



Who should get a **flu shot**?

According to the Centers for Disease Control and Prevention (CDC), almost everyone ages 6 months and older should get a flu vaccine. However, members with severe, life-threatening allergies to ingredients in the vaccine—such as certain antibiotics and gelatin—and members under 6 months cannot get a flu shot. Providers should also discuss risks with members who have egg allergies, are sick, have weakened immune systems or have had Guillain-Barré syndrome.

If there is a shortage of flu shots, the CDC recommends providers prioritize getting the vaccine to people in the following groups:

- Children ages 6 months to 4 years
- People ages 50 and older
- People with chronic pulmonary or cardiovascular disorders
- People who are immunosuppressed
- Women who will be pregnant during flu season
- Children ages 6 months to 18 years who receive long-term aspirin therapy
- American Indians and Native Alaskans
- Residents of nursing homes and chronic care facilities
- People with a BMI greater than 40
- Healthcare personnel
- Household contacts and caregivers for: children younger than 5 (but especially children under 6 months), adults ages 50 and older and people who are at higher risk for influenza complications

You can learn more about flu shot guidelines at [cdc.gov/flu/protect/whoshouldvax.htm#flu-shot](https://www.cdc.gov/flu/protect/whoshouldvax.htm#flu-shot).

Appropriate use of antibiotics

When members are sick, they may request antibiotics. But prescribing antibiotics to members who do not need them can lead to antibiotic resistance. In addition, reactions to antibiotics cause 1 out of 5 medication-related visits to emergency rooms.

Several HEDIS measures assess whether plans are prescribing antibiotics appropriately:

- **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:** Guidelines recommend against the use of antibiotics to treat acute bronchitis in otherwise healthy adults.
- **Appropriate Treatment for Children with Upper Respiratory Infection:** Most upper respiratory infections in children are caused by viruses and do not require antibiotic treatment.
- **Appropriate Testing for Children with Pharyngitis:** Testing before prescribing an antibiotic ensures that children with a viral infection are not inappropriately treated.

HEDIS: Flu vaccinations

For Medicaid members, HEDIS measures evaluate how many adults ages 18 to 64 receive the flu vaccine. Read more at [ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/flu-vaccinations](https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/flu-vaccinations).

HEDIS: Colorectal cancer screening

The HEDIS measure for colorectal cancer screening continues to assess the number of adults ages 50 to 75 who are screened. According to the HEDIS measure, screening options include:

- Annual fecal occult blood test
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Computed tomography colonography every five years
- Stool DNA test every three years

Read more at [ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/colorectal-cancer](https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/colorectal-cancer).

Screening for colon cancer

The American Cancer Society (ACS) recently updated its colon cancer guidelines to recommend that adults at average risk start getting screened at age 45. Previous guidelines recommended that screening begin at age 50.

The ACS said the changes were made after it reviewed data on colon cancer cases.

“The numbers showed that new cases of colorectal cancer are occurring at an increasing rate among younger adults,” the ACS wrote in a news release. “Experts on the ACS Guideline Development Committee concluded that a beginning screening age of 45 for adults of average risk will result in more lives saved from colorectal cancer.”

However, the ACS changes were not adopted by other entities, such as the U.S. Preventive Services Task Force, which still recommends that screening begin at age 50.



Cancer care for women

Cancer screenings are an important part of healthcare for both men and women, but there are a few tests specific to women. Nebraska Total Care providers can help members find cancer early by reminding women to be screened regularly for breast and cervical cancer.

HEDIS for women’s cancer care

Measure	Details
<p>Breast Cancer Screening</p> <p>One in 8 women will be diagnosed with breast cancer during their lifetime. The U.S. Preventive Services Task Force (USPSTF) recommends women begin biennial mammograms at age 50 but says women can begin screening at age 40, especially if they are at higher risk.</p>	<p>This measure assesses women ages 50 to 74 who had at least one mammogram to screen for breast cancer in the past two years. For 2018, NCQA added digital breast tomosynthesis to the list of acceptable tests for breast cancer screening.</p> <p>Read more at ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/breast-cancer.</p>
<p>Cervical Cancer Screening</p> <p>The American Cancer Society (ACS) estimates that more than 13,000 women will be diagnosed with cervical cancer in 2018. Both the ACS and the USPSTF recommend regular Pap screenings to detect abnormal cells.</p>	<p>This measure assesses women ages 21 to 64 who had either a cervical cytology (Pap test) performed every three years or women ages 30 to 64 who had cervical cytology and human papillomavirus co-testing every five years.</p> <p>Read more at ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/cervical-cancer-screening.</p>

HEDIS supports member health

Nebraska Total Care strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS provides a standardized method for managed care organizations to collect, calculate and report information about their performance. This allows employers, purchasers and consumers to compare plans. Health plans themselves use HEDIS results to see where to focus their improvement efforts.



Oral health offers clues to overall condition

Providers may find clues to a member's overall health by looking at their mouths and teeth. Several health conditions can affect a patient's oral health:

- **Alzheimer's disease:** A person with Alzheimer's may forget how to care for their teeth and gums, leading to infections, tooth decay and problems eating.
- **Diabetes:** Because diabetes reduces a person's resistance to infection, people with the disease are more likely to develop gum disease.
- **HIV/AIDS:** People with HIV/AIDS may experience oral infections, dry mouth, lesions, canker sores and other problems.
- **Osteoporosis:** Members with osteoporosis may suffer bone loss in their mouths and lose teeth.

In addition to being a sign of poor overall health, oral health problems can contribute to conditions

such as endocarditis, cardiovascular disease, premature birth and low birth weight.

Providers can help Nebraska Total Care members stay healthy by asking about their dental health and reminding them to get regular dental care.

The American Dental Association says there is no one-size-fits-all dental treatment. Some people may need routine visits once or twice a year, while others may need to see a dentist more often because of their individual health considerations.

Providers who need assistance with helping members find dental care providers can contact Nebraska DHHS Medicaid at dhhs.dbm@nebraska.gov or visit the dental benefit page at dhhs.ne.gov/medicaid/Pages/DBM.aspx.

Supporting members with disease management

Nebraska Total Care's disease management programs help members with chronic conditions, such as diabetes, self-manage their health. The programs do this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence. We educate patients and provide support and tools needed to help them understand and control their condition, all with the goal of fewer complications.

In addition to disease management programs for members with chronic illnesses, we offer case management for members with complex medical needs. If you have a member you think would benefit from these services, call us at **1-844-385-2192**, TTY: **1-844-307-0342**, Relay 711.



HEDIS: Annual dental visits

This measure assesses Medicaid members ages 2 to 20 with dental benefits who have at least one dental checkup per year. Find out more at ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/dental.



Helping teens transition to adult care

Nebraska Total Care can help members or providers find an adult provider (e.g., a primary care physician, specialist or other provider) for members reaching adulthood.

The American Academy of Pediatrics recommends a transition to an adult care provider between ages 18 and 21, considering each case individually and including discussion with the patient and his or her caregivers.

The National Alliance to Advance Adolescent Health (NAAAH) says the process can begin as early as age 12, when patients and their families can be informed of the transition policy. Transition planning can begin at age 14 and can continue with readiness assessments until the transition takes place between ages 18 and 21.

We encourage your staff to contact Nebraska Total Care for help shifting a patient to a new physician, if needed. You can also find tip sheets and clinical resources at gottransition.org, an NAAAH program.

Your role

Providers play a central role in promoting the health of our members.

To help Nebraska Total Care process authorization requests accurately and efficiently, please submit sufficient medical information. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

You and your staff can also help facilitate HEDIS process improvement. Be sure to provide appropriate care within designated timeframes, document all care in patient medical records, accurately code all claims and respond to our requests for medical records within five to seven days.

Questions? Contact Nebraska Total Care Provider Services at **1-844-385-2192**, TTY: **1-844-307-0342**, Relay 711.

MyNTC member app

Nebraska Total Care has developed a secure smartphone app to help members manage and take charge of their health. Talk to members about downloading the new app so they can:

- View their Nebraska Total Care ID card
- See rewards earned and the balance on their CentAccount Rewards
- Use a map to find a nearby provider, hospital or urgent care clinic
- Call their PCP
- Contact Nebraska Total Care
- Get benefit information
- See wellness alerts related to recommended routine appointments and care gaps

Additional features are in development and will be added as they are available. This includes access to Nebraska Total Care's online health library, a wellness assessment with health recommendations, pharmacy history and pregnancy support.

