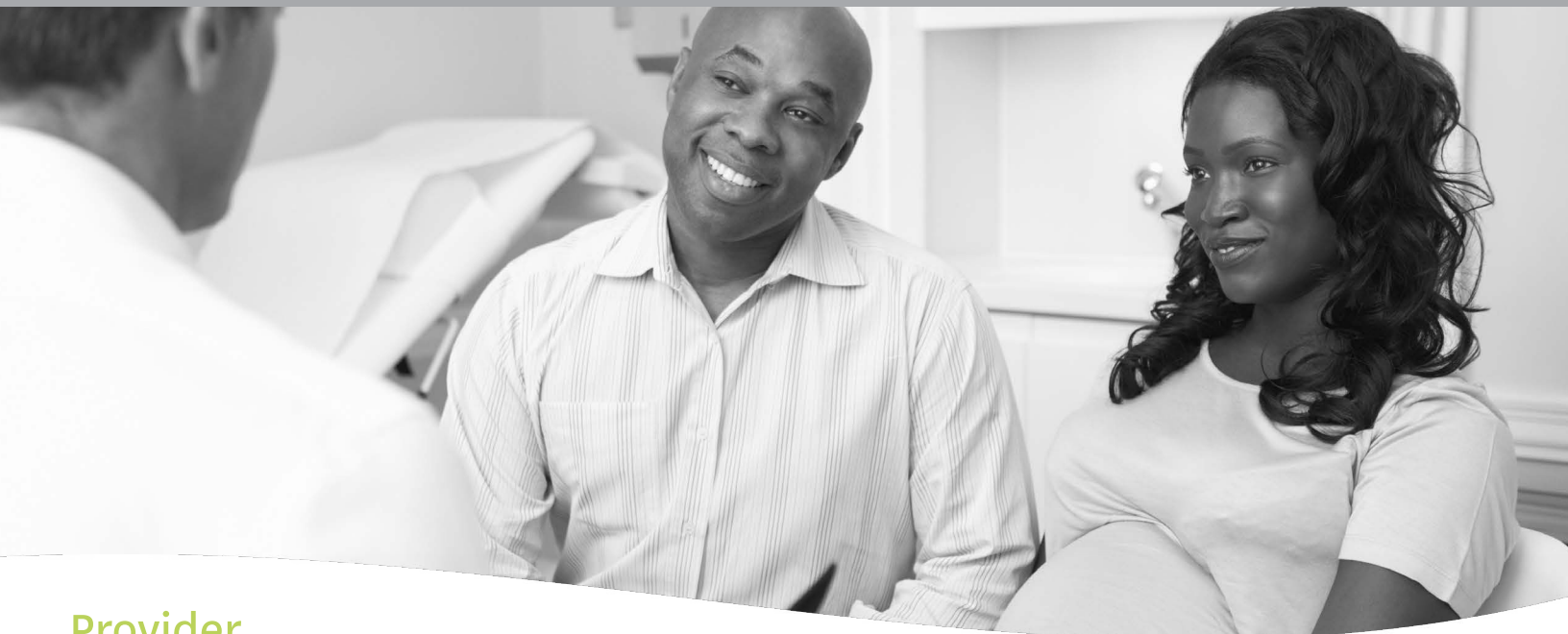


Provider Report



Provider Data Accuracy

Nebraska Total Care wants to provide the best care we can to our members. [Provider directories](#) are one of the first, and most important, gateways in our members' healthcare experience. Therefore, accuracy is important to ensure the member experience is positive.

If provider information is inaccurate, member claims payments can be incorrectly denied, delayed, or cause the member to see an out-of-network provider. It's important for us to know if you plan to move, change phone numbers or leave the network. Check your information on our [secure provider portal](#).

Call 1-844-385-2192, Nebraska Relay Service 711 or email NetworkManagement@NebraskaTotalCare.com to update your demographic information or participation status. You can also update your information and make additional changes at the [Provider Resources](#) section of our website. Please let us know at least 30 days before you expect a change to your information.

Contracting & Credentialing

The purpose of the credentialing and re-credentialing process is to help make certain that Nebraska Total Care maintains a high-quality healthcare delivery system. The [credentialing and re-credentialing](#) process helps achieve this objective by validating the professional competency and conduct of our providers. This includes verifying licensure, board certification, education, cultural competencies, and languages spoken and identification of adverse actions, including malpractice or negligence claims, through the applicable state and federal agencies and the National Practitioner Data Bank. Participating providers must meet the criteria established by Nebraska Total Care, as well as government regulations and standards of accrediting bodies, and must be enrolled with Nebraska Medicaid. Contact us for credentialing application status updates or questions. Please submit information on a timely manner to avoid delays with credentialing decisions.

Nebraska Total Care requires re-credentialing at a minimum of every three years because it is essential that we maintain current provider professional information. This information is also critical for Nebraska Total Care members, who depend on the accuracy of the information in the provider directory. In order to maintain a current provider profile, providers are required to notify Nebraska Total Care of any relevant changes to their credentialing information in a timely manner.

Contracting and Credentialing Representatives are available to help address any questions related to the terms of your provider agreement or credentialing requests. Representatives are assigned to specific regions. To locate your representative, please see the [Contracting Team Territory Map](#).

All of the following providers are required to be credentialed:

- Medical doctors
- Oral surgeons
- Chiropractors
- Osteopaths
- Podiatrists
- Nurse practitioners
- Other medical practitioners
- Psychiatrists and other physicians
- Addiction medicine specialists
- Doctoral or master's-level psychologists
- Master's-level clinical social workers
- Master's-level clinical nurse specialists or psychiatric nurse practitioners
- Other licensed behavioral healthcare specialists

Practitioners have the right to:

- Review and correct information
- Be informed of application status
- Appeal adverse credentialing determinations

Appointment Availability and Access Standards



Are your patients able to obtain services when they are needed?

Nebraska Total Care follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. Nebraska Total Care monitors compliance with these standards annually and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits.

The availability of our network practitioners is key to member care and treatment outcomes. Please ensure your information is up to date with Nebraska Total Care so our members can reach your office to schedule appointments without difficulty. You can update your information by visiting our website at NebraskaTotalCare.com or calling us at 1-844-385-2192, Nebraska Relay Service 711.

Please review the appointment availability standards in the [Provider Manual](#) or below.

Type of appointment	Scheduling time frame
Life-threatening emergency care	Immediately and available 24 hours a day, seven days a week
Emergent behavioral healthcare	Must be referred to services within one hour, within two hours in designated rural areas
Urgent care	Available same day
Non-urgent sick visit	Within 72 hours
Family planning services	Within seven calendar days
Non-urgent, preventive care	Within four weeks
Office hours	At least 20 hours/week for one-physician practice, and at least 30 hours/week for two or more physicians
High-volume specialty care routine appointments	Available within 30 calendar days of referral
Lab and X-ray services	Within three weeks for routine appointments and 48 hours (or as clinically indicated) for urgent care
Initial prenatal visits for newly enrolled pregnant women in their first trimester	Within 14 calendar days of request
Initial prenatal visits for newly enrolled pregnant women in their second trimester	Within seven calendar days of request
Initial prenatal visits for newly enrolled pregnant women in their third trimester	Within three calendar days of request

To ensure appropriate care, we have adopted the following geographic availability standards:

- Primary care practitioner within 30 miles of a member ZIP code (urban)
- Primary care practitioner within 45 miles of a member ZIP code (rural)
- Primary care practitioner within 60 miles of a member ZIP code

After-hours requirements

After business hours, providers are required to offer access to a covering physician or have an answering service, a triage service or a voice message that explains to members how to access urgent and emergency care. This helps ensure our members get the best possible healthcare.

Members must be able to access their provider after normal business hours and on weekends. The requirements below ensure that our members have adequate access to needed health care services:

Offices that are using an answering machine must:

- Provide a message directing the member to contact 911 or go to the nearest emergency room if they feel it is too urgent to wait for a doctor to call back.
- Provide instructions on how to contact the doctor if the situation is urgent.

Offices that are using an answering service must:

- Direct the member to call 911 or go to the nearest emergency room if they feel it is too urgent to wait for a doctor to call back.
- Provide an option to contact the provider on call with the member's contact information. When possible, the provider must return the call within 30 minutes.

Helping Mothers Start Smart

Start Smart for Your Baby® is a care management program for women who are pregnant or have just given birth. We want to help women take care of themselves and their babies every step of the way, through pregnancy, postpartum and newborn periods. To take part in this program, women can contact Member Services at 1-844-385-2192, Nebraska Relay Service 711.

As soon as you confirm a patient's pregnancy, submit a [Notice of Pregnancy \(NOP\)](#) via fax or provider portal to ensure Nebraska Total Care is aware of the pregnancy and can provide needed support and member incentives through the Start Smart program.

In an effort to increase member Notice of Pregnancy (NOP) communication and reduce the recurrence of preterm births, Nebraska Total Care offers several [NOP Provider Incentive Programs](#).

Tdap Vaccine in Third Trimester

A pertussis vaccination (Tdap) is recommended between 27 and 36 weeks of each pregnancy.¹ Immunization rates for this vaccine are low, leaving many pregnant women and their infants unprotected against this serious vaccine-preventable disease. Therefore, we ask that you recommend the Tdap vaccination to your pregnant patients as they enter their third trimester.

Since pregnant women pass some protection to their infants through transplacental transfer of maternal antibodies, their infants also have some protection. A CDC evaluation found Tdap vaccination during the third trimester of pregnancy prevents 78% of pertussis cases in infants younger than 2 months of age.²

We encourage you to adopt the National Adult Immunization Practice Standards to help ensure that your pregnant patients receive Tdap vaccinations as well as all other indicated vaccinations.

Your pregnant patients might be concerned about receiving a vaccination while pregnant. Tdap vaccines are safe and important for pregnant women and their infants. Infants in the first several months of life are at the greatest risk of severe illness from pertussis but are too young to be directly immunized, thus vaccination during pregnancy is critical.

You play a vital role in helping keep pregnant women and their newborns healthy. Assuring your patients are protected by recommended vaccines is key. Thank you for collaborating with Nebraska Total Care and for providing great care for our expectant mothers.

More information about the Tdap vaccine and pregnancy is available through the [CDC](#) and [ACOG](#).

¹ cdc.gov/vaccines/hcp/acip-recs/index.html
² cdc.gov/pertussis/pregnant/hcp/vaccine-effectiveness.html

HEDIS® Measures Performance

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

Most health plans use HEDIS to measure performance on important aspects of care and service. Through HEDIS, NCQA holds Nebraska Total Care accountable for the timeliness and quality of healthcare services (including acute, preventive, mental health and other services). We also review HEDIS data to identify opportunities to improve rates and ensure our members are receiving appropriate care. Please familiarize yourself with the HEDIS topic below.

Nebraska Total Care's HEDIS scores can be found online in the [Quality Improvement Evaluation](#). We are currently working within HEDIS year 2019.

Prenatal and Postpartum HEDIS® measures

Prenatal and Postpartum Care (PPC)

Although many women experience uncomplicated pregnancies, timely and adequate prenatal care can prevent poor birth outcomes. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that a woman with an uncomplicated pregnancy be examined at least once in the first trimester for prenatal care and approximately 7 to 84 days after delivery for postpartum care.

Appropriate perinatal services and education are crucial components of a healthy birth. Understanding how to stay healthy is important for preventing complications that can affect the health of both mother and baby before, during and after pregnancy.

HEDIS® measure definition Assesses important facets of prenatal and postpartum care:

Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 2 to 12 weeks after delivery.

Learn more: ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/



Utilization Management

Nebraska Total Care has developed utilization management and claims management systems to identify, track and monitor the care provided to our members. Utilization management (UM) decisions are based only on the appropriateness of care and service and the existence of coverage. Nebraska Total Care does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit. UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, medical homes, maternity care and ancillary care services.

Nebraska Total Care uses nationally recognized criteria (such as InterQual) if available for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists. Providers can help us make appropriate and timely UM decisions by submitting complete clinical information with the initial request for a service or treatment. Providers can discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination. Providers can obtain a copy of Nebraska Total Care's UM criteria, ask questions of UM staff or contact a reviewer by calling 1-844-385-2192, Nebraska Relay Service 711.

When a Service is Denied

Any time Nebraska Total Care decides to deny, reduce, suspend or stop coverage of certain services, we will send you and your patient written notification. The denial notice will advise you of the option to speak to a medical director to discuss the decision.

Peer-to-Peer Reviews

If a prior authorization request for medical services is denied because of a lack of medical necessity, a provider can request a peer-to-peer review with our medical director to discuss the denial. A peer-to-peer review can be set up by calling Nebraska Total Care at 1-844-385-2192, Nebraska Relay Service 711 and requesting a peer-to-peer review. A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing Appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing. The member has the right to choose additional representation by anyone, including an attorney, physician, advocate, friend or family member, to represent him or her during the appeal process. The designation of an authorized representative must be submitted to Nebraska Total Care in writing.

For more information on the [grievance and appeals](#) process, check the [Provider Manual](#) or [NebraskaTotalCare.com](#).



Please remember to always include sufficient clinical information when submitting prior authorization requests to allow Nebraska Total Care to make timely medical necessity decisions based on complete information.



Provider Services: 1-844-385-2192, Nebraska Relay Service 711
Provider Relations: NEProviderRelations@NebraskaTotalCare.com
Contracting: NetworkManagement@NebraskaTotalCare.com

Mailing Address:
Nebraska Total Care
Attn: Provider Relations
2525 N 117th Ave, Suite 100
Omaha, NE 68164-9988

Claims Address:
Nebraska Total Care
Attn: Claims
PO Box 5060
Farmington, MO 63640-5060