

Nebraska's
New
Integrated
Managed
Care Program



CONTINUITY OF CARE
PRESENTATION

07/27/16

Department of Health & Human Services



Continuity of Care – Heritage Health Implementation

- ▶ Goals
 - ▶ Ensure that members receiving care are able to continue receiving the necessary care.
 - ▶ Heritage Health plans receive information on newly enrolled members to aid in the transition from the existing plans to the new plans.
 - ▶ Providers and members receive clear communication relating to services.

Continuity of Care – Implementation Preparation

- ▶ Establishing the capability to share the following with the member's Heritage Health plan:
 - ▶ Previous six months of historic claims,
 - ▶ Active prior authorizations with existing plans or fee-for-service, and
 - ▶ Care management plans in which the member is enrolled.

Continuity of Care – Implementation Preparation

- ▶ Revising Regulation
 - ▶ 2-002.054C Transition Continuity of Care Period: Within the first month of enrollment, the Heritage Health plan is responsible for providing each member general information about the plan Heritage Health plan member handbook, etc.
 - ▶ The Heritage Health plan must continue all services that have been authorized by Medicaid fee-for-service or a previous health plan prior to the member becoming enrolled in the Heritage Health plan. These services must be continued until the Heritage Health plan determines that the service no longer meets the definition of medical necessity.

Continuity of Care – Plan Communication

- ▶ The process to become a contract network provider.
- ▶ Health plan services that require authorization may differ between plans.
- ▶ The process for authorization submission to the health plan.
 - ▶ Standard method
 - ▶ Urgent method

Questions

