NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

PROVIDER BULLETIN

No. 16-26

DATE: November 21, 2016

TO: All Medicaid Providers

FROM: Calder Lynch, Director
Division of Medicaid & Long-Term Care

BY: Kim McClintick, Administrator

RE: Heritage Health Medical and Behavioral Health Continuity of Care

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

Heritage Health, the state's new integrated managed care delivery system, begins on January 1, 2017. Ensuring that members continue to receive needed services without interruption is of the greatest importance. To ensure members do not receive any disruptions in care, the following policies have been established during implementation:

1) Active authorizations within fee-for-service and the existing managed care plans

Until January 1, 2017, providers will continue to request authorization for services through the existing fee-for-service or health plan processes. Active authorizations with dates of service after 12/31/2016 will be transferred electronically to the members' Heritage Health plans.

The Heritage Health plans will honor previously approved authorizations for the lesser of:

- 90 days from implementation of Heritage Health on January 1, 2017,
- The original end date on the authorization from the previous entity, or
- The date on which the new Heritage Health plan, with consultation from the provider, makes a new or different medical necessity determination.

During the period from 1/1/17 through 3/31/17, the plans will honor the authorization regardless of provider network participation, and the provider will be reimbursed at 100% of the Medicaid fee schedule or the rate specified in their contract with the Heritage Health plan.

Previously approved transplants will be honored through the end date of the original authorization.

When submitting claims to the Heritage Health plan, do not submit the authorization number of the previous plan on the claim. Providers should either submit the claim without an authorization number or the authorization number received from the Heritage Health Plan. Submitting the Heritage Health plan's authorization number on the claim will reduce processing time for the claim.

2) Services that now require new authorizations

The member's new Heritage Health plan may in some instances require prior authorization for services that did not require authorization within fee-for-service or the previous plan. As a general rule, providers are expected to verify eligibility and to submit authorization requests prior to providing the service. However, to allow time for transition and continuity of care, the plans will allow providers to submit requests for retroactive determination of medical necessity for dates of service between January 1, 2017 and February 28, 2017. The plans will make the determination of medical necessity using the same criteria as if the request was submitted prior to the service being rendered.

Prior Authorization Contact Information for the Heritage Health Plans effective January 1, 2017.

Nebraska Total Care	Phone: (844) 385-2192 Fax: (844) 774-2363 Online: www.nebraskatotalcare.com
UnitedHealthcare Community Plan	Phone: (866) 604-3267 Fax: (866) 622-1428 Online: www.UnitedHealthcareOnline.com
WellCare of Nebraska	Phone: (855) 599-3811 Fax: (855) 292-0240 Online: https://www.wellcare.com/Nebraska/Contact-Us

If you have any questions, please contact Kim McClintick at Kimberly.Mcclintick@nebraska.gov