

Providers are required to notify Nebraska Total Care of any relevant updates to their contact or credentialing information in a timely manner. Provider contact info is critical for our members, who depend on the accuracy of our Provider Directory.

Behavioral Health Follow-up

Research shows that people with mental health conditions have more Emergency Department (ED) reoccurring visits in comparison to those with physical ailments. In addition, young patients seen in the ED with undiagnosed mental illness were likely to have progressed to a point of suicidal intent. Young patients are less likely to get reliable care upon discharge. Patients should attend a follow-up appointment **within 7 days and 30 days of being seen in the ED** for mental illness and alcohol/drug dependence.

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. A follow-up outpatient visit with a mental health practitioner is recommended **within 7 days and 30 days of hospital discharge** to make sure that the patient's transition to the community environment is supported and that improvements made during hospitalization are not lost.

How to improve patient follow-up:

- Work with EDs to obtain data exchange reports on your patients seen in the ED for better care coordination.
- Work collaboratively with hospital and office staff in regards to proactive discharge planning, member education and aftercare appointment scheduling.
- Maintain appointment availability for patients with recent ED visits or hospitalization.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management.

HEDIS measures are used across the country to measure population health outcomes. These measures help support efforts to improve behavioral health, alcohol and other drug dependence issues.

Psychiatric Assistance Line

The Psychiatric Assistance Line (PAL) is a value-added service for providers interested in receiving non-emergent behavioral health clinical consultation. A psychiatrist is available to address questions for prescribers about psychotropic medication issues. Licensed Mental Health Professionals can assist with general mental health inquiries related to member care.

To access the PAL line, please call Nebraska Total Care at 1-844-385-2192 (Relay 711). Select "2" for Providers, then "3" for Authorizations, then "2" for Mental Health Services. Ask for the "PAL Line".

BH Practice Guidelines

Behavioral Health 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 BH preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions as well as state-wide collaborative and/or a consensus of healthcare professionals in the applicable field.

Providers Respect Member Rights

Members are informed of their rights as a Nebraska Total Care member, and our expectation is that providers respect these rights. Member rights are:

- To be treated with respect, dignity, and privacy. To have their rights acknowledged.
- To pick or change doctors from the provider network.
- To be able to get in touch with the provider.
- To go to any provider or clinic for family planning services.
- To get care right away if they have a medical emergency.
- To be told what their illness or medical condition is.
- To be told appropriate or medically necessary treatment options. To be told the alternatives that the provider thinks is best regardless of cost or benefit coverage.
- To get information on treatment option in a way that they can understand, regardless of cost or coverage.
- To make decisions about their health care with the provider.
- To give permission before the start of diagnosis, treatment or surgery.
- To refuse treatment without worrying that they will lose their coverage.
- To report any complaint or grievance about the provider, medical care, the plan, or Nebraska Total Care.
- To appeal action that reduces or denies services based on medical criteria.
- To receive interpretation services for free in any language.
- To not be pressured into making decisions about treatment.
- To request a second opinion.



- To request disenrollment and be notified at the time of enrollment and annually of disenrollment rights.
- To make an Advance Directive.
- To file any complaint with Nebraska DHHS if the Advance Directive is not followed.
- To choose a provider who gives care whenever possible and appropriate.
- To receive available and accessible healthcare services similar to services given under Medicaid FFS. This includes similar amount, duration and scope.
- To get enough services to be reasonably expected to achieve the goal of the treatment.
- To not have services denied or reduced just because of a specific diagnosis, type of illness or medical condition.
- To use their rights without any negative effects from Nebraska DHHS, Nebraska Total Care, its providers or contractors.
- To receive all written member information from Nebraska Total Care:
 - At no cost.
 - In languages other than English.
 - In other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be told that interpretation services are available and how to get them.
- To get help understanding the requirements and benefits of Nebraska Total Care from Nebraska DHHS and its Enrollment Broker.
- To be able to get information about Nebraska Total Care plan, service, doctors and providers, and member rights and responsibilities policy.
- To be able to give ideas for Nebraska Total Care's right and responsibilities policy.
- If female, to be able to go to a woman's health provider from the provider network for covered women's health services.
- To not be discriminated against due to race, creed, age, color, sex, religion, culture, national origin, ancestry, marital status, sexual orientation, physical or mental disability, health status or the need for healthcare services.
- To have equal access to services, health programs, or activities without discrimination on the basis of gender identity and to be treated consistent with gender identity.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, retaliation, convenience or to force them to do something they do not want to do.
- To talk with the doctor about their medical records.
- To ask for and receive a copy of any medical records and/or a summary of the records free of charge.
- To request that medical records be changed or corrected. To have their records kept private.
- To be told if the healthcare provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to refuse to be part of the care.



Responsibilities of Our Members

Members are informed of their responsibilities as Nebraska Total Care members, and that treatment can be more beneficial if they meet their responsibilities. Member responsibilities are:

- Notify Heritage Health if:
 - Your family size changes.
 - You move out of the state or have other address changes.
 - You get or have health coverage under another policy, other third party, or there are changes to that coverage.
- Work on improving your own health.
- Tell Nebraska Total Care when you go to the emergency room.
- Talk to your provider about prior authorization of services they recommend.
- Be aware of cost-sharing responsibilities. Make payments that you are responsible for.
- Inform Nebraska Total Care if your member ID card is lost or stolen.
- Show your member ID card and Nebraska Medicaid ID card when getting healthcare services.
- Know Nebraska Total Care procedures, coverage rules, and restrictions the best that you can.

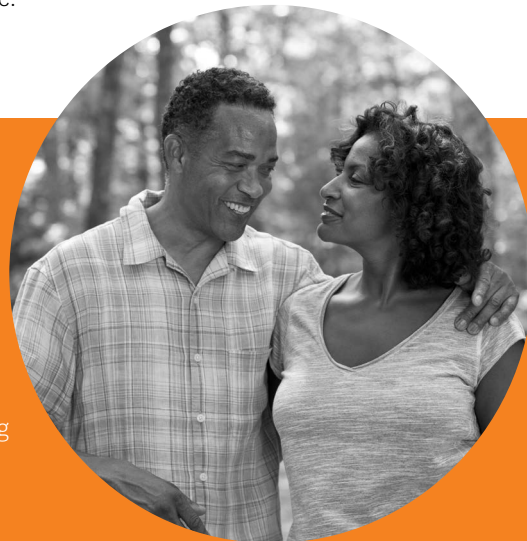
- Contact Nebraska Total Care when you need information or have questions.
- Give providers accurate and complete medical information.
- Follow prescribed treatment. Or tell your provider the reason(s) treatment cannot be followed as soon as possible.
- Ask your providers questions to help you understand treatment. Learn about the possible risks, benefits, and costs of treatment alternatives. Make care decisions after you have thought about all of these things.
- Be actively involved in your treatment. Understand your health problems and be a part of making treatment goals with your provider as much as you can.
- Follow the grievance process if you have concerns about your care.
- Notify Nebraska Total Care, your provider, and Heritage health of changes to your address and phone number.
- Treat providers and staff with respect.
- Cancel appointments in advance when you cannot keep them whenever possible.

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](#).



Schizophrenia/Bipolar Disorder HEDIS measures Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)

Heart disease and diabetes are among the top 10 leading causes of death in the United States. Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

SSD HEDIS measure definition: Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an

antipsychotic medication and had a diabetes screening test during the measurement year.

SMD HEDIS measure definition: Assesses adults 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

SMC HEDIS measure definition: Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

How to improve HEDIS scores:

- Use appropriate documentation and correct coding.
- Ensure quality communication between Behavioral and Physical Health Providers in the coordination of care.
- Maintain appointment availability for patients with immediate concern.
- Outreach to patients that cancel appointments and reschedule.

Learn more & see results: [ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/](https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/)

Quality Assessment & Performance Improvement

Nebraska Total Care culture, systems and processes are structured around its mission to improve the health of all enrolled members. The [Quality Assessment and Performance Improvement](#) (QAPI) Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation and improvement in the delivery of healthcare provided to all members, including those with special needs.

This system provides a continuous cycle for assessing the quality of care and service among plan initiatives including preventive health, acute and chronic care, behavioral health, over- and underutilization, continuity and coordination of care, patient safety, and administrative and network services. This includes the implementation of appropriate interventions and designation of adequate resources to support the interventions.

The scope of the QAPI Program is comprehensive and addresses both the quality of clinical care and the quality of service provided to the Nebraska Total Care members. Nebraska Total Care's QAPI Program incorporates all demographic groups, care settings, and services in quality improvement activities, including preventive care, primary care, specialty care, acute care, short-term care, and ancillary services, and operations.

Nebraska Total Care's primary QAPI Program goal is to improve members' health status through a variety of meaningful quality improvement activities implemented across all care settings and aimed at improving quality of care and services delivered.

To that end, the Nebraska Total Care QAPI Program monitors the following:

- Compliance with preventive health guidelines and practice guidelines
- Acute and chronic care management
- Provider network adequacy and capacity
- Behavioral health care
- Delegated entity oversight
- Continuity and coordination of care
- Medical Management, including under- and overutilization
- Compliance with member confidentiality laws and regulations
- Employee and provider cultural competency
- Provider appointment availability and geographic accessibility
- Provider and Health Plan after-hours telephone accessibility
- Member experience
- Provider satisfaction

- Member grievance system
- Provider complaint system
- Member enrollment and disenrollment
- Department performance and service
- Patient safety
- Marketing practices

Nebraska Total Care communicates activities and outcomes of its QAPI Program to both members and providers through avenues such as the member newsletter, provider newsletter and the Nebraska Total Care [provider portal](#) at NebraskaTotalCare.com.

At any time, Nebraska Total Care providers may **request additional information on the health plan programs including a description of the QAPI Program** and a report on Nebraska Total Care progress in meeting the QAPI Program goals by contacting the Quality Management department.

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.



SURVEY OF SATISFACTION

One way to assess the quality of the health plan and its provider network is through the Consumer Assessment of Healthcare Providers and Systems, or CAHPS®. Results of Nebraska Total Care's satisfaction survey can be found within the Nebraska Total Care's Health Plan [Quality Improvement Evaluation](#).

As a healthcare provider, you should know about CAHPS® and what the CAHPS® survey is asking your patients about Physician Communication. See the [CAHPS® Overview](#) to learn what physicians can do to improve communication with our members.



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