

Medicaid Managed Care Frequently Asked Questions

What is Medicaid Managed Care?

Medicaid Managed Care is how you will receive your Medicaid Health Benefits. You will choose a Managed Care health plan that provides the services you need. You will select a Primary Care Provider (PCP), who will coordinate your health care needs. Managed Care is designed to help you stay healthy.

What are the benefits of Managed Care?

The Medicaid program is administered by the Nebraska Department of Health and Human Services (DHHS). By changing to Managed Care, Medicaid is now provided through qualified health plans that can provide coordination of your health needs. 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.

Will everyone be in Managed Care?

Yes, most individuals eligible for Medicaid are in enrolled Managed Care; however there are some exceptions based on individual circumstances. If you are to be enrolled in Managed Care, you will receive a notice in the mail.

Do I still receive the medical services I had under Medicaid?

Yes, you still have full Medicaid coverage. Managed Care only changes how you get your medical care.

Is there more than one health plan that I can choose from?

Yes, you will have the choice to enroll in one of two health plans.

If you live in one of these counties, you can choose **Aetna Better Health of Nebraska** or **UnitedHealthcare Community Plan** for your Managed Care health plan: Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington.

If you live in any other county, you can choose **Arbor Health Plan** or **Aetna Better Health of Nebraska** for your health plan. These counties are 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, Scottsbluff, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Wayne, Webster, Wheeler, and York.

How do I find out more about what these health plans offer?

You will be notified and receive a Client Guidebook in the mail. This guidebook provides information on each health plan to help you make your selection. This information is only mailed to people required to enroll in Managed Care.

The Medicaid Enrollment Center at 402-477-4600 in Lincoln or 1-888-255-2605 outside of Lincoln, can also provide information on the health plans, Monday through Friday between 8:00 a.m. and 6:00 p.m., Central Time.

How do I enroll in a health plan?

Contact the Medicaid Enrollment Center at 402-477-4600 in Lincoln or 1-888-255-2605 outside of Lincoln, Monday through Friday between 8:00 a.m. and 6:00 p.m. Central Time. Once you have enrolled in a health plan, you will receive a member handbook from that plan. You will be able to refer to this with any questions regarding your chosen plan. In addition to your Medicaid ID card, once you are enrolled in a health plan, you will also receive a member ID card from that health plan. You will need to bring both cards to every medical appointment.

Will I be required to only see a particular doctor in the health plan?

You will be asked to select a Primary Care Provider (PCP). This will be a doctor of your choice that you can call when you are sick or you need to see a specialist. All of the medical providers you see must be in the provider network of your health plan. Your PCP can recommend providers within the health plan network. Your PCP will also be the one that takes care of all of your medical records and can help coordinate all of your health care needs.

Can I change my health plan during the year?

Yes. You have 90 days from the start of your enrollment to change your health plan. After that, you will not be able to change your health plan until one year from the start of your enrollment unless you have a just cause reason for a change.

Can I change my Primary Care Provider (PCP) during the year?

You can change your PCP by calling your health plan.

Who do I call to get a new health plan I.D. card?

Contact your health plan and they can issue a duplicate card.