

PROVIDER BULLETIN

No. 12-13

Date: March 1, 2012

TO: Nebraska Medicaid Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Heather Leschinsky, Program Coordinator

RE: Statewide Expansion of Physical Health Managed Care

Please share this information with administrative, clinical and billing staff.

Effective July 1, 2012, the Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC) is expanding the physical health managed care program statewide. MLTC is contracting with two (2) health plans to manage physical health services for clients in the 83 counties not currently served by Physical Health Managed Care. See page four of this bulletin for a listing of counties and health plans coverage. The two health plans servicing the statewide expansion counties are:

Coventry Healthcare of Nebraska, Inc. (Plan name: Coventry Cares)
AmeriHealth Nebraska, Inc. (Plan name: Arbor Health Plan)

Providers must enroll as a network provider with both plans to be able to serve all managed care clients. See page two, question five for additional details regarding network participation in managed care.

Questions on how to enroll in the new plans should be directed to:

Coventry of Nebraska at (800) 865-2673
AmeriHealth Nebraska, Inc. (888) 738-0004

Dental, pharmacy, hospice, long-term care nursing facility services, mental health/substance abuse services, and Home and Community Based Services (HCBS) waiver services are not included in the physical health benefits package and are provided through fee-for-service Medicaid.

If you have questions regarding this bulletin, please contact Heather Leschinsky at 402-471-9337 or heather.leschinsky@nebraska.gov

Please see the following 'Question and Answer' section for answers to most common questions/concerns.

Managed Care Frequently Asked Questions

1. What is Physical Health Managed Care?

Managed Care is the way certain clients receive their Medicaid benefits. It is a health care delivery system where Managed Care Organizations (MCO) are contracted to operate a health plan that authorizes, arranges, provides, and pays for the delivery of services in the Basic Benefits package to enrolled clients. The care of clients enrolled in the health plan is managed by the MCO through its network of Primary Care Providers (PCPs), Specialists, Hospitals, and other providers of care who contract directly with the MCO. Managed care offers an opportunity to assure access to a PCP, emphasizes preventive care, and encourages the appropriate utilization of services in the most cost-effective settings.

Not all Medicaid clients are mandatory to enroll in managed care. Clients with Medicare, or receiving services through an HCBS waiver, or living in a nursing home continue to be exempt from managed care. See 482 NAC Chapter 2 at http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-482/Chapter-2.pdf to see the full list of clients who are mandatory and exempt from enrollment in managed care.

2. Will Medicaid clients have a chance to choose their health plan?

Yes, Medicaid clients who are mandatory to enroll in managed care will receive a notice of enrollment and client guidebook through the mail. They will then have an open enrollment period that will allow them to choose a health plan and assign a PCP. Clients who do not choose a health plan will be auto-assigned to a health plan by DHHS and the health plan will assign the PCP.

3. What services are covered under Physical Health Managed Care?

Physician (including family planning, EPSDT, nurse practitioner, certified nurse midwife, physician assistant, clinic administered injections/medications, and anesthesia services), Inpatient Hospital, Outpatient Hospital, FQHC, Rural Health Clinic, Clinical and Anatomical Laboratory, Radiology, Vision, Home Health, Private Duty Nursing, Therapy (PT, OT, SLP, and audiology), DME and medical supplies, Podiatry, Chiropractic, Pediatric Feeding Disorder, and Free Standing Birth Centers are the services in the Basic Benefits package and must be covered by the health plan when medically necessary.

4. How is Physical Health Managed Care Changing?

Beginning July 1, 2012, the physical health managed care program will offer two Managed Care Organization (MCO) health plans in all counties. Prior to July 1, 2012, physical health managed care was only offered in ten counties. See page four of the bulletin for a listing of health plans by county.

5. If a provider is not in the MCO health plan network can they treat the client and get reimbursed?

No, only Family Planning, Emergency, and Indian Health services will be paid to out of network providers. Providers must be participating in the network to be reimbursed by the MCO health plan. Claims will be paid by the MCO health plan where the client is enrolled. It is the provider's responsibility to verify client Medicaid eligibility and Managed Care health plan enrollment.

6. How do providers enroll?

Providers need to contact the health plans directly to complete the network enrollment process. Providers are not required to enroll in any health plan network but may not be reimbursed for care provided to clients enrolled in managed care. See question #5 for out of network providers and reimbursement.

7. Where and how do claims get submitted for the MCO health plans?

All MCO health plans will pay claims for services listed in question two. Providers will need to contact the MCO health plan to receive information on how and where to submit claims.

8. How do providers verify Medicaid and managed care eligibility?

Providers can verify eligibility four ways. See http://dhhs.ne.gov/medicaid/Pages/med_eligibility.aspx on how to verify eligibility. Clients enrolled in managed care will receive a Medicaid ID card and an MCO health plan ID card.

Service Area 1 Counties

MCO Health Plans:

Coventry of Nebraska, Inc. (Plan name: Coventry Cares)
United Healthcare Community and State (Plan name: Share Advantage)

Cass	Dodge
Douglas	Gage
Lancaster	Otoe
Sarpy	Saunders
Seward	Washington

Service Area 2 Counties

MCO Health Plans:

AmeriHealth of Nebraska, Inc. (Plan name: Arbor Health Plan)
Coventry of Nebraska, Inc. (Plan name: Coventry Cares)

Adams	Frontier	Merrick
Antelope	Furnas	Morrill
Arthur	Garden	Nance
Banner	Garfield	Nemaha
Blaine	Gosper	Nuckolls
Boone	Grant	Pawnee
Box Butte	Greeley	Perkins
Boyd	Hall	Phelps
Brown	Hamilton	Pierce
Buffalo	Harlan	Platte
Burt	Hayes	Polk
Butler	Hitchcock	Red Willow
Cedar	Holt	Richardson
Chase	Hooker	Rock
Cherry	Howard	Saline
Cheyenne	Jefferson	Scottsbluff
Clay	Johnson	Sheridan
Colfax	Kearney	Sherman
Cuming	Keith	Sioux
Custer	Keya Paha	Stanton
Dakota	Kimball	Thayer
Dawes	Knox	Thomas
Dawson	Lincoln	Thurston
Deuel	Logan	Valley
Dixon	Loup	Wayne
Dundy	Madison	Webster
Fillmore	McPherson	Wheeler
Franklin		York