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## COMMON 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 benefits 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 October of 2016, Medicaid and CHIP enrollees will receive a notice to select their new health plan.

### **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 an emergency condition only, and those who are required to pay a premium and are not continuously eligible due to a share of cost obligation paid to a nursing facility or for home and community based waiver services.



## What is not changing under Heritage Health?

Not all services are changing under Heritage Health. Dental services and long-term supports and services (LTSS) will continue to be managed under their currently delivery system at this time. LTSS includes home and community-based waiver services as well as 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 is seeking to contract with a minimum of two and no more than three statewide health plans. Members will be able to choose from all contracted plans no matter where they live in the State.

## I am a health care provider in Nebraska. What should I be doing?

As a health care provider, you may be contacted by health plans that are prospective bidders. To minimize provider disruption, Nebraska is not requiring that health plans submit contracts or letters of intent (LOI) to contract with providers as part of their bid. However, Nebraska Medicaid will have readiness processes in place after to ensure that selected health plans are prepared to begin operation before January 1, 2017, which includes a review of their network.

## 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 webpage at [www.dhhs.ne.gov/HeritageHealth](http://www.dhhs.ne.gov/HeritageHealth). This webpage also includes a link to the Heritage Health webpage on the Department of Administrative Services (DAS) website, which includes the Request for Proposal (RFP).

## FOR INDIVIDUALS

### My Services

#### What services are included in and excluded from Heritage Health?

At a minimum, Heritage Health managed care plans must provide all physical health services, behavioral health services, and pharmacy services required by Nebraska's Medicaid State Plan, with exception of which are specifically excluded and listed below. Heritage Health managed care plans may also propose to the State additional services they would like to offer, called "value-added services." All managed care plans currently contracted with the State offer value-added services that promote wellness or preventive care.

Services excluded from Heritage Health managed care will include: dental services, non-emergency transportation, school-based services, intermediate care facility services for individuals with developmental disabilities, personal assistance services, and all home and community based waiver services. These services will continue to be paid under the fee-for-service program.



## **Will my benefits and services change?**

All services currently provided by Nebraska Medicaid will continue. However, all Heritage Health managed care plans will be encouraged to offer “value-added services” which might not be offered to Medicaid enrollees at this time.

## **I am receiving services through a home and community based waiver program.**

### **Will these services change because of Heritage Health?**

There will be no changes to the availability of home and community-based waiver services with the implementation of Heritage Health. Home and community-based waiver services will continue to be provided under the State’s fee-for-service program and are not a part of the Heritage Health managed care program.

## **Will my prescription drug coverage change?**

Prescription drug coverage will be included in each Heritage Health managed care plan. While the health plans or their pharmacy benefits manager (PBM) will be responsible for managing the pharmacy benefit and network, all Heritage Health plans will be required to provide all the prescription drug benefits and services included in the Nebraska Medicaid State Plan and follow the state’s preferred drug list (PDL).

## **Will transportation to my medical appointments change?**

Non-emergency transportation services will continue to be provided under the State’s fee-for-service program and are not a part of the Heritage Health managed care program.

## **Are long-term care services included in Heritage Health?**

Services the State describes as long-term services and supports (such as long-term nursing facility care) are not included in Heritage Health and will continue to be covered under the State’s fee-for-service program.

## **Will dental services be included in Heritage Health?**

Dental services will continue to be provided under the State’s fee-for-service program and are not a part of the Heritage Health managed care program.

## **My Providers**

### **Will I be able to keep my primary care provider and specialists?**

Each plan Nebraska Medicaid contracts with for Heritage Health will be encouraged to build as large a network of primary care providers and specialists as possible. Before selecting a plan, members will be able to see if their preferred primary care provider or specialists are included in that plan’s network of providers.

### **Will I be able to get emergency care from any hospital?**

Yes. Heritage Health plans must cover emergency care regardless of whether the provider is in the plan’s network.

## **Health Plan Selection**

### **How do I select a health plan, and how will I know when I have to pick a health plan?**

Each individual who is covered by Nebraska Medicaid in the fall of 2016 will be mailed a packet with information about the different ways to enroll in a plan. The information packet will explain options and how to enroll, including online or by phone. Staff of the State’s contracted enrollment organization will be available to answer any questions and to help with plan selection.



## **Do all children in a household have to have the same health plan?**

No, children in a household may have different health plans.

## **What if I do not choose a plan or want to change plans?**

If you do not select a plan during the choice period, you will be automatically enrolled in a health plan, and you will receive an information packet from that health plan. You may change your health plan at any time within the 90 days after you are enrolled. Every year during open enrollment you may also change plans.

## **If I move, will I have to change plans?**

If the move is within Nebraska, a member will not have to change plans. One of the advantages of Heritage Health is that all plans will be statewide.

## **FOR PROVIDERS**

### **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 will oversee 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 organizations must pay at a rate more than 90% of the Medicaid rate. Heritage Health plans also will 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 RFP. 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.