HERITAGE HEALTH

Nebraska's Medicaid Managed Care Program

Member Guidebook

Visit us online:

www.neheritagehealth.com



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Toda la informacíon puede ser interpretada en caulquier idioma sin costo.
Materiales de inscripción están disponibles en braille y grabación de audio sin costo.
1-888-255-2605 TTY: 711

Welcome to Heritage Health

Heritage Health is Nebraska's Medicaid Managed Care program. It gives you one health plan for your physical health, behavioral health, dental, and pharmacy needs. It also offers extra benefits and services. You can be a member of the health plan that best fits you and your family's needs.

When you become eligible for Heritage Health, you will be automatically enrolled in one of our three health plans. You will receive a Welcome Packet from your health plan with important information. Heritage Health offers the following health plan choices:

- ***Molina Healthcare of Nebraska***
- ***Nebraska Total Care***
- ***UnitedHealthcare Community Plan of Nebraska***

How to Change Health Plans

If you are not happy with your health plan, you have the right to change health plans:

- Within 90 days of initial enrollment with Heritage Health.
- Each year during Open Enrollment.
- Within 90 days of the start of a health plan change made during Open Enrollment.
- If you have an approved "For Cause" reason.

We offer several different ways to change your health plan.

Online:

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

Call:
Call our automated enrollment line at 1-888-255-2605. It is available 24 hours a day 7 days a week. Follow the prompts to pick a new plan.

You can also speak with a Choice Counselor. They are available from Monday through Friday 7am-7pm CST, by calling 1-888-255-2605. TTY 711.

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

- Name, address, and date of birth
- Medicaid ID number, Social Security Number, or PIN

Mail:
Fill out the health plan change form located on our website. Please make sure all parts of the form are filled out and you sign the form before sending it back.

Fax:
Instead of mailing, you can fax your completed health plan change form to 1-800-852-6311.

Choose a Primary Care Provider

A Primary Care Provider, or PCP, is your main health care provider. They take care of your basic medical needs. A PCP makes sure you receive proper care and coordinates with specialists as needed.

If you already have a Primary Care Provider that handles your health care needs or have one in mind, you can see

if that provider is in network with the Heritage Health plans at www.neheritagehealth.com “Find A Provider”. You can also speak to a Choice Counselor at 1-888-255-2605.

Call your health plan directly to tell them which Primary Care Provider you chose. If you do not choose a Primary Care Provider, your health plan will choose one for you. You can change a Primary Care Provider at any time by reaching out to your health plan.

Choose a Dental Home

A Dental Home is your main dental health provider. They take care of your basic dental health needs in a comprehensive, coordinated, and family-centered way.

If you already have a Dental Home that handles your dental care or have one in mind, you can see if that provider is in network with the Heritage Health plans at www.neheritagehealth.com “Find A Provider”. You can also speak to a Choice Counselor at 1-888-255-2605.

Please call your health plan directly to tell them which Dental Home you chose. If you do not choose a Dental Home, your health plan will choose one for you. You can change Dental Homes at any time by contacting your health plan.

Health Plan Benefits

All health plans offer the following core benefits and services. This is not a complete list of services. Please contact the health plan for a complete list.

- Ambulance Services
- Chiropractic Services
- Dental Services
- Durable Medical Equipment, Orthotics, Prosthetics, and Medical Supplies
- Family Planning Services
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT Health Check)
- Hearing Aid Services
- Home Health Agency Services
- Hospice Services
- Hospital Services
- ICF/DD Services
- Laboratory and Radiology
- (X-Ray) Services
- Medical Transportation Services
- Mental Health and Substance Abuse Services for Children and Adolescents (ages 0-20)
- Nurse Midwife Services
- Nurse Practitioner Services
- Nursing Facility Services
- Physician Services
- Podiatry Services
- Prescribed Drugs
- Private-Duty Nursing Services
- Adult Psychiatric, Substance Use Disorder, and Medicaid Rehabilitation Option
- Screening Services (Mammograms)
- Services Provided by Clinics
- Therapies: Physical Occupational, Speech Pathology and Audiology
- Vision Care Services

Services Not Covered by Your Health Plan

There are other services that your health plan does not cover but are still covered by Medicaid for those that are eligible. The services listed below may be available to you:

- Intermediate care facility services for individuals with developmental disabilities
- Institutional Long-Term Care/Nursing Facility services at a custodial level of care
- School-based services
- Home and Community Based waiver services
- Nebraska Medicaid Personal Assistance Services

For more information about these services, please visit https://iserve.nebraska.gov/

How to Use Your Medicaid and Heritage Health Plan ID Cards

- You will receive a Medicaid ID card from The Department of Health and Human Services. You will also receive an ID card from your Heritage Health plan. Your cards will be mailed separately.
- You must present your Medicaid ID card and your Heritage Health plan ID card wherever you get care. Be sure to bring both cards to every appointment.

How to Get Care

- Call your PCP for routine medical care or if you are sick.
- Call your Dental Home for routine dental care.
- If you cannot make it to an appointment, you need to call the office and tell them.
- It is very important to call at least 24 hours in advance if you need to cancel an appointment.
- If you cancel an appointment, make arrangements for a new appointment.
- If you need to see a specialist, talk with your PCP first.
- If you need specialty dental care, talk with your Dental Home first.
- The providers you see must be in the health plan network you are enrolled in.

Exception: You may go to any family planning provider, but they must accept Nebraska Medicaid.

Emergency/Urgent Care

An emergency is a time when your life is in danger or it can be something that happens that could cause permanent disability if not treated immediately. If you are having an emergency, call 911 or go to the nearest emergency room. You can receive services regardless of if the emergency room is in your health plan network or not.

The following are examples of emergencies:

- *A serious accident*
- *Poisoning*
- *Chest pains*
- *Stroke*
- *Severe bleeding*
- *Severe burns*
- *Difficulty breathing*

You should use urgent care when your life is not in danger, and you have time to call your PCP. If you need urgent care, call your PCP to get instructions.

Some examples of urgent care are:

- *Fever*
- *Stomach pain*
- *Earaches*
- *Headache*
- *Symptoms of cold or flu*

How to Receive Non-Emergency Medical Transportation Services

You can receive transportation to and from medical appointments, dental appointments, and the pharmacy. All three health plans use Medical Transportation Management (MTM) to provide transportation. Call the number below to schedule a ride. Call at least three (3) business days before your appointment. You can also schedule a ride online at https://mtm.work/.

Health Plan	Member Services Phone Number
Molina Healthcare of Nebraska	1-888-889-0421 TTY: 711
Nebraska Total Care	1-844-261-7834 TTY: 711
UnitedHealthcare Community Plan of Nebraska	1-888-777-6924 TTY: 711

Grievances

A grievance is a written or verbal expression about any matter other than an adverse benefit determination. If you have a grievance about your health plan, contact member services at your health plan and work through their grievance process. Refer to your member handbook from your health plan on how to contact them. You can also contact a Choice Counselor at the Heritage Health Enrollment Center at 1-888-255-2605 for assistance.

If you have a grievance against Heritage Health contact a Choice Counselor at the Heritage Health Enrollment Center for assistance.

You can file a grievance by phone or in writing.

Appeals

An appeal is a request for review of an adverse benefit determination made by your health plan. You have the right to appeal the following adverse benefit determination actions:

- The reduction, suspension, or termination of a previously authorized service.
- The denial, in whole or in part, of payment for a service.
- The failure to provide services in a timely manner, as defined by the State.
- The failure of the health plan to act within the timeframes regarding the standard resolution of grievances and appeals.
- The denial of an enrollee's request to dispute financial liability, including cost sharing, copayments and other enrollee financial liabilities.

Requesting an appeal with your health plan:

- Contact a member representative at your health plan by phone or mail.
- The member handbook from your health plan tells you how to file an appeal.
- You have sixty (60) calendar days from the date on your notice of adverse benefit determination to request an appeal with your health plan.
- Your health plan must continue your benefits if you ask them to. You must ask within 10 calendar days from the date on the adverse benefit determination notice or the intended effective date of the health plan's proposed adverse benefit determination. An authorized provider must have ordered the services. Your authorization period must not have run out.
- You may represent yourself for this appeal or be represented by another person.

For more information about Grievances and Appeals, please visit your Heritage Health plan's website by clicking the link below:

MOLINA HEALTHCARE	nebraska total care	UnitedHealthcare Community Plan
Molina Healthcare of Nebraska	Nebraska Total Care	UnitedHealthcare Community Plan of Nebraska

Scroll to the Member Handbook and download.

State Fair Hearings

A State Fair Hearing is a request by a member to appeal a decision made by a health plan with the State of Nebraska.

- You can request a State Fair Hearing after your appeal to the health plan has been finalized.
- You have 120 calendar days from the date on the "notice of resolution" letter you receive from your health plan to request a State Fair Hearing.
- You must send the request for a State Fair Hearing in writing.
- Send your request to:

DHHS MLTC Appeal Coordinator
PO Box 94967
Lincoln, NE 68509-4967

- Once you have filed the request for a State Fair Hearing, a hearing will be scheduled. You will be notified by mail of the date and time to call into the hearing.
- You may represent yourself at this hearing or be represented by another person.

Frequently Asked Questions

Q: I received a letter that stated I am enrolled in a Heritage Health plan. Do I have to stay in a Heritage Health plan?

A: Yes.

Q. Can I change my health plan?

A. After your initial enrollment with Heritage Health, you will have 90 days to change your health plan. See your Notice of Enrollment for the exact date. After that initial 90-day timeframe, you may change your health plan each year

during the Open Enrollment period, and within 90 days of the start of a health plan change made during Open Enrollment.

Q. What is Open Enrollment?

A. Open Enrollment is the period when you can change plans. Open Enrollment occurs annually towards the end of each calendar year. You will receive detailed information regarding Open Enrollment before it begins.

Q: What if I need to change my health plan outside Open Enrollment?

A: Health plan changes made outside of Open Enrollment will only be granted if the State approves a "for cause" reason.

Q: What is "for cause"?

A: This is a State-approved reason to change plans outside of Open Enrollment. Reasons include poor quality of care, lack of access to medical care, or lack of access to providers that can manage your special health care needs.

Q. Can I change my PCP?

A. You may change your Primary Care Provider at any time. You will need to contact your health plan to do so.

Q: Can I change my Dental Home?

A: You may change your Dental Home at any time. You will need to contact your health plan to do so.

Q: I have a special health care need. Are there special plans that will cover my needs?

A: All health plans cover people with special health care needs. For questions about your special health care needs, contact your health plan.

Q: How do I enroll my baby in a Heritage Health plan?

A: Your baby is pre-enrolled in the same Heritage Health plan as you.

After the birth of your baby, if you would like to select a different health plan for the baby, call the Heritage Health Enrollment Center at 1-888-255-2605 within 90 days of enrollment.

Q: If I move, do I have to switch to a new health plan?

A: Your health plan is state-wide and will not change if you move within Nebraska. As a reminder, if you move you need to contact the Medicaid Eligibility Customer Service Center at 1-855-632-7633 or online at https://iserve.nebraska.gov/ to report your change of address.

Q: How do I know if my medical professional or dentist accepts my health plan?

A: Contact your health plan or search the Heritage Health online provider directory at www.neheritagehealth.com. Click on “Find A Provider.”

Q. How do I get enrollment materials if I don’t have access to the Website?

A. All materials are mailed out to you. If you have misplaced your enrollment materials, call the Heritage Health Enrollment Center at 1-888-255-2605 to request a copy.

Q. If I am not the head of household, how do I change a health plan or speak on behalf of a Heritage Health member?

A. A Designation of Authorized Representative Form is required for anyone not listed as the head of household.

Q. Where do I find the Designation of Authorized Representative Form?

A. Download the Designation of Authorized Representative Form at www.neheritagehealth.com. This form can be found in the Materials section.
   - Complete, sign, and date the form.
   - Return it to the Heritage Health Enrollment Center via the address or fax number found on the form.
   - The form will be kept on file so that you can speak or act on behalf of a Heritage Health member at any time.

Rights and Responsibilities

As a Heritage Health Member, you have the right to:

- Be treated with respect, dignity, and without discrimination or retaliation
- Be given information about your illness or medical condition
- Understand the treatment options, risks, and benefits
- Make an informed decision about whether you will receive treatment
- Participate in decisions about your healthcare including the right to refuse treatment
- Talk with your doctor and health plan and know your medical information will be kept confidential
- Choose your health plan and Primary Care Provider (PCP)
- Have access to your PCP and health plan
- Receive medical care in a timely manner
- Request a copy of your medical record and request changes to your medical record

- Make a complaint about your provider or health plan and receive a timely response
- Receive information on the medical services provided by your health plan
- Change your PCP at any time
- Have Heritage Health and health plan materials explained or interpreted
- Have interpreters at no cost, if necessary, during medical appointments and in all discussions with your PCP or health plan
- Request an appeal if services are denied, terminated, or reduced
- Make advance directives, if desired, and receive assistance if needed
- Receive proper medical care 24 hours a day, 7 days a week
- Change your health plan within 90 days of initial enrollment or every 12 months without cause thereafter
- Change your health plan because your health plan does not cover for moral or religious reasons a service that you need
- Change your health plan if you lost coverage and therefore missed open enrollment and were reenrolled within 60 days of your loss of coverage
- Change your health plan because your doctor has said that some of the medical services you need must be received together. But all the services aren't available through your health plan at the same time
- Change your health plan for other reasons such as poor quality of care, lack of access to covered services, or lack of access to providers that can manage your health care needs

When you are in a Department of Health and Human Services program, you may not be subject to discrimination on basis of:

- *Race*
- *Color*
- *Sex*
- *Age*
- *National origin*
- *Political beliefs*
- *Religious creed*
- *Disability*

As a Heritage Health member, you have the responsibility to:

- Understand, to the best of your ability, how Heritage Health is used to receive health care
- Take your Medicaid ID card and health plan ID card to all medical appointments and to the pharmacy for prescriptions
- Keep your scheduled appointments
- Call your provider's office at least 24 hours in advance if your appointment must be rescheduled
- Tell your doctor about any medical problems
- Ask questions about things you do not understand
- Follow the provider's orders and advice
- Assist with the transfer of your medical records
- Receive services from your Primary Care Provider unless referred elsewhere by your Primary Care Provider
- Report to the Medicaid Eligibility Customer Service Center if your address has changed, you are or become pregnant or any other changes that could affect your Medicaid eligibility or Heritage Health coverage
- Cooperate with all Heritage Health inquiries and surveys
- Choose a provider within the health plan's network

Key Terms

Choice Counselor: A representative at the Heritage Health Enrollment Center. They give impartial support to help members change their health plans

Enrollment: How a member is assigned to a Heritage Health plan

For Cause: An approved reason to change your plan outside Open Enrollment

Heritage Health: Nebraska's Medicaid Managed Care Program

Member: A person with Medicaid who is enrolled with a Heritage Health plan

Primary Care Provider: A medical professional you choose to provide health care (Note: if you do not select a PCP, one will be chosen for you)

Dental Home: A dental provider you chose to provide oral health care (Note: if you do not select a Dental Home, one will be chosen for you)

Contact Information

Medicaid Eligibility Customer Service Center

1-855-632-7633
402-473-7000 (Lincoln)
402-595-1178 (Omaha)
TTY: 402-471-7256
https://iserve.nebraska.gov/

Heritage Health Enrollment Center

1-888-255-2605
TTY: 711
www.neheritagehealth.com

Heritage Health Plans

- Molina Healthcare of Nebraska
  1-844-782-2018
  TTY: 711
  www.molinahealthcare.com/ne

- Nebraska Total Care
  1-844-385-2192
  TTY: 711
  www.nebraskatotalcare.com

- UnitedHealthcare Community Plan of Nebraska
  1-800-641-1902
  TTY: 711
  www.uhccommunityplan.com/ne

Non-Emergency Transportation Providers

- MTM (Molina Healthcare of Nebraska)
  1-888-889-0421
  TTY: 711
  https://mtm.work

- MTM (Nebraska Total Care)
  1-844-261-7834
  TTY: 711
  https://mtm.work

- MTM (UnitedHealthcare Community Plan of Nebraska)
  1-888-777-6924
  TTY: 711
  https://mtm.work

Medicare
1-800-633-4227
TTY: 1-877-486-2048
www.medicare.gov

Social Security Administration
1-800-772-1213
TTY: 1-800-325-0778
https://www.ssa.gov/

Women, Infants and Children (WIC) Program
1-800-942-1171
402-471-2781
TDD: 1-800-833-7352
www.dhhs.ne.gov/wic

Federal Health Insurance Marketplace
1-800-318-2596
TTY: 1-855-889-4325
https://www.healthcare.gov/