Nebraska Managed Care Program Features, as of 2018

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Dental only (PAHP)	Comprehensive MCO	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)	1915(b)	PACE
Program start date	10/01/2017	01/01/2017	05/01/2013
Waiver expiration date (if applicable)	06/30/2019	06/30/2019	
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> 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	

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Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	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	Pre-assigned	Pre-assigned	N/A
Populations enrolled: Enrollment broker name (if applicable)		Automated Health Systems (AHS)	
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health		X	x
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		x	x
Benefits covered: Outpatient hospital physical health		x	x
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		x	x
Benefits covered: Partial hospitalization		x	x
Benefits covered: Physician		X	X
Benefits covered: Nurse practitioner		x	х
Benefits covered: Rural health clinics and FQHCs		x	x

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Benefits covered: Clinic services		x	x
Benefits covered: Lab and x-ray		x	x
Benefits covered: Prescription drugs		x	х
Benefits covered: Prosthetic devices		x	х
Benefits covered: EPSDT		х	х
Benefits covered: Case management		х	х
Benefits covered: SSA Section 1945- authorized health home			
Benefits covered: Health home care (services in home)		x	x
Benefits covered: Family planning		x	х
Benefits covered: Dental services (medical/surgical)	x		x
Benefits covered: Dental (preventative or corrective)	x		x
Benefits covered: Personal care (state plan option)			x
Benefits covered: HCBS waiver services			х
Benefits covered: Private duty nursing		х	х
Benefits covered: ICF-IDD			х
Benefits covered: Nursing facility services			x
Benefits covered: Hospice care		x	х
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			

Features	Dental Benefit Manager	Heritage Health	Program of All-Inclusive Care for the Elderly (PACE)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Podiatry, hearing, immunization, speech therapy, physical therapy, vision, chiropractic, durable medical equipment, occupational therapy, freestanding birth center	
Quality assurance and improvement: HEDIS data required?	No	Yes	No
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	URAC	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Island Peer Review Organization	Island Peer Review Organization	
Performance incentives: Payment bonuses/differentials to reward plans			
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	x	x	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	MCNA Nebraska	UnitedHealthcare Community Plan of Nebraska; WellCare of Nebraska; Nebraska Total Care	Immanuel Pathways

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Notes: Program notes		Voluntary program in select zip codes throughout Cass, Dodge, Douglas, Sarpy, Saunders, and Washington Counties.