performed by a Licensed Audiologist)
- ▶ Dental screening (may be a visual inspection for very young children as part of the health screening examination. A referral to a dentist is required beginning at age 3.)

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## PERIODICITY SCHEDULE

Newborn	24 months*	13 years
2 -4 days	3 years	14 years
By 1 month	4 years	15 years
2 months	5 years	16 years
4 months	6 years	17 years
6 months	8 years	18 years
9 months	10 years	19 years
12 months*	11 years	20 years
15 months	12 years	
18 months		

\*Lead Screening should be done by 12 months and, if possible, at 24 months.

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## ADDITIONAL SERVICES

- ▶ Lamaze, prepared childbirth classes
- ▶ Nutritional counseling for the following services:
  1. Chronic gastrointestinal tract problems
  2. Chronic cardiovascular problems, blood and renal
  3. Metabolic disorders, diabetes, cystic fibrosis
  4. Malnutrition problems, deficiencies, anorexia,
  5. Other problems and conditions, such as food allergy and/or intolerance, obesity, pregnancy
- ▶ Orthodontic Treatment
- ▶ Pediatric Prenatal Visit and Well Child Cluster Visit

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## Medicaid Managed Care

- I. **The Numbers**
- II. The Basics
- III. Models
- IV. Client Enrollment
- V. Provider Participation

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## Medicaid Managed Care

- ▶ Currently approximately 167,000 Medicaid eligibles enrolled in Physical Health managed care
- ▶ Approximately 200,000 Medicaid eligibles enrolled in Behavioral health managed care

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## Medicaid Managed Care

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## What is Managed Care?

- ▶ Managed Care is a health care delivery system organized to manage:
  - Cost
  - Use/Utilization
  - Quality
- ▶ Traditional Medicaid requirements not required of managed care:
  - Comparability
  - Freedom of Choice
  - Any Willing Provider

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## What is Managed Care? cont.

- ▶ Managed care has to cover the services in the Basic Benefits package in the same amount, duration, and scope as fee-for service Medicaid
- ▶ Can place appropriate limits on a service based on medical necessity or utilization control
- ▶ What constitutes medical necessity cannot be more restrictive than what is used in the State Medicaid program
- ▶ NE has authority for its Physical Health managed care through the State Plan and 1915(b) Waiver

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## Medicaid Populations Mandatory for Managed Care

- ▶ Clients participating in the Aid to Dependent Children Program (ADC and TANF)
- ▶ Clients participating in the Children's Health Insurance Program (CHIP)
- ▶ Clients participating in the Aid to Aged, Blind, and Disabled Program (AABD) including Katie Beckett
- ▶ Clients participating in the Child Welfare Program  
482 NAC Chapter 2 Regulations:  
[482 NAC Chapter 2](#)

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## Medicaid Populations Not Mandatory for Managed Care

- ▶ Medicare (dual eligibles)
- ▶ HCBS Waiver, Long-Term Care NF, or ICF/MR
- ▶ Retroactively Eligible (managed care is prospective)
- ▶ Spend down
- ▶ Subsidized adoption
- ▶ Refugee Resettlement
- ▶ Every Woman Matters
- ▶ Rest of populations defined in 482 NAC

[482 NAC Chapter 2](#)

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## Coverage Areas in Managed Care–Service Area 1

- ▶ CoventryCares & UnitedHealthcare Community:

Cass	Dodge	Douglas	Washington
Gage	Lancaster	Otoe	
Sarpy	Saunders	Seward	



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## Coverage Areas in Managed Care–Service Area 2

- ▶ Arbor Health and CoventryCares–Rest of State (other 83 counties)



- ▶ Magellan (Behavioral Health)–Statewide

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## Medicaid Managed Care Models in Nebraska

- ▶ Physical Health–Managed Care Organizations (MCO)
  - Coventry Health Care of Nebraska, Inc.
    - ✓ CoventryCares
  - United Healthcare of the Midlands, Inc.
    - ✓ UnitedHealthcare Community
  - AmeriHealth of Nebraska, Inc.
    - ✓ Arbor Health

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## Medicaid Managed Care Models in Nebraska, cont.

- ▶ Behavioral Health (Mental Health/Substance Abuse)–Administrative Service Organization (ASO)
  - Magellan
    - ✓ Authorize Services
    - ✓ Credential Providers in MHSA network
    - ✓ Provider Outreach and Education
    - ✓ Quality Assurance Activities

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## Managed Care Organization (MCO) Model

- ▶ Full Risk – Capitation Payments
- ▶ Comprehensive benefit package (Basic Benefits package)
- ▶ Authorize services
- ▶ Client is assigned a Primary Care Provider (PCP)
  - ✓ PCP can be Doctor or Nurse Practitioner or Physician Assistant
- ▶ Maintain network of providers
  - ✓ Network of providers must be for all services in the benefit package
- ▶ Pay claims

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## MCO Model, cont.

- ▶ Provides Case Management
- ▶ Provides Disease Management
- ▶ Can offer Substitute and Value Added Benefits
- ▶ Medicaid-covered services not included in the contract are provided via Medicaid Fee-For-Service

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## Basic Benefits Package Services

- ▶ Physical Health Managed Care Services:
  - Inpatient and Outpatient hospital (including ER)
  - Physician services (including RHC's, FQHC's, and EPSDT)
  - Lab and X-ray
  - Home health
  - PT, OT, and SLP therapy
  - DME and medical supplies
  - Podiatry
  - Chiropractic
  - Vision
  - Family planning services
  - Emergency transportation
  - Free Standing Birth Center
  - Skilled Rehab in Nursing Facility

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## Services not covered by Managed Care but are by Fee for Service Medicaid

- ▶ Mental Health/Substance Abuse (authorized by Magellan)
- ▶ Dental
- ▶ Pharmacy
- ▶ Hospice
- ▶ HCBS Waiver Services
- ▶ Personal Assistance Services (PAS)
- ▶ Long term nursing facility and ICR/MR
- ▶ Non-Emergency Transportation

482 NAC Regulations, Chapter 4:  
[482 NAC Chapter 4](#)

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## Potential for improving health outcomes for children & families:

- ▶ Value Added Services:
  - ▶ Translation Capabilities for brochures, education materials and physician appointments
  - ▶ No co-pays
  - ▶ Portable Crib program
  - ▶ Flu shots and Immunizations-reminder p
  - ▶ Prenatal/childbirth/parenting classes (all ages)
  - ▶ Boy Scout/Girl Scout membership (free)
  - ▶ Education programs on obesity, asthma, diabetes, family planning stop smoking classes
  - ▶ Diaper reward program
  - ▶ Transportation for WIC appointments, parenting classes, including Lamaze, Health and Wellness classes.

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## Client Enrollment

- ▶ Clients are determined to be mandatory to enroll in managed care based on information entered into the Medicaid eligibility system (NFOCUS)
- ▶ Client is mailed a Client Guidebook and Welcome Letter (Notice of Enrollment)
- ▶ Client has 15 days to enroll in a health plan and assign a Dr. as their Primary Care Provider

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## Client Enrollment, cont.

- ▶ Client enrolls by calling **The Medicaid Enrollment Center:**
  - 1-888-255-2605
  - 1-800-930-9516 (TTY #)
- ▶ If the client does not call and enroll, they will be auto-assigned a health plan
- ▶ The health plan is responsible for assigning the PCP for those who are auto-assigned

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## Client Enrollment, cont.

- ▶ State Wards:
  - Enrollment activities (choosing a health plan and assigning the PCP) must be completed by the DHHS caseworker
  - Client Guidebook and Welcome Letter will be sent to designated Org in NFOCUS
  - If enrollment activities are not completed by the caseworker, the ward will be auto-assigned into a health plan

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## Client Enrollment, Cont.

- ▶ During the Enrollment process, clients receive education from the Medicaid Enrollment Center on:
  - ✓ The importance of a medical home and the importance of working with their chosen Primary Care Provider (PCP) for their medical needs.
  - ✓ Clients are advised that they will have 2 ID cards they will need to take to all appts.
  - ✓ Time line for making changes to the Health Plan and PCP
  - ✓ How to access Transportation
  - ✓ How to file a grievance.

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## Client Enrollment, cont.

- ▶ Enrollment is prospective—not effective until first of next month
- ▶ Enrollment is month to month
- ▶ Client has Fee-For-Service Medicaid until enrollment into managed care is active
- ▶ Enrollment into Behavioral Health Managed Care is automatic
- ▶ Once enrolled in an MCO, the client will receive a Member ID card from their health plan

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## Client Enrollment, cont.

- ▶ Customer Service Phone numbers for the health plans:

- ✓ Arbor Health  AmeriHealth Nebraska  
1-866-935-6760
- ✓ Coventry Cares Of Nebraska  CoventryCares  
1-888-784-2693
- ✓ UnitedHealthcare Community Plan  
1-800-641-1902

  is now 

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## Client Enrollment, cont.

- ▶ The client is allowed to change health plans for any reason within the first 90 days of initial enrollment
- ▶ Cannot change health plans without cause after initial 90 days until anniversary open enrollment period
- ▶ If taken out of managed care for less than 60 days, are automatically re-enrolled in previous health plan
- ▶ Can change PCP's at anytime but PCP must be a network provider

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## Client Disenrollment

- Reasons for "Cause" Plan Transfer:
  - ✓ The client moves out of the designated coverage area of the health plan;
  - ✓ The health plan does not, because of moral or religious objections, cover the services the client seeks;
  - ✓ The client needs related services to be performed at the same time; not all related services are available within the network; and the client's PCP or another provider determines that receiving the services separately would subject the client to unnecessary risk; or

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## Client Disenrollment, cont.

- Other reasons, including but not limited to:
  - ✓ Poor quality of care;
  - ✓ Lack of access to providers experienced in dealing with the client's healthcare needs; or
  - ✓ Lack of access to services covered under the contract

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## Provider Participation

- ▶ Medicaid providers decide whether or not to participate in the MCO's network
- ▶ Providers **MUST** be enrolled in Medicaid to participate in the MCO's network
- ▶ Reimbursement to the provider by the MCO is negotiated between the MCO and the provider

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## Provider Participation, cont.

- ▶ Only services that must be paid for regardless of network participation:
  - ✓ Emergency services
  - ✓ Family Planning
  - ✓ Indian Health Services by and Indian Health Provider
- ▶ **All other services can be denied if not participating in the network!!!!**
- ▶ MCO does not have to enroll every Medicaid provider if they can show adequate access
- ▶ Adequate access based on State standards for PCPs, High Volume Specialists, Hospitals, Urgent Care Centers, and FQHCs and RHCs

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## Provider Participation, cont.

### ▶ How providers can verify Medicaid Eligibility and Manage Care Participation:

- 1) Call the automated Nebraska Medicaid Eligibility System (NMES): 1-800-642-6092
- 2) Access client eligibility through the internet
- 3) Call the Medicaid Inquiry at 877-255-3092 or 402-471-9128

For More Information go to:

[Client Eligibility Verification](#)

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## Provider Participation, cont.

- ▶ Issues with the MCO authorizing services have to be directed to the MCO
- ▶ Issues with the MCO paying claims have to be directed to the MCO
- ▶ Provider cannot bill FFS Medicaid if a claim is denied by the MCO
- ▶ Provider can only bill the client under the provisions in 471 NAC 3-002.11:

[Medicaid Rules for Billing the Client](#)

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## DHHS Website Information

### ▶ Managed Care Page:

[http://dhhs.ne.gov/medicaid/Pages/med\\_medcontracts.aspx](http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx)

### ▶ Medicaid Program Provider Information Page:

[http://dhhs.ne.gov/medicaid/Pages/med\\_provhome.aspx](http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx)

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## NEW INITIATIVES IN NEBRASKA

- ▶ ACA-expansion- Powerful new incentives for Medicaid to leverage its "purchasing power"
- ▶ ACA-Primary Care providers-pay primary care physicians at higher Medicare rates
- ▶ Medical home pilot project- 2-1-2011 through 1-31-2013 for Kearney Clinic and Plum Creek Medical Group
- ▶ School-based health centers-8 in Omaha, legislation passed in 2010
- ▶ Changes in behavioral health- managed care full risk beginning 9-1-13

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## “NEED TO KNOW”

- ▶ Two cards required to access services
- ▶ Enrollment before service
- ▶ Websites and other electronic media to access information, eligibility, care
- ▶ Who to call
- ▶ How to advocate
- ▶ How providers become involved
- ▶ Transportation, translation services

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## Nebraska Medicaid 101

### ▶ Questions?

#### ▶ Contact:

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402-471-9368

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