

Nebraska Managed Care Client Guidebook

■ *MAKE SURE YOU'RE COVERED*



**Managed Health Care
Benefit Information
Inside
Save this Booklet!**

Department of Health & Human Services

DHHS

N E B R A S K A

Helping People Live Better Lives
An Equal Opportunity Employer

This page left intentionally blank

Where to Find It

In this booklet, you will find information about Nebraska’s Medicaid Managed Care Program. **You still have full Medicaid coverage!** Managed Care only changes how you get your medical care. Please take a few minutes to review the information in this booklet and if you have questions, call the Medicaid Enrollment Center at:

Toll Free 1-888-255-2605
Local in the Lincoln area 1-402-477-4600

What is Medicaid Managed Care?	1
What Are the Benefits of Managed Care?	1
Your Rights as a Patient	1
Your Responsibilities as a Patient	2
How Do I Enroll in a Managed Care Plan?	2
How to Use Your Medicaid ID Card	3
How Do I Get Care?	3
Emergency Care	4
Urgent Care	4
Services Covered by Your Managed Care Plan	5
Services Not Covered by Your Managed Care Plan	5
Aetna Better Health of Nebraska (ABHN) Plan Overview	6
Arbor Health Plan Overview	7
How to Receive Medical Transportation	8
Grievances and Appeals	8
Can I Change my Managed Care Plan or Doctor?	9
What if I Move?	9
Federally Qualified Health Centers	10
Important Contact Information	11

This page left intentionally blank

What is Medicaid Managed Care?

Medicaid Managed Care Program is how you will receive your Medicaid Health Benefits. Your Managed Care plan will provide the services you need. You will have a doctor, called your Primary Care Provider (PCP), who will coordinate your health care needs. The Managed Care Program is designed to help you stay healthy. The Medicaid program is run by the Nebraska Department of Health and Human Services (DHHS).

What are the Benefits of Managed Care?

You will receive access to medical care 24 hours a day, 7 days a week. Your PCP will provide the services you need to stay well and to help you when you are sick. Your PCP will refer you to specialists as needed. You will also learn ways to stay healthy, and receive help with managing your health care and any problems you have.

Your Rights as a Patient

You have the right to:

1. Be treated with respect, dignity, and without discrimination or retaliation.
2. Be given information about your illness or medical condition; understand the treatment options, risks, and benefits; and make informed decisions about whether or not you will receive treatment.
3. Participate in decisions about your health care including the right to refuse treatment.
4. Talk with your doctor and health plan and know your medical information will be kept confidential.
5. Choose a doctor (PCP) and health plan. Your PCP may be a Nurse Practitioner or Physician Assistant.
6. Have access to your doctor (PCP) and health plan.
7. Receive medical care in a timely manner.
8. Request a copy of your medical record and request changes to your medical record.
9. Make a complaint about your doctor and/or health plan and receive a timely response.
10. Receive information on the medical services provided by your health plan.
11. Change your PCP at any time.
12. Change your health plan within 90 days of initial enrollment or every 12 months without reason after your initial enrollment.
13. Have Managed Care and health plan materials explained if you do not understand them.
14. Have interpreters at no cost, if necessary, during medical appointments and in all discussions with your PCP, or health plan.
15. Request a fair hearing if services are denied, terminated, or reduced.
16. Make advance directives, if desired, and receive assistance if needed.
17. Receive proper medical care 24 hours a day, 7 days a week.

No person may be subjected to discrimination in any Department of Health and Human Services program or activity based on their race, color, sex, age, national origin, religious creed, political beliefs or handicap.

Your Responsibilities as a Patient

You have the responsibility to:

1. Understand, to the best of your ability, how Managed Care is used to receive health care.
2. Choose a health plan and doctor as a PCP within 15 days.
3. Take your Medicaid ID card and Managed Care Plan ID card to all medical appointments.
4. Keep your scheduled appointments with your doctor.
5. Call your doctor's office at least 24 hours in advance if your appointment must be rescheduled.
6. Tell your doctor your medical problems.
7. Ask questions if you do not understand.
8. Follow your doctor's orders and advice.
9. Assist in the transfer of your medical records.
10. Get services from your PCP unless referred elsewhere.
11. Report to AccessNebraska if your address has changed, you are or become pregnant or any other changes that could affect your Medicaid eligibility or Managed Care coverage.
12. Cooperate with all Managed Care inquiries and surveys.
13. Choose providers who participate in the Managed Care plan you choose.

How Do I Enroll in a Managed Care Plan?

You have the choice to enroll in one of two Managed Care health plans. You live in Service Area 2* so you can choose **Aetna Better Health of Nebraska** or **Arbor Health Plan** for your Managed Care plan. The chart on pages 6 and 7 can help in deciding which plan is right for you. You will also need to choose a doctor as your Primary Care Provider (PCP). The provider directory at the end of this guide can help you find out if your current doctor is a provider in the Managed Care plans.

To enroll in a Managed Care plan and choose your PCP, you must:

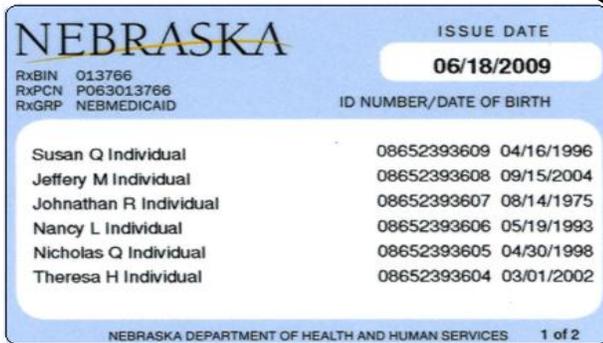
- Contact the Medicaid Enrollment Center at 1-402-477-4600 in Lincoln or 1-888-255-2605 outside of Lincoln and let the choice counselor know who you want to choose for your health plan and doctor. **Even if you already have a doctor, you still need to call.**
- You can call the Medicaid Enrollment Center between 8:00 a.m. and 6:00 p.m. (Central Standard Time), Monday through Friday.
- You must contact the Medicaid Enrollment Center **within 15 days** to let them know your choice of a health plan and PCP.
- ***If you do not pick a health plan and PCP within 15 days, a Managed Care plan and doctor will be chosen for you.***
- Interpretation services are available at no cost if you need them.

Once you have enrolled in a Managed Care plan, you will receive a member handbook from that plan. Refer to this with any questions regarding your chosen plan.

*Service Area 2 covers the following counties: Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Scotts Bluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, and York.

How to Use Your Medicaid ID Card

1. You must bring your Medicaid ID card with you to every doctor appointment and everywhere you receive medical care.
2. The Medicaid ID card has this information on it:
 - The names of you and your family members
 - The Medicaid number of you and your family members
 - The date of birth of you and your family members
 - The phone number of the Medicaid Enrollment Center



THIS CARD DOES NOT GUARANTEE ELIGIBILITY

FOR CLIENT:
This is your permanent Medicaid ID card. Keep this card. To verify your current eligibility for Medicaid, call toll-free at 855-632-7633 or call 402-473-7000 in Lincoln or 402-595-1178 in Omaha. If you are enrolled in Managed Care, you can verify your information by calling 888-255-2605 or in Lincoln 402-477-4600.

FOR PROVIDER:
Eligibility must be verified. To verify eligibility and obtain information regarding claims submission, call NMES at 800-642-6092 (in Lincoln, 471-9580); log-on to www.dhhs.ne.gov/med/internetaccess.htm or call the Medicaid Inquiry Line at 877-255-3092 (in Lincoln, 471-9128).

This card is non-transferable and is for identification only and is not a guarantee of benefits or eligibility. Any fraudulent or unauthorized use of this card is strictly prohibited and punishable by law.

3. You will also receive an ID card from your Managed Care plan. **BE SURE TO BRING BOTH CARDS TO EVERY DOCTOR APPOINTMENT.**

Remember: You must present your Medicaid ID card and your Managed Care Plan ID card wherever you receive medical care!

How do I Get Care?

1. If you get sick or need a checkup, call your Primary Care Provider (PCP).
2. If your family member is sick or needs a checkup, call their PCP.
3. If you cannot keep the doctor's appointment, you need to call your doctor's office and tell them.
4. It is very important to call the doctor's office at least 24 hours in advance if you need to cancel the appointment.
5. If you cancel an appointment, make arrangements with your doctor's office for a new appointment.
6. 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 which ear doctor you should take your child to.

7. The providers you see must be in the Managed Care plan network you have chosen.

Note: There are a few exceptions to this rule-

- Dental services (you must go to a dentist who accepts Medicaid)
- Family planning services (you may go to any provider but they must accept Medicaid)
- Mental Health and Substance Use Disorder Services (you must go to a provider in the mental health network)

Emergency Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately. If you are having an emergency, call 911 or go to the closest emergency room. Emergency services must be provided whether or not they are in the Managed Care plan network you have chosen.



The following are examples of emergencies:

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

You must see your PCP for all follow-up care! Do not return to the emergency room for the follow-up care. Your doctor will either provide or authorize this follow-up care.

Urgent Care

Urgent care is when you are not in a life-threatening situation and have time to call your PCP. If you have an urgent care situation, call your PCP to get instructions. Your PCP is available to you 24 hours a day, 7 days a week.

Some examples of urgent care are:

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



Services Covered by Your Managed Care Plan

- Inpatient Hospital services
- Outpatient Hospital services
- Medical Laboratory and X-ray services
- HEALTH CHECK (EPSDT) services for children under the age of 21
- Physician services including nurse practitioner, certified nurse midwife, physician assistant, and anesthesia services. Examples of Physician services are:
 - ✓ Prenatal and Maternity care
 - ✓ Routine office visits
 - ✓ Specialty consultations and/or treatment
 - ✓ Physician administered medications
- Home Health services
- Private Duty Nursing services
- Therapy services (e.g. physical, occupational, and speech pathology therapies, and audiology)
- Medical equipment and medical supplies including hearing aids, orthotics, prosthetics, and nutritional supplements
- Podiatry services
- Chiropractic services
- Ambulance services
- Vision services
- Skilled Care
- Family Planning services
- Services provided at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)
- Birthing Centers
- Pediatric Feeding Disorder services
- Hospice services

These services must be provided by providers who participate in the network of your Managed Care plan.



Services Not Covered by Your Managed Care Plan

- There are other services that your Medicaid Managed Care plan does not cover, **but that Medicaid still covers. THE SERVICES LISTED BELOW ARE STILL AVAILABLE TO YOU:**
- Dental services
- Prescription drugs
- Non-Emergency Transportation
- Personal Assistance Services (PAS)
- Long Term Care
- Home and Community Based Waiver Services (HCBS)
- Mental Health and Substance Use Disorder Services

Helping People Live Better Lives
An Equal Opportunity Employer



AETNA BETTER HEALTH® OF NEBRASKA

2015-2016 Plan Overview

Service Area	Aetna Better Health of Nebraska services all of Nebraska's 93 counties.
Medical Benefits	Primary care services, school physicals, maternity and baby care, hospital, ambulance, chiropractic, durable medical equipment (DME), eye care and glasses, family planning, hearing aids, home health, medical tests, physical/speech/occupational therapy, stop smoking classes, emergency and urgent care, hospice, and emergency medical transportation.
Ted E. Bear, M.D. SM Kids Club	 <ul style="list-style-type: none"> • Boy Scout membership (free) • Member newsletter • Kids Health online on www.aetnabetterhealth.com/nebraska.  <ul style="list-style-type: none"> • Girl Scout membership (free) • Birthday cards
Wellness and Education  Call us to learn more about benefits	<ul style="list-style-type: none"> • Portable Crib program (free) • Breast pumps for nursing moms (free) • Member handbook • Welcome calls & new member education materials • Health care reminders • Diabetes program • Sports physicals • Congestive heart failure program • High blood pressure program • High risk pregnancy program • Parenting classes • Prenatal/childbirth education classes • Community outreach, education and partner programs with Federally Qualified Health Centers, Tribal and Rural Health Clinics, and community service groups. See our website for events. <ul style="list-style-type: none"> • New mom Gift Card (free) • Member newsletter • Member advisory board • Flu shots & immunizations for kids and adults • Text4baby Health reminders program • Asthma management • Stop smoking classes • Child immunization & check-up reminders • Obesity program • Family planning • Women's Wellness Reminders
Doctors, Hospitals, Urgent Care Centers	Statewide providers available. Go to www.aetnabetterhealth.com/nebraska for Aetna providers: over 4,402 primary care locations, 10,717 specialist locations, 120 hospitals and 47 urgent care centers.
Special needs and language help	Member materials are available in English and Spanish. We also have interpreters in over 200 languages available from Member Services at: 1-888-784-2693 (TTY: 711 or TDD: 1-800-877-8973) and at your doctor's office. Special needs members can use a specialist as their primary care provider and may enroll in care management. Providers have offices and parking accessible to the physically disabled. Some have devices for the hearing and visually impaired. For the hearing or speech impaired who use a TTY, members may call 711 or TDD: 1-800-877-8973 . Member materials are available in other formats.
24 Hour Informed Health® Line	Aetna Better Health offers a free nurse advice service. Call 1-877-620-1945 (TTY: 711) and speak to a nurse 24 hours per day, 7 days per week. They can answer questions and give you medical advice. They also help you decide whether to treat your problem at home, see your provider, or go to the urgent care center or emergency room.
Referral Process and Access to care	Referrals not needed to see an in-network specialist. You can use any emergency or family planning provider enrolled with Nebraska Medicaid. If you are an American Indian or Alaskan Native, you can receive services from a tribal clinic, Indian Health Services or any Aetna Better Health network provider.
Care Management	Aetna Better Health nurses provide health education, help you get services, coordinate care with doctors and coordinate hospital-to-home care. Aetna Better Health nurses will work closely with you and your Primary Care Provider to manage your medical care. Our nurses work with primary doctors to help you get care through your medical home. Aetna Better Health has a bi-lingual (Spanish) social worker available to help you. Aetna Better Health nurses and the social worker are available Monday through Friday. Call 1-888-784-2693 (TTY: 711 or TDD: 1-800-877-8973).
Member Services & Website	Member Services is available Monday through Friday, 8 a.m.-6 p.m. Central time, at 1-888-784-2693 (TTY: 711 or TDD: 1-800-877-8973). Access claims status, provider search, health information, and wellness tools online 24/7 at www.aetnabetterhealth.com/nebraska . For non-emergency rides, call IntelliRide at 1-844-531-3783 (TTY: 402-401-6998, local Omaha area call 402-401-6999).

2015 Arbor Health Plan Overview



Service Area	Arbor Health Plan covers 83 rural counties in Service Area 2- see page 2 for this listing.
Enrollee Satisfaction	If you are not satisfied with any aspect of your health care, call our 24-hour Member Services number at 1-866-935-6760 (TDD/TTY 1-866-209-6421) , if you have a speech or hearing impairment).
Doctors, Hospitals and Urgent Care Centers	Arbor members have access to over 11,000 primary care, specialist, and urgent care locations, as well as 141 hospitals, throughout Nebraska, Colorado, Iowa, Kansas, South Dakota, and Wyoming. Visit www.arborhealthplan.com for a complete listing.
Referral Process	No referrals necessary for provider services.
Medical Benefits	Arbor provides Nebraska Medicaid’s Basic Benefits Package, as well as adult preventative benefits and added incentives for Arbor’s pregnant members. Included are: doctor visits; school, sports, and work, physicals for children and adults; hospice, chiropractic; family planning; inpatient and outpatient hospital; testing services; emergency room and urgent care; ambulance; home health; nursing home; durable medical equipment (DME); hearing aids; electric breast pumps; routine vision care, eyeglasses, and contacts; and physical, occupational, and speech therapy.
Language Capabilities	Bilingual providers speaking a variety of languages are available. For a complete listing, call Member Services at 1-866-935-6760 (TDD/TTY 1-866-209-6421) , if you have a speech or hearing impairment).
Translation Capabilities	Arbor Health Plan offers free translation services to members and providers through its Member Services line at 1-866-935-6760 (TDD/TTY 1-866-209-6421) , if you have a speech or hearing impairment).
Special Needs	The Arbor Health Plan provider directory clearly notes providers who are accessible for special needs members. Special needs members can use their specialist as their Primary Care Physician. Call Member Services at 1-866-935-6760 (TDD/TTY 1-866-209-6421) , if you have a speech or hearing impairment) for more information and materials in alternate formats.
Wellness and Education	<ul style="list-style-type: none"> • Member mailings, newsletters and calls • Adult routine and work physicals • Pediatric routine, school and sports physicals • Immunization reminders & shots • Family planning • Community baby showers & YMCA program • “Bright Start” pregnancy and newborn care program includes: <ul style="list-style-type: none"> ○ Maternity management ○ Free electric breast pump (no prior authorization required) ○ Diaper rewards program • Nutritional counseling • Smoking cessation • Lamaze classes • Parenting classes • Disease Management programs: <ul style="list-style-type: none"> ○ Asthma ○ Diabetes ○ Hypertension/Heart Failure ○ COPD ○ High-Risk Pregnancy ○ Obesity ○ Other complex medical situations <p>Scheduling assistance for preventative screenings (mammograms, blood tests, prostate and cervical cancer screenings, etc.); full library of educational materials at www.arborhealthplan.com.</p>
Special Programs	“Rapid Response” line – 1-888-545-0069 . Escalated customer service immediate provider/community support concerns; 24-hour Nurse Call line – 1-888-674-8710 ; Community Outreach staff located across Nebraska provides wellness education and an ongoing commitment to our communities. Visit www.arborhealthplan.com to look at other Arbor Health Plan offerings.
Care Management	Arbor’s Care Managers are registered nurses and social workers. They help you manage your health care and explain the benefits available to you. They also help you coordinate these benefits with your providers. This ensures that you get full use of your benefits, and improves the quality of the care you receive. Members in Arbor’s disease management programs automatically receive this benefit, but it is available to anyone upon request. Call 1-888-545-0069 to reach Care Management.
Customer Service	Arbor representatives are available 24/7 to assist you. Call Member Services at 1-866-935-6760 or TDD/TTY 1-866-209-6421 , for deaf or hard of hearing members. Language Line – 1-866-935-6760 .

How to Receive Medical Transportation Services

Transportation is available if you cannot get to and from the doctor's office and pharmacy. You will need to call IntelliRide at **1-844-531-3783** to set up this transportation. You should call IntelliRide at least three (3) business days before your appointment to schedule a ride.

Grievances and Appeals

Grievances

A grievance is a complaint involving access to care, quality of care, or communication issues with your Managed Care plan or PCP. If you have a grievance about your health care, contact the member representative from your Managed Care plan that you are enrolled in and work through their grievance process. Refer to your member handbook from your Managed Care plan on how to contact them. You can file a grievance by phone or in writing.

Appeals

An appeal is asking for a formal hearing when you disagree with a decision made by your Managed Care plan. You have the right to appeal when your Managed Care plan has made a decision to deny a service authorization request, to authorize a service in an amount, duration, or scope that is requested, or if your services are suspended, reduced, discontinued, or terminated. You also have a right to file an appeal if you disagree with any decision made by your Managed Care plan. Your Managed Care plan must send you a written notice of any action listed above.

There are two ways you can file an appeal:

1. Request an appeal with your Managed Care plan.

- Contact a member representative from your Managed Care plan either by phone or in writing. Please refer to your member handbook on how to file an appeal with your plan.
- You have ninety (90) days from the date on your notice of action to request a hearing.
- In cases where the Managed Care plan is required to send you timely and adequate notice, if you request an appeal hearing within ten (10) days following the date of the notice, the plan must continue your services.
- You may represent yourself at this hearing or be represented by another person.

2. Request a State Fair Hearing.

- The appeal request for a State Fair Hearing must be in writing.
- Send your appeal request to:

DHHS, Legal Services Hearing Officer Section
P.O. Box 98914
Lincoln, NE 68509-8914

- You have 90 days from the date on the notice of action to request a State Fair Hearing.
- In cases where the Managed Care plan is required to send you timely and adequate notice, if you request a State Fair Hearing within 10 days following the date of the notice, the plan must continue your services.
- Once you have filed the appeal request for a State Fair Hearing, a hearing will be scheduled and you will be notified of the time and place.
- You may represent yourself at this hearing or be represented by another person.

You have the right to file an appeal with your health plan; to request a State Fair Hearing; or both.

Can I Change my Managed Care Plan or Doctor?

The Managed Care Program requires that you have a Managed Care plan and Primary Care Provider (PCP). From the time you receive your notice of enrollment letter, you will have 90 days to change your Managed Care plan for any reason. After this 90-day period, you must remain with your Managed Care plan for 12 months. Changes cannot be made during the 12-month period except for the following:

- A request for disenrollment by you for good cause
- A request for disenrollment by your provider for good cause
- When DHHS imposes intermediate sanctions on the plan

You will receive in the mail about 60 days before the end of your 12-month enrollment period information about your open enrollment period. You will then receive a notice that you will have a chance to choose a new Managed Care plan. You will need to contact the Medicaid Enrollment Center at 1-402-477-4600 in the Lincoln area or 1-888-255-2605 to change your Managed Care plan.

You may request a change in your plan (disenrollment) for “good cause” at any time. Some examples of good cause are:

- Poor quality of care given by your medical providers (e.g., not enough treatment for a medical condition, refusal to give referrals for a second opinion)
- Lack of access to covered medical services
- Lack of access to medical providers

To request disenrollment, you will need to contact the Medicaid Enrollment Center. They will forward the request to the Department of Health and Human Services (DHHS) Division of Medicaid and Long-Term Care for a decision. You will be notified by DHHS of the decision.

You may change your PCP at any time. You will need to contact your Managed Care plan to request this change.

What if I Move?

The Managed Care plan you choose today may not be available where you move! You must report your new address to **ACCESSNebraska** at 1-855-632-7633, or Lincoln calling area 402-473-7000 and Omaha calling area 402-595-1178 or www.accessnebraska.ne.gov. If your Managed Care plan is not available where you move, you will get a notice in the mail letting you know you will need to make a change. If the Managed Care plan you choose today is not available where you move, you will need to call the **Medicaid Enrollment Center** at 1-402-477-4600 in the Lincoln area or **1-888-255-2605**.

Federally Qualified Health Centers

In Nebraska, there are 8 health care facilities that provide culturally sensitive health care services to persons who are medically underserved. They are called Federally Qualified Health Centers (FQHCs). These clinics offer a wide variety of preventive and primary health care services. Clinic staff includes physicians, nurse practitioners, physician assistants, nurses, and health educators. These clinics are also a part of the Medicaid Managed Care Program.

Services provided at these clinics:

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

The FQHCs available to you are:

NEBRASKA URBAN INDIAN MEDICAL CENTER-Lincoln
(402) 434-7177

PEOPLE'S HEALTH CENTER-Lincoln
(402) 476-1455

CHARLES DREW HEALTH CENTER-Omaha
(402) 457-1200

ONE WORLD COMMUNITY HEALTH CENTERS-Omaha
(402) 734-4110

CASS FAMILY MEDICINE-Plattsmouth
(402) 296-2345

GOOD NEIGHBOR COMMUNITY HEALTH CENTER-Columbus
(402) 562-8955

COMMUNITY ACTION PARTNERSHIP OF WESTERN NEBRASKA-Gering
(308) 635-3089

MIDTOWN HEALTH CENTER-Norfolk
(402) 371-8000

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

Important Contact Information

- To choose a Managed Care plan and PCP, call the **Medicaid Enrollment Center** at 1-402-477-4600 in the Lincoln area or **1-888-255-2605**.
- To schedule a ride to a medical appointment, call **IntelliRide** at **1-844-531-3783**.
- To report an address change, pregnancy, or any other change that would affect your Medicaid eligibility, call **ACCESSNebraska** at **1-855-632-7633**.
Lincoln calling area 402-473-7000 and Omaha calling area 402-595-1178.
- For Mental Health and Substance Use Disorder Services, call **Magellan Behavioral Health** at 1-800-424-0333.
- To change your PCP, ask questions related to Managed Care, or to ask questions about the Lock-In Program, call your health plan at:



Aetna Better Health of Nebraska
Customer Information
1-888-784-2693
711 for those who use TDD/TTY
www.aetnabetterhealth.com



Arbor Health Plan
Customer Information
1-866-935-6760
1-866-209-6421 TDD/TYY
www.arborhealthplan.com

Department of Health & Human Services



Helping People Live Better Lives
An Equal Opportunity Employer