



# Medicaid Managed Care Frequently Asked Questions for Providers

## **1. What is Physical Health Managed Care?**

Managed Care is the way certain clients receive their Medicaid benefits. It is a health care delivery system where Managed Care Organizations (MCO) are contracted to operate a health plan that authorizes, arranges, provides, and pays for the delivery of services in the Basic Benefits package to enrolled clients. The care of clients enrolled in the health plan is managed by the MCO through its network of Primary Care Providers (PCPs), Specialists, Hospitals, and other providers of care who contract directly with the MCO. Managed care offers an opportunity to assure access to a PCP, coordination of medical care, emphasizes preventive care, and encourages the appropriate utilization of services in the most cost-effective settings.

Not all Medicaid clients are mandatory to enroll in managed care. Clients who also receive Medicare, or services through an HCBS waiver, or live in a nursing home for long term care continue to be exempt from managed care. See 482 NAC Chapter 2 at [http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-482/Chapter-2.pdf](http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-482/Chapter-2.pdf) to see the full list of clients who are mandatory and exempt from enrollment in managed care.

## **2. How is Physical Health Managed Care Changing?**

Starting July 1, 2012, the physical health managed care program will offer two managed care health plans in all 93 Nebraska counties. Prior to July 1, 2012, physical health managed care was only offered in ten counties. See page five of this bulletin for a listing of health plans by county.

In addition to the statewide expansion, effective July 1, 2012, clients with Third Party Resources (i.e. commercial health insurance where Medicaid is a secondary payor) and clients who are eligible for Medicaid through the Katie Beckett eligibility program will be mandatorily to enrolled in managed care. This will include clients in the current Service Area 1 counties (see page five for this listing).

## **3. Will Medicaid clients have a chance to choose their health plan?**

Yes, Medicaid clients who are mandatory to enroll in managed care will receive a notice of enrollment and client guidebook through the mail. The client will then have an open enrollment period to choose one of the two health plans offered in their service area and assign a PCP. Clients who do not choose a health plan will be auto-assigned to a health plan by DHHS and the health plan will assign the PCP.

## **4. When will the client's managed care enrollment become effective?**

Clients who are mandatory to enroll in managed care for the changes July 1, 2012, will be enrolled during June and this enrollment will become effective July 1, 2012. These

clients will continue to be covered under Fee for Service Medicaid until the managed care enrollment becomes effective.

Once the client's enrollment becomes effective in one of the managed care health plans, the client will receive a health plan card in addition to the blue and white Nebraska Medicaid card. This health plan card will display the ID number providers must use when billing the health plan for services.

**5. How do providers verify Medicaid and managed care eligibility?**

Providers can verify eligibility four ways. See

[http://dhhs.ne.gov/medicaid/Pages/med\\_eligibility.aspx](http://dhhs.ne.gov/medicaid/Pages/med_eligibility.aspx) on how to verify eligibility. Clients enrolled in managed care will receive a Medicaid ID card and a health plan ID card.

**6. What services are covered under Physical Health Managed Care?**

Physician (including family planning, EPSDT, nurse practitioner, certified nurse midwife, physician assistant, clinic administered injections/medications, and anesthesia services), Inpatient Hospital, Outpatient Hospital (including Ambulatory Surgical Centers), services offered in a Federally Qualified Health Center (FQHC), services offered in the Rural Health Clinic, Clinical and Anatomical Laboratory, Emergency Transportation, Radiology, Vision, Home Health, Private Duty Nursing, Therapy (PT, OT, SLP, and audiology), DME and medical supplies, Podiatry, Chiropractic, Short Term Rehab in the Nursing Facility, Pediatric Feeding Disorder, and Free Standing Birth Centers are the services in the Basic Benefits package and must be covered by the health plan when medically necessary.

**7. If a provider is not in the Managed Care health plan network can they treat the client and get reimbursed?**

No, only Family Planning, Emergency, and Indian Health services will be paid to out-of-network providers. Providers must be participating in the network to be reimbursed by the managed care health plan. Claims will be paid by the managed care health plan where the client is enrolled. It is the provider's responsibility to verify client Medicaid eligibility and Managed Care health plan enrollment.

**8. If a claim is denied by the Managed Care health plan, can providers bill Fee for Service Medicaid?**

No, Providers who have claims denied for a service in the Basic Benefits package by the managed care health plan cannot bill Fee for Service Medicaid. The provider is responsible for obtaining authorization (if required by the managed care health plan) and billing the managed care health plan the client is enrolled in.

**9. How do providers enroll in a health plan network?**

Providers need to contact the health plans directly to complete the network enrollment process. Providers are not required to enroll in any health plan network but may not be reimbursed by the managed care health plan or Fee for Service Medicaid for care provided to clients enrolled in managed care. See question #5 for out of network providers and reimbursement. For Provider enrollment questions or additional information:

Coventry of Nebraska at (800) 865-2673 or

<http://chcmembership-nebraska.coventryhealthcare.com/for-providers/index.htm>

AmeriHealth Nebraska, Inc. (888) 738-0004 or

<http://www.arborhealthplan.com/provider/index.aspx>

United Healthcare Community and State (Plan Name: Share Advantage)  
(800) 284-0626 or <http://www.americhoice.com>

**10. Where and how do claims get submitted for the Managed Care health plans?**

All managed care health plans will pay claims for services listed in the Basic Benefits package (see question six). Providers will need to contact the managed care health plan to receive information on how and where to submit claims (see contact information in question nine).

**11. I am a Pharmacy provider but I am still receiving letters asking me to participate in the managed care health plan networks, why?**

Durable Medical Equipment (DME) and medical supplies including diabetic supplies, orthotics, prosthetics, and nutritional supplements are services provided in the Basic Benefits package and therefore must be covered by the managed care health plan when medically necessary. Pharmacies who do not participate in the managed care health plan network that the client is enrolled in will have their claims denied.

**12. I am a Skilled Nursing Facility provider but I am still receiving letters asking me to participate in the managed care health plan networks, why?**

If a managed care client is admitted to a nursing facility for a short term rehab stay (as defined by Medicare), this service is included in the Basic Benefits Package (see question six). Therefore, the nursing facility will need to be a network provider of that managed care health plan to be paid for their services.

In addition, if a managed care client is admitted to a nursing facility for long term care, the client is waived out of managed care. However, the enrollment in managed care is monthly so the waiver of enrollment will not occur until the month following admission to the facility. In the interim, the managed care health plan is be responsible for any therapy and physician services provided to the client until the end of the month. The nursing facility would need to be participating in the network of the managed care health plan to be paid for services in the interim period.

**Service Area 1 Counties**

**MCO Health Plans:**

**Coventry of Nebraska, Inc. (Plan name: Coventry Cares)**

**United Healthcare Community and State (Plan name: Share Advantage)**

Cass	Dodge
Douglas	Gage
Lancaster	Otoe
Sarpy	Saunders
Seward	Washington

**Service Area 2 Counties**

**MCO Health Plans:**

**AmeriHealth of Nebraska, Inc. (Plan name: Arbor Health Plan)**

**Coventry of Nebraska, Inc. (Plan name: Coventry Cares)**

Adams	Frontier	Merrick
Antelope	Furnas	Morrill
Arthur	Garden	Nance
Banner	Garfield	Nemaha
Blaine	Gosper	Nuckolls
Boone	Grant	Pawnee
Box Butte	Greeley	Perkins
Boyd	Hall	Phelps
Brown	Hamilton	Pierce
Buffalo	Harlan	Platte
Burt	Hayes	Polk
Butler	Hitchcock	Red Willow
Cedar	Holt	Richardson
Chase	Hooker	Rock
Cherry	Howard	Saline
Cheyenne	Jefferson	Scottsbluff
Clay	Johnson	Sheridan
Colfax	Kearney	Sherman
Cuming	Keith	Sioux
Custer	Keya Paha	Stanton
Dakota	Kimball	Thayer
Dawes	Knox	Thomas
Dawson	Lincoln	Thurston
Deuel	Logan	Valley
Dixon	Loup	Wayne
Dundy	Madison	Webster
Fillmore	McPherson	Wheeler
Franklin		York