

Medicaid Managed Care

Following Up on Community Feedback

In January 2022, Nebraska Medicaid held a series of listening sessions online and across the state to hear from providers, beneficiaries, and advocates about our managed care program – Heritage Health. This feedback was key in drafting our request for proposals for the upcoming new contracts. These important changes include:

Improvements to Dental Care

We heard from dentists across the state about a variety of issues that Nebraska Medicaid is working to address. For example, most dental care is currently covered by a separate prepaid ambulatory health plan. In the upcoming managed care contracts, we will integrate dental benefits into the health plans' set of covered benefits. This will promote preventative care and prioritize better health outcomes.

Additionally, dentists have told us about barriers that discourage participation in the program. In order to address this, Nebraska Medicaid will be increasing dental rates by 10 percent, effective July 1, 2022. Nebraska Medicaid is also evaluating other potential changes to policy that could be implemented at the start of the new contract. These changes will encourage more dental providers to participate in the program, improving access as well.

Simplifications for Providers

We heard loud and clear that providers would like a streamlined health plan credentialing process. Our upcoming contract will require health plans to agree on one process and pathway for credentialing for all of Nebraska Medicaid's health plans.

The health plans will also be required to contract with a single Electronic Visit Verification (EVV) vendor for home health services so that home health providers can use the same EVV platform across each of Medicaid's health plans.

Prioritizing Communication

We heard that providers and beneficiaries are not always sure whom to ask for the information they need. Nebraska Medicaid and the health plans will prioritize community engagement of beneficiaries and providers by regularly meeting them where they are.

Identifying Additional Measures

Current health plan performance measures track the big picture, but we understand that sometimes these broad measures miss specific provider groups who may be struggling or other localized issues. We will require the plans to report new clinical and efficiency metrics, and will continue to identify new measures that will provide us with a more accurate picture of plan performance. These measures will be reviewed with stakeholders to ensure that they are meaningful.