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Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	1932(a)(4) of Act	The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. ☒ Disenrollment rights are restricted for a period of months (not to exceed 12 months). During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. ☐ No restrictions upon disenollment rights.
	1903(m)(2)(H) 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)	In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to re-enroll those individuals in the same entity if that entity still has a contract. ☒ The agency elects to re-enroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost. ☐ The agency elects not to re-enroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Nebraska

Nebraska Health Connection (NHC)
MCO, PCCM and enhanced PCCM programs

Citation: Section 1932 of the Social Security Act

A. General Description of the Program

1. This program is called Nebraska Health Connection (NHC). All Medicaid beneficiaries as described in Section C are required to enroll in either a managed care organization (MCO), also known as a health maintenance organization (HMO), or a primary care case management (PCCM) program. Those described In Section D are not subject to mandatory enrollment. The enhanced PCCM program is an enhanced primary care case management program in which Nebraska PCCM Primary Care Physicians (PCPs) have an administrative entity assisting with case management for eligibles who are identified as having multiple medical conditions and who incur high medical costs. The administrative entity has developed care management and disease management strategies targeted at their respective populations. Enrollment in the enhanced PCCM program is available statewide and is voluntary. The administrative entity receives an administrative management fee for the enhanced services.

2. The objectives of these programs are to reduce costs, reduce inappropriate utilization, and ensure adequate access to care for Medicaid recipients.

3. This program Is Intended to enroll Medicaid recipients in an MCO, PCCM, which will provide or authorize all primary care services and all necessary specialty services, where the assigned medical practitioner will authorize all primary care services and all necessary specialty services. The MCO/PCCM assigned practitioner will act as the Primary Care Physician (PCP). The PCP and enhanced PCCM are responsible for monitoring the care and utilization of non-emergency services. Neither emergency nor family planning services are restricted under this program.

4. The PCP and enhanced PCCM will assist the participant in gaining access to the health care system and will monitor the participant's condition, health care needs, and service delivery on an ongoing basis. The PCP and enhanced PCCM will be responsible for locating, coordinating, and monitoring all primary care and other covered medical and rehabilitation services on behalf of recipients enrolled in the program. In the PCCM program, the PCP will receive a per member per month payment for case management services.

5. The enhanced PCCM entity will receive a per enrollee per month payment for enhanced case management services.

6. Recipients enrolled under this program will be restricted to receive covered services from the PCP or upon referral and authorization of the PCP. The PCP will manage the recipient's health care delivery. The NHC program is intended to enhance existing provider-patient relationships and to establish a relationship where there has been none. It will enhance continuity of care and efficient and effective service delivery. This is accomplished by providing the recipient with a choice between at least two PCCM programs or a combination of one MCO and the PCCM program. Recipients will have a minimum of 15 days to make the selection but may change the initial selection within 90 days. Recipients can then change health plans without cause every 12 months thereafter. The enrollment broker facilitates this through enrollment counseling and information distribution so recipients may make an informed decision. (See Section E for more details.)

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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 and PCCM program will operate in Douglas, Sarpy, and Lancaster county where MCOs have contracted with the state. 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 Douglas, Sarpy, and Lancaster county. 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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6. Reports from the grievance and appeals process will be analyzed and used for evaluation purposes.

7. Nebraska staff will provide technical assistance as necessary to ensure that contractors have adequate information and resources to comply with all requirements of law and their contracts.

8. Nebraska staff will evaluate each contractor for financial viability/solvency, access and quality assurance.

C. Target Groups of Recipients

The NHC program is limited to the following target groups of recipients:

1. Families, children, and pregnant women eligible for Medicaid under Section 1931 of the Social Security Act or related coverage groups.

2. Recipients eligible for Medicaid through the Medicaid expansion under the State Child Health Insurance Program (SCHIP).

3. AABD Adults

D. Mandatory Enrollment Exclusions

1. The following groups will not be enrolled in managed care:

   a. Clients with Medicare coverage pursuant to 471 NAC 3-000;

   b. Clients residing in nursing facilities and receiving custodial care pursuant to 471 NAC 12-000;

   c. Clients residing in intermediate care facilities for the mentally retarded (ICF/MR) pursuant to 471 NAC 31-000;

   d. Clients who are residing out of state (i.e. Children placed with relatives out of state, and who are designated as such by HHSS personnel);

   e. Certain children with disabilities who are receiving in-home services, also known as the Katie Beckett program pursuant to 469 NAC 2-010.01 F;

   f. Aliens who are eligible for Medicaid for an emergency condition only pursuant to Titles 468, 469,477, and 479 NAC;

   g. Clients participating in the refugee resettlement program/medical pursuant to Title 470 NAC;

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h. Clients receiving services through the following home and community based waivers pursuant to Title 480 NAC for:

1. Adults with mental retardation or other related conditions;

2. Aged persons, adults or children, with disabilities;

3. Children with mental retardation and their families;

4. Clients receiving Developmental Disability Targeted Case Management Services; and

5. Any other group for whom which the Nebraska HHS System has received approval of a 1915(c) waiver of the Social Security Act.

i. Clients who have excess income (i.e. spenddown - met or unmet) pursuant to 471 NAC 3000.

j. Clients participating in the Subsidized Adoption Program, including those receiving subsidy from another state pursuant to Title 469 NAC.

k. Clients participating in the State Disability Program pursuant to Title 469 NAC.

l. Clients eligible during the period of presumptive eligibility pursuant to 471 NAC 28-000.

m. Transplant recipients pursuant to 471 NAC 10-000.

n. Clients who have received a specific disenrollment/waiver of enrollment from the Nebraska Medicaid Managed Care program.

o. American Indians and Alaskan Natives.

p. Clients having other "qualified" insurance.

q. Clients enrolled In another Medicaid Managed Care Program (except the PHP program).

r. Clients who have an eligibility program that is only retro-active.

s. Clients receiving Medicaid hospice services.

t. Clients what are participating in the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

E. Enrollment and Disenrollment

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k. The state will identify high risk enrollees. High risk enrollees are identified as having multiple medical conditions and who incur medical costs in excess of $50,000 annually. The identified enrollees will be listed on a roster and provided to the enhanced PCCM contractor. The enhanced PCCM contractor will invite the enrollees to participate in the enhanced PCCM program. Enhanced PCCM information will be provided by the enhanced PCCM contractor after approval by the state and selected by the enrollee. High risk individuals that are mandatory for managed care who meet the multiple medical high/ high cost criteria and elect to enroll with an MCO will not be invited to participate in the enhanced PCCM. Individuals that are mandatory for managed care and who do not choose an MCO will have the choice of enrolling in either the PCCM or the enhanced PCCM. Individuals living in non-managed care counties who meet the multiple medical/high cost criteria will be invited to participate in the enhanced PCCM.

1. If the recipient fails to choose an MCO or PCCM provider within a minimum of 15 calendar days after receiving enrollment materials, the Department assigns the recipient to a PCP in a PCCM or MCO.

2. Default enrollment will be based upon maintaining prior provider-patient relationships, proximity and prior familial/provider relationships.

3. Information in an easily understood format will be provided to beneficiaries on providers, enrollee rights and responsibilities, grievance and appeal procedures, covered items and services, benefits not covered under the managed care arrangement, and comparative information among managed care entities regarding benefits and cost sharing, service areas, and quality and performance (to the extent available).

4. Any selection or assignment of a PCP and enhanced PCCM may be changed at any time.

5. Enrollees will be provided notification 60 days before the end of a lock-in period of their opportunity to make a new choice of MCO or PCCM.

6. Enrollees will be given an opportunity to change PCPs and will be sent a notice to that effect.

7. PCPs, MCOs and PCCMs and enhanced PCCMs will not discriminate against individuals eligible to be covered under the contract on the basis of health status or need of services.

8. The MCO and PCCMs and enhanced PCCM will not terminate enrollment because of an adverse change in the recipient's health.

9. An enrollee who is terminated from an PCP, MCO, PCCM, or enhanced PCCM solely because the enrollee has lost Medicaid eligibility for a period of two months or less will automatically be re-enrolled into the same MCO, PCCM, or enhanced PCCM upon regaining eligibility to the extent possible.

10. The recipient will be informed at the time of enrollment of the right to disenroll.

11. An enrollee will be allowed to choose his or her health professional in the MCO to the extent possible and appropriate and will be allowed to change his or her health professional as often as requested per the policy of the MCO. Changes made for good cause are not considered as a request for change if the MCO sets a number of changes allowed yearly.

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12. Enrollees will have access to specialists to the extent possible and appropriate and female enrollees will have direct access to women's health services.

F. Process for Enrollment in an MCO/PCCM and enhanced PCCM

The following process is in effect for recipient enrollment in the NHC Program:

1. The Department shall provide beneficiaries with information in an easily understood format on providers, enrollee rights and responsibilities, grievance and appeal procedures, covered items and services, benefits not covered under the managed care arrangement, and comparative information among managed care entities regarding benefits and cost sharing, service areas, and quality and performance (to the extent available).

2. All materials will be in an easily understood format (6th grade reading level or less). Materials will be translated Spanish and other languages upon request, including Braille.

3. Recipients will be able to select an MCO or PCCM from a list of available managed care entities in their service area. If the recipient wishes to remain with a PCP or plan with whom a patient/physician relationship is already established, the recipient is allowed to do so to extent possible. Each recipient shall notify the Department by mail, telephone or in person, of his or her choice of plans. If voluntary selection is not made within the 15 day period describe above, the NHC shall assign a PCP and a MCO or PCCM in accordance with the procedures outlined in E above. Enrollment in enhanced PCCM is voluntary.

4. As indicated in Section E, if the recipient does not choose a PCP, the Department will assign the recipient to a PCP and notify the recipient of the assignment.

5. The MCO and PCCM will be informed electronically of the recipient's enrollment in that plan. The enhanced PCCM administrator will inform the state electronically of the recipient's enrollment in that plan.

6. The recipient will be notified of enrollment.

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2. MCOs are directed to develop subcontracts or memoranda of understanding with federally qualified health centers (FQHCs) and rural health clinics (RHCs) as well as family planning clinics.

3. Preauthorization of emergency services and emergency post stabilization services and family planning services by the recipient's MCO is prohibited. Recipients will be informed that emergency and family planning services are not restricted under the NHC Program. "Emergency services" are defined in the MCO contract..

4. The PCCM shall be responsible for managing the services marked below in column (7). The MCO capitated contract will contain the services marked below in Column (4). All Medicaid- covered services not marked in those columns will be provided by the Nebraska Plan (under the requirements of that program) or Medicaid fee for service (without referral). Mental health and substance abuse treatment services are provided under the Nebraska Plan for Behavioral Health under the current 1915(b) Act waiver in effect for those services.

Service (1)	State Plan Approved (2)	MCO/PHP Capitated Reimbursement (4)	Fee-for-Services Reimbursement Impacted by MCO/PHP (5)	Fee-for-Service Reimbursement for MCO/PHP (6)	PCCM Referral/ Prior Auth. Required (7)	Wraparound Service Impacted by PCCM (8)	PCCM Referral/Prior Authorization Not Required or Non-Waiver Services (9)
Day Treatment Services	X	X			X		
Dental	X			X			X
Detoxification	X						X
Durable Medical Equipment	X	X			X		
Education Agency Services	X			X			X
Emergency Services	X	X					
EPSDT	X	X			X		
Family Planning Services	X			X			X
Federally Qualified Health Center Services	X	X			X		
Home Health	X	X			X		
Inpatient Hospl - Psych	X			X			

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Service (1)	State Plan Approved (2)	MCO/PHP Capitated Reimbursement (4)	Fee-for-Services Reimbursement Impacted by MCO/PHP (5)	Fee-for-Service Reimbursement for MCO/PHP (6)	PCCM Referral/ Prior Auth. Required (7)	Wraparound Service Impacted by PCCM (8)	PCCM Referral/Prior Authorization Not Required or Non-Waiver Services (9)
Inpatient Hospital – Other	X	X			X		
Immunizations	X	X					X
Lab and X-ray for Medical Surgical Services	X	X			X		
Nurse Midwife	X	X			X		
Nurse Practitioner	X	X			X		
Nursing Facility				X			X
Obstetrical Services	X	X			X		
Occupational Therapy	X	X			X		
Other Fee-for-Service Services	X	X			X		
Other Psych Practitioner	X			X			X
Outpatient Hospital – All Other	X	X			X		
Outpatient Hospital – Lab & X-ray for Medical Surgical Services	X	X			X		
Pharmacy	X			X			X
Physical Therapy	X	X			X		
Physician	X	X					
Prof. & Clinic and Other Lab and X-ray	X	X					
Psychologist	X			X			X

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Service (1)	State Plan Approved (2)	MCO/PHP Capitated Reimbursement (4)	Fee-for-Services Reimbursement Impacted by MCO/PHP (5)	Fee-for-Service Reimbursement for MCO/PHP (6)	PCCM Referral/ Prior Auth. Required (7)	Wraparound Service Impacted by PCCM (8)	PCCM Referral/Prior Authorization Not Required or Non-Waiver Services (9)
Rehabilitation Treatment Services	X						X
Respiratory Care							
Rural Health Clinic	X	X			X		
Speech Therapy	X	X			X		
Substance Abuse Treatment	X			x			X
Testing for Sexually Transmitted Diseases	X	X					
Transportation - emergency	X	X			X		
Transportation – non-emergency	X	X			X		
Vision Exams and Glasses	X	X					X

Mandate

1. In the NHC program, Nebraska will enter into contracts with State licensed MCOs. Nebraska will enter into comprehensive risk contracts with the MCOs. These organizations will arrange for comprehensive services, including inpatient or outpatient hospital, laboratory, x-ray, physician, home health, early periodic screening, diagnosis and treatment, family planning services and all other Medicaid optional services, except for those described in Section H.1.

   All contracts will comply with Sections 1932 and 1903(m) of the Act. All contracts Nebraska has selected the MCOs that operate under the NHC program in the following manner: Nebraska has used and will use an open cooperative procurement process, in which any qualifying MCO that complies with federal procurement requirements and 45 CFR Section 92.36 may participate. The Department requires all participating MCOs to be licensed by the Nebraska Department of Commerce, Insurance Division. This licensure also identifies the MCO service area, by county in the state. The Department sets the capitation rates by region in the state and any participating MCO must accept those rates for the respective Medicaid covered

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g. The MCO or PCCM and enhanced PCCM shall not refuse an assignment, disenroll a participant, or otherwise discriminate against a participant solely on the basis of age, sex, physical or mental disability, national origin, or type of illness or condition, except when that illness or condition can be better treated by another provider type.

h. The MCO or PCCM may request reassignment of the participant to another MCO or PCCM only if the patient/provider relationship meets the provisions set forth in Title 482 NAC. All reassignments must be state-approved.

The Department reviews all reasons for transfer on a quarterly basis via the reports from the enrollment broker.

i. All MCO and PCCM and enhanced PCCM subcontractors shall be required to meet the same requirements as those that are in effect for the contractor.

j. The MCO shall be licensed by the Division of Insurance in the Nebraska Department of Commerce in order to ensure financial stability (solvency) and compliance with regulations.

k. Access to medically necessary emergency services shall not be restricted. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

l. Nebraska ensures enrollee access to emergency services by requiring the MCO/PCCM/enhanced PCCM to provide adequate information to all enrollees regarding emergency service access.

m. Nebraska ensures enrollee access to emergency services by including in the contract requirements for MCOs/PCCMs to cover the following.

(1) The screening or evaluation and all medically necessary emergency services, when an enrollee is referred by the PCP or other plan representative to the emergency room, regardless of whether the prudent layperson definition was met,