Provider Report

Heritage Health | nebraska total care

Culturally & Linguistically Appropriate Services

Health Equity

Per NCQA, Health Equity Accreditation focuses on the foundation of health equity work: building an internal culture that supports the organization's external health equity work; collecting data that help the organization create and offer language services and provider networks mindful of individuals' cultural and linguistic needs; identifying opportunities to reduce health inequities and improve care.

One piece of health equity is Culturally and Linguistically Appropriate Services (CLAS). The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities. The Standards establish a blueprint for health and health care organizations to implement and provide culturally and linguistically appropriate services. Communication and language are integral to one's culture and therefore are critical aspects of the provision of quality, patient-centered services. Please take a moment to assist by filling out the Provider Cultural Demographic Survey.

Interpreter Services

Interpreter services are available at no cost to members and providers at all medical points of contact. The member has the right to file a complaint or grievance if linguistic needs are not met.

Providers may not request or require an individual with limited English proficiency to provide his or her own interpreter. Providers may not rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with limited English proficiency. Providers may not rely on an adult or minor child accompanying an individual with limited English proficiency to interpreter or facilitate communication or on a minor child to interpreter or facilitate communication.

A minor child or an adult accompanying the patient may be used as an interpreter in an emergency involving an imminent threat to the safety or welfare of the an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available. An accompanying adult may be used to interpret or facilitate communication when the individual with limited English proficiency specifically requests that the accompanying adult interpret, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances. Providers are encouraged to document in the member's medical record any member denial of professional interpreters and the circumstances that resulted in the use of a minor or accompanying adult as an interpreter.

To obtain language services, contact member services as soon as possible, or at least 48 hours before the appointment. All providers (Medical, Behavioral, Pharmacy, etc.) can call Member Services at 1-844-385-2192 (TTY 711) to help arrange interpreter services.

Nebraska Total Care looks to partner with you, as a provider in the journey towards health equity. Many resources are available on our website along with access to interpretation services!

Provider Cultural Demographic Survey

Nebraska Total Care is committed to providing culturally competent care and services to all of our members. Culturally responsive care leads to health equity. It is important that cultural demographic data such as race, ethnicity, cultural groups, and cultural specialties are collected from Providers so we may assess network adequacy for our members and give our members opportunities to achieve their best possible outcomes. This is not only best practice, but also a National Committee for Quality Assurance (NCQA) requirement as well. We need to be able to match members with Providers based on their cultural needs, and in order to do so, we need to begin to collect this data.

This survey is optional, but we hope you will participate by completing any questions you are comfortable with. Please access the Provider Cultural Demographic Survey on our website.

Fraud, Waste and Abuse Concerns

Nebraska Total Care takes the detection, investigation, and prosecution of fraud, waste, and abuse very seriously, and has a Fraud, Waste, and Abuse (FWA) program that complies with Nebraska and federal laws. Nebraska Total Care, in conjunction with its management company, Centene, successfully operates a Special Investigations Unit (SIU). Nebraska Total Care performs front- and back-end audits to ensure compliance with billing regulations. Our sophisticated code editing software performs systematic audits during the claims payment process. To better understand this system please review the Provider Billing Guide found in the Provider Resources section of our website, NebraskaTotalCare.com. Nebraska Total Care performs retrospective audits, which in some cases may result in taking actions against those providers who, individually or as a practice, commit fraud, waste, and/or abuse. These actions include but are not limited to:

- Remedial education and/or training to prevent the billing irregularity
- More stringent utilization review
- Recoupment of previously paid monies
- Termination of provider agreement or other contractual arrangement
- Civil and/or criminal prosecution
- Any other remedies available to rectify
- Unannounced Onsite Audit Investigations
- Nebraska Total Care will notify DHHS Program Integrity of all provider audits

Nebraska Total Care instructs and expects all of its contractors and subcontractors to comply with applicable laws and regulations, including but not limited to the following:

- Federal and State False Claims Act
- Qui Tam Provisions (Whistleblower)
- Anti-Kickback Statute
- Physician Self-Referral Law (Stark Law)
- HIPAA
- Social Security Act
- US Criminal Codes

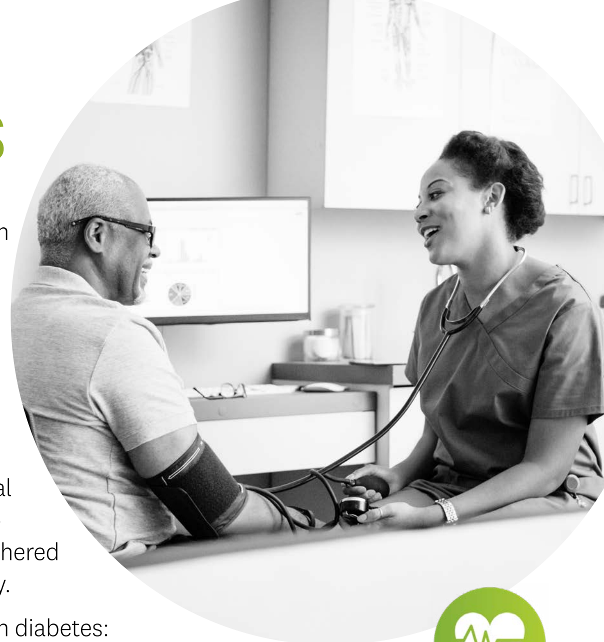
Nebraska Total Care requires all its contractors and subcontractors to report violations and suspected violations on the part of its employees, associates, persons or entities providing care or services to our members.

Potential Fraud, Waste or Abuse should be reported to Nebraska Total Care's anonymous and confidential hotline at 1-866-685-8664 or by contacting the Compliance Officer at 1-844-385-2192 (TTY711). You may also send an email to NTC-Compliance@NebraskaTotalCare.com.

Examples of FWA violations include:

- obstruction of a state and/or federal health care fraud investigation
- failure to provide medically necessary services
- prescription forging or altering
- physician illegal remuneration schemes
- compensation for prescription drug switching
- prescribing drugs that are not medically necessary
- theft of the prescriber's DEA number
- theft of prescription pad
- members' medication fraud
- conspiracy to commit fraud
- money laundering
- marketing schemes
- health care fraud
- false statements
- embezzlement
- identity theft
- false claims
- mail fraud
- bribery
- theft

Cardiovascular Conditions



Controlling High Blood Pressure

Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions Health care providers and plans can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.

HEDIS assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg). Under the pharmacy benefit, one automatic, digital blood pressure machine is covered per member.

Statin Therapy for Patients With Cardiovascular Disease and Diabetes

Cardiovascular disease is the leading cause of death in the United States. It is estimated that 92.1 million American adults have one or more types of cardiovascular disease.[1] People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places people at significant risk for developing atherosclerotic cardiovascular disease (ASCVD).

Statins are a class of drugs that lower blood cholesterol. American College of Cardiology and American Heart Association (ACC/AHA) guidelines state that statins of moderate or high intensity are recommended for adults with established clinical ASCVD. The American Diabetes Association and ACC/AHA guidelines also recommend statins for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors. Guidelines also state that adherence to statins will aid in ASCVD risk reduction in both populations.

For patients with cardiovascular disease: HEDIS assesses males 21–75 years of age and females 40–75 years of age who have clinical ASCVD and who received and adhered to statin therapy.

For patients with diabetes: HEDIS assesses adults 40-75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy.

Persistence of Beta-Blocker Treatment After a Heart Attack

Every 34 seconds, someone in the United States has a heart attack.2 A heart attack, or myocardial infarction, occurs when blood flow to the heart is greatly reduced or stops completely. Clinical guidelines recommend taking a beta-blocker after a heart attack to prevent another heart attack from occurring. Beta-blockers work by lowering the heart rate. This reduces the amount of force on the heart and blood vessels. Persistent use of a beta-blocker after a heart attack can improve survival and heart disease outcomes.

HEDIS assess adults 18 years of age and older who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction and received persistent beta-blocker treatment for six months after discharge.

References:

1. Benjamin, E.J., et al. 2017. "Heart disease and stroke statistics-2017 update: a report from the American Heart Association." Circulation 135(10): e146–e603. doi:10.1161/CIR.0000000000000485.
2. Go, A.S., D. Mozaffarian, V. L. Roger, E. J. Benjamin, J. D. Berry, et al. 2014. "Heart disease and stroke statistics—2014 update: a report from the American Heart Association." Circulation 129:e28-e292. doi: 10.1161/01.cir.0000441139.02102.80

Member Transportation Requests

Non-Emergency Medical Transportation (NEMT) services for Nebraska Total Care members is covered by Nebraska Total Care through our transportation vendor MTM, Inc. MTM is committed to partnering with medical facilities in Nebraska to ensure seamless, successful transportation delivery to Nebraska Total Care members.

The Facility Transportation Resource Guide (PDF) contains the contact information for MTM staff. Transportation for routine appointments should be requested two days prior to the appointment using the Transportation Request Form (PDF). The MTM online provider portal allows healthcare providers to view, schedule, and cancel transportation.

To request transportation:

- Call: 1-844-385-2192 (TTY 711). Choose transportation option.
- Fax: 636-561-6055.
- Email: LSL-RTP@mtm-inc.net

Requirements to Check Prescription Drug Monitoring Program (PDMP)

Per Nebraska Medicaid regulations, and in accordance with the SUPPORT Act, all providers who prescribe C-II controlled substances to Medicaid patients must review the prescription drug history for that patient in the Nebraska PDMP within seven (7) days prior to the prescribing of the C-II medication. Excluded from the requirement are beneficiaries who: are receiving hospice or palliative care; or being treated for cancer; or is a resident of a long-term care facility or other facility where C-II medications are dispensed through a single pharmacy. In the situation where a prescriber is not able to check the PDMP, despite a good faith effort, the prescriber must specify and document such good faith effort in the medical record, include the reason(s) why the prescriber was not able to check the PDMP, and must maintain this documentation to provide to the Nebraska DHHS upon request.

A prescriber may delegate a credentialed staff member in their practice to review the PDMP on their behalf. This staff member must be licensed under the Uniform Credentialing Act. This would be anyone who has a license to practice, i.e., RN, LPN, pharmacist Refer to the Uniform Credentialing Act 38-121 link below for specific examples. This delegated credentialed staff member must then report the finding(s) of their review of the PDMP to the prescriber before the C-II prescription is issued.

- PDMP Registration FAQs (PDF)
- PDMP Clinician User's Guide (PDF)
- How to assign a delegate (video)

Starting in 2018, per LB 731, prescribers of controlled substances are required to complete continuing education biennially on the prescribing of opiates, which includes a 30-minute session on the PDMP that equals 0.5 CE.

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**.

Appropriate Testing for Pharyngitis (CWP)

Pharyngitis, or sore throat, is a leading cause of outpatient care and can be caused by a viral or bacterial infection. Viral pharyngitis does not require antibiotic treatment, but antibiotics continue to be inappropriately prescribed.

CWP HEDIS measure definition: Assesses the percentage of episodes for members 3 years of age and older with a diagnosis of pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode. A higher rate indicates completion of the appropriate testing required to merit antibiotic treatment for pharyngitis.

How to improve HEDIS scores:

- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- If you are treating a member for another condition or illness, document the other diagnosis code on the claim.
- Clinical guidelines recommend a strep test when the only diagnosis is pharyngitis.
- Strep tests can be either a rapid strep test or a lab test and must be done in conjunction with dispensing of medication.

Learn more & see results: ncqa.org/hedis/measures/

Appropriate Treatment for Upper Respiratory Infection (URI)

Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often antibiotics are prescribed inappropriately. The misuse of antibiotics can have adverse clinical outcomes such as Clostridioides difficile infections and has public health implications including encouragement of antibiotic resistance.

URI HEDIS measure definition: Assesses the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. A higher rate indicates appropriate treatment for URI (i.e., the percentage of episodes that were not prescribed an antibiotic).

How to improve HEDIS scores:

- Utilize the Viral Treatment Plan for Symptom Relief pad to help patients with talking points and for educating on instructions.
- Discuss facts, including: A majority of URIs are caused by viruses, not bacteria. Antibiotics will not help a patient get better when diagnosed with a viral infection. Taking antibiotics when not indicated could cause more harm than good.

Credentialing

Right to review and correct information

All providers participating within the Nebraska Total Care network have the right to review information obtained by the health plan that is used to evaluate providers' credentialing and/or recredentialing applications. This includes information obtained from any outside primary source such as the National Practitioner Data Bank - Healthcare Integrity and Protection Data Bank, malpractice insurance carriers and state licensing agencies. This does not allow a provider to review peer review-protected information such as references, personal recommendations, or other information.

Should a provider identify any erroneous information used in the credentialing/recredentialing process, or should any information gathered as part of the primary source verification process differ from that submitted by the provider, the provider has the right to correct any erroneous information submitted by another party. To request release of such information, a provider must submit a written request to Nebraska Total Care's Credentialing Department. Upon receipt of this information, the provider has 14 days to provide a written explanation detailing the error or the difference in information. The Nebraska Total Care Credentialing Committee will then include the information as part of the credentialing/ recredentialing process.

Right to be informed of application status

All providers who have submitted an application to join Nebraska Total Care have the right to be informed of the status of their application upon request. To obtain status, contact your Provider Network Specialist at 1-844-385-2192 (Relay 711).

Right to appeal adverse credentialing determinations

Nebraska Total Care may decline an existing provider applicant's continued participation for reasons such as quality of care or liability claims issues. In such cases, the provider has the right to request reconsideration in writing within 30 days of formal notice of denial. All written requests should include additional supporting documentation in favor of the applicant's reconsideration for participation in the Nebraska Total Care network. The Credentialing Committee will review the reconsideration request at its next regularly scheduled meeting, but in no case later than 60 days from the receipt of the additional documentation. Nebraska Total Care will send a written response to the provider's reconsideration request within two weeks of the final decision. Learn more in the Provider Manual.

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.

Integrated Care

Nebraska Total Care's integrated care management teams are available to assist members with medically or socially complex needs that may benefit from increased coordination of services to optimize health and prevent disease.

Care Management

Our Care Management (CM) team is staffed by nurses, 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. CM has access to Medical Directors and Pharmacy staff for consultation. The diversity of our team allows for us to collaborate and assess each members 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. We can also assist with locating housing resources. Care Managers are available 8:00 a.m to 5 p.m. Central time to assist with coordination of the member's healthcare needs.

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 Services team is trained to help members meet health needs. 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

Free 24/7 Nurse Advice Line

Members can call the Nebraska Total Care Nurse Advice Line any time. This service is free and they can answer health questions 24 hours a day, every day. Members can call 1-844-385-2192 (TTY 711). Our nurses speak English and Spanish. If a member speaks a different language, they can ask for an interpreter.

Provider Services: 1-844-385-2192 (TTY 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