

State/Territory: Nebraska

7. A non-MCO contractor will act as an enrollment broker in assisting eligible recipients in choosing among competing health plans in order to provide recipients with more information about the range of health care options open to them.
8. The state will share cost savings with recipients resulting from the use of more cost-effective medical care with recipients by eliminating co-payments for those who enroll into an MCO.
9. The state requires recipients in PCCM or enhanced PCCM to obtain services only from their assigned PCP through referral to a Medicaid-participating provider who provides such services. Providers must meet reimbursement, quality, and utilization standards that are consistent with access, quality, and efficient and economic provisions of covered care and services. Recipients enrolled in MCO plans may be referred to any MCO-credentialed provider. The plan may also choose to allow non-emergency care to be provided by other practitioners on a case-by-case basis if it benefits the enrollee.
10. The enhanced PCCM may operate in all counties of the state except in those geographical areas without an adequate number of primary care case managers participating in a PCCM. The MCO program will operate in Douglas, Sarpy, and Lancaster county where MCOs have contracted with the state. The PCCM program will operate in Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington counties. Mandatory assignment will only occur if the recipient has a choice between at least two PCCM PCP or a combination of one MCO and the PCCM program.
11. Public process for proposed changes in the Nebraska MCO and PCCM programs. The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act. Public notice will be published in the Nebraska Register which is available to the public on a weekly basis. In addition ongoing public input is solicited through the Nebraska Medicaid Advisory Committee.

B. Assurances and Compliance

1. Consistent with this description, the state assures that all the requirements of Sections 1932, 1903(m), and 1905(t) of the Social Security Act will be met.
2. Consistent with this description, the state assures that all the requirements of 42 CFR 438 will be met.
3. Consistent with this description, the state assures that all the requirements of 42 CFR 438.10(i) will be met.
4. The NHC program is available in selected counties in Nebraska which includes Cass, Douglas, Gage, Otoe, Sarpy, Saunders, Seward, Washington, and Lancaster counties. Mandatory enrollment provisions will not be implemented unless a choice of at least two PCCM PCPs or a combination of MCO and the PCCM program is available. The enhanced PCCM is available in all counties.
5. Nebraska has safeguards in effect to guard against conflict of interest on the part of employees of the state and its agents.
6. Nebraska will monitor and oversee the operation of the mandatory managed care program, ensuring compliance with all federal program requirements, federal and state laws and regulations, and the requirements of the contracts agreed upon by Medicaid and its contractors.
7. Nebraska will evaluate compliance by review and analysis of reports prepared and sent to the Nebraska Medicaid agency by the contractors. Deficiencies in one or more areas will result in the contractor being required to prepare a corrective action plan, which will be monitored by the Nebraska Medicaid agency.

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1. All recipients will be given the opportunity to choose from at least two NHC providers. This will be multiple PCCM providers or a combination of PCCM providers and an MCO option or a choice of MCO's if two or more are available in a county. If a recipient has a prior provider relationship that they wish to maintain, the enrollment broker will assist the recipient in choosing a managed care entity that will maintain this relationship.

Nebraska contracts with an independent contractor to conduct the enrollment process and related activities. The enrollment broker performs services and supplies information as follows to facilitate the enrollment process:

- a. Review provider access for each county quarterly to assure appropriate primary care access for the enrollees.
- b. Answer NHC-related questions from recipients and providers.
- c. Prepare enrollment materials for NHC program, for Department approval, and store NHC materials (MCO, PCCM and NHC in general).
- d. Process new enrollments and transfers for those NHC eligibles identified by the Department.
- e. Process the recipient's choice of NHC option.
- f. Log grievances and requests for special authorization from NHC enrollees.
- h. Perform various quality assurance activities for the NHC program.
- i. Supply an enrollment packet to the recipients that includes MCO and PCCM materials and information supplied by the state and plans.
- j. Provides enrollment counseling which includes:
 - (1) Inquiring about patient/provider experience and preference.
 - (2) Providing information on which MCOs or PCCM PCPs are available to maintain a prior patient-provider relationship.
 - (3) Facilitating direct contact with individual PCPS, PCCMs and MCOs, as necessary.
 - (4) Providing any information and education concerning the enrollment process, individuals', benefits offered, the enrollment packet, client right's and responsibilities and any of the other information provided for in this section.

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