Nebraska Managed Care Program Features, as of 2016

| Features | Nebraska Physical Health Managed Care | Nebraska Behavioral Health Managed Care | Program of All-Inclusive Care for the Elderly (PACE) |
|---|---------------------------------------|--|---|
| Program type | Comprehensive MCO | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific? | Statewide | Statewide | 68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068 |
| Federal operating authority | 1915(b),1932(a) | 1915(b) | PACE |
| Program start date | 07/01/1995 | 09/01/2013 | 05/01/2013 |
| Waiver expiration date (if applicable) | 06/30/2017 | 06/30/2017 | |
| If the program ended in 2016, indicate the end date | 12/31/2016 | 12/31/2016 | |
| Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Mandatory | |
| Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory | Mandatory | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Mandatory | Mandatory | Voluntary |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory | Mandatory | |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | Mandatory | | |
| Populations enrolled: Full Duals | Mandatory | Mandatory | |
| Populations enrolled: Partial Duals | Mandatory | Mandatory | |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Mandatory | |
| Populations enrolled: Native American/Alaskan Natives | Mandatory | Mandatory | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children | Mandatory | Mandatory | Voluntary |
| Populations enrolled: Enrollment choice period | 15 days | Pre-assigned | N/A |

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| Populations enrolled: Enrollment broker name (if applicable) | | | |
| Populations enrolled: Notes on enrollment choice period | | | |
| Benefits covered: Inpatient hospital physical health | X | | Х |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | | Х | Х |
| Benefits covered: Outpatient hospital physical health | Х | | Х |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | | Х | Х |
| Benefits covered: Partial hospitalization | X | Х | Х |
| Benefits covered: Physician | X | Х | Х |
| Benefits covered: Nurse practitioner | X | Х | Х |
| Benefits covered: Rural health clinics and FQHCs | Х | Х | Х |
| Benefits covered: Clinic services | X | Х | X |
| Benefits covered: Lab and x-ray | X | | Х |
| Benefits covered: Prescription drugs and prosthetic devices | | | Х |
| Benefits covered: EPSDT | X | | |
| Benefits covered: Case management | X | | Х |
| Benefits covered: SSA Section 1945- authorized health home | | | |
| Benefits covered: Health home care (services in home) | Х | | Х |
| Benefits covered: Family planning | Х | | Х |
| Benefits covered: Dental services (medical/surgical) | | | Х |
| Benefits covered: Dental (preventative or corrective) | | | X |
| Benefits covered: Personal care (state plan option) | | | Х |
| Benefits covered: HCBS waiver services | | | Х |
| Benefits covered: Private duty nursing | X | | Х |
| Benefits covered: ICF-IDD | | | Х |
| Benefits covered: Nursing facility services | | | Х |
| Benefits covered: Hospice care | | | Х |

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|---|--|---|--|
| Benefits covered: Non-Emergency Medical Transportation | | | X |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | | | |
| | Podiatry, Hearing, Immunization, Speech Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy, Freestanding birth | | |
| Quality assurance and improvement: HEDIS data required? | Yes | Yes | No |
| Quality assurance and improvement: CAHPS data required? | Yes | Yes | No |
| Quality assurance and improvement: Accreditation required? | Yes | Yes | No |
| Quality assurance and improvement: Accrediting organization | NCQA, URAC | URAC | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | Island Peer Review Organization (IPRO) | Island Peer Review Organization (IPRO) | |
| Performance incentives: Payment bonuses/differentials to reward plans | | Х | |
| Performance incentives: Preferential auto- enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | | | |
| Performance incentives: Withholds tied to performance metrics | | Х | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | | |
| in Program | Amerihealth Caritas (D.B.A. Arbor Health Plan); Coventry Health Care of Nebraska (D.B.A. Aetna); United Health Care of Nebraska | Magellan Health | Immanuel Pathways |
| Notes: Program notes | | | |