



COMMON MEMBER 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 paid for under 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 of Nebraska, 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.

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. You can subscribe to the webpage to receive emails notice when updates are made to the page. If you have any questions, please email dhhs.heritagehealth@nebraska.gov.

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, school-based services, non-emergency transportation and long-term services and supports (LTSS). These services will continue to be managed as they are today and paid for under 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).

Will my benefits and services change?

All services currently provided by Nebraska Medicaid will continue. However, Heritage Health managed care plans may offer additional "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.

I reside in a nursing home, do I need to select a Heritage Health plan?

Yes, as Medicaid resident in a facility, your physical health, behavioral health and pharmacy services will all be coordinated under Heritage Health. Examples of covered services under Heritage Health include: Doctor's' office appointments, hospital stays, physical therapy appointments and prescription medications.

Are long-term care services included in Heritage Health?

Services the State describes as long-term services and supports (community-based services) 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?

No, 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.

I am enrolled in Medicare and Medicaid, do I need to select a Heritage Health plan?

Yes, as a Medicare member the Heritage Health plan, you will still need to be select a Heritage Health plan for the Medicaid portion of the physical health, behavioral health and pharmacy services.

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.

I received a call from "AHS" who are they?

AHS stands for Automated Health Systems. They are working as the enrollment broker for Heritage Health. They have been contracted by DHHS to provide choice counseling for all enrollees to assist with the enrollment process and answer questions about the various 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 health plans will be statewide.