

Nebraska Heritage Health Adult Expansion

Frequently asked questions

Overview

Nebraska Medicaid and Long-Term Care (MLTC) has expanded Medicaid coverage under the Heritage Health Adult Expansion program. The Heritage Health Adult program expands Medicaid coverage to adults, ages 19-64, whose income is at or below 138 percent of the federal poverty level. Heritage Health Adult members are enrolled in managed care plans through the existing Heritage Health Program.

Frequently asked questions

Eligibility and benefits

Who is eligible to participate in the program?

Heritage Health Adult expands Medicaid eligibility to Nebraska residents, ages 19-64, whose income is at or below 138 percent of the federal poverty level.

How can I verify member eligibility?

Always verify member eligibility prior to providing services. You can verify eligibility:

- **Online:** Use the eligibilityLink tool at UHCprovider.com/eligibilityLink
- **By phone:**
 - Call Provider Services at **866-331-2243**
 - Call the Nebraska Medicaid Eligibility System (NMES) at **800-642-6092**

The following is a sample Heritage Health Adult Expansion ID card to help you identify these members.



All member information in the sample is fictional for sample purposes. Always refer to the member's active ID card for current details.

What are the tier requirements for the program?

Heritage Health Adult Expansion members are enrolled in managed care plans through the existing Heritage Health program.

Unlike existing Medicaid-eligible individuals, Heritage Health Adult Expansion members have a tiered benefit system. All eligible members receive either Basic or Prime benefits.

Key Points

- Heritage Health Adult Expansion benefits will begin Oct. 1, 2020.
- Nebraska DHHS began accepting applications on Aug. 1, 2020.

- Basic: Includes comprehensive medical, behavioral health and prescription drug coverage.
- Prime: Includes Basic benefits plus dental, vision and over-the-counter (OTC) medication. Prime benefits are limited to:
 - Pregnant women
 - Adults ages 19-20
 - Medically frail individuals

How are members determined to be medically frail?

Several individuals eligible for HHA will have comorbidities (underlying health conditions), undiagnosed or uncontrolled mental health disorders and social determinants of health that may be barriers to improving their health. Individuals who are determined medically frail by DHHS will receive Prime benefits. A member enrolled in HHA with basic benefits can request a review by DHHS for medically frail status. DHHS will notify the member on whether they qualify for medically frail status. A medically frail determination is effective for either one or three years, depending on the individual's diagnosis.

Diagnoses/conditions that can lead to a medically frail determination include:

- A disabling mental health disorder
- A chronic substance abuse disorder
- A physical, intellectual or developmental disability with functional impairment that significantly impairs one from performing one or more activities of daily living each time the activity occurs
- A disability determination based on Social Security criteria
- A serious and complex medical condition
- Chronically homeless, as defined by the United States of Housing and Urban Development

Members may be identified to DHHS for a medically frail determination using the following methods:

- Members may self-identify to DHHS or their Medicaid Managed Care Organization.
- Members may be referred by their Medicaid Managed Care Organization after engaging with the Managed Care Organizations' Clinical Coordinator or through analysis of the member's historical claims data.
- Members may be identified by DHHS, including, but not limited to, Nebraska Economic Assistance Division, a DHHS social service worker or through Medicaid program staff.

How can providers assist with medically frail determinations?

Providers may be asked to attest to their patient's medically frail status. DHHS uses an attestation form to determine if a Heritage Health Adult Expansion member is medically frail. If you're a care provider with diagnosing capabilities within your scope of practice, and you have a patient you believe meets the medically frail criteria, you can complete the Medically Frail Attestation Form. The form will be made available to the patient and will also be available on dhhs.ne.gov > Medically Frail. The attestation form can be submitted by the provider to DHHS:

- **Online:** Upload it to dhhs.ne.gov/pages/accessnebraska.aspx.
- **Email:** dhhs.medfrailreview@nebraska.gov
- **Mail: Nebraska DHHS**
Attn: Heritage Health Adult Medically Frail Determinations
P.O. Box 95026
Lincoln, NE 68509

How can individuals enroll in Heritage Health Adult Expansion?

Eligibility for the Heritage Health Adult Expansion program is determined by DHHS. Individuals can apply:

- **Online:** ACCESSNebraska (dhhs.ne.gov/pages/accessnebraska.aspx)
- **By phone:** 855-632-7633
- **In Person:** A list of DHHS local offices is available at dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx.

Care Provider Resources

If you have questions, please call Provider Services at **866-331-2243**. Further details around medical and reimbursement policies at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies.

To learn more about this plan, visit UHCprovider.com/NEcommunityplan or go to UHCprovider.com/guides > Community Plan Care Provider Manuals for Medicaid Plans by State.