



OPEN MINDS

Nebraska Health & Human Services System Market Profile: 2025



Nebraska Health & Human Services Market Profile Overview

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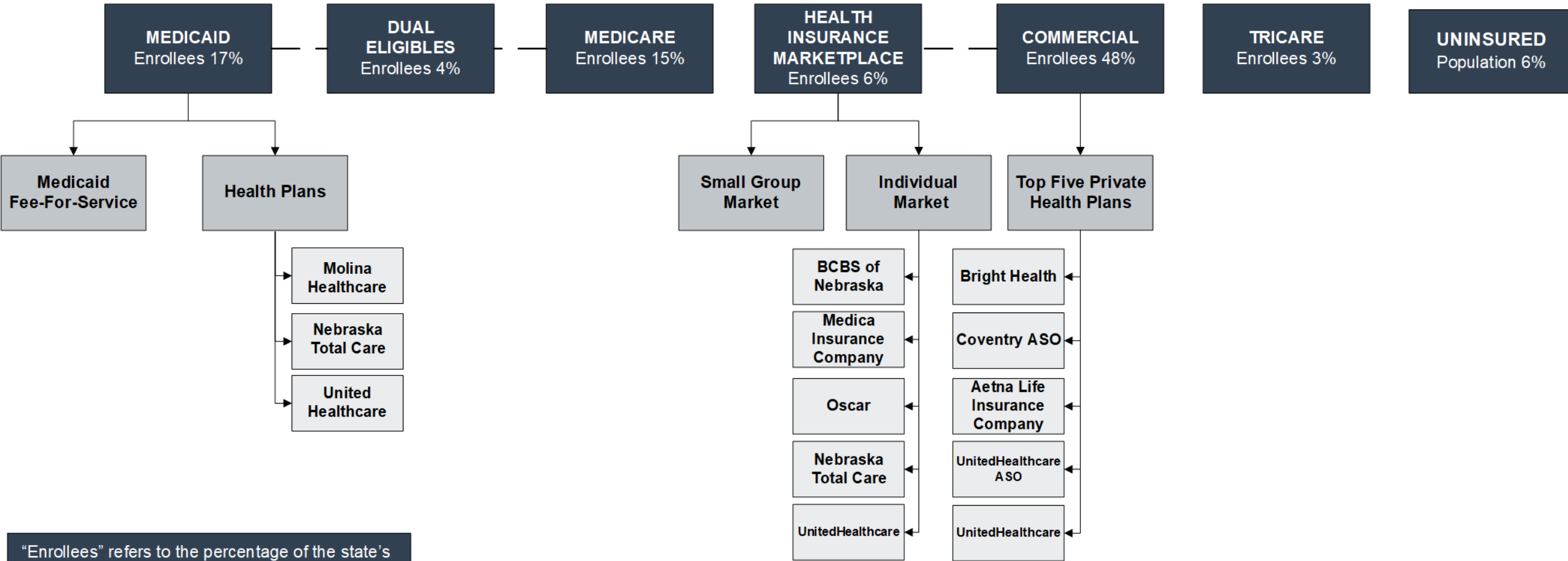
1. OPEN MINDS Estimates For The Share Of SMI Consumers By Payer/Plan
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A. Executive Summary

A.1. Nebraska Physical Health Care Coverage by Payer

Total Nebraska Population- 1,978,379

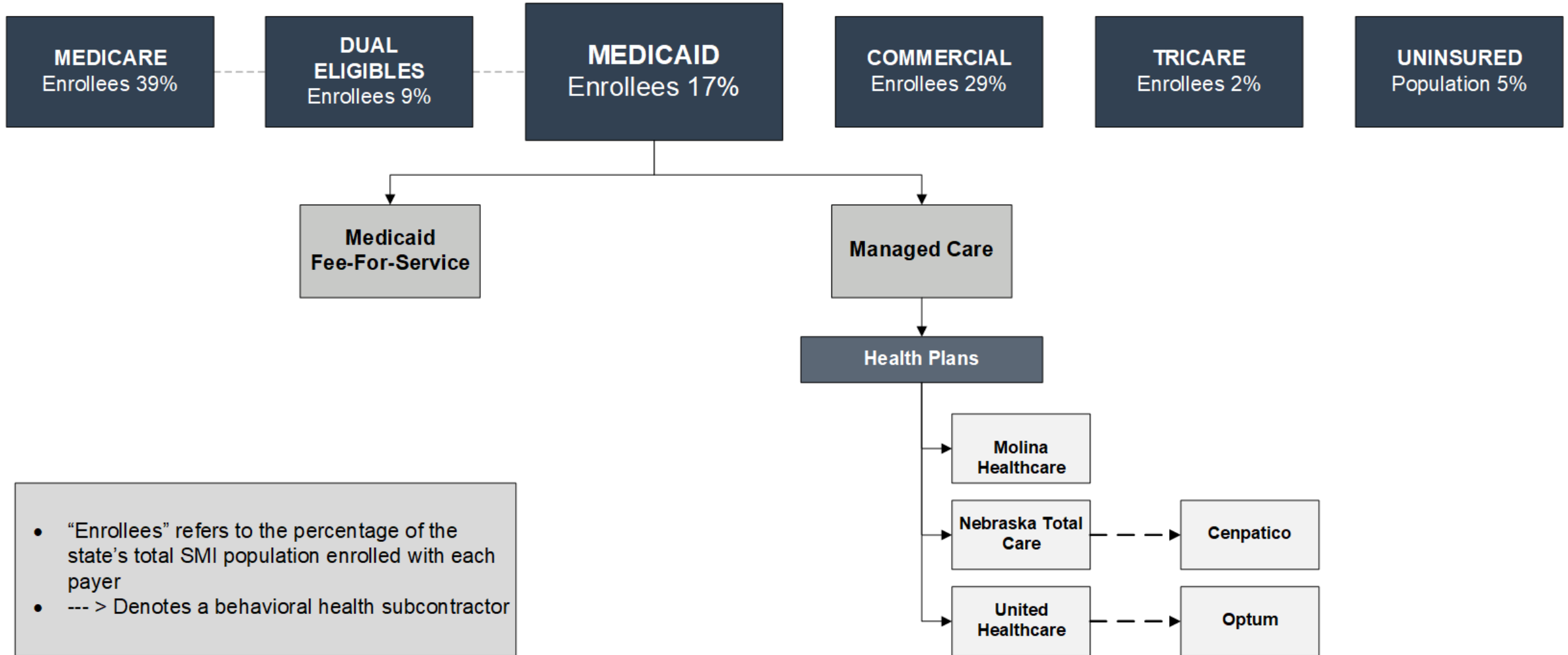
Estimated SMI Population- 118,703



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

Totals may not equal 100% due to rounding.

A.1. Nebraska Behavioral Health Care Coverage by Payer



Totals may not equal 100% due to rounding.

A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The MCOs are responsible for implementing performance improvement projects related to improving 7- and 30-day follow-up after a visit to the emergency department for behavioral health.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	The health plans are responsible for implementing a patient-centered medical home program.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates four CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health and Human Services, Division of Public Health provides safety-net funding for physical health services.

Mental Health Services

- The Department of Health and Human Services, Division of Behavioral Health oversees the Regional Behavioral Health Authorities (RBHAs), which develop and coordinate safety-net behavioral health services for individuals in their catchment areas.

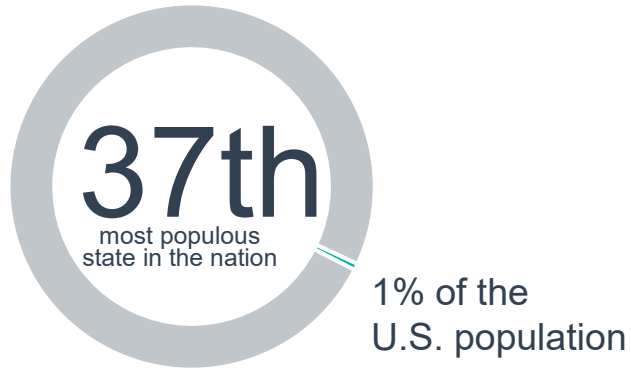
Addiction Treatment Services

- The Department of Health and Human Services, Division of Behavioral Health oversees the RBHAs, which develop and coordinate safety-net behavioral health services for individuals in their catchment areas.

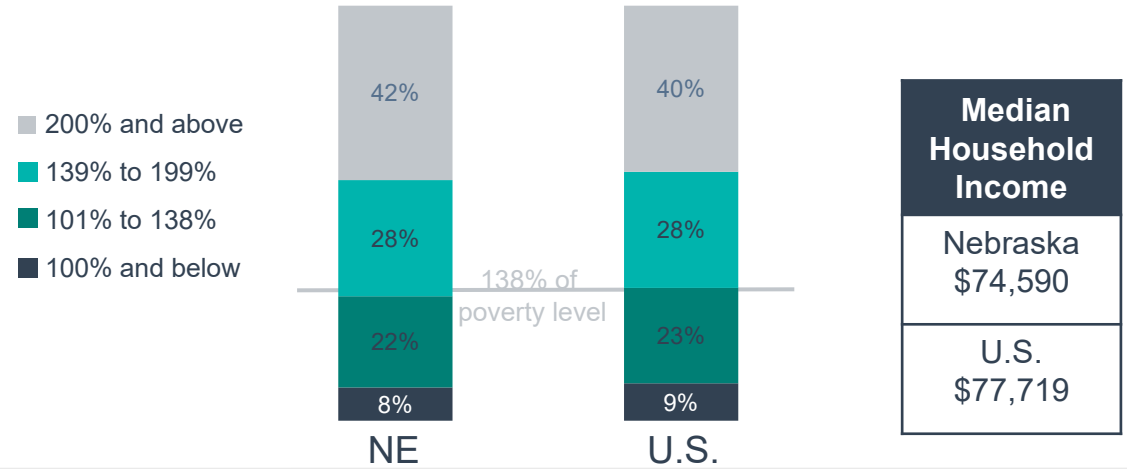
B. Nebraska Health Financing System Overview

B.1. Population Demographics

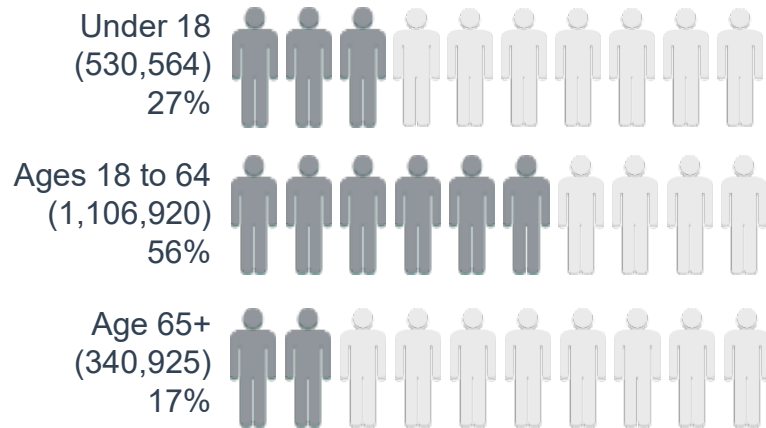
Total Nebraska Population- 1,978,379
 Estimated SMI Population- 118,703



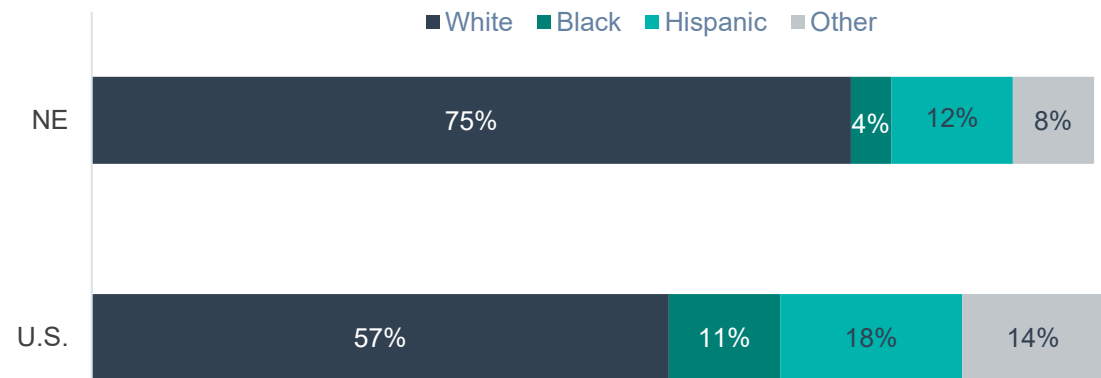
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



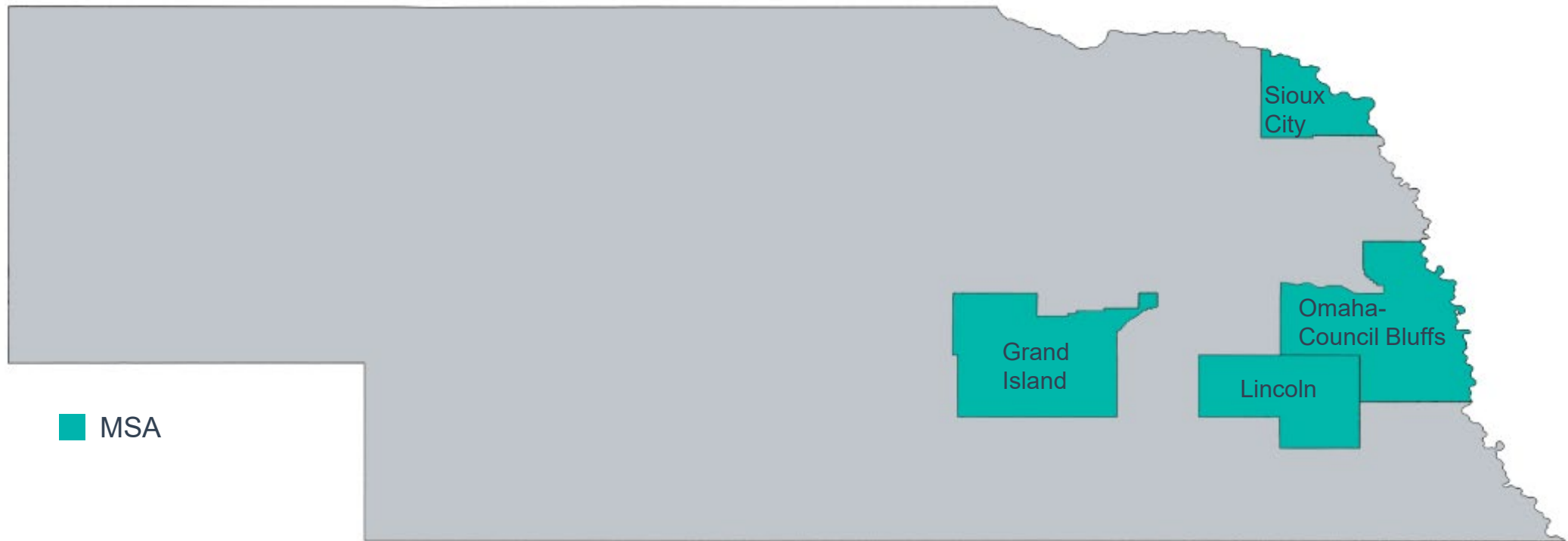
Nebraska & U.S. Racial Composition



Totals may not equal 100% due to rounding.

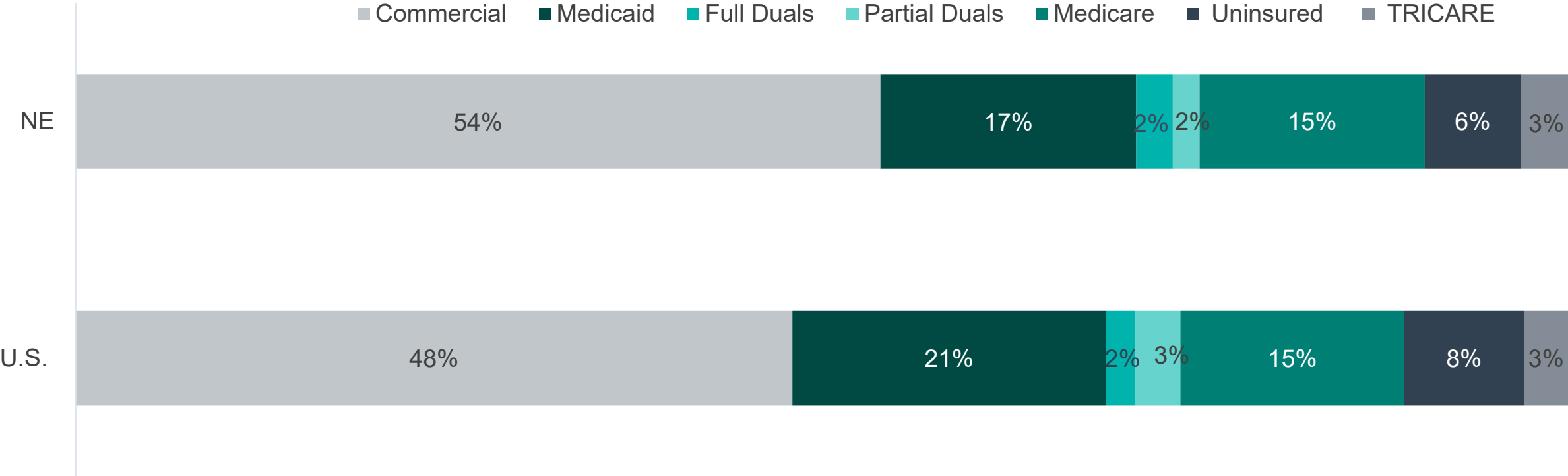
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	1,550,569	78%
Omaha-Council Bluffs, NE-IA	976,671	49%
Lincoln, NE	350,626	18%
Sioux City, IA-NE-SD	145,994	7%
Grand Island, NE	77,278	4%

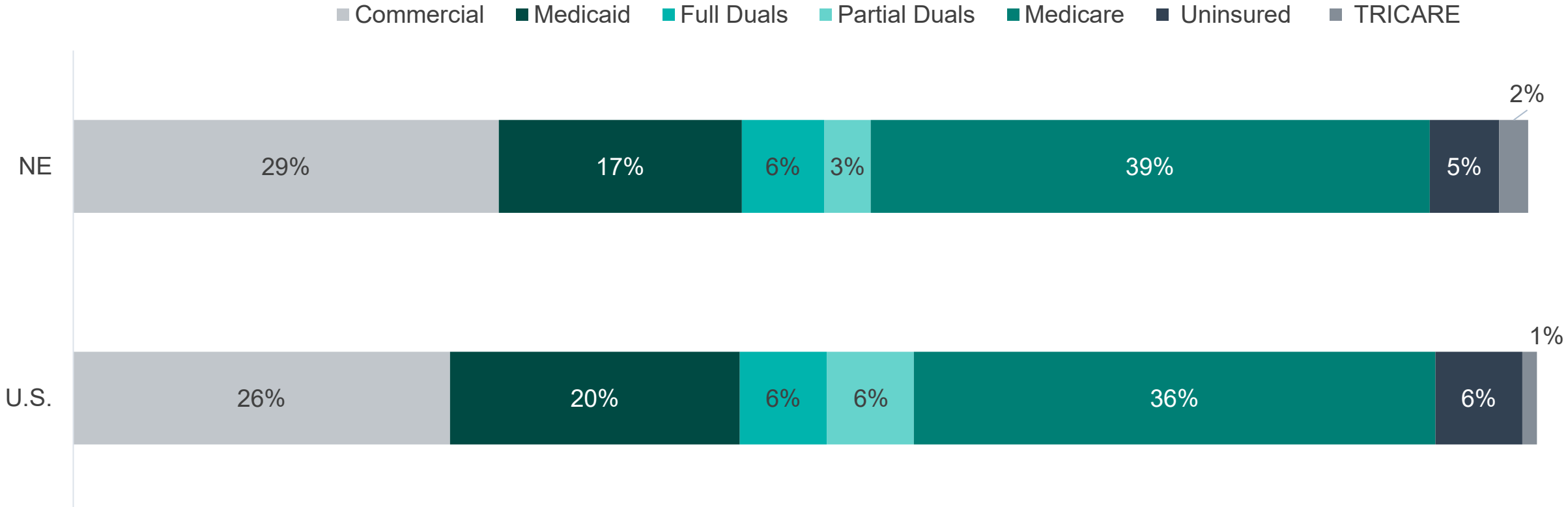


Totals may not equal 100% due to rounding.

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Nebraska Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield Nebraska	Commercial administrative service organization (ASO)	366,456
UnitedHealthcare Insurance company	Commercial	343,132
Medicare fee-for-service (FFS)	Medicare	252,321
UnitedHealthcare ASO	Commercial ASO	141,103
Nebraska Total Care	Medicaid managed care	118,855
UnitedHealthcare Community Plans	Medicaid managed care	118,712
Molina Healthcare	Medicaid managed care	105,923
Medica Insurance Company	Commercial	78,782
Coventry ASO	Commercial ASO	65,213
TRICARE	Other public	60,541

* Medicaid enrollment as of February 2024; TRICARE as of December 2023; Commercial as of December 2023; Medicare enrollment as of September 2024

B.4. Largest Nebraska Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	252,321	57,277
Blue Cross and Blue Shield of Nebraska	Commercial ASO	366,456	17,956
UnitedHealthcare Insurance Company	Commercial	343,132	16,813
Nebraska Total Care	Medicaid managed care	118,855	10,459
UnitedHealthcare Community Plan	Medicaid managed care	118,712	10,447
Molina Healthcare	Medicaid managed care	105,923	9,321
UnitedHealthcare ASO	Commercial ASO	141,103	6,914
AARP Medicare Complete	Medicare Advantage	25,706	5,835
Care Improvement Plus South-Central Insurance Company	Medicare Advantage	21,358	4,848
Medica Insurance Company	Commercial	78,782	3,860

* Medicaid enrollment as of February 2024; TRICARE as of December 2023; Commercial as of December 2023; Medicare enrollment as of September 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	6%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2025 Individual Market Health Plans
1. BCBS of Nebraska
2. Medica
3. Oscar
4. Nebraska Total Care
5. UnitedHealthcare Insurance Company

2025 Small Group Market Health Plans
None

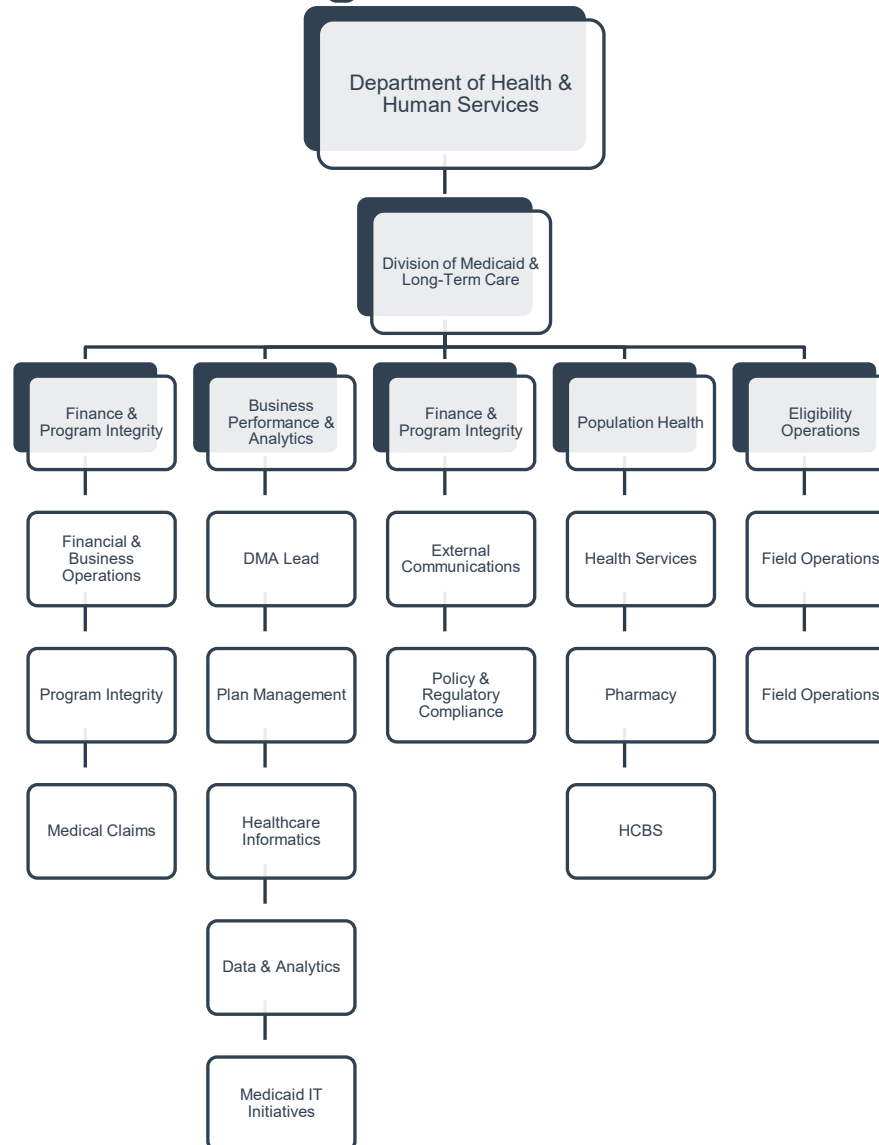
B.6. Accountable Care Organizations

Medicare Shared Savings ACOs	
1.	Avera Prairie View ACO
2.	Northern Territories MSSP Enhanced
3.	Care Partners ACO, LLC
4.	CHI Health Partners
5.	IowaHealth+
6.	MercyOne ACO IV
7.	Midwest Health Coalition ACO
8.	Nebraska Health Network, LLC
9.	NPG Health Collaborative LLC
10.	Prairie Vista Care Organization
11.	Emergent ACO, LLC
12.	On Belay Health Solutions
13.	Bryan Health Connect ACO, LLC
14.	OneHealth Nebraska ACO, LLC
15.	Emergent ACO 23.1, LLC
16.	Think ACO, LLC

Commercial ACOs	
ACO	Insurer
Aetna Whole Health- CHI Health Accountable Care Network	Aetna Whole Health

C. Medicaid Administration, Governance & Operations

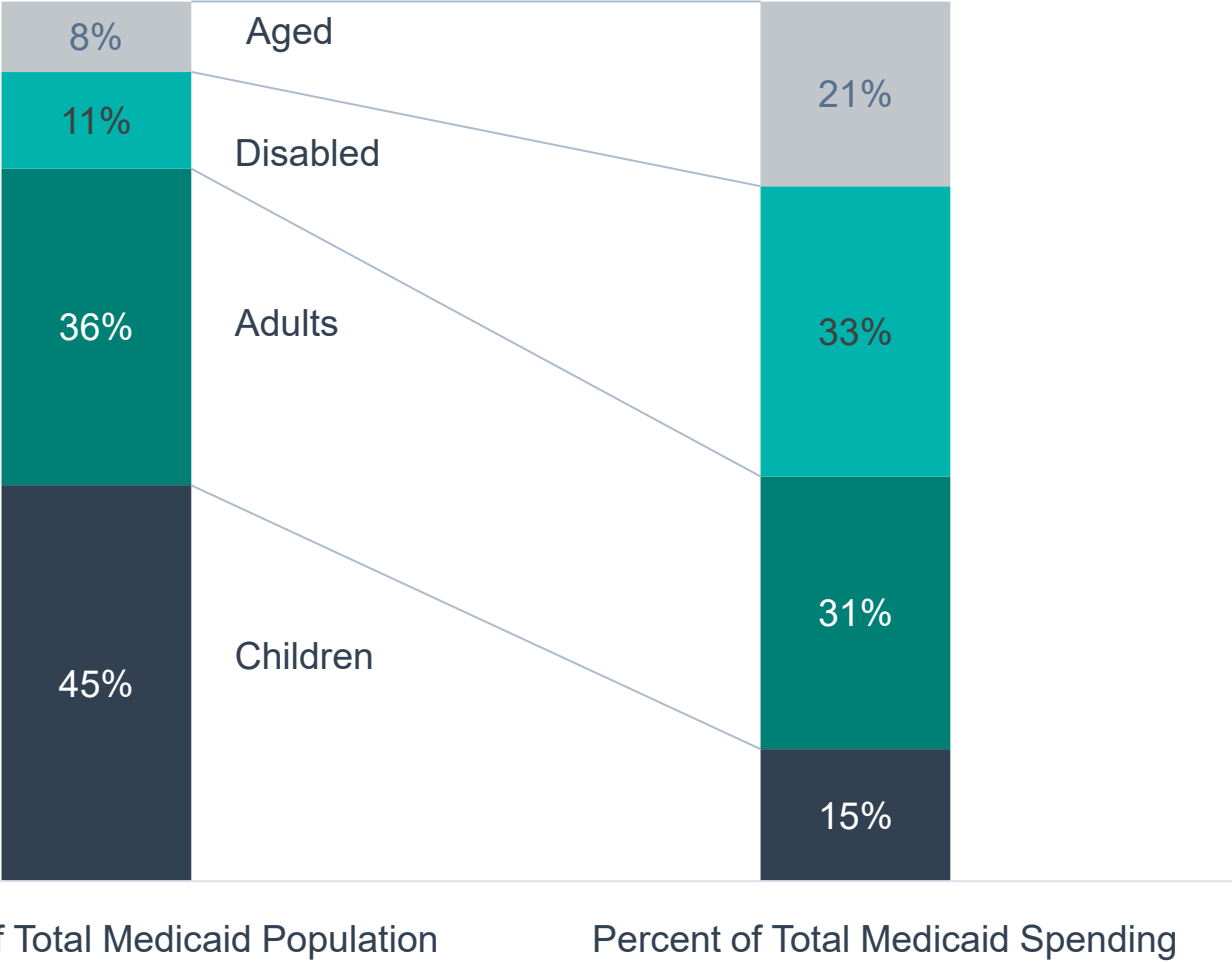
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Steve Corsi	Chief Executive Officer	Department of Health and Human Services (DHHS)	steve.corsi@nebraska.gov
Drew Gonshorowski	Director	DHHS, Division of Medicaid & Long-Term Care	drew.gonshorowski@nebraska.gov
Elise Verbik, M.D.	Medical Services Director	DHHS, Division of Medicaid & Long-Term Care	elsie.verbik@nebraska.gov
Jeremy Brunssen	Deputy Director	DHHS, Division of Medicaid & Long-Term Care, Finance and Program Integrity	jeremy.brunssen@nebraska.gov
Matt Ahern	Deputy Director	DHHS, Division of Medicaid & Long-Term Care, Policy & Plan Management	matt.ahern@nebraska.gov
Carisa Schweitzer Masek, Pharm.D.	Deputy Director	DHHS, Division of Medicaid & Long-Term Care, Population Health	carisa.schweitzermasek@nebraska.gov
Dinah Wetindi	Deputy Director	DHHS, Division of Medicaid & Long-Term Care, Eligibility Operations	dinah.wetindi@nebraska.gov
Todd Baustert	Deputy Director	DHHS, Division of Medicaid & Long-Term Care, Project & Performance Management	todd.baustert@nebraska.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	NE
All populations	\$8,813	\$10,023
Children	\$3,786	\$3,256
Adults	\$5,443	\$7,284
Expansion adults	\$7,569	\$9,909
Blind and disabled	\$25,483	\$28,465
Aged	\$19,191	\$27,847

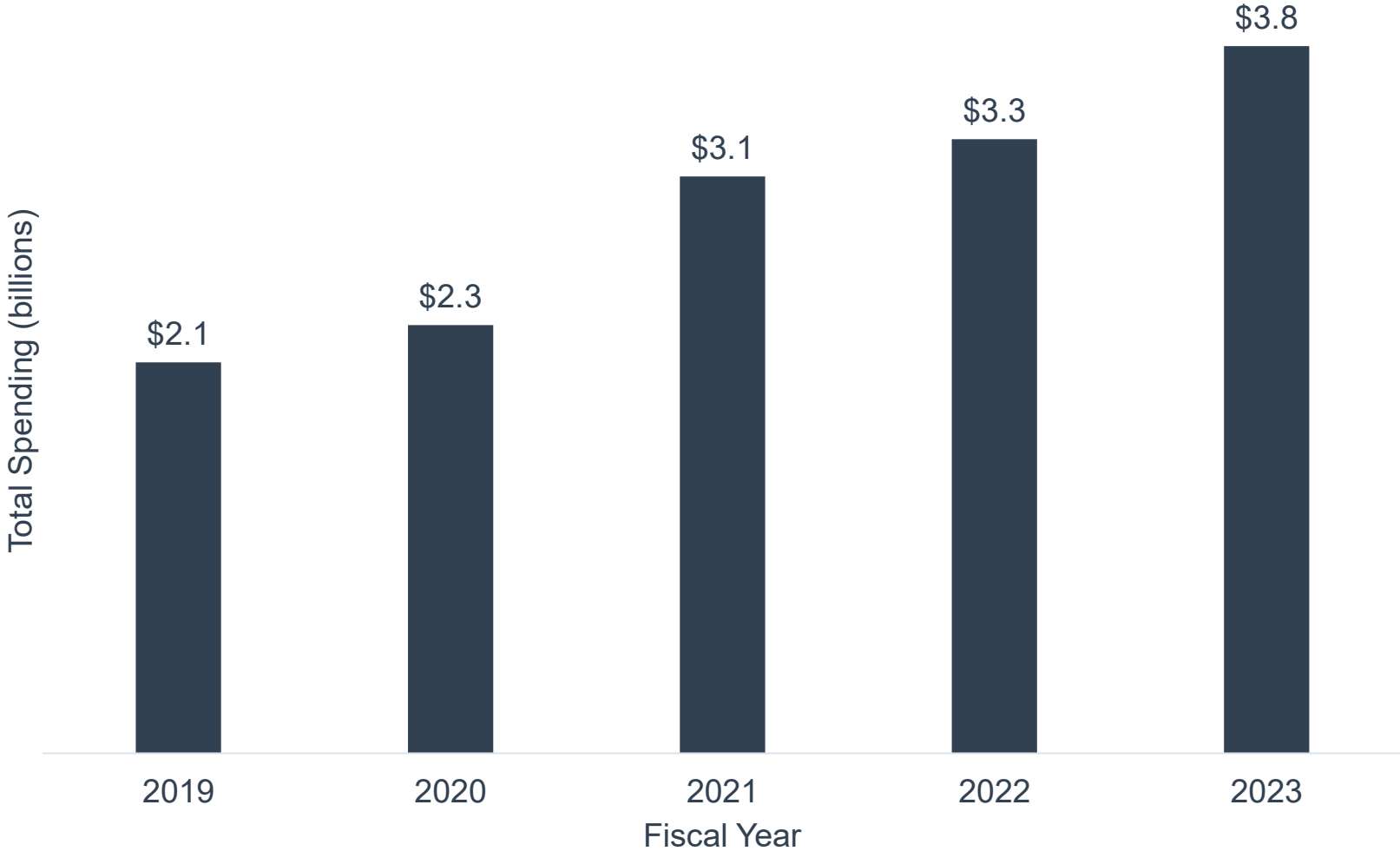
Based on FY 2022 data

C.2. Medicaid Program Spending

Budget Item	SFY23 Spending	Percent Of Budget
Managed care and premium assistance	\$2,287,000,000	61%
Home-and community-based LTSS	\$726,000,000	19%
Institutional LTSS	\$575,000,000	15%
Other acute	\$73,000,000	2%
Medicare premiums and coinsurance	\$62,000,000	2%
Hospital	\$42,000,000	1%
Physician	\$1,000,000	<1%
Budget Total: \$3,766,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	57.5%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes, Nebraska voters approved the Medicaid Expansion ballot measure in November 2018. The state submitted a state plan amendment (SPA) to implement the expansion on April 1, 2019, to the Centers for Medicare & Medicaid Services (CMS).
Date Of Expansion	October 1, 2020
Medicaid Eligibility Income Limit For Able-Bodied Adults	58% of the Federal Poverty Level (FPL) for parents; 0% of the FPL for childless adults
Legislation Used To Expand Medicaid	Nebraska Initiative 427
Number Of Individuals Enrolled In The Expansion Group (June 2024)	72,113
Number Of Enrollees Newly Eligible Due To Expansion	70,387
Benefits Plan For Expansion Population	The proposed alternative benefit plan (ABP) provides all essential health benefits based on the approved state plan for individuals with income over 100% FPL. Nebraska has fully aligned the benefits in its ABP with the approved Medicaid state plan by adding the remaining Medicaid covered services through Section 1937 coverage options.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Nebraska's Optional Benefits

1. Prescribed drugs
2. Intermediate care facilities for the developmentally disabled (ICF/DD)
3. Home- and community-based services
4. Dental services
5. Rehabilitation services
6. Personal care services
7. Durable medical equipment
8. Medical transportation services
9. Vision-related services
10. Speech therapy services
11. Physical therapy
12. Chiropractic services
13. Occupational therapy services
14. Optometric services
15. Podiatric services
16. Hospice services
17. School-based administrative services
18. Hearing screening services for newborn and infant children
19. Private Duty Nursing
20. Clinic Services
21. Screening and Preventive Services
22. Case Management Services
23. Ambulatory Prenatal Care
24. Mental Health and Substance Use Disorder Services.

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (February 2024)	1,323	343,490
SMI Enrollment	<ul style="list-style-type: none"> • Most of the Medicaid population is enrolled in managed care, as Nebraska operates a limited FFS program for individuals not eligible for full Medicaid benefits. • Less than 1% of SMI population in FFS, 99% in managed care 	
Management	Department of Health and Human Services	Three health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 344,813 | Total Medicaid With SMI: 30,344

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	<ul style="list-style-type: none"> As of February 2024: <1% in fee-for-service (FFS), 99% in managed care 	
SMI population inclusion in managed care	<ul style="list-style-type: none"> Nebraska does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care Estimated <1% of the SMI population in FFS, 99% in managed care 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Managed care is mandatory for all dual eligibles Estimated 0% of population in FFS, 100% in managed care 	
Long-term services and supports (LTSS) population inclusion in managed care	<ul style="list-style-type: none"> LTSS beneficiaries are excluded from managed care and receive services FFS. 	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The MCOs are responsible for implementing performance improvement projects related to improving 7- and 30-day follow-up after a visit to the emergency department for behavioral health.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	The health plans are responsible for implementing a patient-centered medical home program.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates four CCBHCs.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles	Partial benefit dual eligibles		Full benefit dual eligibles
Medicaid Expansion			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Individuals in foster care			✓
Other populations	<ul style="list-style-type: none"> • Aliens who are eligible for Medicaid for an emergency condition only • Individuals with excess income • Individuals who have received a waiver for enrollment/disenrollment • Individuals aged 21-64 in institutions of mental disease 		Former foster care children

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of February 2024 was 1,323.
- All populations in Nebraska are enrolled in managed care unless they are only eligible for limited benefits.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- The state covers all behavioral health benefits FFS for individuals not enrolled in managed care.

FFS Mental Health Benefits	
1.	Inpatient services
2.	Evaluation and testing
3.	Individual, group, and family therapy
4.	Partial hospitalization services
5.	Community support
6.	Day rehabilitation
7.	Residential rehabilitation
8.	Assertive community treatment (ACT)
9.	Applied Behavioral Analysis

FFS Addiction Treatment Benefits	
1.	Inpatient services
2.	Individual, group, and family therapy
3.	Outpatient services
4.	Community support
5.	Partial hospitalization services
6.	Residential services
7.	Initial Assessment*
8.	Physical examination*
9.	Ongoing assessment*
10.	Therapy and treatment planning*
11.	Care coordination*
12.	Medication administration services*

*Opioid treatment only

D.2. Medicaid FFS Program: SMI Population

- The SMI population is enrolled in FFS if they receive limited benefits.
- As of February 2024, *OPEN MINDS* estimates that <1% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Nebraska FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Anxiolytics are included on the PDL. Antipsychotics and drugs for depression are not included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, drugs for opioid dependence are included on the PDL.
Coverage Of Antipsychotic Injectable Medications	Injectable antipsychotics are covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Opioid dependence drugs- Failed trial of preferred drug, or patient-specific documentation of why preferred drug is not appropriate • Anxiolytics- Must fail two preferred drugs before a non-preferred drug will be approved
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, individuals are identified by the Nebraska Medicaid program and locked-in to a single pharmacy, clinical professional, and/or hospital depending on their prior utilization.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of February 2024 was 343,490.
- The Medicaid managed care program is called Heritage Health.
- The three health plans deliver physical health, behavioral health, and pharmacy benefits to nearly all populations.
 - Health plans are available statewide, and enrollees have a choice of plans.
- 1.5% of the health plan's capitation rate is withheld and returned based on performance on quality measures.
- The health plans are required to enter value-based contracts with 50% of their provider organizations within five years. Value-based contracts include:
 - Accountability for improvements in health outcomes, care quality, or cost efficiency and;
 - Payment methodologies that align the provider organization's financial and contractual incentives with those of the health plans.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Nebraska TotalCare
1. Profit status: For-profit
2. Parent company: Centene-WellCare
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefits manager: Rx Advance
5. Enrollment share: 35%

UnitedHealthcare Community Plan of Nebraska
1. Profit status: For-profit
2. Parent company: UnitedHealth Group
3. Behavioral health subcontractor: Optum
4. Pharmacy benefits manager: OptumRx
5. Enrollment share: 35%

Molina Healthcare
1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark
5. Enrollment share: 31%

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- Behavioral health and pharmacy benefits are included in the health plan’s capitation rate. Nebraska authorizes additional benefits for the managed care population under its 1915 (b) managed care waiver. These services are marked with an asterisk.

Managed Care Mental Health Benefits	
1. Crisis stabilization	11. Partial hospitalization
2. Inpatient psychiatric hospital services	12. Day treatment
3. Assertive community treatment	13. Intensive outpatient
4. Day rehabilitation	14. Medication management
5. Community support	15. Group, family, and individual therapy
6. Short-term residential	16. Injectable psychotropic medications
7. Psychiatric residential rehabilitation	17. Psychological evaluation and testing
8. Secure residential rehabilitation	18. Electroconvulsive therapy
9. Halfway house	19. Initial diagnostic interviews
10. Outpatient assessment and treatment	20. In-home psychiatric nursing
	21. Peer support

Managed Care Addiction Treatment Benefits	
1. Assessment services	
2. Community support	
3. Intensive outpatient	
4. Partial hospitalization	
5. Halfway house	
6. Social detoxification	
7. Intermediate residential and therapeutic community	
8. Short-term residential	
9. Dual diagnosis treatment	

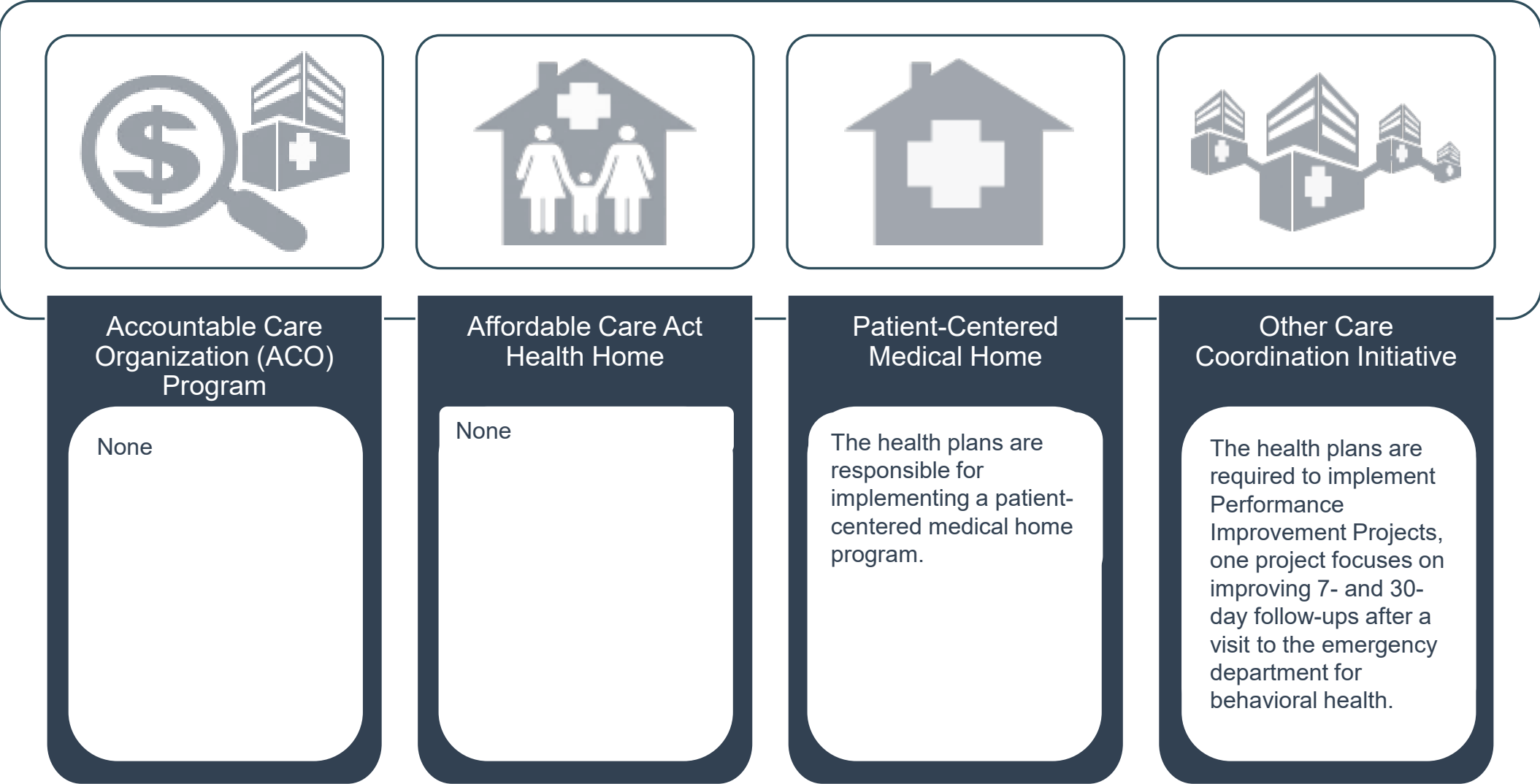
D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they receive limited benefits.
- As of February 2024, *OPEN MINDS* estimates that 99% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Nebraska Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> The health plans are required to use the FFS PDL set by the state. Anxiolytics and drugs to treat opioid dependence are included on the FFS DPL. Antipsychotics and drugs for depression are not included on the PDL.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<p>Each health plan is required to follow the state's prior authorization requirements:</p> <ul style="list-style-type: none"> Opioid dependence drugs- Failed trial of preferred drug, or patient-specific documentation of why preferred drug is not appropriate Anxiolytics- Must fail two preferred drugs before a non-preferred drug will be approved
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, the health plans are required to operate pharmacy lock-in programs. Each health plan may design their own program, but it must be approved by the state.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. Medicaid Program: Care Coordination Initiatives – Performance Improvement Projects

- The health plans are required to implement Performance Improvement Projects (PIPs) to improve member health. The three PIPs focus on the following measures:
 - Follow-up after an emergency department visit for mental health illness or addiction disorder
 - Injection of 17-hydroxyprogesterone (17p) in pregnant women
 - Whooping cough (Tdap) vaccination in pregnant women
- Each health plan works with the state to set the amount they plan to improve on each measure. See the next slide for follow-up after emergency department visit goals.
- Each health plan is responsible for designing their PIP. PIP topics that must be met for each plan are:
 - Nebraska Total Care: Plan All-Cause Readmission, Maternal Child Health- increasing notification of pregnancy rate.
 - UnitedHealthcare: Reducing avoidable hospital readmissions after an acute inpatient hospital admission, improving the member experience with the health plans member services.
 - Molina Healthcare: First dental visit at age 1, increasing the percentage of providers receiving cultural competence training.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Heritage Health (NE-0003)	Authorizes enrollment of the majority of Nebraska's Medicaid population into the comprehensive managed care plans.	1915 (b)	None	10/01/2022	09/30/2027
Nebraska Substance Use Disorder	Authorizes residential treatment for individuals with substance use disorders (SUD) receiving short-term treatment and withdrawal management services in facilities that meet the definition of an Institution for Mental Diseases (IMD).	1115	None	07/01/2019	06/30/2025

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
NE HCBS for Aged & Adults & Children w/Disabilities (0187.R07.00)	Individuals who are physically disabled 0 to 64, and individuals ages 65+	10,700	Division of Medicaid and Long-Term Care	No
NE Comprehensive Developmental Disabilities Services (4154.R07.00)	Individuals of any age who have autism or I/DD any age	5,200	Division of Developmental Disabilities	No
NE Developmental Disabilities Day Services Waiver for Adults (0394.R04.00)	Individuals with autism or with I/DD ages 21+	1,055	Division of Developmental Disabilities	No
NE Traumatic Brain Injury Waiver (40199.R05.00)	Individuals with brain injury ages 18 to 64	230	Division of Medicaid and Long-Term Care	No
Family Support Waiver (2366.R00.00)	Individuals ages 0-21 years who meet an ICF/IID level of care.	1,500	Division of Developmental Disabilities	No

D.6. Medicaid Program: New Initiatives- CCBHCs

- In November 2024 Nebraska DHHS and Division of Behavioral Health selected seven providers to begin the Certified Community Behavioral Health Clinics certification program as an initiative to enhance access to the highest standard of mental health and substance use care.
- After successfully completing the certification program, the behavioral health provider will be recognized as a CCBHC in Nebraska. Providers who have been selected to begin the CCBHC program include:
 - CenterPointe
 - Community Alliance
 - Heartland Counseling Services
 - Heartland Family Services
 - Lutheran Family Services
 - South Central Behavioral Health Services
 - The Well
- Over the next year, the DHHS Division of Medicaid and Long-Term Care and the DHHS Division of Behavioral Health will support and work with these seven providers to develop the services and programs needed to meet the state requirements and federal criteria determined by the Substance Abuse and Mental Health Services Administration (SAMHSA). Programs will receive the necessary support to have their programs operating by January of 2026.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	252,321	142,292
SMI Enrollment	<ul style="list-style-type: none"> • <i>OPEN MINDS</i> estimates 36% of the population in Medicare Advantage, 64% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> • Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> • Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> • Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 394,613 | Total Medicare With SMI: 89,547

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 36% Medicare Advantage, 64% in traditional Medicare.
SMI population inclusion in managed care	Estimated 36% of population in Medicare Advantage, 64% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Nebraska does not offer any C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 394,613.
- An estimated 17% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population who are enrolled in Medicare.
- *OPEN MINDS* estimates approximately 39% of the state's SMI population is enrolled in a Medicare plan.
- Nebraska has 93 counties, and Medicare Advantage plans are available in 89 of them in 2024. Across those 87 counties, plan availability ranges from just three plans in several counties, up to 38 in some of the more populous counties.
 - There are currently 43 Medicare Advantage plans available for 2025.
- There are currently 36 insurers offered Medigap plans in Nebraska in 2024.
- As of mid-2024, there were 187,224 Medicare beneficiaries in Nebraska with stand-alone Medicare Part D plans.
 - Another 116,770 had Medicare Part D coverage as part of their Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs

1. Avera Prairie View ACO
2. Northern Territories MSSP Enhanced
3. Care Partners ACO, LLC
4. CHI Health Partners
5. IowaHealth+
6. MercyOne ACO IV
7. Midwest Health Coalition ACO
8. Nebraska Health Network, LLC
9. NPG Health Collaborative LLC
10. Prairie Vista Care Organization
11. Emergent ACO, LLC
12. On Belay Health Solutions
13. Bryan Health Connect ACO, LLC
14. OneHealth Nebraska ACO, LLC
15. Emergent ACO 23.1, LLC
16. Think ACO, LLC

E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives in Nebraska currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Managed Care	PACE
Enrollment (December 2023)	30,707	901
Estimated SMI Enrollment	6,448	189
Management	Three health plans	Two non-profits
Payment Model	Capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Select counties

Total Dual Eligible Enrollment: 31,608 | Total Dual Eligible Enrollment With SMI: 6,637

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December 2023 Enrollment	Estimated SMI Enrollment
Aetna Medicare Assure Premier	Aetna/ CVS	Medicare Advantage D-SNP	691	145
WellCare Dual Liberty	WellCare Access	Medicare Advantage D-SNP	605	127
Medica Community Health Plan	Medica Health Plans	PACE	589	124
WellCare Dual Access Open	WellCare Access	Medicare Advantage D-SNP	457	96
Immanuel Pathways PACE	Immanuel	PACE	312	66

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2023 was 31,608.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are required to enroll in Medicaid managed care to receive Medicaid services.
- D-SNP enrollment as of December 2023 was 1,753. D-SNP SMI enrollment was 368.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Nebraska does not currently have any initiatives related to dual eligibles.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- Nebraska does not currently operate a MLTSS program.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2024)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

*Long-Term Services & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	-	-	-
Disabled children	-	-	-
Blind individuals	-	-	-
Aged individuals	-	-	-
Dual eligibles	-	-	-
Individuals with I/DD	-	-	-
Individuals residing in nursing homes	-	-	-
Individuals residing in ICF/IDD	-	-	-
Other HCBS Recipients	-	-	-
Other populations			

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Nebraska does not currently operate a MLTSS program.

G.3. Medicaid LTSS Program: Health Plan Characteristics

- Nebraska does not currently operate a MLTSS program.

G.4. Medicaid LTSS Program: Health Benefits

Required Health Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Optional Health Benefits

1. Prescribed drugs
2. Intermediate care facilities for the developmentally disabled (ICF/DD)
3. Home- and community-based services
4. Dental services
5. Rehabilitation services
6. Personal care services
7. Durable medical equipment
8. Medical transportation services
9. Vision-related services
10. Speech therapy services
11. Physical therapy
12. Chiropractic services
13. Occupational therapy services
14. Optometric services
15. Podiatric services
16. Hospice services
17. School-based administrative services
18. Hearing screening services for newborn and infant children
19. Private Duty Nursing
20. Clinic Services
21. Screening and Preventive Services
22. Case Management Services
23. Ambulatory Prenatal Care
24. Mental Health and Substance Use Disorder Services.

G.4. Medicaid LTSS Program: Health Plan Benefits

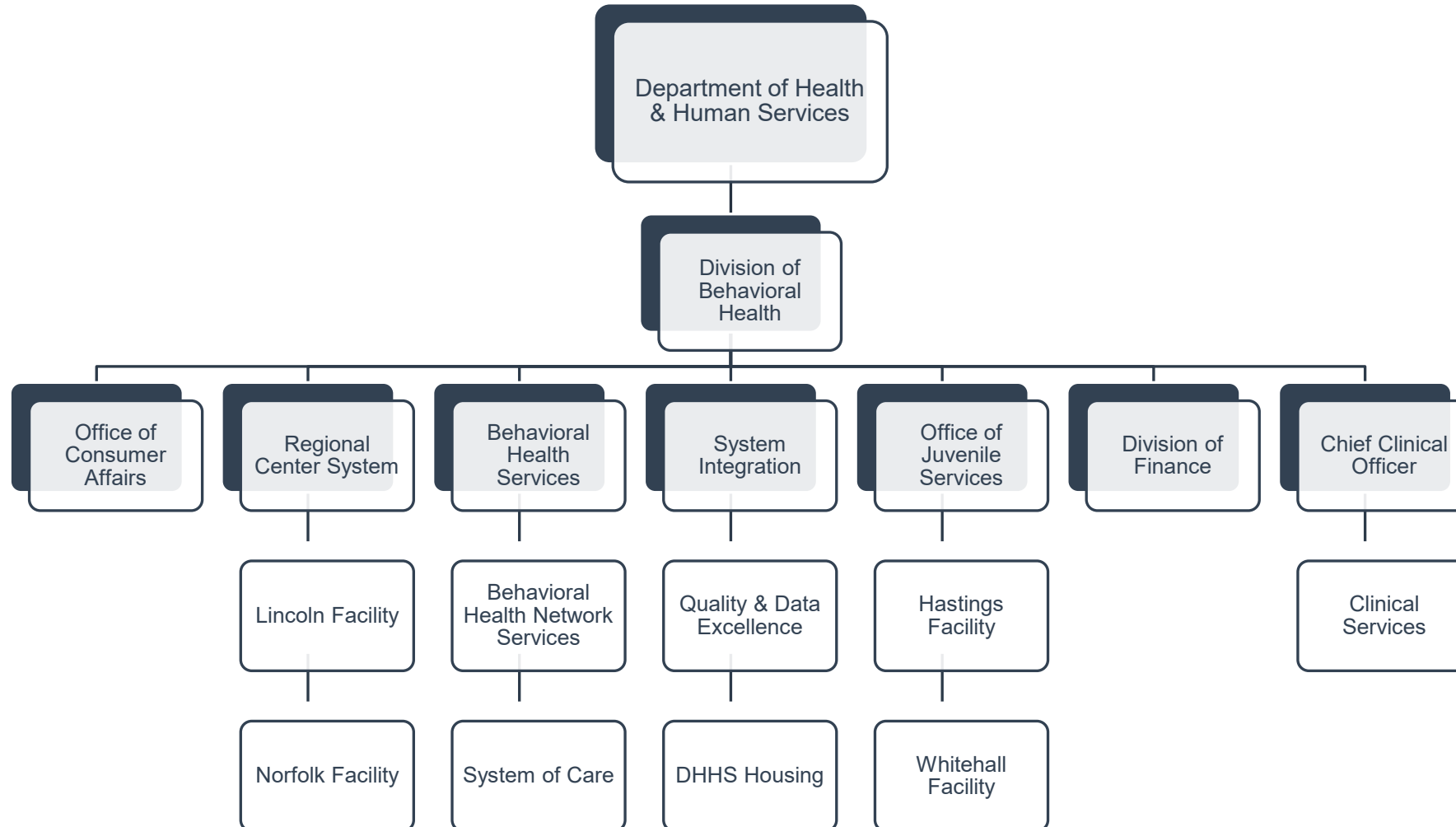
- Nebraska does not currently operate a MLTSS program.

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are no new initiatives currently.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Health & Human Services: Division Of Behavioral Health Organization Chart



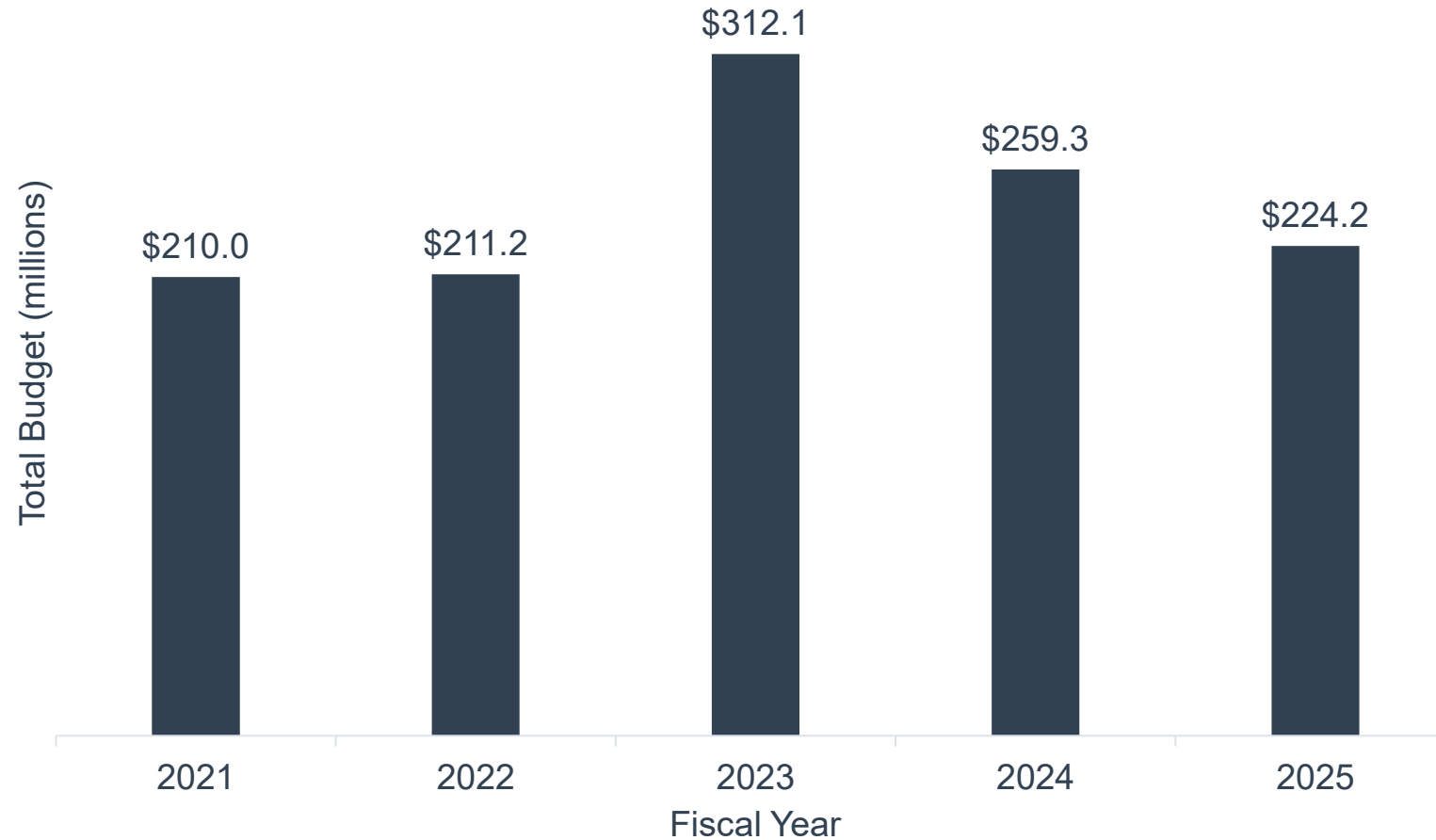
H.1. Department Of Health & Human Services: Division Of Behavioral Health Key Leadership

Name	Position	Department	Email
Steve Corsi	Chief Executive Officer	Department of Health and Human Services (DHHS)	steve.corsi@nebraska.gov
Thomas Janousek	Director	DHHS, Division of Behavioral Health	thomas.janousek@nebraska.gov
Mark Labouchardiere	Regional Hospital Administrator	DHHS, Division of Behavioral Health	mark.labouchardiere@nebraska.gov
Jessie McDevitt	Deputy Director, Clinical Operations	DHHS, Division of Behavioral Health	jessica.mcdevitt@nebraska.gov
Diana Meadors	Deputy Director, Administrative Operations	DHHS, Division of Behavioral Health	diana.meadors@nebraska.gov
Jennifer Cimpl-Bohn	Director of Forensic and Justice Behavioral Health Services	DHHS, Division of Behavioral Health	Not available

H.2. Department Of Health & Human Services: Division Of Behavioral Health Budget

Budget Item	SFY 2025 Appropriations	Percent Of Budget
Behavioral Health Aid	\$104,057,033	46%
Lincoln Regional Center	\$69,629,603	31%
Beatrice State Developmental Center	\$42,290,004	19%
Behavioral Health administration	\$8,195,619	4%
Budget Total: \$224,172,259		

H.2. Department Of Health & Human Services: Division Of Behavioral Health Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Lincoln Regional Center (licensed psychiatric beds)	Lincoln	250
Norfolk Regional Center (persons with a record of sex offenses only)	Norfolk	120
Total		370

H.4. Behavioral Health Safety-Net Delivery System

- Individuals with financial need who do not have health insurance and who are not Medicaid-eligible receive mental health and addiction disorder treatment services through six Regional Behavioral Health Authorities (RBHAs). The RBHA catchment areas are defined by state law.
- The RBHAs are responsible for developing and contracting a network of behavioral health services for the safety-net population.
- The RBHAs are funded by a combination of federal, state, and county funds, and Community Mental Health Service and Substance Abuse Treatment block grants. These funds are overseen by the Department of Health and Human Services, Division of Behavioral Health (DBH). All RBHA budgets and contracts are subject to DBH review.
- The RBHAs are governed by the counties, with each county supplying one member to its RBHA board.

H.5. Behavioral Health System: New Initiatives - CCBHCs

- In November 2024 Nebraska DHHS and Division of Behavioral Health selected seven providers to begin the Certified Community Behavioral Health Clinics certification program as an initiative to enhance access to the highest standard of mental health and substance use care.
- After successfully completing the certification program, the behavioral health provider will be recognized as a CCBHC in Nebraska. Providers who have been selected to begin the CCBHC program include:
 - CenterPointe
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 - Heartland Family Services
 - Lutheran Family Services
 - South Central Behavioral Health Services
 - The Well
- Over the next year, the DHHS Division of Medicaid and Long-Term Care and the DHHS Division of Behavioral Health will support and work with these seven providers to develop the services and programs needed to meet the state requirements and federal criteria determined by the Substance Abuse and Mental Health Services Administration (SAMHSA). Programs will receive the necessary support to have their programs operating by January of 2026.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a per unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2023). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved May 2025 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2023). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved May 2025 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2023). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved May 2025 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau. (2023). 2023 Population Distribution by Race/Ethnicity. Retrieved May 2025 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2024, March) US Regional Data, MSAs. Retrieved January 2023 from <https://fred.stlouisfed.org>
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved May 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved May 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas>
4. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved May 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
5. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved May 2025 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved December 2021. <https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (2024, March). Retrieved December 2021. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics>
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved December 2021. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

I.3. Sources

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2025, January). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved May 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. www.markfarrah.com

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2025, January). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved May 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2024). PY2025 Individual Medical Landscape. Retrieved May 2025 from <https://data.healthcare.gov/dataset/735facd9-1df8-400e-b650-da881c728a2b>
2. United States Department of Health and Human Services. (2024). QHP Landscape PY2025 SHOP Market Medical. Retrieved May 2025 from <https://data.healthcare.gov/dataset/2ffb5a20-8b08-48cb-b0ba-115de4381ca1>
3. Health Insurance. Nebraska health insurance marketplace: history and news of the state's exchange. Retrieved May 2025 from <https://www.healthinsurance.org/states/health-insurance-nebraska/>

B.6. ACOs

1. OPEN MINDS. (2023). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

C.1. Medicaid Governance: Organizational Chart

1. Nebraska Department of Health and Human Services. (2025, January). Medicaid and Long-term Care Organizational Chart. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/OrgChartMLTC.pdf>

I.3. Sources

C.1. Medicaid Governance: Key Leadership

1. Nebraska Department of Health and Human Services. (2025, January). Medicaid and Long-term Care Organizational Chart. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/OrgChartMLTC.pdf>

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
2. United States Government Printing Office. (2024, November 28). Federal Medical Assistance Percentages FY 2025. Retrieved May 2025 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
3. Centers for Medicare and Medicaid Services. (2023). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
4. Centers for Medicare and Medicaid Services. (2013). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved May 2025 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2024). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2022). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/publication/macstats-archive/>
5. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2018, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved May 2025 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2017, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved May 2025 from <https://www.macpac.gov/publication/macstats-archive/>

I.3. Sources

C.3. Medicaid Expansion Status

1. Nebraska Department of Health and Human Services. (2021, June 1) DHHS Announces Updated to Medicaid Expansion. Retrieved March 2022 from <https://dhhs.ne.gov/Pages/DHHS-Announces-Updates-to-Medicaid-Expansion.aspx>
2. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved May 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2025, January). Medicaid Enrollment Data Collected Through MBES. Retrieved May 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children’s Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved May 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved May 2025 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>

C.4. Medicaid Program Benefits

1. Nebraska Department of Health and Human Services. (2023). Nebraska Medicaid Annual Report for State Fiscal Year 2023. Retrieved May 2025 from https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Health_and_Human_Services_Department_of/107_20231213-093601.pdf
2. Nebraska Department of Health and Human Services. (n.d.). Section 3 - Services: General Provisions. Retrieved May 2025 from <http://dhhs.ne.gov/Medicaid%20State%20Plan/Amount,%20Duration,%20and%20Scope%20of%20Services.pdf>
3. Nebraska Department of Health and Human Services. (n.d.). Attachment 3.1-A- Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy. Retrieved May 2025 from <http://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%203.1a%20-%20Amount,%20Duration,%20and%20Scope%20of%20Medical%20and%20Remedial%20Care%20and%20Services%20Provided%20to%20the%20Categorically%20Needy.pdf>
4. Nebraska Department of Health and Human Services. (2020, November 2). State Plan Amendment 20-0003. Retrieved May 2025 from <https://www.medicaid.gov/medicaid/spa/downloads/NE-20-0003.pdf>
5. Nebraska Department of Health and Human Services. (2020, November 3). State Plan Amendment 20-0002. Retrieved May 2025 from <https://www.medicaid.gov/medicaid/spa/downloads/ne-20-0002.pdf>

I.3. Sources

D.1. Medicaid Financing & Service Delivery System

1. Nebraska Department of Health and Human Services. (2024, February). Heritage Health Public Dashboard Data. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/HeritageHealthDashData.pdf>
2. OPEN MINDS. (2025). Health Plan Database.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM, and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. Nebraska Department of Health and Human Services. (2020, July 6). Medicaid Alternative Benefit Plan. Retrieved May 2025 from [https://dhhs.ne.gov/Documents/NE%2023-0002%20Nebraska%20Alternative%20Benefit%20Plan%20\(NE%20ABP\).pdf](https://dhhs.ne.gov/Documents/NE%2023-0002%20Nebraska%20Alternative%20Benefit%20Plan%20(NE%20ABP).pdf)

D.2. Medicaid FFS Program: Overview

1. Nebraska Department of Health and Human Services. (2024, February). Heritage Health Public Dashboard Data. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/HeritageHealthDashData.pdf>
2. OPEN MINDS. (2025). Health Plan Database.

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Nebraska Department of Health and Human Services. (2021). Adult Psychiatric, Substance Use Disorder, and Medicaid Rehabilitation Option. Retrieved May 2025 from <http://dhhs.ne.gov/Pages/Medicaid-Services.aspx>
2. Nebraska Department of Health and Human Services. (2020). State Plan Amendment 20-0002. Retrieved May 2025 from <https://www.medicaid.gov/medicaid/spa/downloads/ne-20-0002.pdf>

I.3. Sources

D.2. Medicaid FFS Program: SMI Population

1. OPEN MINDS. (2025). Health Care Plans Database.

D.2. Medicaid FFS Program: Pharmacy Benefits

1. Nebraska Department of Health and Human Services. (2021, April 1). Nebraska Preferred Drug List. Retrieved May 2025 from <https://nebraska.fhsc.com/>
2. Nebraska Department of Health and Human Services. (2021, April 1). Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria. Retrieved May 2025 from <https://nebraska.fhsc.com/downloads/NEClaimLimitations.pdf>
3. Nebraska Department of Human Services. (2012, March 28). Chapter 16: Pharmacy Services. Retrieved May 2025 from http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-16.pdf
4. Nebraska Total Care. (2020, March). Policy and Procedure: Lock In Program. Retrieved May 2025 from https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/policies/pharmacy-policies/NE.PHAR.18_Restricted_Services_2022_508.pdf

D.3. Medicaid Managed Care Program: Overview

1. Nebraska Department of Health and Human Services. (2024). Heritage Health Public Dashboard. Retrieved May 2025 from <http://dhhs.ne.gov/Pages/Heritage-Health-Dashboard.aspx>
2. Nebraska Department of Health and Human Services. (2021). Heritage Health. Retrieved May 2025 from <http://dhhs.ne.gov/Pages/Heritage-Health-Contacts.aspx>
3. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM Programs and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
4. Nebraska Department of Health and Human Services. (2023, December 1). Nebraska Medicaid Annual Report for State Fiscal Year 2023. Retrieved May 2025 from https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Health_and_Human_Services_Department_of/107_20231213-093601.pdf

D.3. Medicaid Managed Care Program: Health Plan Characteristics

1. Nebraska Department of Health and Human Services. (2021) Heritage Health Resources. Retrieved May 2025 from <https://dhhs.ne.gov/Pages/Heritage-Health-Resources.aspx>
2. Nebraska Department of Health and Human Services. (2024). Heritage Health Public Dashboard. Retrieved May 2025 from <http://dhhs.ne.gov/Pages/Heritage-Health-Dashboard.aspx>

I.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. UnitedHealthcare. (2024). UnitedHealthcare Community Plan - Heritage Health. Retrieved May 2025 from <https://www.uhccommunityplan.com/ne/medicaid/heritage-health>
2. Molina Healthcare. (2024) Member Handbook. Retrieved May 2025 from <https://www.molinahealthcare.com/members/ne/en-us/mem/Medicaid.aspx>
3. Nebraska Total Care. (2021). Provider Manual. Retrieved May 2025 from https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/ProviderRelations/NTC_Nebraska-Provider-Manual-Final_508.pdf
4. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM Programs and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
5. Nebraska Department of Health and Human Services. (2021). Medicaid Behavioral Health Service Definitions. Retrieved May 2025 from http://dhhs.ne.gov/Pages/Medicaid-Behavioral-Health-Definitions.aspx#InplviewHashef510dad-20dd-4a57-a254-85c91569baf5=Paged%3DTRUE-p_FileLeafRef%3DInitial%2520Diagnostic%2520Interview%252epdf-p_ID%3D16-PageFirstRow%3D31

D.3. Medicaid Managed Care Program: SMI Population

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM Programs and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. OPEN MINDS. (2025). Health Plan Database.

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Nebraska Department of Health and Human Services. (2024, February 3). Heritage Health Pharmacy Reference Guide. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/Heritage%20Health%20Pharmacy%20Guide.pdf>
2. Nebraska Department of Health and Human Services. (2024). Nebraska Preferred Drug List. Retrieved May 2025 from <https://nebraska.fhsc.com>
3. Nebraska Department of Health and Human Services. (2024). Nebraska Medicaid Preferred Drug List with Prior Authorization Criteria. Retrieved May 2025 from <https://nebraska.fhsc.com/downloads/NEClaimLimitations.pdf>
4. Nebraska Total Care. (2021). Provider Manual. Retrieved May 2025 from https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/ProviderRelations/NTC_Nebraska-Provider-Manual-Final_508.pdf

D.4. Medicaid Program: Care Coordination Initiatives

1. Derived from information throughout section D.

I.3. Sources

D.4. Medicaid Program: Care Coordination Initiatives – Performance Improvement Projects

1. Nebraska Department of Health and Human Services. (2023, December 1). Nebraska Medicaid Annual Report for State Fiscal Year 2023. Retrieved May 2025 from https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Health_and_Human_Services_Department_of/107_20231213-093601.pdf
2. Nebraska Total Care. (2021). Program Evaluation. Retrieved May 2025 from <https://www.nebraskatotalcare.com/members/medicaid/resources/quality-improvement/quality-improvement-program-evaluation.html>
3. Nebraska Department of Health and Human Services. (2018, November 27). Section 1115 Demonstration Waiver Application for the Use of Institutions for Mental Diseases in Medicaid Managed Care. Retrieved May 2025 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ne/ne-sud-demo-pa.pdf>
4. Nebraska Department of Health and Human Services. (2023). Annual External Quality Review Technical Report Aggregate Report. Retrieved May 2025 from <https://dhhs.ne.gov/Documents/HSAG%20Report%202022.pdf>
5. Nebraska Department of Health and Human Services. (2024). Heritage Health Public Dashboard. Retrieved May 2025 from <http://dhhs.ne.gov/Pages/Heritage-Health-Dashboard.aspx>

D.5. Medicaid Program: Care Management & Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved May 2025 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved May 2025 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.6. Medicaid Program: New Initiatives- CCBHCs

1. Nebraska Department of Health and Human Services. (2024, November 20). Nebraska Increases Mental Health and Substance Use Treatment Services By Selecting Seven Providers to Become Certified Community Behavioral Health Clinics. Retrieved May 2025 from <https://dhhs.ne.gov/Pages/Nebraska-Increases-Mental-Health-and-Substance-Use-Treatment-Services-by-Selecting-Seven-Providers-to-Become-CCBHCs.aspx>

I.3. Sources

E.1 Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, September) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

E.2. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, September) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

E.2. Medicare System Overview

1. Healthinsurance.org (2024, December) Medicare in Nebraska. Retrieved December 2023 from <https://www.healthinsurance.org/medicare/nebraska>

E.3. Medicare ACOs

1. OPEN MINDS. (2023). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

E.4. Medicare System: New Initiatives

1. Derived from information throughout this section.

F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2024, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved May 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2024, December). Special Needs Plan (SNP) Data. Retrieved May 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

I.3. Sources

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2024, April). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved May 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2024, April). Special Needs Plan (SNP) Data. Retrieved May 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2024, April). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved May 2025 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>
2. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM Programs and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Derived from information throughout this section.

G.1. LTSS Financing & Service Delivery

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM, and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. Nebraska Department of Health and Human Services. (2020, July 6). Medicaid Alternative Benefit Plan. Retrieved May 2025 from <https://dhhs.ne.gov/Medicaid%20State%20Plan/HHA%20Basic%20-%20ABP%201%20-%20Alternative%20Benefit%20Plan%20Populations.pdf>

G.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM, and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. Nebraska Department of Health and Human Services. (2020, July 6). Medicaid Alternative Benefit Plan. Retrieved May 2025 from <https://dhhs.ne.gov/Medicaid%20State%20Plan/NE%20%E2%80%93%20ABP8%20-%20Service%20Delivery%20Systems.pdf>

I.3. Sources

G.2. LTSS Financing & Service Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM, and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. Nebraska Department of Health and Human Services. (2020, July 6). Medicaid Alternative Benefit Plan. Retrieved May 2025 from <https://dhhs.ne.gov/Medicaid%20State%20Plan/NE%20%E2%80%93%20ABP8%20%20Service%20Delivery%20Systems.pdf>

G.3. LTSS Health Plan Characteristics

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM, and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. Nebraska Department of Health and Human Services. (2020, July 6). Medicaid Alternative Benefit Plan. Retrieved May 2025 from <https://dhhs.ne.gov/Medicaid%20State%20Plan/NE%20%E2%80%93%20ABP8%20%20Service%20Delivery%20Systems.pdf>

G.4. LTSS Program: Health Benefits

1. Centers for Medicare and Medicaid Services. (2019, April 1). Section 1915(b) Waiver Proposal for MCO, PIHP, PAHP, PCCM, and FFS Selective Contracting Programs. Retrieved May 2025 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/NE_Health-Connection_NE-03.pdf
2. Nebraska Department of Health and Human Services. (2020, July 6). Medicaid Alternative Benefit Plan. Retrieved May 2025 from <https://dhhs.ne.gov/Medicaid%20State%20Plan/NE%20%E2%80%93%20ABP8%20%20Service%20Delivery%20Systems.pdf>

G.4. LTSS Program: New Initiatives

1. Derived from information throughout this section.

I.3. Sources

H.1. Nebraska Department Of Health & Human Services: Division Of Behavioral Health Organization Chart

1. Nebraska Department of Health and Human Services. (2025, April 7). Division of Behavioral Health Organizational Chart. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/OrgChartBH.pdf>

H.1. Public Behavioral Health System Governance: Key Leadership

1. Nebraska Department of Health and Human Services. (2025, April 7). Division of Behavioral Health Organizational Chart. Retrieved May 2025 from <http://dhhs.ne.gov/Documents/OrgChartBH.pdf>

H.2. Nebraska Department Of Health & Human Services: Division Of Behavioral Health Spending

1. Nebraska Administrative Services State Budget Division. Biennium 2025-27 Agency Budget Request. Retrieved May 2025 from <https://das-nebs.ne.gov/public/faces/publicIndex.jsp#>

H.2. Nebraska Department Of Health & Human Services: Division Of Behavioral Health Spending Over Time

1. Nebraska Administrative Services State Budget Division. Biennium 2025-27 Agency Budget Request. Retrieved May 2025 from <https://das-nebs.ne.gov/public/faces/publicIndex.jsp#>
2. Nebraska Department of Administrative Services. (2024, April 7). Nebraska Budget Portal. Retrieved May 2025 from <https://www.nebraska.gov/das/budgetportal/index.html>
3. State of Nebraska (2021, January 14) Executive Budget in Brief 2021-2023 Biennium. Retrieved April2022 from <https://das.nebraska.gov/budget/publications.html>
4. State of Nebraska. (2018, September 14) 2019-2021 Biennial Budget Request. Retrieved May 2025 from <https://das.nebraska.gov/budget/publications.html>
5. State of Nebraska. (2021). Nebraska Budget Information Portal. Retrieved May 2025 from https://www.nebraska.gov/das/budgetportal/tabular.html?budget_type=E&level_of_detail=program&chart_type=pie&fiscal_year=2021&fund_type=1&functional_area=Health%20and%20Human%20Services&agency=025&show_labels=true&show_legend=true

H.3. State Psychiatric Institutions

1. Nebraska Department of Health and Human Services. (2024). Public Psychiatric Hospital. Retrieved May 2025 from <http://dhhs.ne.gov/Pages/Regional-Centers.aspx>

I.3. Sources

H.4. Behavioral Health Safety-Net Delivery System

1. Nebraska Department of Health and Human Services. (2014, June 14). Behavioral Health. Retrieved May 2025 from <https://dhhs.ne.gov/Pages/behavioral-health.aspx>
2. Nebraska Department of Health and Human Services (2021). Behavioral Health. Retrieved May 2025 from <https://dhhs.ne.gov/Pages/Behavioral-Health.aspx>

H.4. Behavioral Health Safety-Net Delivery System: RBHA Catchment Areas

1. Nebraska Network of Care. (2021). Behavioral Health Regions. Retrieved May 2025 from <http://portal.networkofcare.org/Sites/nebraska/mh>

H.5. Behavioral Health System: New Initiatives- CCBHCs

1. Nebraska Department of Health and Human Services. (2024, November 20). Nebraska Increases Mental Health and Substance Use Treatment Services By Selecting Seven Providers to Become Certified Community Behavioral Health Clinics. Retrieved May 2025 from <https://dhhs.ne.gov/Pages/Nebraska-Increases-Mental-Health-and-Substance-Use-Treatment-Services-by-Selecting-Seven-Providers-to-Become-CCBHCs.aspx>