



Care Management & Community Health

Our Care Management team is staffed by nurses, pharmacists, medical doctors, community health workers, psychiatrists, licensed mental health practitioners, alcohol and drug counselors, and social workers. We have staff who have been trained in understanding the foster care and criminal justice systems. We also have staff who specialize in NICU/PICU, cardiovascular issues, geriatrics, and pediatrics. The diversity of our team allows for us to collaborate and assess each member's needs more effectively.

Care Management improves quality of care, medical adherence and self-management skills. Early intervention is essential to maximize treatment options while minimizing potential complications associated with catastrophic illnesses or injury and exacerbation of chronic conditions. A Case Manager is available from 8:00 a.m. to 5 p.m. Central time to assist with coordination of the member's healthcare needs.

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
- Social issues (social isolation, hunger, housing, domestic violence)
- Asthma
- Diabetes
- High blood pressure
- Heart problems
- COPD



- Substance use disorders
- Mental Health disorders
- Other disease management / Specialty Programs
- Start Smart for Your Baby® prenatal program
- Emergency Department (ED) diversion
- Readmission prevention program
- Homelessness resources

The provider's role in Nebraska Total Care's Care Management program is extremely important. Practitioners who have identified a member who they think would benefit from disease or care management should contact the Care Management team at 1-844-385-2192 (TTY 711) or submit a referral request using the secure provider portal.

Community Health Services

The Community Health team is trained to help our members get their health needs met. Community Health workers can travel to a member's home to help them. We help members:

- Find doctors, specialists, or other providers
- Complete health information forms
- Provide health coaching
- Find community supports
- Arrange needed services



Utilization Management Program

The Nebraska Total Care Utilization Management Program (UMP) is designed to ensure members of Nebraska Total Care Network receive access to the right care at the right place and right time. Our program is comprehensive and applies to all eligible members across all eligibility types, age categories, and range of diagnoses. The UMP incorporates all care settings including preventive care, emergency care, primary care, specialty care, acute care, short-term care, Health Homes, behavioral health, maternity care and ancillary care services.

Nebraska Total Care UMP seeks to optimize a member's health status, sense of well-being, productivity, and access to quality health care, while at the same time actively managing cost trends. The UMP aims to provide services that are a covered benefit, medically necessary, appropriate to the patient's condition, rendered in the appropriate setting and meet professionally recognized standards of care.

Our program goals include:

- Development of quality standards for the region with the collaboration of the Provider Standards Committee.
- Monitoring utilization patterns to guard against over- or under- utilization
- Development and distribution of clinical practice guidelines to providers to promote improved clinical outcomes and satisfaction
- Identification and provision of case and/or population management for members at risk for significant health expenses or ongoing care
- Development of an infrastructure to ensure that all Nebraska Total Care members establish relationships with their PCPs to obtain preventive care
- Implementation of programs that encourage preventive services and chronic condition self-management
- Creation of partnerships with members/providers to enhance cooperation and support for UMP goals



Requesting a Medical Prior-Authorization

The preferred method for submitting authorizations is through the [secure provider portal](#). Other methods of submitting the prior authorization requests are as follows:

- Call the Medical Management Department at 1-844-385-2192, TTY 711.
- Fax prior authorization requests utilizing the Prior Authorization fax forms posted on [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).

Concurrent Review and Discharge Planning

Nurse and other appropriately licensed care managers, as appropriate, perform ongoing concurrent review for inpatient admissions through onsite or telephonic methods through contact with the hospital's Utilization and Discharge Planning departments and when necessary, with the member's attending physician. The care manager will review the member's current

status, treatment plan and any results of diagnostic testing or procedures to determine ongoing medical necessity and appropriate level of care. Concurrent review decisions will be made within three calendar days of receipt of clinical information. For length of stay extension request, clinical information must be submitted by 3 p.m. CST on the day review is due. Written or electronic notification includes the number of days of service approved, and the next review date.

Routine, uncomplicated vaginal or C-section delivery does not require concurrent review, however; the hospital must notify Nebraska Total Care within one business day of delivery with complete information regarding the delivery status and condition of the newborn.

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.

Utilization Management Decisions

Nebraska Total Care does not reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for issuing denials of coverage or care. UM decision-making is based only on appropriateness of care, service, and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit.

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](https://www.NebraskaTotalCare.com).



Specific Screenings for Women

Screenings are an important part of managing a woman's health. The goal is to find a disease early so lifestyle changes can be made and a member can be watched more closely to reduce the risk of disease, or to detect it early enough to treat it most effectively. Mammogram, cervical and chlamydia screenings are all recommended at different times in a woman's life.

Chlamydia Screening. Chlamydia is one of the most common sexually transmitted infections for young people in the United States, according to the CDC. Delays in treatment can lead to serious health problems, such as pelvic inflammatory disease and fertility issues. This measure assesses women ages 16-24 who are sexually active and have been tested for chlamydia at least once within the past year.

Breast Cancer Screening. One in eight 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. This measure assesses women ages 50-74 who had at least one mammogram to screen for breast cancer in the past two years.

Cervical Cancer Screening. Both the American Cancer Society (ACS) and the USPSTF recommend regular Pap screenings to detect abnormal cells. This measure assesses women ages 21-64 who had either a cervical cytology (Pap test) performed every three years or women ages 30-64 who had cervical cytology and human papillomavirus co-testing every five years.

Whenever possible, Nebraska Total Care adopts [preventive and clinical practice guidelines](#) that are published by nationally recognized organizations or government institutions.



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](#).

PCR HEDIS measure

Plan All-Cause Readmissions (PCR)

A "readmission" occurs when a patient is discharged from the hospital and then admitted back into the hospital within a short period of time. A high rate of patient readmissions may indicate inadequate quality of care in the hospital and/or a lack of appropriate post-discharge planning and care coordination. Unplanned readmissions can be prevented by standardizing and improving coordination of care after discharge and increasing support for patient self-management.

PCR HEDIS measure definition: For members ages 18 – 64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

How to improve HEDIS scores:

- Ensure all clinical support systems are in place prior to discharge.
- Follow-up with members within one week of their discharge.
- Ensure members filled their new prescriptions post discharge.

W30 and WCV HEDIS measures

Well-Child Visits in the First 30 Months of Life (W30) Child and Adolescent Well-Care Visits (WCV)

W30 HEDIS measure definition: Assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life. Assesses children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months.

WCV HEDIS measure definition: Assesses children 3–21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

How to improve HEDIS scores:

- Ensure documentation includes all appropriate screening requirements. Reference the [American Academy/Bright Futures](#).
- Appropriate coding for the members age will ensure the visit is captured through claims.
- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.

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)

Quality Assessment & Performance Improvement

The Quality Assessment and Performance Improvement (QAPI) program is comprehensive and addresses both the quality and safety of clinical care and quality of services provided to Nebraska Total Care's members including medical, behavioral health, and vision care. We incorporate all demographic groups, care settings, and services in QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care, and ancillary services.

You can obtain a copy of our QAPI Program Description and quarterly Health Plan Report Cards upon request. If you are interested in learning more about the QI Program or serving on a committee, please contact Nebraska Total Care at 1-844-385-2192, Nebraska Relay Service 711.

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.

CAHPS® Survey

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®. Nebraska Total Care participates in surveys annually for both the adult and child members served. The [CAHPS survey results](#) provide data that allows the opportunity to identify strengths and opportunities for improvement in the care our members receive from network physicians, specialists, and behavioral health providers.

The CAHPS® survey focuses on the patient experience with their healthcare and the areas that they are best qualified to evaluate. Below are some results of the 2021 Adult satisfaction survey:

- | | | |
|--------------------------------|-------|---------------------|
| • Getting Care Quickly | 92.4% | said Always/Usually |
| • How Well Doctors Communicate | 94.6% | said Always/Usually |
| • Getting Needed Care | 91.4% | said Always/Usually |
| • Rating of Health Care | 84.0% | rated 8, 9, or 10 |
| • Rating of Personal Doctor | 89.3% | rated 8, 9, or 10 |
| • Rating of Specialist | 85.9% | rated 8, 9, or 10 |

Annually, results of Nebraska Total Care's member satisfaction survey can be found online in the [Quality Improvement Evaluation](#). As a healthcare provider, you should know about CAHPS and what this survey is asking your patients about physician communication.



We do a CAHPS® survey every year. The areas we are trying to improve the most are:

- **Doctor Showed Respect and Explained Things:** They are treated with courtesy and respect. Explaining health issues in an easy way.
- **Smoking Advice:** Advising smokers/tobacco users on how to quit. Discussing medications and plans that would help.

On-Demand CAHPS® Survey Presentation

The purpose of this short presentation is to educate Nebraska Total Care providers about the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. Learn more about the purpose of the CAHPS® survey and identify strategies for improving CAHPS® scores. Register to access the [on-demand CAHPS® survey presentation](#).

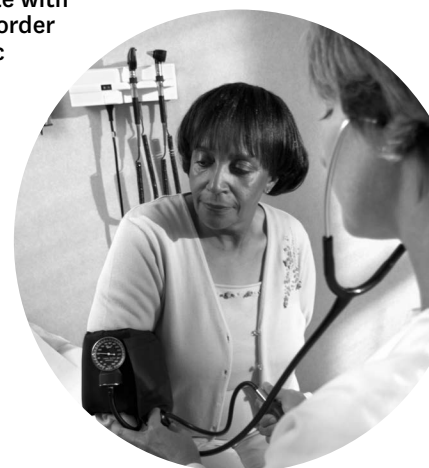
NCQA's Medicaid Health Plan Ratings 2021

Nebraska Total Care received 4 out of 5 overall in NCQA's Medicaid Health Plan Ratings 2021. Nebraska Total Care is the top-rated Medicaid Health Plan in Nebraska in the ratings of Patient Experience, with a score of 5 out of 5 in the area of overall rating of 4 out of 5 in NCQA's Medicaid Health Plan Ratings 2021. See the [Health Plan Report Card](#) for Nebraska Total Care.

Performance Improvement Projects (PIPS)

We know better healthcare is important to you. Nebraska Total Care works with Nebraska's Heritage Health Program and partners on projects to make improvements. These projects target key issues in healthcare. The goal is to improve the health and wellness of the population. Below are the projects:

- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD):** Ensuring members with Schizophrenia, Schizophrenia Disorder, or Bipolar Disorder who are using an antipsychotic medication, receive a diabetic screening (glucose test or HbA1c).
- **Plan All Cause Readmission:** Assisting members after a hospitalization to follow the discharge and follow up plan of care to reduce an avoidable hospital readmission.



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