



Important credentialing and contracting process information

As Magellan providers have been previously informed, on January 1, 2017, the Nebraska Department of Health and Human Services (DHHS) will transition to the new managed care program, Heritage Health. In preparation, Magellan is working closely with DHHS to transition out of the role as the managed care organization for behavioral health and substance use disorder treatment services.

During this transition process, it is important that providers are aware of key dates with regard to Magellan of Nebraska processes. The first identified dates are related to provider credentialing and contracting.

As of 10/1/2016, Magellan of Nebraska will cease credentialing and contracting new providers and new service locations for the Nebraska Medicaid account.

- If your only Magellan contract is for the Nebraska Medicaid line of business and your recredentialing due date is on or after January 1, 2017, your application will not be processed for continued network participation.
- If you are contracted for commercial, or other lines of business with Magellan, your contract and credentialing status will remain active. You will need to respond to all communications you receive regarding these processes to ensure no disruption in service for these other lines of business.

For more information on network participation with health plans contracted under Heritage Health, please see the DHHS – Division of Medicaid and Long-Term Care Provider Bulletin, No. 16-14 [here](#).

Medicaid-enrolled providers of physical health, behavioral health, and pharmacy services covered by Heritage Health are encouraged to contact each Heritage Health plan regarding network participation.

Enrollment through Maximus will be required for all managed care organizations, and providers are encouraged to continue through this process.

Additional information can be found on the [Heritage Health webpage](#).

Thank you for all you do to support the Magellan of Nebraska members.