



HERITAGE HEALTH

HIGHLIGHTS FOR NURSING FACILITIES

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

Which Services are covered by Heritage Health?

Heritage Health plans will cover Medicaid member's physical health, behavioral health, and pharmacy services.

Which services are considered physical, behavioral and pharmacy services?

Doctor visits; prescriptions; hospital; mental health; emergency room visits; vision and glasses; medical supplies and durable medical equipment; chiropractic visits; skilled nursing; short term skilled rehabilitation in a nursing facility; family planning; physical, occupational, and speech therapy; hearing and hearing aids; HEALTH CHECK/EPSTD; x-rays and lab work; home health; dialysis; hospice; birthing center; transplants; and substance abuse treatment.

Must a Medicaid Client Enroll in Heritage Health?

Most Medicaid clients must be members of 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), 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.

Can a Medicaid member that is a facility resident disenroll from Heritage Health?

Disenrollment from managed care will no longer occur even if the nursing facility resident is receiving custodial or hospice level of care.

Will dual eligibles be enrolling in a Heritage Health plan?

Yes. Individuals that have Medicare as primary will be enrolling in a Heritage Health plan for

the Medicaid portion of their physical, behavioral and pharmacy services.

Which services aren't included in Heritage Health?

Dental services, Home and Community-Based Waiver services, and custodial level of care Per Diem are not included in Heritage Health. All Medicaid covered physical health, behavioral health, and pharmacy services beyond the Per Diem will be paid for by the resident's Heritage Health managed care plan.

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 provider enrollment is available online at:

http://dhhs.ne.gov/medicaid/Pages/med_provi_derenrollment.aspx

How many plans will Medicaid enrollees have to choose from?

Nebraska Medicaid has contracted with WellCare of Nebraska, Nebraska Total Care (Centene), UnitedHealthcare Community Plan of Nebraska, and for the Heritage Health program. Members will be able to choose from all three contracted plans.

Do I need to contract with all three of the health plans?

As a provider, you can decide to contract with one, two, or three of the Heritage Health plans. You do not have to have an agreement with all three; however, contracting with all three health plans will ensure that your entity can provide physical, behavioral and/or pharmacy services to any Medicaid Heritage Health members.