



## COMMON PROVIDER QUESTIONS

### **What is Heritage Health?**

Heritage Health is a person-centered approach to administering Medicaid benefits that provides Medicaid and CHIP enrollees a choice of a single plan that provides all of their physical health, behavioral health, and pharmacy benefits and services in an integrated health care program.

### **What is new in Heritage Health?**

Currently, most Medicaid and CHIP enrollees in Nebraska receive their physical health benefits through one of two regional health plans, their behavioral health services through a separate statewide health plan, and their pharmacy benefits through a State-managed pharmacy program. Nebraska Medicaid developed Heritage Health to create a health care delivery system in which all of a Medicaid member's behavioral health, physical health, and pharmacy services are provided by a single statewide health plan.

### **Why is Nebraska Medicaid making the changes that are part of Heritage Health?**

Integration of services supports better communication among primary care providers and behavioral health providers, more opportunities for preventive care, and more consistent, all-inclusive coverage for individuals. Heritage Health will improve health outcomes and the financial sustainability of Medicaid.

### **When will Heritage Health begin?**

Heritage Health plans will begin operations on January 1, 2017. In the fall of 2016, Medicaid and CHIP enrollees will receive a notice to select their new health plan. Medicaid and CHIP clients currently enrolled in a managed care health plan, will stay in that plan until January 1, 2017.

### **Heritage Health is referred to as managed care. What is managed care?**

Managed care is a system in which the State contracts with a managed care organization (commonly referred to as a MCO or health plan) to provide health care benefits and services to Medicaid and CHIP enrollees. Managed care is designed to improve access to care, enhance health outcomes, and reduce costs by eliminating inappropriate and unnecessary care through the use of preventive services and improved care coordination.

### **Will all Nebraska Medicaid and Nebraska CHIP beneficiaries be enrolled in a Heritage Health plan?**

Nearly all Medicaid and CHIP enrollees will receive their physical health, behavioral health and pharmacy benefits through a Heritage Health plan. The only beneficiaries who will not be enrolled in a Heritage Health plan include participants in the Program for All-Inclusive Care for the Elderly (PACE), beneficiaries with Medicare coverage for whom Medicaid only pays co-insurance and deductibles, aliens who are eligible for emergency conditions only, and those who are required to pay a premium and are not continuously eligible due to a share of cost obligation.



## What is not changing under Heritage Health?

Not all services are changing under Heritage Health. Dental services, school-based services, non-emergency transportation and long-term supports and services (LTSS) will continue to be managed as they are today and reimbursed through the fee-for-service program. LTSS includes home and community-based waiver services, State Plan personal assistance service, and long-term residential services provided through facilities like nursing homes or intermediate care facilities for people with developmental disabilities (ICF-DDs).

## How many plans will Medicaid and CHIP enrollees have to choose from?

Nebraska Medicaid has contracted with UnitedHealthCare Community Plan, Nebraska Total Care (Centene), and WellCare of Nebraska for the Heritage Health program. Members will be able to choose from all three contracted plans no matter where they live in the State.

## I am not currently a Medicaid provider. Will I be able to participate in Heritage Health?

To participate in Heritage Health, a provider must be enrolled with Medicaid. More information on Medicaid provider enrollment is available online at [http://dhhs.ne.gov/medicaid/Pages/med\\_providerenrollment.aspx](http://dhhs.ne.gov/medicaid/Pages/med_providerenrollment.aspx)

## Why was the name Heritage Health selected?

Nebraska has a proud heritage of taking care of ourselves, our families, and our neighbors. The new managed care program is called Heritage Health to reflect those values and to help foster a heritage of health for Nebraskans.

## What information will be available about Heritage Health and how can I stay updated?

Information about Heritage Health, including updated common questions, public events scheduled, and additional resources are available on the Heritage Health website at [www.dhhs.ne.gov/HeritageHealth](http://www.dhhs.ne.gov/HeritageHealth).

## Will the health plans accept all Medicaid providers in their networks?

Heritage Health plans will be encouraged to build as large a network of providers as possible. Networks created by Heritage Health plans must be adequate to meet State guidelines for timely access to care for plan members. Heritage Health plans are required to include providers that are currently serving Medicaid beneficiaries and will need to be part of the network to continue to care for these beneficiaries. All providers in a plan's network will need to meet that plan's credentialing standards.

## Will billing processes be different?

All Heritage Health plans are required to implement a comprehensive provider education effort aimed at instructing providers on the plan's billing processes and all other provider requirements. Furthermore, Heritage Health plans are required to participate in the *Administrative Simplification Committee* that the State is overseeing to identify areas where plans can stream-line and simplify requirements for providers such as billing, service authorization, and credentialing.

## How will providers be paid?

Each managed care organization must have an adequate provider network and may negotiate reimbursement rates with providers in its network. If a member obtains emergency services from an out-of-network provider, the managed care organization must pay the provider 100% of the Medicaid rate. If a member obtains services other than emergency services from an out-of-network provider, the managed care organization is not obligated to pay a rate more than 90% of the Medicaid rate in effect on the date of service to providers with whom/which it



has made a minimum of three documented attempts to contract. Heritage Health plans are also required to establish plans for value-based purchasing which will provide added financial opportunities for providers.

## **What should providers expect from Heritage Health plans for claims payment timeliness?**

Nebraska Medicaid has strengthened requirements for the timely payment of claims. Heritage Health plans must process 90% of all clean claims within 15 business days and 99% of all clean claims within 60 calendar days. For pharmacy providers, 99% of all clean claims must be processed within 7 calendar days and 99% of all clean claims must be processed within 14 calendar days.

## **How will service authorizations be affected?**

All Heritage Health plans are required to implement a comprehensive provider education effort aimed at instructing providers on the plan's service authorization processes and all other provider requirements. Heritage Health plans' service authorization processes must adhere to all federal and State regulations, and requirements within the Heritage Health contract. Furthermore, Heritage Health plans are required to participate in the *Administrative Simplification Committee* that the State will oversee to identify areas where plans can stream-line and simplify requirements for providers such as billing, service authorization, and credentialing.

## **What communication can providers expect during the transition to Heritage Health?**

Nebraska Medicaid and Heritage Health plans will work closely with providers and provider associations to provide timely updates on the transition to Heritage Health. Outreach to providers will include web-based and in-person forums to allow providers to ask questions and provide feedback regarding the implementation of Heritage Health. In addition, Nebraska Medicaid will schedule provider conference calls as we near the implementation schedule to ensure open and continuous feedback.

## **FOR PHARMACY PROVIDERS**

### **Are Heritage Health plans required to cover over-the-counter drugs? If so, what will the reimbursement calculation be?**

Health plans are required to cover OTC drugs in accordance with the State Medicaid covered services requirements. Providers will be reimbursed based on their contracted agreement with the health plan

### **Will prospective drug utilization review (ProDUR) and prior authorization criteria change under Heritage Health?**

Heritage Health plans must follow the State's criteria surrounding Psychotropics in Youth. Medications on the State's Preferred Drug List (PDL) must be adjudicated as payable without prior authorization, unless they are subject to clinical or utilization edits, as defined by Nebraska Medicaid. Heritage Health plans must also submit prior authorization and step therapy policies and procedures to Nebraska Medicaid for review and approval.



## FOR BEHAVIORAL HEALTH PROVIDERS

### **How will the state monitor the integration of behavioral health with other services in Heritage Health?**

Heritage Health plans are required to participate in Nebraska Medicaid's *Behavioral Health Integration Advisory Committee* (BHIAC) which will meet regularly throughout the implementation of Heritage Health. In addition to the health plans, committee participants include behavioral health provider associations, individual providers, behavioral health experts, and Nebraska Medicaid representatives. The goal of the BHIAC is to ensure the successful integration of behavioral health services by facilitating strong communication and proactive problem solving between providers and Heritage Health plans.