

## FREQUENTLY ASKED MEMBER QUESTIONS

### **What is Heritage Health?**

Heritage Health is a person-centered approach to administering Medicaid benefits that provides Medicaid and Children's Health Insurance Program (CHIP) enrollees a choice of a single health plan that provides all of their physical health, behavioral health, dental and pharmacy benefits, and services in an integrated health care program. Providing all services with one health plan allows for better communication between primary care providers and behavioral health providers, more opportunities for preventive care, and more consistent, and inclusive coverage for individuals. Heritage Health can improve health outcomes and the financial sustainability of Medicaid.

### **Heritage Health is called 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 an MCO or a 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.

### **Are all Nebraska Medicaid and Nebraska CHIP members enrolled in a Heritage Health plan?**

Nearly all Medicaid and CHIP enrollees receive their medical, dental, vision, behavioral health and pharmacy benefits through a Heritage Health plan. The only members not enrolled in a Heritage Health plan include participants in the Program for All-Inclusive Care for the Elderly (PACE), members 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.

### **When did the Medicaid Expansion begin?**

Medicaid Expansion eligibility began October 1, 2020. This allowed anyone over the age of 19 access to health care through Nebraska Medicaid if found eligible.

### **How many health plans are available through Heritage Health?**

There are three plans and they all operate state wide:

- Nebraska Total Care
- UnitedHealthcare Community Plan of Nebraska
- Molina Health Care of Nebraska

### **How can I contact my health plan?**

Call your health plan member services with questions:

- Molina Healthcare of Nebraska
  - o Phone: 1-844-782-2018 TTY: 711
  - o [www.molinahealthcare.com/ne](http://www.molinahealthcare.com/ne)
- Nebraska Total Care
  - o Phone: 1-844-385-2192 TTY: 711
  - o [www.nebraskatotalcare.com](http://www.nebraskatotalcare.com)
- UnitedHealthcare Community Plan of Nebraska
  - o Phone: 1-800-641-1902 TTY: 711
  - o [www.unccommunityplan.com/ne](http://www.unccommunityplan.com/ne)

## **MEMBER BENEFITS & SERVICES**

### **What services are included 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. Exceptions are noted 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 school-based services and long-term care services (LTC). These services will continue to be managed as they are today and paid for under the fee-for-service program. LTC 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).

### **Did benefits and services change with Heritage Health?**

All Nebraska Medicaid covered services remained unchanged, Heritage Health managed care plans do offer additional "value-added services." Refer to the Heritage Health plan comparison chart for a list of all of the additional services: <http://dhhs.ne.gov/Documents/Plan-Comparison-chart.pdf>. Not all value-added services are listed on the Heritage Health plan comparison chart, please contact your health plan for a full list of services.

### **I receive services through a home and community-based waiver program. Will these services change because of Heritage Health?**

No, 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.

### **Is my prescription drug coverage part of Heritage Health?**

Yes, prescription drug coverage is included in each Heritage Health managed care plan. While the health plans or their pharmacy benefits manager are responsible for managing the pharmacy benefit and network, all Heritage Health plans are 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.

### **Is transportation to my medical appointments part of Heritage Health?**

You may be eligible to have non-emergency transportation to get to your Medicaid covered appointments. Contact your health plan's transportation vendor to find out more:

Molina

- MTM; 1-888-889-0421 TTY: 711; <https://memberportal.net/>

Nebraska Total Care

- MTM; 1-844-385-2192 TTY: 711; <http://memberportal.net/?planCode=CTC>

UnitedHealthcare Community Plan

- Modivcare; 1-833-583-5683 TTY: 1-833-587-6527; <https://www.mymodivcare.com/>

### **Does Heritage Health cover smoking cessation?**

Contact the Nebraska Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669) for free coaching and support. Contact your individual health plan for additional information.

### **I received a bill from my doctor. What do I do?**

It is important to contact your health plan Member Services immediately if you receive a bill from your doctor. Your health plan will be able to help you with your next steps. Medicaid does not cover any medical bills outside of the country. It is especially important to always ask your doctor if they accept your health plan and to always show your member ID card at every visit.

### **What is a prior authorization? When do I need one?**

A Prior Authorization (PA) requires providers to obtain approval before providing a service. Your provider can check if a service requires a PA by going to your Health Plan's website or calling their provider representative. You can also call your Health Plan's member services toll free line with questions about their prior authorization requirements.

### **English is not my first language. What translation services are available?**

Each health plan offers translation services at no cost to you. You can contact your health plan's member services for help with translation services.

### **Is my dental coverage part of Heritage Health?**

Yes, dental services are now provided as a part of the Heritage Health managed care program as of January 1, 2024.

### **I am enrolled in Medicare and Medicaid; do I still need to select a part D plan for Medicare?**

Yes, as a dual eligible member you will still need to select your part D plan.

### **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.

### **I am visiting out of state and need care. Is this covered by Heritage Health?**

In emergency situations when you go to the hospital out of state, care is covered. If you receive care outside of a hospital and it is not an emergency, your health plan is not required to cover the cost of your care. Care outside of the country will not be covered by your health plan. Contact your health plan if you have additional questions.

## HEALTH PLAN SELECTION

### When I become eligible for Medicaid will I have to wait until I select a Heritage Health plan to have coverage?

No, when you become eligible for Heritage Health, you will be enrolled in one of our three health plans. You will receive a Welcome Packet that explains the plan chosen for you.

### If I would prefer a different Heritage Health plan, can I change my plan?

#### By Phone

You can change by phone:

- In the first 90 days you are enrolled in a Heritage Health Plan;
- During Open Enrollment from November 1 to December 15, every year; and
- If you meet one of the State-approved “for cause” reasons to change plans. You must speak with a Choice Counselor to request a change “for cause.”

Call 1-888-255-2605, the call is free:

- Talk to a Choice Counselor Monday-Friday, 7am-7pm, to change your health plan or request a change “for cause”.
- Use the automated health plan change system any time to change in your first 90 days or during Open Enrollment. Listen to the message then follow the prompt to make your change.

Heritage Health Enrollment Center 1-888-255-2605

Monday through Friday 7am to 7pm Central Time

TTY users ONLY call 711

#### By Mail

You can change by mail:

- In the first 90 days you are enrolled in a Heritage Health Plan.
- During Open Enrollment from November 1 to December 15, every year.

Fill out the Health Plan Change Form included in the welcome packet you received. Mail the change form back in the return envelope to:

Heritage Health Enrollment Center  
9370 McKnight Road, Suite 300  
Pittsburgh, PA 15237

#### Online

Go to [neheritagehealth.com](http://neheritagehealth.com) and log in to the Member Portal to request a health plan change online

### 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 operate statewide.

### **What information is available about Heritage Health and how can I stay updated?**

Information about Heritage Health, including frequent questions, public events, past presentations, videos and additional resources are available on the Heritage Health Resources webpage at [www.dhhs.ne.gov/HeritageHealth](http://www.dhhs.ne.gov/HeritageHealth). You can subscribe to the webpage to receive email notice when updates are made to the page. If you have any questions, please email [dhhs.heritagehealth@nebraska.gov](mailto:dhhs.heritagehealth@nebraska.gov).

### **What do I do if I suspect my provider of committing fraud?**

Medicaid fraud is a serious offense. If you suspect your provider is committing fraud, contact the Nebraska Attorney General's Office.

- Phone number: 402-471-3549
- Toll Free number: 800-727-6432
- Email: [ago.medicaid.fraud@Nebraska.gov](mailto:ago.medicaid.fraud@Nebraska.gov)
- Mailing Address:  
1221 N St, Suite 500  
Lincoln, NE 68509-8920