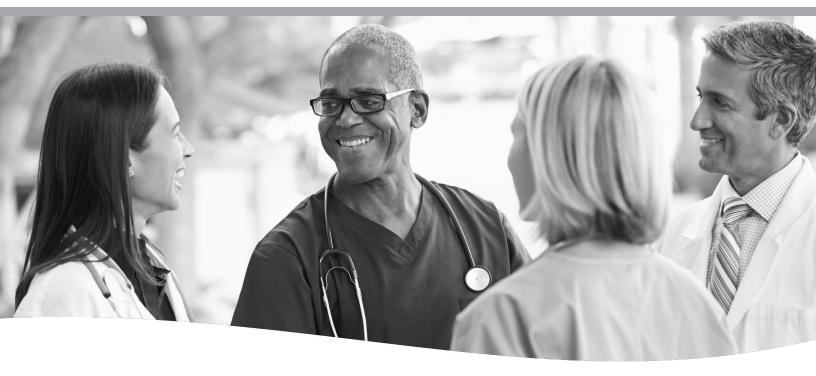
Provider Report Realth & nebraska total care.







Assisting Members to Manage Complex Care

Members with high-risk, complex or catastrophic conditions, including asthma, diabetes, sickle cell disease, HIV/AIDS and congestive heart failure, often have difficulty facilitating care on their own. Do you have patients whose conditions need complex, coordinated care?

Care Managers from Nebraska Total Care are able to assist members with medically or socially complex needs who may benefit from increased coordination of services to optimize health and prevent disease. Care Managers are advocates, coordinators, organizers and communicators. Our Care Management department is staffed by individuals with extensive medical or social work experience in areas such as obstetrics, oncology, behavioral health, medical/surgical, HIV/AIDS, and physical rehabilitation for children and adults. They are trained nurses and other clinicians who promote quality, cost-effective outcomes by supporting you and your staff, as well as your patients and their caregivers.

Care Managers connect the Nebraska Total Care member with their healthcare team by providing a communication link between the member, his or her primary care physician, the member's family and other healthcare providers, such as physical therapists and specialty physicians.

Care Managers do not provide hands-on care, diagnose conditions or prescribe medication. Care Managers help members understand the benefits of following a treatment plan and the consequences of not following the plan outlined by a physician. If needed, Care Managers can physically go out to meet with the member.

The following conditions and/or diagnoses are examples of appropriate referrals to the Care Management team:

- · Adults or children with serious or complex medical needs
- Anxiety
- Asthma
- · Complex multiple comorbidities
- COPD
- Depression
- Diabetes
- · Emergency room utilization
- · Heart problems
- · High Blood Pressure

- Hospital readmissions
- Medication compliance
- New diagnoses
- Noncompliant members
- · Prenatal program
- Psychotherapy/psychiatry services
- Severe and persistent mental illness (SPMI)
- Social Issues (social isolation, hunger, domestic violence)
- Substance use services

Early intervention is essential to maximize treatment options while minimizing potential complications associated with catastrophic illnesses or injury and exacerbation of chronic conditions. Case Managers are available from 8 a.m to 5 p.m. Central time to assist with coordination of the member's healthcare needs.

Providers can directly refer members to our Care Management program by phone or through the provider portal. Care Managers will notify the PCP and provide a copy of the care plan. Providers may call 1-844-385-2192, Nebraska Relay Service 711 for additional information about the Care Management services Nebraska Total Care offers.

NebraskaTotalCare.com Issue 3, 2020

Teens Need Special Care

Adolescent Well-Care Visits

Parents of Nebraska Total Care adolescent members are encouraged to schedule well-child visits as health checks are a good time to address preventive care and offer anticipatory guidance. For the year 2020, members can earn healthy rewards for completing their annual adolescent well check visit.

Members are advised that adolescents require many of the same services provided to younger children during well-child visits, such as hearing and vision screenings. The American Academy of Pediatrics recommends the following additional assessments and screenings:

Developmental and behavioral health

- Tobacco, alcohol or drug use assessment: Risk assessment to be performed annually beginning at age 11.
- Depression screening: To be performed annually beginning at age 12.

Physical examination procedures

- Testing for sexually transmitted diseases: Risk assessment to be performed annually beginning at age 11.
- Testing for HIV: Risk assessment to be performed annually beginning at age 11. Test to be performed at least once between ages 15–18. Those at increased risk should be tested and reassessed annually.
- Testing for cervical dysplasia: To be performed on female patients at age 21.

Immunizations for Adolescents

Vaccines are a safe and effective way to protect adolescents against potential deadly diseases. Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and human papillomavirus. These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures, cancer—and even death.

HEDIS for Adolescents

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

HEDIS for Immunizations for Adolescents:

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

Source: ncqa.org/hedis/measures/

HEDIS for Adolescent Well-Care Visits:

Assesses adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement

HEDIS for Adolescents' Access to Primary Care Practitioners:

Assesses adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

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.

Clinical Guidelines for Adolescent Care

Keep Us Informed:

Nebraska Total Care wants to provide
the best care we can to our members. So it's
important for us to know if you plan to move,
change phone numbers or leave the network. Call
1-844-385-2192, Nebraska Relay Service 711 to update or
verify your contact information or status.
You can also go to the Provider Updates section on
NebraskaTotalCare.com to make additional changes.
Check your information on our secure provider
portal at NebraskaTotalCare.com. Please let us
know at least 30 days before you expect a

Nebraska Total Care providers are expected to follow preventive health guidelines, and adherence is evaluated at least annually. You can find adolescent preventive

care guidelines, as well as guidelines for adult and child preventive care and for chronic diseases, online at NebraskaTotalCare. com. Call 1-844-385-2192, Nebraska Relay Service 711 for more information or if a copy of the guidelines is needed. Members also have access to these guidelines.

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Screening for Lead Exposure in Children

Lead poisoning can cause intellectual, developmental and physical problems. Yet because it doesn't have obvious symptoms, it may be easily overlooked. High lead levels can damage the brain and nervous system. They can also cause learning and behavioral problems and hearing and speech problems. The Centers for Disease Control and Prevention (CDC) says there is no safe blood lead level. See our Clinical practice guidelines on lead poisoning.

Nebraska Total Care members are also educated regarding who may be at a higher risk of elevated blood lead levels; i.e., children who meet any of the following criteria identified by the CDC:

- Child has a sibling or frequent playmate with elevated blood lead levels.
- Child is a recent immigrant, refugee or foreign adoptee.
- Child's parent or principal caregiver works professionally or recreationally with lead.
- Child lives with someone who uses traditional, folk or ethnic remedies or cosmetics or who routinely eats food imported informally from abroad.
- Child's family has been designated at increased risk of lead exposure by the health department because the family has local risk factors for lead exposure.

Nebraska Total Care reminds providers that a lead risk assessment

does not satisfy the venous blood lead requirement for Medicaid members, regardless of the risk score: Blood Lead testing is required at 12 months and 24 months for all Medicaid-eligible children, regardless of the responses to the questions in the lead screening assessment. Lead screening is considered late if performed after the child turns 2 years of age.

Tips on Care Gap Closure:

- Our Provider Analytics 2.0 tool accessed via our <u>provider portal</u> can be utilized to identify members with outstanding gaps in care or who need services captured for HEDIS measures.
- Remind members of our <u>healthy rewards program</u>. Members can earn \$20 for completing the lead screening blood test before age two
- Utilize Nebraska Total Care's Care Management program. Call 1-844-385-2192, Nebraska Relay Service 711.
- Educate staff to schedule visits within the guideline timeframes.
- Educational handouts are available for download at <u>Bright Futures</u>.

Nebraska Total Care wishes to reward qualifying Primary Care Providers in our network for screening members for lead exposure before the second birthday. Contact your Provider Relations representative for more information.

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 <u>Quality Improvement</u> Evaluation.

Lead Screening HEDIS® measures

Lead Screening in Children (LSC)

Exposure to lead can cause damage to the brain and other vital organs, as well as intellectual and behavioral deficits. Because children who are exposed to lead often have no obvious symptoms, lead poisoning often goes unrecognized.

Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level. If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child's physical and mental health.

HEDIS® measure definition: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

LSC Best Practices:

- Requires a note indicating the date the test was performed and the result or finding.
- Results may be documented as either quantitative (mg/dl) or qualitative, for example, "normal".
- Acceptable results include WNL, Within normal limits, or high.
- · Lead can be abbreviated as Pb.

Learn more & see results:

 $\underline{ncqa.org/hedis/measures/lead-screening-in-children/}$

Sign Up for <u>Provider Email Alerts</u> at NebraskaTotalCare.com

NebraskaTotalCare.com Issue 3, 2020

Comprehensive Diabetes Care

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. More than 100 million Americans have diabetes or prediabetes. Left untreated, the condition can lead to heart disease, stroke, hypertension, blindness, diseases of the nervous system, amputations and death.

Proactive monitoring and early intervention allow for adequate time to get the disease under control. This should include follow-up visits throughout the year when the member is identified as being out-of-control with their diabetes management.

The <u>HEDIS measure for comprehensive diabetes care</u>, directed to patients ages 18 to 75 who have type 1 or type 2 diabetes, lists the following tests and exams:

- HbA1c testing. Completed at least annually
 - HbA1c result >9 = poor control
 - HbA1c result <8 = in control
- Dilated retinal eye exam. Performed in previous two years
- Medical care for nephropathy. At least one of the following: nephropathy screening, ACE/ARB therapy or documented evidence of nephropathy
- Blood pressure. Lower than 140/90 mm Hg considered in control

Many diabetic members are prescribed medication as part of their diabetes management. Medication review conducted year round is a critical component to prescribed treatment adherence and controlling chronic conditions, like diabetes.

A member's comfort with this process – from explanation of medication options to filling the prescription – can have an impact on how the member responds to <u>CAHPS survey questions</u>. Several survey questions are related to how well their doctor communicates with them and their experience with getting needed prescriptions.

Providers can help members manage their condition and control their glucose levels by also recommending lifestyle changes, such as eating a healthy diet, getting sufficient exercise and <u>quitting smoking</u>.

Members with diabetes have higher social needs on average. Helping to remove barriers and reduce isolation for members will have a positive impact on their overall health. Care Managers at Nebraska Total Care can work with members to find additional community support opportunities and manage their complex care needs. You can refer a member to Care Management using the provider portal.

For the year 2020, affected members can earn \$25 in healthy rewards for completing their annual comprehensive diabetes care: HbA1c test, kidney screening, and retinopathy screening.



Practice Guidelines Updated

Preventive health and clinical practice guidelines are based on the health needs and opportunities for improvement identified as part of the Quality Assessment and Performance Improvement (QAPI) program. Whenever possible, Nebraska Total Care adopts preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions as well as a state-wide collaborative and/or a consensus of healthcare professionals in the applicable field. Please review our updated preventive health and clinical practice guidelines (updated April/May 2020), which are available at Nebraska Total Care com







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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