HERITAGE HEALTH

Nebraska's Medicaid Managed Care Program

Member Guidebook

Visit us online:
www.neheritagehealth.com

Call Toll free:
1-888-255-2605; TTY/TTD: 711

Monday-Friday 7:00am-7:00pm Central Time

Interpretation Services Available

Enrollment materials are available in alternative formats and communication modes.

Hay información en español.
¡Servicio de intérprete gratis!
Llame al 1-888-255-2605 (TTY/TTD: 711).

Keep this Member Guidebook for future use.

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Welcome to Heritage Health

Heritage Health is Nebraska's Managed Care program. It gives you one health plan for your physical health, behavioral health, and medicines. It also offers extra benefits and services. Heritage Health has three different health plan options:

- ***Nebraska Total Care***
- ***UnitedHealthcare Community Plan of Nebraska***
- ***WellCare of Nebraska***

You can be a member of the health plan that best fits you and your family's needs.

Change a Plan

When you become eligible for Heritage Health, you will be enrolled in one of our three health plans. You will receive a Welcome Packet that explains the plan chosen for you. If you are not happy with the plan chosen for you, it's easy to change your health plan within the first 90 days of enrollment.

Online:

You can create an account at www.neheritagehealth.com. You can log into your account 24 hours a day 7 days a week to change health plans online.

Call:

You can call our automated phone enrollment line at 1-888-255-2605. It is available 24 hours a day 7 days a week. Follow the prompts to pick a new plan.

If you would like to talk to a Choice Counselor, they are available from 7am-7pm central time, Monday through Friday. Call us at 1-888-255-2605. TTY/TTD users ONLY call 711.

Please have these things ready for the person you are changing a plan for:

- Name, address, and date of birth
- The Medicaid ID number, Social Security Number, or PIN

Mail:

You can fill out the health plan change form included within this packet. Please make sure all parts of the form are filled out and signed before sending it back. You can mail it in the envelope provided or send it to:

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

Fax:

Instead of mailing, you may fax your completed health plan change form to 1-800-852-6311.

Choose a Primary Care Provider

To see if your Primary Care Provider (PCP) participates in one of the Heritage Health plans, go to Find A Provider at www.neheritagehealth.com. You can also speak to a Choice Counselor at 1-888-255-2605.

Once you are enrolled in a health plan, call the plan directly to pick or change a Primary Care Provider (PCP).

Health Plan Benefits

All Heritage Health plans offer the same health care services. Your health plan will send you the full list of services. This is not a complete list of services.

- Doctor visits
- Prenatal and maternity care services
- Prescriptions
- Hospital
- Mental health
- Emergency room visits
- Vision and glasses
- Medical supplies and durable medical equipment
- Chiropractic visits
- Skilled nursing
- Family planning
- Well-Child checkups (EPSDT-Health Check)
- Physical, occupational, and speech therapy
- Hearing and hearing aids
- X-rays and lab work
- Home health
- Dialysis
- Hospice
- Birthing center
- Transplants
- Substance use treatment
- Non-Emergency Medical Transportation

Services Not Covered by Your Health Plan

There are other services that your health plan does not cover, but are still covered by Medicaid for those that are eligible. The services listed below may be available to you:

- Personal Assistance Services (PAS)
- Long Term Care
- Home and Community Based Waiver Services
- School-Based Services

Dental benefits are available to eligible Medicaid enrollees. For questions about dental benefits, call MCNA Dental at 1-844-351-6262.

How to Use Your Medicaid and Heritage Health Plan ID Cards

- You will receive a Medicaid ID card. You will also receive an ID card from your Heritage Health plan
- You must present your Medicaid ID card and your Heritage Health plan ID card wherever you get care

BE SURE TO BRING BOTH CARDS TO EVERY APPOINTMENT

How to Get Care

- Your medical professional is your Primary Care Provider, or PCP
- If you get sick or need a checkup, call your PCP. If your family member is sick or needs a checkup, call their PCP
- If you cannot keep the appointment, you need to call your PCP's office and tell them
- It is very important to call your PCP at least 24 hours in advance if you need to cancel the appointment
- If you cancel an appointment, make arrangements with your PCP for a new appointment
- If you need to see a specialist, talk with your PCP first
  For example: If your child needs to see an ear doctor, your child's PCP will recommend an ear doctor
- The providers you see must be in the health plan network you have chosen
  Exception: You may go to any family planning provider but they must accept Nebraska Medicaid

Emergency/Urgent Care

An emergency is a time when your life is in danger. Or, it can be something that happens that could cause permanent disability if not treated immediately. If you are having an emergency, call 911 or go to the closest emergency room. You can get emergency services whether or not they are in your health plan network.

The following are examples of emergencies:

- *A serious accident*
- *Poisoning*
- *Chest pains*
- *Stroke*
- *Severe bleeding*
- *Severe burns*
- *Difficulty breathing*

You should use urgent care when your life is not in danger and you have time to call your PCP. If you need urgent care, call your PCP to get instructions. You can call your PCP 24 hours a day, 7 days a week.

Some examples of urgent care are:

- *Fever*
- *Stomach pain*
- *Earaches*
- *Headache*
- *Symptoms of cold or flu*

How to Receive Non-Emergency Medical Transportation Services

You can get transportation if you cannot get to and from the medical professional's office and pharmacy. You can call your health plan's transportation company to set up transportation. You need to call at least three (3) business days before your appointment to schedule a ride.

Health Plan	Transportation Company	Member Services Phone Number	
Nebraska Total Care	MTM	1-844-385-2192	TTY: 711
UnitedHealthcare	National MedTrans	1-833-583-5683	TTY: 1-833-587-6527
WellCare	IntelliRide	1-844-531-3783	TTY: 402-401-6998

Grievances

A grievance is a complaint about access to care, quality of care, or problems communicating with your health plan or PCP. If you have a grievance about your health care, contact a Choice Counselor with Heritage Health at 1-888-255-2605 for help. You can also contact member services at your health plan and work through their grievance process. Refer to your member handbook from your health plan on how to contact them. You can file a grievance by phone or in writing.

Appeals

An appeal is when you ask for a formal hearing when you do not agree with a decision made by your health plan. You have the right to appeal when your health plan:

- Denies or limits a service approval request
- Does not approve a service in an amount, length of time, or scope that you requested
- Denies payment for a service
- Suspends, reduces, discontinues, or terminates services
- Doesn't act upon your grievance or appeal within required timeframes
- Denies your request to disagree with a bill

Requesting an appeal with your health plan:

- Contact a member representative from your health plan by phone or mail
- The member handbook from your health plan tells you how to file an appeal
- You have sixty (60) days from the date on your notice of adverse benefit determination to request an appeal with your health plan
- Your health plan must continue your benefits if you ask them to. You must ask within 10 calendar days from the date on the adverse action benefit determination notice. An authorized provider must have ordered the services. Your authorization period must not have run out.
- You may represent yourself for this appeal or be represented by another person

Detailed information for your Heritage Health plan can be found at the following links:

nebraska total care Nebraska Total Care	UnitedHealthcare Community Plan UnitedHealthcare Community Plan of Nebraska	WellCare Health Plans WellCare of Nebraska

Or, type in the web address directly. Scroll to the Member Handbook and download.

Nebraska Total Care:
https://www.nebraskatotalcare.com/members/medicaid/resources/handbooks-forms.html

UnitedHealthcare:
https://www.uhccommunityplan.com/ne/medicaid/heritage-health

WellCare:
https://www.wellcare.com/Nebraska/Members/Medicaid-Plans/WellCare-of-Nebraska

Requesting a State Fair Hearing:

- You can request a State Fair Hearing after your appeal to the health plan has been finalized
- You must send the appeal request for a State Fair Hearing in writing
- Send your appeal request to:

DHHS MLTC Appeal Coordinator
PO Box 94967
Lincoln, NE 68509-4967

- You have 120 days from the date on the notice of resolution for the health plan appeal to request a State Fair Hearing
- Once you have filed the request for a State Fair Hearing, a hearing will be scheduled. You will be notified by mail of the date and time to call into the hearing
- You may represent yourself at this hearing or be represented by another person

Federally Qualified Health Centers

In addition to other health care providers, there are several Federally Qualified Health Centers (FQHCs) in Nebraska. Some of these centers have more than one location. These centers provide a lot of different preventive and primary health care services. Staff who work at the centers are doctors, nurse practitioners, physician assistants, nurses and health educators. For more information go to https://hcanebraska.org/find-a-health-center/.

Services you can get at these centers are:

- Well-Child Care & Immunizations (shots)
- Women's Health Exams
- Primary Health Care
- Urgent Care
- Family Planning
- WIC
- Breast & Cervical Cancer Screening
- School & Sports Physical Exams
- Minor Surgical Procedures
- Interpretation Services
- Women's Health Education
- Pregnancy Testing & Counseling
- STD Checks & Education
- Anonymous HIV Testing
- Laboratory Testing
- Diabetic Education
- Referrals for Specialty Care
- Nutrition Counseling
- Referrals to Community Services

The FQHCs you can use are:

Bellevue
One World Community Health Center – (402) 502-8855

Columbus
Good Neighbor Community Health Center – (402) 562-7500

Fremont
Good Neighbor Fremont Clinic– (402) 721-0951

Gering
Community Action Partnership of Western Nebraska Health Center – (308) 632-2540

Grand Island
Heartland Health Center – (308) 382-4297

Lincoln
Nebraska Urban Indian Medical Center – (402) 434-7177
Bluestem Health (4 locations) – (402) 476-1455

Madison
Madison Medical Clinic – (402) 454-3304

Norfolk
Midtown Health Center – (402) 371-8000

Omaha
Charles Drew Health Center (2 locations) – (402) 451-3553
One World Community Health Centers (4 locations) – (402) 734-4110

Plattsmouth
Cass Family Medicine – (402) 296-2345

Check with each clinic individually for office hours, making appointments, and how to contact a medical professional after hours.

Frequently Asked Questions

Q: I received a letter that stated I am enrolled in a Heritage Health plan. Do I have to stay in a Heritage Health plan?
A: Yes.

Q. Can I change my health plan?
A. After your health plan begins you will have 90 days to change it. See your Notice of Enrollment for the exact date. After that 90-day timeframe, you may only change your health plan during the Open Enrollment period.

Q. Can I change my PCP?
A. You may change your Primary Care Provider at any time. You will need to contact your health plan to do so.

Q. What is Open Enrollment?
A. Open Enrollment is the period when you can change plans. Open Enrollment occurs annually towards the end of each calendar year. You will receive reminder letters alerting you to this period.

Q: What if I need to change my health plan outside the Open Enrollment period?
A: Plan changes made outside of Open Enrollment will only be granted if the State approves a "for cause" reason.

Q: What is "for cause"?
A: This is a State-approved reason to change plans outside of Open Enrollment. Reasons include poor quality of care, lack of access to medical care, or lack of access to providers that can manage your special health care needs.

Q: I have a special health care need. Are there special plans that will cover my needs?
A: All health plans cover people with special health care needs. For questions about your special health care needs, contact your health plan.

Q: How do I enroll my baby in a Heritage Health plan?
A: Your baby is pre-enrolled in a Heritage Health plan during prenatal care.
After the birth of your baby, if you would like to select a different health plan for the baby, call the Heritage Health Enrollment Center at 1-888-255-2605 within 90 days of birth to speak with a Choice Counselor.

Q: If I move, do I have to switch to a new health plan?
A: Your health plan is state-wide and will not change if you move within Nebraska. As a reminder, if you move you need to contact ACCESSNebraska at 1-855-632-7633 to report your change of address.

Q: How do I know if my medical professional is in my health plan?
A: Each plan has its own network of providers. For information about providers in your network, contact your health plan, or search the Heritage Health online provider directory at www.neheritagehealth.com. Click on "Find A Provider."

Q. How do I get enrollment materials if I don't have access to the Website?
A. All materials are mailed out to you. If you have misplaced your enrollment materials, call a Choice Counselor at 1-888-255-2605 for a copy.

Q. If I am not the head of household, how do I change a health plan or speak on behalf of a Heritage Health member?
A. A Designation of Authorized Representative Form is needed for anyone not listed as the head of household.

Q. Where do I find the Designation of Authorized Representative Form?
A. Download the Designation of Authorized Representative Form at www.neheritagehealth.com. This form can be found in the Materials section.
- Complete, sign, and date the form.
- Return it to the Heritage Health Enrollment Center via the address or fax number found on the form.
- The form will be kept on file so that you can speak or take action on behalf of a Heritage Health member at any time.

Rights and Responsibilities

As a Heritage Health Member, you have the right to:

- Be treated with respect and dignity, without discrimination or retaliation
- Get information about your illness or medical condition
- Understand the treatment options, risks, and benefits
- Make informed decisions about whether or not you will receive treatment
- Make decisions about your health care including the right to refuse treatment
- Talk with your medical professional and health plan and know your medical information will be kept confidential
- Choose a medical professional as your Primary Care Provider (PCP), which may be a nurse practitioner or physician assistant
- Have access to your PCP and health plan
- Receive medical care in a timely manner
- Request a copy of your medical record and request changes to your medical record
- Make a complaint about your medical professional and/or health plan and receive a timely response
- Receive information on the medical services provided by your health plan
- Change your PCP at any time
- Change your health plan within 90 days of initial enrollment or during open enrollment each year
- Have managed care and health plan materials explained if you do not understand them
- Have interpreters at no cost, if necessary, during medical appointments and in all discussions with your PCP or health plan
- Request an appeal if services are denied, terminated, or reduced
- Make advance directives, if desired, and receive assistance if needed
- Receive proper medical care 24 hours a day, 7 days a week

When you are in a Department of Health and Human Services program, you may not be subject to discrimination on basis of:

- *Race*
- *Color*
- *Sex*
- *Age*
- *National origin*
- *Religious beliefs*
- *Political beliefs*
- *Handicap*

As a Heritage Health member, you have the responsibility to:

- Understand, to the best of your ability, how Heritage Health is used to receive health care
- Keep your scheduled appointments with your medical professional
- Call your medical professional's office at least 24 hours in advance if your appointment must be rescheduled
- Tell your medical professional your medical problems
- Ask questions if you do not understand
- Follow your medical professional's orders and advice
- Assist in the transfer of your medical records
- Get services from your Primary Care Provider unless referred elsewhere
- Report to ACCESSNebraska if your address has changed, you are or become pregnant or any other changes that could affect your Medicaid eligibility or Heritage Health coverage
- Cooperate with all Heritage Health inquiries and surveys
- Choose providers who participate in your health plan

Key Terms

Choice Counselor: A person at the Enrollment Center who helps you with questions about Heritage Health

Enrollment: How a member is assigned to a Heritage Health plan

For Cause: An approved reason to change your plan outside Open Enrollment

Heritage Health: Nebraska's Medicaid Managed Care Program. Heritage Health has three different health plan options:

- Nebraska Total Care
- UnitedHealthcare Community Plan of Nebraska
- WellCare of Nebraska

Member: A person with Medicaid who is enrolled with a Heritage Health plan

Primary Care Provider: A medical professional you choose to provide health care *(Note: if you do not select a PCP, one may be chosen for you)*

Contact Information

Nebraska Medicaid Eligibility Helpline - ACCESSNebraska
1-855-632-7633; 402-473-7000 (Lincoln)
402-595-1178 (Omaha)
TTDD: 402-471-7256
www.accessnebraska.ne.gov

Heritage Health Enrollment Center
1-888-255-2605
TTY/TTD: 711
www.neheritagehealth.com

Heritage Health Plans
- Nebraska Total Care
  1-844-385-2192
  TTY/TTD: 1-844-307-0342
  www.nebraskatotalcare.com
- UnitedHealthcare Community Plan of Nebraska
  1-800-641-1902
  TTY/TTD: 711
  www.uhccommunityplan.com/ne
- WellCare of Nebraska
  1-855-599-3811
  TTY/TTD: 711
  www.wellcare.com/nebraska

Non-Emergency Transportation Providers
- MTM (Nebraska Total Care)
  1-844-385-2192
  TTY: 711
  http://memberportal.net/?planCode=CTC
- National MedTrans (UnitedHealthcare)
  1-800-641-1902
  TTY: 1-833-587-6527
  http://www.nationalmedtrans.com/ne
- Intelliride (WellCare)
  1-855-599-3811
  TTY: 402-401-6998
  http://www.iridenow.com/Home/Nebraska.aspx

Social Security Administration
1-800-772-1213
TTY: 1-800-325-0778
www.ssa.gov

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