



Nebraska's Medicaid Managed Care Programs

Member Guidebook

Visit us online:

www.neheritagehealth.com



Revised: 10/2023

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Toda la información puede ser interpretada en cualquier 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 can change health plans within the first 90 days of enrollment. 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.

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1-888-255-2605 TTY: 711

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
- The Medicaid ID number, Social Security Number, or PIN

Mail:

Fill out the health plan change form included within this packet. Please make sure all parts of the form are filled out and signed before sending it back. A postage paid envelope is included.

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.

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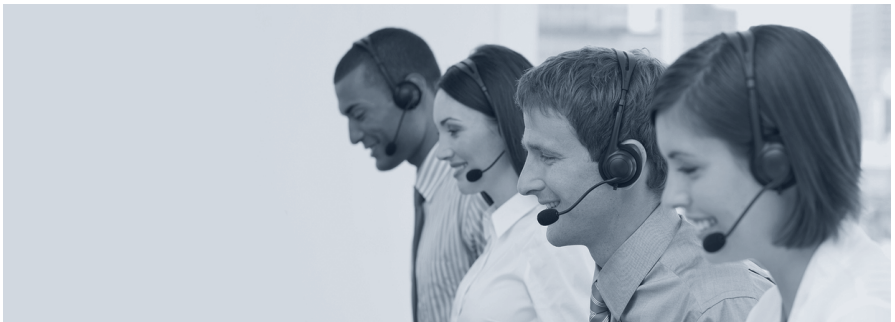
Call your health plan directly to tell them which Primary Care Provider you chose. If you do not choose a Primary Care Provider, your health plan will choose one for you. You can change a Primary Care Provider at any time by reaching out to your health plan.

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.



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Health Plan Benefits

All health plans offer the same health care services. Your health plan will send you the full list of services. This is not a complete list of services.

- Doctor visits
- Dental visits
- Prenatal and maternity care services
- Prescriptions
- Hospital
- Mental health
- Emergency room visits
- Medical supplies and durable medical equipment
- Chiropractic visits
- Skilled nursing
- Family planning
- Well-Child checkups (EPSDT-Health Check)
- Physical, occupational, and speech therapy
- Hearing and hearing aids
- X-rays and lab work
- Home health
- Dialysis
- Hospice
- Birthing center
- Transplants
- Substance use treatment
- Non-Emergency Medical Transportation
- Vision and glasses
- Over-the-counter medication

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:

- Personal Assistance Services (PAS)
- Long-Term Care
- Home and Community Based Waiver Services
- School-Based Services

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For more information about these services, please visit ACCESSNebraska at www.accessnebraska.ne.gov.

How to Use Your Medicaid and Heritage Health Plan ID Cards

- You will receive a Medicaid ID card from ACCESSNebraska. 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 keep 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.

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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 you need to do is call your health plan's transportation company to schedule a ride. You need to call at least three (3) business days before your appointment.

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| Health Plan | Transportation Company | Member Services Phone Number |
|---|---------------------------|---------------------------------------|
| Molina Healthcare of Nebraska | MTM | 1-888-889-0421 TTY: 711 |
| Nebraska Total Care | MTM | 1-844-261-7834 TTY: 711 |
| UnitedHealthcare Community Plan of Nebraska | Modivcare | 1-833-583-5683 TTY: 1-866-288-3133 |

Grievances

A grievance is a complaint about access to care, quality of care, or problems communicating with your health plan or PCP. If you have a grievance about your health care, 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 file a grievance by phone or in writing.

Appeals

An appeal is when you ask for a formal hearing when you do not agree with a decision made by your health plan. You have the right to appeal when your health plan:

- Denies or limits a service approval request
- Does not approve a service in an amount, length of time, or scope that you requested
- Denies payment for a service
- Suspends, reduces, discontinues, or terminates services
- Doesn't act upon your grievance or appeal within required timeframes

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Requesting an appeal with your health plan:

- Contact a member representative from 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) 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 action benefit determination notice. 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:

| | | |
|--|---|---|
|  |  |  |
| <p><u>Molina Healthcare of Nebraska</u></p> | <p><u>Nebraska Total Care</u></p> | <p><u>UnitedHealthcare Community Plan of Nebraska</u></p> |

Scroll to the Member Handbook and download.

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Requesting a State Fair Hearing:

- You can request a State Fair Hearing after your appeal to the health plan has been finalized
- You must send the appeal request for a State Fair Hearing in writing
- Send your appeal request to:

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

- You have 120 days from the date on the “notice of resolution” letter you receive from your health plan to request a State Fair Hearing.
- 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 health plan begins you will have 90 days to change it. See your Notice of Enrollment for the exact date. After that 90-day timeframe, you may only change your health plan during the Open Enrollment period.

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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: 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.

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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 to speak with a Choice Counselor.

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 ACCESSNebraska at 1-855-632-7633 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

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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 take action 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 and dignity, without discrimination or retaliation
- Get information about your illness or medical condition
- Understand the treatment options, risks, and benefits
- Make informed decisions about whether or not you will receive treatment
- Make decisions about your health care including the right to refuse treatment
- Talk with your medical professional and health plan and know your medical information will be kept confidential
- Choose a medical professional as your Primary Care Provider (PCP), which may be a nurse practitioner or physician assistant
- 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 medical professional and/or health plan and receive a timely response

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- Receive information on the medical services provided by your health plan
- Change your PCP at any time
- Have managed care and health plan materials explained if you do not understand them
- 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 access to proper medical care 24 hours a day, 7 days a week
- Change your health plan within 90 days of initial enrollment or during open enrollment each year
- 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

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

- *Race*
- *National origin*
- *Color*
- *Religious beliefs*
- *Sex*
- *Political beliefs*
- *Age*
- *Handicap*

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
- Keep your scheduled appointments with your medical professional
- Call your medical professional's office at least 24 hours in advance if your appointment must be rescheduled
- Tell your medical professional your medical problems
- Ask questions if you do not understand
- Follow your medical professional's orders and advice
- Assist in the transfer of your medical records
- Get services from your Primary Care Provider unless referred elsewhere
- Report to ACCESSNebraska 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 providers who participate in your health plan

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Key Terms

Choice Counselor: A person at the Heritage Health Enrollment Center who helps you with questions about Heritage Health

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)



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Contact Information

Nebraska Medicaid Eligibility Helpline - ACCESSNebraska

1-855-632-7633

402-473-7000 (Lincoln)

402-595-1178 (Omaha)

TTY: 402-471-7256

www.accessnebraska.ne.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

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1-888-255-2605 TTY: 711

Non-Emergency Transportation Providers

- MTM (Molina Healthcare of Nebraska)
1-888-889-0421
TTY: 711
<https://memberportal.net/>
- MTM (Nebraska Total Care)
1-844-261-7834
TTY: 711
<http://memberportal.net/?planCode=CTC>
- Modivcare (UnitedHealthcare Community Plan of Nebraska)
1-833-583-5683
TTY: 1-866-288-3133
www.modivcare.com

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/>

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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/>



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