

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.

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 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.

When did Heritage Health begin?

Heritage Health plans begin operations on January 1, 2017.

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
- Healthy Blue Nebraska

What is different about Heritage Health?

Prior to Heritage Health most Medicaid and CHIP enrollees in Nebraska received 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 did Nebraska Medicaid make 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 can improve health outcomes and the financial sustainability of Medicaid.

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.

Are all Nebraska Medicaid and Nebraska CHIP beneficiaries enrolled in a Heritage Health plan?

Nearly all Medicaid and CHIP enrollees receive their physical health, behavioral health and pharmacy benefits through a Heritage Health plan. The only beneficiaries are 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.

MEMBERSHIP CARD

Is the PCP listed on my ID card the only provider I can see for my services?

No, you can see any in-network provider for your Heritage Health plan. To find out if your preferred health care provider is “in-network” you can contact your health plan directly or you can contact the enrollment broker: at 1-888-255-2605 or you can search the provider directory online:

<https://www.neheritagehealth.com/provider/search>.

The PCP listed on my ID card is incorrect, can I have that changed?

Yes, you can contact your health plan to request a new card with your current PCP listed on the card.

MY SERVICES

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>.

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?

Non-emergency transportation services will be included in the Heritage Health benefit package effective July 1, 2019. Until this carve-in date, the service will continue to be provided under the State’s fee-for-service program and is not a part of the Heritage Health managed care program.

Are all Heritage Health members eligible for transportation services?

No, transportation services are only available to Heritage Health members who do not have access to reliable transportation, such as one’s own vehicle or public transportation. Whereas all members are eligible for ambulatory services, only certain enrollees are eligible for transportation services.

Is my dental coverage part of 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 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.

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, 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).

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?

You have 90 days to change your health plan after it begins. You also have the opportunity to change plans every year during open enrollment.

How do I change plans?

You can change plans four different ways:

Online:

You can log in to your account at www.neheritagehealth.com 24 hours a day 7 days a week and change health plans online.

Call:

We have Choice Counselors available from 7am-7pm central time, Monday through Friday.

Call us at 1-888-255-2605. TTY/TTD users ONLY call 711.

You can call our automated phone enrollment system. It is available 24 hours a day 7 days a week. Press option 1 when you call our toll free number at 1-888-255-2605. Follow the prompts to pick a new plan.

Please have these things ready for the person you are changing a plan for:

- Name, address, and date of birth
- The Medicaid ID number, Social Security number, or PIN for the person you are calling about.

Mail:

You can fill out the health plan change form included within your packet. You can mail it in the envelope provided to:

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

Please make sure all parts of the form are filled out and signed by the member before sending it back.

Fax:

1-800-852-6311

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 common questions, public events, past presentations, videos and additional resources are available on the Heritage Health Resources webpage at 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.