

Managed Care in Nebraska

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

Effective September 1, 2013 an amendment was approved to change the name of **Nebraska Health Connection to Medicaid Managed Care**. The amendment changed the delivery of Behavioral Health services from the Specialty Physician Case Management (SPCM) program to a Prepaid Inpatient Health Plan (PIHP) and to mandatorily enroll additional populations into the PIHP. In July 2011, about 85 percent of Medicaid beneficiaries in Nebraska were enrolled in some form of managed care. Nebraska has been operating a mandatory managed care program since 1995 when it implemented **Nebraska Health Connection**, which uses two separate waiver authorities to cover acute, primary, and specialty health care services for low-income children and families, children and adults with disabilities, older adults, foster children, and American Indians and Alaskan Natives on a mandatory basis. Individuals residing in nursing facilities or intermediate care facilities for individuals with intellectual disabilities, enrolled in home and community-based waivers, or dual eligibles are excluded from enrollment in managed care.

As of 2011, Nebraska paid the behavioral health ASO a per member per month payment to cover various administrative services (such as utilization management, care management, member and provider services, and quality management); Medicaid-covered care was reimbursed on a fee-for-service (FFS) basis. In September 2013, however, the state converted the behavioral health ASO from FFS to a capitated managed care arrangement. In July 2012, the state expanded Medicaid Managed Care from ten counties to the entire state

In April 2013, PACE Nebraska (DBA Immanuel Pathways) became the first Program of All Inclusive Care (PACE) Organization in the State, which provides all Medicare and Medicaid services, including long term care services to individuals over age 55, who meet a nursing home level of care, and who live in select counties in Omaha.

Participating Plans, Plan Selection, and Rate Setting

Nebraska contracts with three **national, for-profit plans** (CoventryCares (owned by Aetna), UnitedHealthcare Community Plan, and Arbor Health (owned by AmeriHealth Caritas)) to provide Nebraska Medicaid Managed Care physical health care services. A fourth **national, for-profit plan** (Magellan Behavioral Health of Nebraska (owned by Magellan Health Services)) provides behavioral health and substance abuse services. Nebraska selects any willing plan and sets rates through an administrative process using actuarial analyses.

Quality and Performance Incentives

Nebraska requires MCOs to report CAHPS, HEDIS, and other performance data. In accordance with federal requirements, the state requires plans to submit two performance improvement projects (PIPs). The state publically reports quality or performance data, but does not tie incentives or penalties to quality or performance measures.

Table: Managed Care Program Features, as of August 2014

Program Name	Nebraska Medicaid Managed Care			
Program Type	MCO	MCO	PIHP	Program for the All Inclusive Care for the Elderly (PACE)
Program Start Date	July 1995	July 1995		April 2013
Statutory Authorities	1932(a)	1915(b)		PACE
Geographic Reach of Program	Statewide	Statewide		Omaha
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)				
<i>Aged</i>	X		X	X
<i>Disabled Children & Adults</i>	X (adults only)	X (special needs children only)	X	X (age 55+)
<i>Children</i>	X		X	
<i>Low-Income Adults</i>	X		X	
<i>Medicare-Medicaid Eligibles ("duals")</i>			X	X (age 55+)
<i>Foster Care Children</i>			X	
<i>American Indians/Alaska Natives</i>		X	X	
Mandatory or Voluntary enrollment?	Mandatory	Mandatory	Mandatory	Voluntary
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed here also may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i>)				
<i>Inpatient hospital</i>	X	X		X
<i>Primary Care and Outpatient services</i>	X	X		X
<i>Pharmacy</i>				X
<i>Institutional LTC</i>				X
<i>Personal Care/HCBS</i>	X (home health only)	X (home health only)		X
<i>Inpatient Behavioral Health Services</i>			X*	X
<i>Outpatient Behavioral Health Services</i>			X*	X
<i>Dental</i>				X
<i>Transportation</i>	X	X		X

Program Name	Nebraska Medicaid Managed Care		
Participating Plans or Organizations	1. Coventry Cares of Nebraska (Aetna) 2. United Healthcare Community Plan 3. Arbor Health Plan (AmeriHealth Caritas)	1. Magellan Behavioral Health	2. PACE Nebraska (Immanuel Pathways)
Uses HEDIS Measures or Similar	X	X	X
Uses CAHPS Measures or Similar	X	X	NA
State requires MCOs to submit HEDIS or CAHPS data to NCQA			NA
State Requires MCO Accreditation	X	X	NA
External Quality Review Organization	IPRO		
State Publically Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: *Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).