

FREQUENTLY ASKED QUESTIONS

BEHAVIORAL HEALTH MANAGED CARE

What is Medicaid Managed Care?

Managed care is a service delivery system where Nebraska Medicaid contracts with a Managed Care entity to operate a health plan that authorizes, arranges, provides, and pays for the delivery of Behavioral Health services to enrolled clients. The care of the clients enrolled in the health plan is managed by Magellan Behavioral Health, through its network of providers who contract directly with Magellan.

Who is enrolled in Behavioral Health Managed Care (BHMC)?

The following categories of Medicaid eligible individuals are mandatory to enroll in Behavioral Health managed care:

- Families, children, and pregnant women eligible for Medicaid under Section 1931 of the Social Security Act or related coverage groups;
- Blind/Disabled Children, Adults, and Related Populations who are eligible for Medicaid due to blindness or disability;
- Aged and Related Populations. Those Medicaid beneficiaries who are age 65 or older and not members of the Blind/Disabled population or members of the 1931 Adult population;
- Foster Care Children. Medicaid beneficiaries who are receiving foster care or adoption assistance (Title IV-E), are in foster-care, or are otherwise in an out-of-home placement;
- Title XXI CHIP. An optional group of targeted low-income children who are eligible to participate in Medicaid in Nebraska and;
- All of the following waivers: Child Development Disability, Aged and Disabled, Adult Developmental Disability, Adult Developmental Disability Comprehensive, Adult Developmental Disability Day and Traumatic Brain Injury (TBI).
- Nursing home residents.

Are there any excluded categories from BHMC?

Yes, the following Medicaid eligible individual's categories are excluded from BHMC:

- Medicaid members for the period of retroactive eligibility;
- Aliens who are eligible for Medicaid for an emergency condition only;
- Members who have excess income or share of cost who are designated to have a Premium Due;
- Members eligible during the period of presumptive eligibility;
- Participants in an approved DHHS PACE program, and;
- Clients with Medicare coverage where Medicaid only pays co-insurance and deductibles.

FREQUENTLY ASKED QUESTIONS

BEHAVIORAL HEALTH MANAGED CARE

How does one enroll for BHMC?

The managed care enrollment determination is made as a result of the information provided by the client upon applying for Nebraska Medicaid. When a client is identified as mandatory, they do not have to do anything, as they are automatically enrolled. All mandatory clients for behavioral health managed care will receive a notice of enrollment.

The enrollment is immediate and becomes effective the beginning of the month in which the system identifies them as mandatory. i.e. the system identifies the client as mandatory for Behavioral Health managed care September 15; the client is enrolled in Magellan effective September 1.

If a client is in an excluded group for behavioral health, does that mean they are excluded for physical health managed care as well?

Yes, it does.

What if the client does not want to receive Behavioral Health services?

Enrollment in behavioral health managed care does not mean the client has to use the services. It does mean if they need to receive any of the services, managed care will be the system of delivery for the medically necessary services.

If a client is in an excluded group will they still be able to receive behavioral health services?

Yes, they still have full Medicaid coverage. The claims for non-managed care behavioral health services will be sent to, (and directly paid for by) the claims department of Medicaid & Long-Term Care at the State of Nebraska.

Can a Medicaid client change their Behavioral Health Managed Care Plan?

No. Magellan Health of Nebraska is the only behavioral care organization that coordinates services for mental health and substance use disorder services in Nebraska. While the provider is responsible for providing services to the client, the behavioral health plan, as the contracting entity with Medicaid, assumes primary administrative and operational responsibility for the development and implementation of the managed care plan. Magellan of Nebraska is there to assure that those clients are receiving appropriate services and that the client is satisfied with the service they are receiving. If either the client or the provider has concerns that they feel can be resolved by Magellan they may call 1-800-424-0333 to talk to someone at Magellan about the situation.

How does a provider get paid?

All providers must be enrolled with Medicaid of Nebraska. Providers must be enrolled in the Behavioral Health Care network with Magellan to provide, bill, and be paid for covered services provided to enrolled clients.

FREQUENTLY ASKED QUESTIONS BEHAVIORAL HEALTH MANAGED CARE

Is transportation provided to behavioral health managed care appointments services?

If the client meets the requirements to receive Non-Emergency Transportation, AMR will arrange the transportation. They can be reached at (855) 230-5353.

Who does a client contact if they have general questions related to Managed Care?

The client needs to contact their behavioral health plan, Magellan @ 1-800-424-0333. They may also call Medicaid and long term care and as for one of the contract managers for the BH contract.

The main Medicaid & Long-Term Care number is (402) 471-9147.

For additional frequently asked questions and answers see Provider Bulletin # 13-55.