



HERITAGE HEALTH

PROVIDER REFERENCE GUIDE FOR DUAL ELIGIBLES

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

If a patient has Medicare primary, will they need to select a Heritage Health plan?

Yes. If a patient has Medicare as primary insurance they will need to enroll in a Heritage Health plan for the Medicaid portion (co-insurance and deductible) of the physical health, behavioral health, and pharmacy services.

Which services are considered physical health, behavioral health, and pharmacy services?

Doctor visits; prescriptions; hospital; mental health; emergency room; vision and glasses; medical supplies and equipment; chiropractic visits; skilled nursing; family planning; HEALTH CHECK/EPSDT; therapies; hearing and hearing aids; x-rays and lab work; home health; dialysis; hospice; hospital stays; transplants; and treatment for substance abuse

Will members still need to pick a part D plan?

Yes, members will need to select their Medicare Part D plan. Heritage Health coverage will only apply to the Medicaid portion of the claims.

If the dual eligible patient lives in a nursing home, can they disenroll from Heritage Health?

No. Disenrollment from managed care will no longer occur even for custodial or hospice level of care.

Which services are not included in Heritage Health?

Dental services, long-term care waiver services, Personal Assistance Service (PAS), NF/ICF services, and custodial level of care are not included in Heritage Health and will continue to be paid as they are today.

How will cross over pharmacy claims work?

The health plans have Coordination of Benefits agreements with Medicare and will receive those claims directly from Medicare's fiscal intermediary.

When filling prescriptions will a member need more than one card?

Yes, they will have their Medicare Part D member card in addition to their Heritage Health plan card.

Do members have a choice in their Heritage Health plan?

Yes, there are three health plans to choose from:

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

What if a member does not pick a plan?

They will be auto-assigned to a health plan.

Will a member be able to switch to a different health plan?

All members will have 90 days to change plans after January 1, 2017.