



Frequently Asked Questions

Who is Magellan? What role does Magellan have in my healthcare?

- In Nebraska, Magellan works with the Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care. Usually this is just called Medicaid.
- Medicaid uses Magellan to manage behavioral health services for people with Medicaid.
- Behavioral Health services are mental health, substance use, and gambling recovery.
- Magellan does not provide treatment. We help arrange treatment.
- This can make it easier for you or your family to get the right help.

What is the purpose of managed care?

- To make sure members get the right service to meet their needs. Too little treatment isn't best for you. And too much treatment isn't best for you.
- To help you have less emergencies.
- To help you stay in the community instead of going to the hospital.
- To spend Nebraska's Medicaid money in the best way so that it helps the most people. This means:
 - Using treatment that has been proven to work most of the time.
 - Helping all providers work together.
 - Helping people have long term recovery.
 - Having options to meet diverse needs.

What if I don't need behavioral health services?

- All members of Medicaid managed care have Magellan coverage. This does not mean we think you need services.
- Many people have Magellan but do not use behavioral health service. You do not have to use the services. They will be available if you ever need them.

How can I contact Magellan to get answers, help, and/or support?

- You can contact us at 1-800-424-0333.
- If you are hearing impaired the TDD/TTY number is 1-800-424-4045.
- Our offices are in Nebraska. Calls are answered by people who live and work in Nebraska. They can answer your questions.
- Most calls are answered in less than 30 seconds. You will not spend a long time waiting on hold.
- We have a website you can visit any time. It is www.MagellanofNebraska.com. There is a lot of information that may be helpful to you.

When can I contact Magellan?

- The Nebraska staff are available Monday through Friday from 8:00 am – 5:00 pm.
- Emergency staff are available 24 hours a day.

What would I contact Magellan for?

- Magellan is happy to help our members with any question. We can help you:
 - Find providers near where you live.
 - Understand more about your options.
 - Read or understand any information we give to you.
 - Find other resources in your community.
- Sometimes people have concerns about their treatment. We can help you:
 - Solve a problem with a treatment provider.
 - Make a complaint about your provider.
 - Make a complaint about Magellan.
 - Get a review of a decision made about your complaint or problem.

How does Magellan authorize services?

- The Nebraska Medicaid Plan has guidelines that we must follow. These help us make decisions about your care.
- Every kind of treatment has Medical Necessity Criteria. This is a list of circumstances that must be true. If your circumstance does not match the list, we cannot authorize that type of treatment. Instead we will authorize a kind of treatment that does match your situation.

What is Medical Necessity?

- Medical necessity is the need for treatment. The treatment can be to diagnose a condition. It can be to treat or cure a problem.
- There are laws about medical necessity that we have to follow.
- Treatment must be in the least restrictive level of care that will meet your need. This means that smaller problems should get treatment that does not interfere with the rest of your life. Too much treatment can cause new problems.
- There should be evidence that the treatment will help you. This means that providers have to use systems that we know usually helps people get better.
- The treatment should help you get better so that you don't need treatment anymore. If you aren't getting better or you are getting worse.
- There has to be a medical reason for the treatment. Treatment can't be just because it's nice to have someone to talk to. Or just because your provider likes seeing you.

My service was denied, but my provider says I need it, what do I do?

- You will get a letter from Magellan that tells you how to file an appeal.
- The appeal must be filed within 90 days of the date on the letter.
- Ask your provider or another support person to help you file the appeal.
- If you need help, call Magellan. We will help you through the process.