Beginning January 1, 2017, Medicaid Managed Care in Nebraska will become Heritage Health.

This guide has been prepared to help answer any questions you may have.

Which Services are covered by Heritage Health?

Heritage Health plans will now cover Medicaid members' physical health, behavioral health, and pharmacy services.

What is Managed Care?

Managed Care is a system of health care delivery in which the Department contracts with health plans to administer health care benefits and services for our members.

Which services are considered physical, behavioral and pharmacy services?

Doctor visits; prescriptions; hospital; mental health; emergency room visits; vision and glasses; medical supplies and durable medical equipment; chiropractic visits; skilled nursing; family planning; HEALTH CHECK/EPSDT; physical, occupational, and speech therapy; hearing and hearing aids; x-rays and lab work; home health; dialysis; hospice; birthing center; transplants; and substance abuse treatment.

Must a Medicaid Client Enroll in Heritage Health?

Most Medicaid clients must be members of a Heritage Health plan. The only beneficiaries who will not be enrolled in a Heritage Health plan include participants in the Program for All-Inclusive Care for the Elderly (PACE), beneficiaries with Medicare coverage for whom Medicaid only pays co-insurance and deductibles, aliens who are eligible for emergency conditions only, and those who are required to pay a premium and are not continuously eligible due to a share of cost obligation.

Which services aren't included in Heritage Health?

Dental services, long-term care waiver services, and custodial level of care (room and board for a facility) are not included in Heritage Health.

Will Medicaid benefits and services change?

All services currently provided by Nebraska Medicaid will continue. However, Heritage Health managed care plans may offer additional "value-added services" which might not be offered to Medicaid enrollees at this time. The additional services are highlighted on the plan comparison chart available here: http://tinyurl.com/hmz8kb7.

Will long-term care/waiver services remain unchanged?

Yes, long-term care/waiver services will remain in the current fee-for-service state administered program. DHHS is undertaking a separate long-term care (LTC) redesign project reviewing the services and how they are provided in Nebraska. Information about this project is available here:
http://dhhs.ne.gov/medicaid/Pages/medicaid_LTC.aspx

Will Medicaid non-emergency medical transportation (NET) change?

Not at this time. These services will continue to be provided through the state's transportation broker, Intelliride.

How many plans will Medicaid and CHIP enrollees have to choose from?

Nebraska Medicaid has contracted with UnitedHealthcare Community Plan of Nebraska, Nebraska Total Care (Centene), and WellCare of Nebraska for the Heritage Health program. Members will be able to choose from all three contracted plans no matter where they live in the State.

How does a member enroll in a Heritage Health plan?

Each individual who is covered by Nebraska Medicaid in the fall of 2016 was mailed a packet with information about the different ways to enroll in a plan. The information packet explained options and how to enroll, including online or by phone.

How can a member receive information about what services are covered by a specific Heritage Health plan?

Inside the enrollment packet mailed to each client was a plan comparison chart. The chart is available here: http://tinyurl.com/hmz8kb7. Other documents

included in the enrollment packet are also available on the Heritage Health resources webpage.

Members with specific questions can call the enrollment broker at 1-888-255-2605 (7am-7pm central time, Monday through Friday).

Will a member be able to keep his or her primary care provider and specialists?
Each plan Nebraska Medicaid contracts with for Heritage Health will be encouraged to build as large a network of primary care providers and specialists as possible and is required to meet network adequacy standards outlined in their contracts. Before selecting a plan, members will be able to see if their preferred primary care provider or specialists are included in that plan's network of providers.

Will a member be able to get emergency care from any hospital?
Yes. Heritage Health plans must cover emergency care regardless of whether the provider is in the plan's network.

Do all children in a household have to have the same health plan?
No, children in a household may have different health plans. For care continuity, the Department recommends that families enroll in the same plan.

A member received a call/letter from "AHS." Who are they?
AHS stands for Automated Health Systems. They are working as the enrollment broker for Heritage Health. They have been contracted by DHHS to provide independent choice counseling for all enrollees and to assist with the enrollment process and answer questions about the various health plans.

What if a member misses the deadline to select a Heritage Health plan?
If a member did not select a Heritage Health plan by December 6th, one was selected for the member using an alogirthm designed to protect family and historical provider relationships.

How many Nebraska Medicaid members selected a plan by the open enrollment deadline?
Over 80,000 Medicaid members selected a Heritage Health plan by December 7, 2016.

What if a member wants to change their Heritage Health plan?

Between December 7, 2016, and January 1, 2017, a member can enroll in another plan. This plan will be effective beginning on February 1, 2017.

After January 1, 2017, all members will have 90 days to select a different health care plan. After that, they can changed plans during the annual open enrollment period or at any time with a "for cause" reason approved by the state.

How can a member enroll or change their Heritage Health plan?

A member can enroll or change plans:

- Online at www.neheritagehealth.com
- By phone:
  - A member can enroll by calling 1-888-255-2605 (7am-7pm central time, Monday through Friday). TTY/TTD users ONLY call 711
    - Please have these things ready for the person you are calling about:
      - Name, address, and date of birth
      - The Medicaid ID number, Social Security number, or PIN for the person you are calling about.
- By mail:
  - If a member knows which health plan he or she wants, they can fill out the enrollment form included within his or her enrollment packet. The member can mail it in the envelope provided to:

Heritage Health Enrollment Center
9370 McKnight Road, Suite 300
Pittsburgh, PA 15237

- By fax:
  - Instead of mailing, a member may fax your completed enrollment form to 1-800-852-6311.

Can a member disenroll from Heritage Health?

No, Medicaid members will need to select a Heritage Health plan for their physcial health, behavioral health and pharmacy services.

Will the health plans accept all Medicaid providers in their networks?

Heritage Health plans will be encouraged to build as large a network of providers as possible. Networks created by Heritage Health plans must be adequate to meet State guidelines for timely access to care for plan members. Heritage Health plans are required to include providers that are currently serving Medicaid beneficiaries and will need to be part of the network to continue to care for these beneficiaries. All providers in a plan's network will need to meet that plan's credentialing standards.

Will billing processes be different?

All Heritage Health plans are required to implement a comprehensive provider education effort aimed at instructing providers on the plan's billing processes and all other provider requirements. Furthermore, Heritage Health plans are required to participate in the *Administrative Simplification Committee* that the State is overseeing to identify areas where plans can stream-line and simplify requirements for providers such as billing, service authorization, and credentialing.

How will providers be paid?

Each Heritage Health plan must have an adequate provider network and may negotiate reimbursement rates with providers in its network. There are some specific requirements for certain providers like Critical Access Hospitals (CAHs) that exist in regulations or are in required in the contracts with the plans. Health plans are also contractually required to pass through all legislatively appropriated rate increases in their entirety. Plans are also required to meet the state's claims payment timeliness standards to ensure no undue delay in reimbursement.

If a member obtains emergency services from an out-of-network provider, the managed care organization must pay the provider 100% of the Medicaid rate. If a member obtains services other than emergency services from an out-of-network provider, the managed care organization is not obligated to pay a rate more than 90% of the Medicaid rate in effect on the date of service to providers with whom/which it has made a minimum of three documented attempts to contract. Heritage Health plans are also required to establish plans for value-based purchasing which will provide added financial opportunities for providers.

Will the implementation of Heritage Health cause a disruption of care for Nebraska Medicaid members?

Until January 1, 2017, providers will continue to request authorization for services through the existing fee-for-service or health plan processes. Active authorizations with dates of service after December 31, 2016, will be transferred electronically to the members' Heritage Health plans.

The Heritage Health plans will honor previously approved authorizations for the lesser of:

- 90 days from implementation of Heritage Health on January 1, 2017,
- The original end date on the authorization from the previous entity, or
- The date on which the new Heritage Health plan, with consultation from the provider, makes a new or different medical necessity determination.

During the period from January 1, 2017 through March 31, 2017, the plans will honor the authorization regardless of provider network participation, and the provider will be reimbursed at 100% of the Medicaid fee schedule or the rate specified in their contract with the Heritage Health plan.

Will the Heritage Health plans require prior authorizations for services that previously did not require such authorizations?

The member's new Heritage Health plan may in some instances require prior authorization for services that did not require authorization within fee-for-service or the previous plan. As a general rule, providers are expected to verify eligibility and to submit authorization requests prior to providing the service. However, to allow time for transition and continuity of care, the plans will allow providers to submit requests for retroactive determination of medical necessity for dates of service between January 1, 2017 and February 28, 2017. The plans will make the determination of medical necessity using the same criteria as if the request was submitted prior to the service being rendered.

How are the health plans paid?

Nebraska Medicaid pays a fixed monthly payment per plan member (a capitated payment) to each managed care organization. Those monthly rates are developed by actuaries, who look at our historical costs and the projected trend of health care costs both nationally and in Nebraska.

What information will be available about Heritage Health and how can I stay updated?

Information about Heritage Health, including updated common questions, public events scheduled, and additional resources are available on the Heritage Health webpage at www.dhhs.ne.gov/HeritageHealth. You can subscribe to the webpage to receive emails notice when updates are made to the page. If you have any questions, please email dhhs.heritagehealth@nebraska.gov.

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HERITAGE HEALTH

Below is contact information for Heritage Health and other health care resources that will be helpful to you as members adjust to our new integrated managed care program.

For all questions regarding enrollment and plan selection:

Heritage Health Enrollment Center
1-888-255-2605
TTY/TDD, call 711
www.neheritagehealth.com

For questions regarding a specific health plan:

Nebraska Total Care
1-844-385-2192
Provider/Member
TTY/TDD: 1-844-307-0342
www.nebraskatotalcare.com

UnitedHealthcare Community Plan of Nebraska
1-800-641-1902 Member
1-855-599-3811 Provider
TTY/TDD: 711
www.uhccommunityplan.com

WellCare Of Nebraska
1-855-599-3811
Provider/Member
TTY/TDD: 888-816-5652
www.wellcare.com/nebraska

For general questions about Medicaid eligibility:

ACCESSNebraska
Nebraska Medicaid Eligilibity Helpline
1-855-632-7633
402-473-7000 (Lincoln)
402-595-1178 (Omaha)
TTDD: 402-595-1178
www.accessnebraska.ne.gov

For questions about Social Security or SSI:

Social Security Adminsitration
1-800-772-1213
TTY: 1-800-325-0778
www.ssa.gov/agency/contact

For questions about Medicare:

SHIIP (Senior Health Insurance Information Program)
1-800-234-7119
http://www.doi.nebraska.gov/shiip/

For questions regarding the federal health insurance marketplace:

Health Insurance Marketplace
1-800-318-2596
www.healthcare.gov

For questions about non-emergency Medicaid transportation:

IntelliRide
1-844-531-3783
www.iridenow.com/Home/Nebraska

For questions regarding WIC:

Women, Infants and Children (WIC) Program
402-471-2781 or toll free at 1-800-942-1171
www.dhhs.ne.gov/wic

For information on senior care services available through the Area Agencies on Aging:

Aging Office of Western NE
AOWN - Scottsbluff
800-682-5140
308-635-0851
www.aown.org

Aging Partners
Lincoln
800-247-0938
402-441-7070
www.lincoln.ne.gov/city/mayor/aging/index.htm

West Central NE Area Agency on Aging
WCNAAA – North Platte
800-662-2961
308-535-8195
www.wcnaaa.com

Blue Rivers Area Agency on Aging
BRAAA - Beatrice
888-317-9417
402-223-1376
www.braaa.org

South Cetnral NE Area Agency On Aging
SCNAAA – Kearney
800-658-4320
308-234-1851
www.agingkearney.org

Eastern NE Office on Aging
ENOA – Omaha
888-554-2711
402-444-6536
www.enoa.org

Midland Area Agency on Aginging
MAAA – Hastings
800-955-9714
402-463-4565
www.midlandareaagencyonaging.org

NorthEast NE Area Agency on Aging
NENAAA – Norfolk
800-672-8368
402-370-3454
www.nenaaa.com