

Nebraska's Section 1115 Demonstration Application

Nathan R. Watson, JD

Deputy Director for Policy and Regulations

Nebraska Division of Medicaid and Long-Term Care



Medicaid Expansion



- Initiative 427: Nebraska voters elected the federal option to provide Medicaid coverage to otherwise ineligible adults up to 138% of the federal poverty level under the Patient Protection and Affordable Care Act (ACA)
- The Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care (MLTC) administers the Nebraska Medicaid program and is responsible for the implementation of the adult Medicaid expansion project
- "Heritage Health Adult" will be the program through which Initiative 427 is implemented
- Heritage Health Adult beneficiaries will be enrolled in managed care plans operated by Nebraska's existing Heritage Health program



Who is covered by the expansion?



Individuals under 138% of the federal poverty level who are not otherwise eligible for Medicaid

Family Size	138% of the federal poverty level
1	\$16,753
2	\$22,715
3	\$28,676
4	\$34,638
5	\$40,600
6	\$46,561



^{*}Figures reflect 2019 federal poverty levels

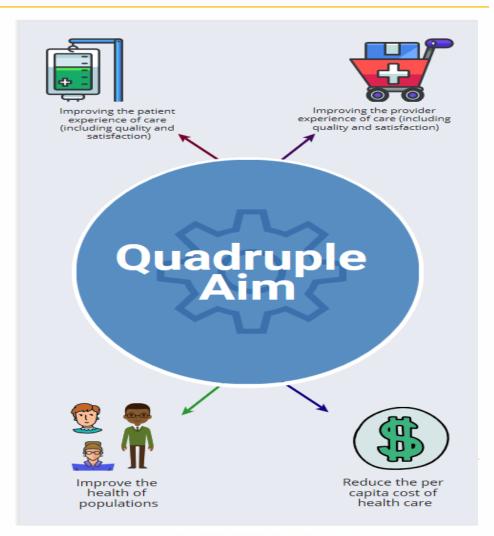
Heritage Health Adult expansion: Goals



MLTC's goals for the Nebraska Medicaid program are rooted in the concept of the Quadruple Aim.

Using the Quadruple Aim as a guide, MLTC proposes a Heritage Health Adult program that will:

- 1. Improve the health of the Heritage Health Adult population
- 2. Improve Heritage Health Adult beneficiaries' patient self-management
- 3. Improve the provider and beneficiary experience of care
- 4. Reduce inappropriate or unnecessary costs in the Heritage Health Adult population



How does the Heritage Health Adult expansion accomplish these goals?



- The Heritage Health Adult program has innovative features designed to improve health through beneficiary engagement in:
 - Wellness initiatives;
 - Personal responsibility activities; and
 - Community engagement.
- These features require federal approval through a section 1115 demonstration waiver
- When does Nebraska intend to submit the expansion waiver to the federal government for review?
 - December 2019
- When will the Heritage Health Adult expansion program be implemented?
 - October 1, 2020



Tiered Benefit System



- The Heritage Health Adult program proposes a tiered benefit system
 - Under the tiered benefit system, all eligible beneficiaries will receive either the "Basic" benefits package or the "Prime" benefits package.
- All beneficiaries newly eligible for Medicaid under the Heritage Health Adult program will receive the Basic benefits package for the initial six month benefit tier period.
 - Benefit tiers will be reviewed every six months.
- Beneficiaries will receive the Prime benefits package if:
 - They are medically frail; or
 - They are age 19 or 20; or
 - They engage in wellness initiatives and personal responsibility activities, and beginning in Demonstration Year (DY) 2, they participate in community engagement activities.



Basic and Prime Benefit Tier Services



Basic Benefit Tier Services

- Ambulatory
- Emergency
- Hospitalization
- Maternity and Newborn
- Mental Health and Substance Use Disorder Services, including Behavioral Health
- Prescription Drugs
- Rehabilitative & Habilitative Services and devices
- Laboratory Services
- Preventive, wellness, and chronic disease management
- Other services such as: long-term care, non-emergency medical transportation, durable medical equipment

Prime Benefit Tier Services

- All services included in the Basic Tier; plus:
- Dental
- Dentures
- Optometrist
- Eyeglasses
- Over the counter medication
- Pediatric services including oral and vision care (EPSDT services for 19 and 20 year olds) NEBRASKA

Good Life. Great Mission.

What does "medically frail" mean?



- "Medically frail" is determined based on complex health needs
- States that expand Medicaid are required to have a process for identifying medically frail beneficiaries
- Federal rules define "medically frail" as an individual with special medical needs and must include at least the following:
 - Individuals with disabling mental disorders,
 - Individuals with chronic substance use disorders,
 - Individuals with serious and complex medical conditions,
 - Individuals with a physical, intellectual or developmental disability



Beneficiary Engagement



What are Wellness Initiatives?

- Actively participate in case and care management with the managed care organizations;
- Attend an annual health visit; and
- Select a Primary Care Provider.

What are Personal Responsibility activities?

- Not miss three or more scheduled medical or dental appointments;
- Maintain commercial health coverage; and
- Notify MLTC, timely, of changes which impact eligibility such as changes in income or residency.



Why is Nebraska adding wellness and personal responsibility requirements?



- MLTC believes this approach, to balancing the need for coverage of medical, behavioral health, and pharmacy services, with incentivizing participation leads to:
 - Improved health outcomes and life successes,
 - Promotes the goals of the Quadruple Aim, and
 - Aligns with the federal intent of the Medicaid program.

Non-participation will not impact the beneficiary's Medicaid eligibility, only the benefit tier.



What is Community Engagement?



MLTC is proposing to empower individual life successes through positive community engagement.

These activities may include:

- Employed or self-employed,
- Volunteer activities,
- Enrolled in college, university, trade school, training program,
- Caregiver of dependent child or elderly or disabled relative,
- SNAP Employment and Training program,
- TANF/AFDC Employment First program, or
- SNAP and TANF recognized job search activities.



Community Engagement Exceptions



Exemptions from these requirements may include:

- · Medically frail,
- Serious mental illness or chronic substance use disorder,
- Individuals participating in a substance use disorder or mental health treatment program,
- Individuals receiving unemployment compensation (IUC), or who have applied for IUC and are fulfilling weekly work search requirement while in the waiting period,
- American Indian / Alaska Native (AI/AN) individuals enrolled in a federally recognized tribe,
- Victims of domestic violence, when participation would make it harder to escape, penalize the individual, or put them at further risk of domestic violence,
- · Residing in an area that has been granted a federal ABAWD waiver due to insufficient jobs,
- Individuals experiencing chronic homelessness,
- · Pregnant or in a post-partum period,
- In high-school at least half time, or
- Age 60 or older.



Is this like other states' work requirements?



In short, No.

- Other states are terminating Medicaid enrollment if a beneficiary is unable to satisfy work requirements.
- Nebraska will not drop individuals from Medicaid if they are unable to meet all of the requirements.
- Participating in community engagement only affect access to the additional services available through the Prime package.

Good Life. Great Mission.

Additional Demonstration Waiver Request



In addition to the Heritage Health Adult expansion program, Nebraska is requesting additional approval to eliminate "retroactive" Medicaid coverage.

- This will mean coverage and benefits will begin on the first day of the application month.
- Exceptions to the elimination of retroactive coverage include:
 - Pregnant women,
 - Children ages 0 to 18 years old,
 - Beneficiaries enrolled in both Medicare and Medicaid, and
 - Nursing facility residents

Changing retroactive eligibility will promote

- Early and continuous coverage
- Enrollment of eligible people at the time when care and case management can assist BRASKA
- Consistency with commercial and federal markets

Good Life. Great Mission.

Waiver Application Webpage



 Additional information about the demonstration program, including the proposed waiver application, the full public notice, additional public hearings, and the public input process, can be found on the DHHS website at:



• http://dhhs.ne.gov/Pages/Heritage-Health-Adult-Demonstration.aspx



Public Feedback



MLTC would like to hear from stakeholders on:

- Demonstration program goals
- Evaluation criteria
- How the demonstration program impacts you as a provider/patient/advocate
- Any other aspect of the demonstration program



Public Comments



In accordance with federal law, MLTC is allowing 30 calendar days for public review and comment.

- Comments must be submitted to the department by November 26, 2019.
- Comments and questions about the proposed demonstration application can be submitted:
 - By email to: <u>DHHS.HHAWaiver@Nebraska.gov</u>

By mail to: Department of Health and Human Services

Nebraska Medicaid

ATTN: HHA Waiver

301 Centennial Mall South

P.O. Box 95026

Lincoln, Nebraska 68509-5026



CMS Submission & Review Process



State Public Comment Period Oct. 25 – Nov. 26, 2019 Application
Submission to
CMS

December 2019

Federal Public Comment Period Dec. – Jan. 2020

CMS Application Review Dec. 2019 - TBD Demonstration Implementation 10-1-2020

NEBRASKA
Good Life. Great Mission.



Thank You





NebraskaDHHS



@NEDHHS

dhhs.ne.gov

