



Opioids: Helping Patients While Keeping Them Safe

Nebraska Total Care is committed to working with you to address treatment for pain management and to provide the most effective and safest possible care. As your partner, we can help to identify potential issues before they become problems and offer successful solutions that lead to better outcomes.

Review Opioid Prescribing Guidelines

If you are considering prescribing opioids, the Centers for Disease Control and Prevention (CDC) offers some standard guidelines¹:

- Consider non-opioid therapies first, except in cases involving cancer, palliative and end-of-life care.
- Start at the lowest dose if prescribing opioids to reduce risks of opioid use disorder and overdose, and reassess frequently.
- Prescribe 50 morphine milligram equivalents (MME) or less, and never more than 90 MME.
- A duration of three days should be enough for acute pain, no longer than seven days.

State Prescription Drug Monitoring

The State Prescription Drug Monitoring (PDMP) Database is a valuable system to help you make clinical decisions, provide data at the point of care and track prescription data across states. Taking advantage of the [state PDMP database](#) will help to mitigate issues with detecting potential misuse or diversion, reducing drug interactions, discovering

multiple prescribers and identifying opportunities to provide education about prescription drug safety.

Taper Opioids When Ready

In addition to knowing when and how to prescribe pain medication, recognizing when to begin tapering patients off of opioids can be equally challenging. The CDC recommends¹ developing taper plans for patients who:

- Have dosages above 50 MME (except cancer, palliative and end-of-life care)
- Request a reduction
- Experience an overdose or other adverse event
- Show signs of substance use disorder
- Do not have clinically-meaningful improvement in pain and function

How Can Naloxone Help?

The American Medical Association (AMA) encourages co-prescribing naloxone, when clinically appropriate, to patients or individuals who are close to the patient, like a family member or caregiver. This practice can save lives. In addition to the AMA, this practice is also endorsed by the World Health Organization, the CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA) and other patient advocacy groups and departments of health.

Source: ¹ Dowell, Deborah, Tamara M. Haegerich, and Roger Chou. "CDC guideline for prescribing opioids for chronic pain—United States, 2016." JAMA 315.15 (2016): 1624-1645.

Appointment Access Standards

Nebraska Total Care offers a comprehensive network of PCPs, Specialist Physicians, Hospitals, Behavioral Health Care Providers, Diagnostic and Ancillary Services Providers to ensure every member has access to covered services. Below are the travel distance and access standards that Nebraska Total Care utilizes to monitor its network adequacy:

Provider Type	Minimum Number	Distance
PCP Urban Counties	Two (2) PCPs	Within 30 miles of member's personal residence
PCP Rural Counties	One (1) PCP	Within 45 miles of member's personal residence
PCP Frontier Counties	One (1) PCP	Within 60 miles of member's personal residence
High Volume Specialists (includes cardiology, neurology, hematology/oncology, obstetrics/gynecology, and orthopedics)	One (1) High Volume Specialist	Within 90 miles of member's personal residence
Behavioral health inpatient and residential service providers		Sufficient locations to allow members to travel by car or other transit provider and return home within a single day in rural and frontier areas
Behavioral Health OP-Urban Counties	Adequate choice	Within 30 miles of member's personal residence
Behavioral Health OP-Rural Counties	Two (2) providers *	Within 45 miles of member's personal residence
Behavioral Health OP-Frontier Counties	Two (2) providers *	Within 60 miles of member's personal residence

**If the rural or frontier requirements cannot be met due to lack of BH providers, the MCO must utilize telehealth options.*

Minimum PCP Hours

PCPs who have a one-physician practice must have office hours of at least 20 hours per week. Practices with two or more physicians must have office hours of at least 30 hours per week.

Covering Providers

PCPs and Specialty Physicians must arrange for coverage with another provider during scheduled or unscheduled time off and preferably with another Nebraska Total Care network provider. In the event of unscheduled time off, please notify Provider Services department of coverage arrangements as soon as possible. The covering physician is compensated in accordance with the fee schedule in their agreement, and, if not a Nebraska Total Care network provider, he/she should be paid as a nonparticipating provider.

Telephone Arrangements

PCPs and Specialists must:

- Answer the member's telephone inquiries on a timely basis
- Prioritize appointments
- Schedule a series of appointments and follow-up appointments as needed by a member
- Identify and, when possible, reschedule canceled and no-show appointments
- Identify special member needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs, non-compliant individuals, or those people with cognitive impairments)
- Adhere to the following response time for telephone call-back waiting times:
 - After-hours telephone care for non-emergent, symptomatic issues within 30 minutes
 - Same day for non-symptomatic concerns
- Schedule continuous availability and accessibility of professional, allied, and supportive personnel to provide covered services within normal working hours. Protocols shall be in place to provide coverage in the event of a provider's absence
- After-hour calls should be documented in a written format in either an after-hour call log or some other method, and then transferred to the member's medical record

NOTE: If after-hour urgent care or emergent care is needed, the PCP or his/her designee should contact the urgent care center or emergency department in order to notify the facility. Notification is not required prior to member receiving urgent or emergent care.

Nebraska Total Care will monitor appointment and after-hours availability on an on-going basis through its Quality Assurance and Performance Improvement Committee (QAPIC).



Provider News Updates:

Visit our website to see posted **provider news bulletins** and sign up to receive **provider emails** about Nebraska Total Care benefits, operations, quality topics, and other important information.

Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)



The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21, provision of which is mandated by state and federal law. [EPSDT](#) services include periodic screening, vision, dental and hearing services. In addition, the need for corrective treatment disclosed by such child health screenings must be arranged (directly or through referral) even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

Nebraska Total Care and its providers will provide the full range of [EPSDT services](#) as defined in, and in accordance with, Nebraska state regulations and American Medical Association (AMA) policies and procedures for EPSDT services. Such services shall include, without limitation, periodic health screenings and appropriate up-to-date immunization schedules using the Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule and the American Academy of Pediatrics periodicity schedule for pediatric preventative care.

This includes provision of all medically necessary services whether specified in the core benefits and services or not, except those services (carved out/excluded/prohibited services) that have been identified herein.

Components of an EPSDT Exam

The following minimum elements are to be included in the periodic health screening assessment:

- Comprehensive health and development history (including assessment of both physical and mental development)
- Comprehensive unclothed physical examination
- Immunizations appropriate to age and health history
- Nutritional assessment: documentation on weight, obesity or physical activity counseling; referrals made; discussion on current nutrition behaviors; and guidance on nutrition
- Laboratory tests: including finger stick hematocrit, urinalysis (dip-stick), sickle cell screen, if not previously performed; blood lead levels must be tested pursuant to the EPSDT provider manual
- Developmental assessment
- Vision screening and services, including at a minimum, diagnosis and treatment for defects in vision, including eyeglasses
- Dental screening and services coordinated through Fee For Service
- Hearing screening and services, including at a minimum, diagnosis and treatment for defects in hearing, including hearing aids
- Health education and anticipatory guidance
- Annual Well-Child visits for members under age 21

Provision of all components of the EPSDT service must be clearly documented in the PCP's medical record for each member.

Screening for Lead Exposure

Nebraska Total Care informs our members that elevated blood lead levels can result in decreased IQ, developmental delays and behavioral issues. For children enrolled in Nebraska Total Care, a Lead Risk

Assessment is mandatory for children at 6 months and 72 months. [Medicaid](#) requires blood draws at 12 and 24 months per CMS guidelines in addition to the screening. Visit [Nebraska DHHS](#) to find lead screening information for health professionals.

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 Centers for Disease Control and Prevention:

- 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.

Our Care Managers work with members having high lead levels to insure further testing, treatment and environmental remediation resources. Provider Analytics 2.0 accessed via our [provider portal](#) can be utilized to identify members with outstanding gaps in care.

Childhood Immunizations

The National Committee for Quality Assurance reports that about 300 children die in the United States each year from vaccine-preventable diseases such as measles and whooping cough. Vaccines protect not only the child receiving the vaccine, but also prevent a resurgence of vaccine-preventable diseases.

[Vaccines for Children \(VFC\)](#) is a federally-funded and state-operated vaccine supply program to increase vaccine coverage levels nationwide. Practice guidelines for immunizations and well child checks may be reviewed at the [American Academy of Pediatrics Bright Futures](#).

Age	Immunizations
Birth	Hep B
1 month	Hep B
2 months	DTaP, Hib, IPV, PCV, Rota
4 months	DTaP, Hib, IPV, PCV, Rota
6 months	Hep B, DTaP, Hib, IPV, PCV, Influenza, Rota
12 months	Hib, PCV, MMR, Varicella, Hep A Series
15 months	DTaP
4-6 years	DTaP, IPV, MMR, Varicella
11-12 years	Tdap or Td, MCV, HPV (3 doses)
13-18 years	Tdap or Td, MCV, HPV series (catch-up)
Every year	Influenza (after 6 months)

Responsibilities of Specialists

Nebraska Total Care encourages specialists to communicate to the PCP the need for a referral to another specialist, rather than making such a referral themselves. This allows the PCP to better coordinate the members' care and ensure the referred specialty physician is a participating provider within the Nebraska Total Care network and that the PCP is aware of the additional service request. The specialty physician may order diagnostic tests without PCP involvement by following Nebraska Total Care referral guidelines.

Emergency admissions will require notification to Nebraska Total Care's Medical Management Department within the standards set forth in the Utilization Management section of the [Provider Manual](#). All non-emergency inpatient admissions require prior authorization from Nebraska Total Care.

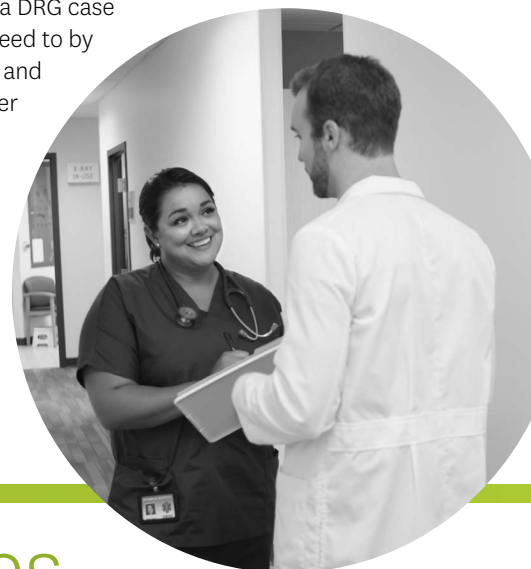
The specialist provider must:

- Maintain contact with the PCP
- Obtain authorization from Nebraska Total Care Medical Management Department ("Medical Management") if needed before providing services
- Coordinate the member's care with the PCP
- Provide the PCP with consult reports and other appropriate records within five business days
- Be available for or provide on-call coverage through another source 24 hours a day for management of member care

- Maintain the confidentiality of member information and medical information
- Actively participate in and cooperate with all Nebraska Total Care quality initiatives and activities to improve quality of care and services to member experience. Cooperation includes collection and evaluation of data
- Allows use of practitioner performance data for Nebraska Total Care quality improvement activities.

Nebraska Total Care providers should refer to their contract for complete information regarding their obligations and mode of reimbursement. Such reimbursement shall be no less than the published Medicaid fee-for-service rate in effect on the date of service or its equivalent (such as a DRG case rate), unless mutually agreed to by both Nebraska Total Care and the provider in the provider contract.

Nebraska Total Care providers should refer to their contract for complete information regarding providers' obligations or contact their [Provider Relations Representative](#) with any questions or concerns.



Appropriate Use of Resources

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. Denials are based on lack of medical necessity or lack of covered benefit. Nebraska Total Care does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Members have appeal rights. The appeal process is available to them on the website and in the Member Handbook.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health 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 (TTY: Relay 711).



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

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