

# PROVIDER BULLETIN

No. 10-19

June 9, 2010

TO: All Medicaid Providers

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

BY: Heather Leschinsky, Program Coordinator

RE: **Medicaid Physical Health Managed Care Changes: Frequently Asked Questions**

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

A recent provider bulletin (10-13) informed providers that beginning **August 1, 2010**, the Medicaid Managed Care Program will be implementing two (2) Managed Care Organization (MCO) health plans. The Primary Care Plus (PC+) plan will be discontinued after July 31, 2010. The two health plans will be Coventry Nebraska and ShareAdvantage (administered by United HealthCare).

Please see the following 'Question and Answer' section for answers to most common questions/concerns. If you have further questions or concerns about this information, please contact Heather Leschinsky at 402-471-9337 or [heather.leschinsky@nebraska.gov](mailto:heather.leschinsky@nebraska.gov).

## Managed Care Frequently Asked Questions

### 1. What is Physical Health Managed Care?

Managed Care is the way certain clients in **Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington** counties receive their Medicaid benefits. Not all Medicaid clients living in these counties are mandatory to enroll in managed care. Clients with Medicare, certain primary health insurance, receiving services through an HCBS waiver, and/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](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. What services are covered under Physical Health Managed Care?

Physician, Inpatient Hospital, Outpatient Hospital, Clinical and Anatomical Laboratory, Radiology, Vision, Home Health, Private Duty Nursing, Therapy (PT, OT, SLP), and

audiology), DME and medical supplies, Podiatry, Chiropractic, and Medical Transportation.

**3. How is Physical Health Managed Care Changing?**

Beginning August 1, 2010, the physical health managed care program will offer two Managed Care Organization (MCO) health plans. The PC+ health plan will be discontinued. Physicians enrolled in the PC+ network will no longer receive the \$2.00 per member per month case management fee. Beginning July 1, 2010, clients who are enrolled in managed care will need to re-enroll in either the Coventry or ShareAdvantage health plans.

**4. How are these 2 health plans different?**

Both MCO health plans are full-risk capitated health plans. This means that both health plans will maintain a network of providers for the services listed in question #2. Providers will need to enroll in either or both of the Coventry and ShareAdvantage health plans to be able to provide services to clients in managed care. Both health plans will also authorize services and pay claims.

**5. If a provider is not in the Coventry or ShareAdvantage network can they treat the client and get reimbursed?**

No, only Family Planning and Emergency services will be paid to out of network providers. Providers must be in the network to be reimbursed by the MCO health plan. Claims will be paid by the MCO health plan the client is enrolled in. It is the provider's responsibility for verifying client eligibility and health plan eligibility.

**6. How do providers enroll?**

Providers need to contact the health plans to complete the network enrollment process. Provider enrollment questions should be directed to:

Coventry Nebraska at (800) 865-2673

ShareAdvantage (800) 284-0626

Providers can enroll in either MCO health plan and are not required to enroll in both plans. See question #5 for out of network providers and reimbursement.

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

Each MCO health plan will pay claims for services listed in question #2. 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 five ways. See <http://www.dhhs.ne.gov/med/eligibility.htm> on how to verify eligibility. Clients enrolled in managed care will receive a Medicaid ID card and an MCO health plan ID card.