



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NE - 24 - 0002

## Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).

- Fee-for-service.
- Other service delivery system.

## Managed Care Options

### Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

### Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

New members are auto-enrolled in one of the three MCOs after eligibility determination based on a pre-determined algorithm. All members will have 90 days from initial MCO assignment to select a different MCO, and choice counseling in selecting the Plan that best fits the member's needs is available through the Enrollment Broker and website [www.neheritagehealth.com](http://www.neheritagehealth.com).

Members who are being transitioned from Medically Needy with a Share of Cost into Heritage Health Adult will be auto-assigned to an MCO by the State's conflict-free Enrollment Broker if not already enrolled in an MCO. Members will have 90 days from initial MCO assignment to select a different MCO, and choice counseling in selecting the Plan that best fits the member's needs is available through the Enrollment Broker and website [www.neheritagehealth.com](http://www.neheritagehealth.com).

Parent caretakers with a 5% disregard and members who are being transitioned into Heritage Health Adult will maintain enrollment in their current MCO.

Nebraska currently has a robust population of providers who participate in Medicaid and are contracted with Heritage Health plans. All Nebraska Managed Care Organizations have provided the State with detailed plans on ensuring adequate access to services for the Adult Group. All MCOs will also have to attest to network adequacy prior to the addition of the Medicaid Adult Group population.

### MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.



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The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

Nebraska Medicaid's managed care program, called Heritage Health, is comprised of three managed care organizations who are responsible for overseeing the delivery of comprehensive, integrated physical, pharmacy, behavioral health, and dental services statewide for Medicaid enrollees utilizing a risk bearing model.

### Additional Information: #type# (Optional)

Provide any additional details regarding this service delivery system (optional):

### Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Nebraska Medicaid State Plan Services that are excluded from MCO benefits will continue to be delivered as traditional state managed fee-for-service, which includes Long-term custodial care services, personal assistance services, and HCBS 1915(c) services. When a client becomes eligible during an inpatient hospital stay, the services will be delivered as traditional state managed fee-for-services.

### Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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