Citation	Condition or Requirement
1932(a)(1)(A)	A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Nebraska enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may ***not*** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Indians (unless they would be enrolled in certain plans—see D.2.ii. below), or who meet certain categories of "special needs" beneficiaries (see D.2.iii. - vii. below)

B. General Description of the Program and Public Process.

For B.1 and B.2, place a check mark on any or all that apply.

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.50(b)(1)

1. The State will contract with an

X i. MCO
___ ii. PCCM (including capitated PCCMs that qualify as PAHPs)
___ iii. Both

42 CFR 438.50(b)(2)
42 CFR 438.50(b)(3)

2. The payment method to the contracting entity will be:

___ i. fee for service; for the Enhanced PCCM
X ii. capitation; for the MCOs
___ iii. a case management fee; for the Enhanced PCCM
___ iv. a bonus/incentive payment; for the Enhanced PCCM
___ v. a supplemental payment, or
___ vi. other. (Please provide a description below).

Citation		Condition or Requirement
1905(t) 42 CFR 440.168 42 CFR 438.6(c)(5)(iii)(iv)	3.	For states that pay a PCCM on a fee-for-service basis, incentive payments are permitted as an enhancement to the PCCM's case management fee, if certain conditions are met. If applicable to this state plan, place a check mark to affirm the state has met ***all*** of the following conditions (which are identical to the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)). ___ i. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered. ___ ii. Incentives will be based upon specific activities and targets. ___ iii. Incentives will be based upon a fixed period of time. ___ iv. Incentives will not be renewed automatically. ___ v. Incentives will be made available to both public and private PCCMs. ___ vi. Incentives will not be conditioned on intergovernmental transfer agreements. ___ vii. Not applicable to this 1932 state plan amendment.
CFR 438.50(b)(4)	4.	Describe the public process utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented. *(Example: public meeting, advisory groups.)* The State has in place a public process which complies with the requirements of Section 1902(a)(1 3)(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.

Citation	Condition or Requirement
1932(a)(1)(A)	5. The state plan program will _X_/will not ___ implement mandatory enrollment into managed care on a statewide basis. If not statewide, mandatory ___ for the MCO program/ voluntary ___ for the Enhanced PCCM program, enrollment will be implemented in the following county/area(s): i. county/counties (mandatory) ii. county/counties (voluntary)__________ iii. area/areas (mandatory)__________ iv. area/areas (voluntary):__________
	C. State Assurances and Compliance with the Statute and Regulations. If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	1. _X_ The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2. ___ The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. _X_ The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring recipients to receive their benefits through managed care entities will be met.

Citation	Condition or Requirement
1932(a)(2)(B) 42 CFR 438(d)(1)	i. ___ (for the Enhanced PCCM only) Recipients who are also eligible for Medicare. If enrollment is voluntary, describe the circumstances of enrollment:
1932(a)(2)(C) 42 CFR 438(d)(2)	ii. ___ Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.
1932(a)(2)(A)(i) 42 CFR 438.50(d)(3)(i)	iii. ___ Children under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 CFR 438.50(d)(3)(ii)	iv. ___ Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.
1932(a)(2)(A)(v) 42 CFR 438.50(3)(iii)	v. ___ Children under the age of 19 years who are in foster care or other out-of-the home placement.
1932(a)(2)(A)(iv) 42 CFR 438.50(3)(iv)	vi. ___ Children under the age of 19 years who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii) 42 CFR 438.50(3)(v)	vii. ___ Children under the age of 19 years who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the state in terms of either program participation or special health care needs.

Citation	Condition or Requirement
	D. Identification Of Mandatory Exempt Groups
1932(a)(2) 42 CFR 438.50(d)	1. Describe how the state defines children who receive services that are funded under section 501(a)(1)(D) of title V. *(Examples: children receiving services at a specific clinic or enrolled in a particular program.)* Enrollment in the Early Development Network program.
1932(a)(2) 42 CFR 438.50(d)	2. Place a check mark to affirm if the state's definition of title V children is determined by: _X_ i. program participation, ___ ii. special health care needs, or ___ iii. both
1932(a)(2) 42 CFR 438.50(d)	3. Place a check mark to affirm if the scope of these title V services is received through a family-centered, community-based, coordinated care system. _X_ i. yes ___ ii. no
1932(a)(2) 42 CFR 438.50 (d)	4. Describe how the state identifies the following groups of children who are exempt from mandatory enrollment: *(Examples: eligibility database, self- identification)* i. Children under 19 years of age who are eligible for SSI under title XVI; Eligibility system-use of aid codes ii. Children under 19 years of age who are eligible under section 1902 (e)(3) of the Act; Eligibility system-use of a special indicator code.

Citation	Condition or Requirement

iii. Children under 19 years of age who are in foster care or other out-of-home placement;

Eligibility system-use of aid codes

iv. Children under 19 years of age who are receiving foster care or adoption assistance.

Eligibility system-use of aid codes

1932(a)(2)
42 CFR 438.50(d)

5. Describe the state's process for allowing children to request an exemption from mandatory enrollment based on the special needs criteria as defined in the state plan if they are not initially identified as exempt. *(Example: self-identification)*

Nebraska has 1915(b) waiver authority to mandatory enroll special needs children.

1932(a)(2)
42 CFR 438.50(d)

6. Describe how the state identifies the following groups who are exempt from mandatory enrollment into managed care: *(Examples: usage of aid codes in the eligibility system, self-identification)*

i. Recipients who are also eligible for Medicare.

Eligibility system use of a separate Medicare table. The eligibility system receives the Medicare status from the SSA system.

Citation	Condition or Requirement

ii. Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.

Self-identification from the eligibility system. Nebraska has the authority to mandatorily enroll this group.

42 CFR 438.50

F. List other eligible groups (not previously mentioned) who will be exempt from mandatory enrollment

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 (ICFIMR) 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) Aliens who are eligible for Medicaid for an emergency condition only pursuant to Titles468, 469,477, and 479 NAC;
f) Clients participating in the refugee resettlement program/ medical pursuant to Title 470 NAC;
g) 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.
h) Clients who have excess income (i.e. spenddown - met or unmet) pursuant to 471 NAC 3000.

Citation	Condition or Requirement
	i) Clients participating in the Subsidized Adoption Program, including those receiving subsidy from another state pursuant to Title 469 NAC. j) Clients participating in the State Disability Program pursuant to Title 469 NAC. k) Clients eligible during the period of presumptive eligibility pursuant to 471 NAC 28- 000. l) Transplant recipients pursuant to 471 NAC 10-000. m) Clients who have received a specific disenrollment/waiver of enrollment from the Nebraska Medicaid Managed Care program. n) American Indians and Alaskan Natives (Nebraska uses the 1915(b) Waiver Authority to mandate enrollment into managed care). o) Clients who have an eligibility program that is only retro-active. p) Clients receiving Medicaid hospice services. q) Clients that are participating in the Breast and Cervical Cancer Prevention and Treatment Act of 2000.
42 CFR 438.50	G. List all other eligible groups who will be permitted to enroll on a voluntary basis
	H. Enrollment process.
1932(a)(4) 42 CFR 438.50	1. Definitions i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience or through contact with the recipient.

Citation	Condition or Requirement
	ii. A provider is considered to have "traditionally served" Medicaid recipients if the provider has experience in serving the Medicaid population.
1932(a)(4) 42 CFR 438.50	2. State process for enrollment by default.

Describe how the state's default enrollment process will preserve:

i. the existing provider-recipient relationship (as defined in H.1.i).

The default enrollment process will look back 2 years for a previous assignment with a MCO health plan and enroll the client with the MCO health plan.

ii. the relationship with providers that have traditionally served Medicaid recipients (as defined in H.2.ii).

Citation	Condition or Requirement

The default enrollment process will assign the client with a MCO health plan that is in the zip code range of the client. Providers that have traditionally served Medicaid recipients will be located in a zip code range that is close to the Medicaid client. Also, providers that have traditionally served Medicaid recipients will not have an "established only" indicator which means the client would not be assigned to these providers unless there is an existing provider-recipient relationship.

iii. the equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them, (excluding those that are subject to intermediate sanction described in 42 CFR 438.702(a)(4)); and disenrollment for cause in accordance with 42 CFR 438.56 (d)(2). *(Example: No auto-assignments will be made if MCO meets a certain percentage of capacity.)*

The default enrollment algorithm is built so that there is an equal distribution of recipients into each of the two MCO health plans.

Citation	Condition or Requirement
1932(a)(4) 42 CFR 438.50	3. As part of the state's discussion on the default enrollment process, include the following information:

Items 3.1-3.vi below apply only to the State's MCO program.

i. The state will _X_/will not __ use a lock-in for managed care.

ii. The time frame for recipients to choose a health plan before being auto-assigned will be 15 days.

iii. Describe the state's process for notifying Medicaid recipients of their auto-assignment. *(Example: state generated correspondence.)*

State generated correspondence

iv. Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state generated correspondence, HMO enrollment packets etc.)*

State generated correspondence
MCO enrollment packet

v. Describe the default assignment algorithm used for auto-assignment.
(Examples: ratio of plans in a geographic service area to potential enrollees, usage of quality indicators.)

The auto-assignment algorithm gives priority to recipient relationship, proximity, and MCO health plan (within the service area of the MCO health plan), will attempt to maintain family members with the same MCO health plan, with an equal distribution of recipients into the two MCO health plans.

Citation	Condition or Requirement
	1. _X_ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.
	___ This provision is not applicable to this 1932 State Plan Amendment.
1932(a)(4) 42 CFR 438.50	J. Disenrollment

1. The state will _X_ /will not ___ use lock-in for managed care.

2. The lock-in will apply for _12_ months (up to 12 months).

3. Place a check mark to affirm state compliance.

   _X_ The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).

4. Describe any additional circumstances of "cause" for disenrollment (if any).

   None.

K. Information requirements for beneficiaries

Place a check mark to affirm state compliance.

Citation	Condition or Requirement
1932(a)(5) 42 CFR 438.50 42 CFR 438.10	_X_ The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)
1932(a)(5)(D) 1905(t)	L. List all services that are excluded for each model For the MCO program: a. Pharmacy b. Dental c. HCBS Waiver services d. Mental Health/Substance services e. Hospice services f. Nursing Facility services-custodial level of care g. ICF/MR services h. School-based services covered under Medicaid in Public Schools i. Non-Home Health Agency Approved Personal Care Aide Services (PAS) j. Optional targeted case management services k. Non-emergency transportation
1932 (a)(1)(A)(ii)	M. Selective contracting under a 1932 state plan option To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will _X_/will not____ intentionally limit the number of entities it contracts under a 1932 state plan option. 2. _X_ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.

Citation	Condition or Requirement

3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees.)*

   Nebraska uses a competitive procurement process and ensures that qualifying MCO contracts comply with federal procurement requirements and 45 CFR Section 92.36. The Department requires all participating MCOs to be licensed by the Nebraska Department of Commerce, Insurance Division. The Department sets the capitation rates and any contracting MCO must accept those rates for the respective Medicaid covered services.

4. ____ The selective contracting provision is not applicable to this state plan.