

Fall 2019

IMPACT REPORT

Transforming the health of the community, one person at a time.

Collaboration with providers leads to process changes

Nebraska Total Care members have physical, occupational, and speech therapy benefits through the Heritage Health program. As with all covered services, therapies are required to be medically necessary as required by Nebraska Medicaid.

Prior to April 1, 2019, Nebraska Total Care was using a post-service, pre-payment review process. Under this process, no prior authorization for services were required and providers were expected to evaluate and deliver medically necessary therapy services. Care was reviewed by Nebraska Total Care prior to payment of provider claims.

At the request of providers, we reevaluated this process. Providers identified that they would prefer a preauthorization process, similar to other treatment services. Responding to the request, Nebraska Total Care implemented a preauthorization process on April 1, 2019. Providers were informed of the upcoming change in February and offered multiple opportunities for live training, as well as individual support by the Provider Relations department. We worked with the PT, OT, and ST professional associations in the state to ensure they had accurate and current information to share with their membership. Training documents and a FAQ document were added to our website and continue to be available to providers.

Following implementation, we continue to work with providers to adjust the process. Nebraska Total Care

hosted the leadership of the Nebraska professional therapy associations to promote common understanding and opportunities for improvement within the authorization process. Association representation is included on our Provider Advisory Committee and we continue to engage these individuals in discussions around process improvement.

In response to provider feedback since April 1, we have updated the preauthorization requirements. Among other adjustments, we have:

- **increased the number of therapy evaluations that can be done without prior authorization**
- **increased the standard length of authorizations from 60 to 90 days**
- **removed prior authorization requirements from reevaluation services. In collaboration with providers, we agreed that these changes would reduce administrative requirements without compromising our commitment to Heritage Health.**

Plan decisions regularly require that we evaluate and balance best practices for members, providers, and Heritage Health. We continue to strive to work with providers to offer the services that will improve member health, while remaining responsible stewards for Nebraska.

Age	Total therapy requests	Fully approved requests	Full approval rate	Partially approved requests	Partial approval rate	Authorized requests	Authorization rate
0-3	1038	958	92.3%	77	7.4%	1035	99.7%
4-21	2517	2123	84.3%	291	11.6%	2414	95.9%
22+	2418	2171	89.8%	175	7.2%	2346	97.0%
All	5973	5252	87.9%	543	9.0%	5795	96.9%

Member Impact

A fifteen-year-old Nebraska Total Care member was involved in Care Management due to Type 1 Diabetes. Adding complications to his medical condition, the young man was frequently experiencing Diabetic Ketoacidosis (DKA). In DKA, the lack of insulin causes dangerous levels of blood acids and creates a life-threatening medical emergency.

To help prevent incidents of DKA, the child needed to see a pediatric endocrinologist. This is a highly specialized practice with limited providers. The family lives in a small town in western Nebraska, but was driving to Omaha to see a provider. Care Management was supporting the family while they connected with care to keep their son stable. They developed a diabetic care plan to help prevent further incidents of DKA.



When the parents became unable to provide consistent care, family members assumed physical custody of him and his siblings to keep them together and in the care of family. His grandmother took responsibility for driving him to appointments in Omaha. She was doing her best to continue meeting all of her grandson's medical needs, but the long drives to Omaha for appointments became concerning. She reported that the tires on her car were bad and she was worried about their safety on the drive.

The Care Manager working with the family reached out to Nebraska Total Care's Community Outreach Coordinator working near the family's community. One of the roles of the Community Outreach team is to develop partnerships with organizations across the state. Through these relationships, they educate members on the benefits and services available to them through Nebraska Total Care, and connect members to other resources available in their communities.

The Community Outreach Coordinator was able to connect with partners in the area and explain the member need. A partnering organization volunteered to cover the cost of four new tires and arranged to have them put on the vehicle, so that the member could continue to get the care he needed for his complex medical condition.

Nebraska Total Care recognizes that healthcare cannot be addressed without considering the whole person and circumstances in which they live. We also know that no one organization can provide all of the support that many individuals and families need. Through interdepartmental and interagency cooperation, we strive to remove all of the barriers that could prevent a member from achieving their best possible health.

Digital communication to increase member engagement

At Nebraska Total Care we pursue every opportunity to educate and engage our members. In recent months we have added a member-focused email platform that will share general benefit information, as well as provide targeted health outreach.

In 2018, Centene conducted nationwide research on Medicaid members' access to the internet. The survey found that 95% of respondents had a mobile phone with internet access, and that 87% of respondents used a mobile device for most of their internet access. Almost three quarters (74%) reported that they had an email app on their phone.

Approximately 70% of Nebraska Total Care members provide an email address when they are enrolled in the plan. The platform will allow us to directly connect members to the resources available, including digital tools. In only a few months, thousands of members have received valuable health and plan information directly to their mobile device, with one-touch links to online resources.

In a limited email series, all members will receive education on:

- How to contact us
- Member ID Card
- Health reward program
- Health screenings and tools
- Plan benefits
- Primary Care Providers
- Website and online resources
- Secure Member Portal
- MyNTC mobile app
- Case Management services
- Emergency care
- Their rights as a member

Moving forward, all member communication plans will include digital strategies. We will further develop our campaigns to meet member needs and target the topics important to them.

Targeted populations receive education and reminders specific to their care needs. Topics include:

- Asthma
- Women's health screenings
- Lead screenings for young children
- Well child PCP visits
- Resources for new parents
- Antidepressant medication
- Diabetic screenings
- Influenza vaccination
- Adolescent health and vaccinations

Annual consumer survey complete

Annually, Nebraska Total Care conducts the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with plan members. We strive to maintain 85% member satisfaction with services.

Customer Service was an area of strength for Nebraska Total Care, and improved significantly from 2018. Members get the help they need and are treated with courtesy and respect.

The primary area of focus for improvement is coordination of care between Primary Care Providers and other health providers.

CAHPS Measure - ADULT	Percent of people who said always, usually, or yes		Percentile rank among Centene plans, 2019
	2018	2019	
Getting Needed Care Quickly	89.19%	88.35%	95 th percentile
Shared Decision Making	78.57%	80.77%	67 th percentile
How Well Doctors Communicate	94.03%	95.18%	95 th percentile
Getting Needed Care	87.0%	86.94%	90 th percentile
Customer Service	89.26%	92.22%	96 th percentile
Rating of Health Care	75.42%	77.00%	71 st percentile
Rating of Personal Doctor	86.05%	84.33%	80 th percentile
Rating of Specialist	85.45%	84.21%	75 th percentile
Coordination between PCP and Specialists	89.18%	80.26%	25 th percentile

Results of the survey are compared year-over-year and against other Centene plans. For 2019, Heritage Health requested changes to the children's survey that make the results incompatible for comparison with previous years.

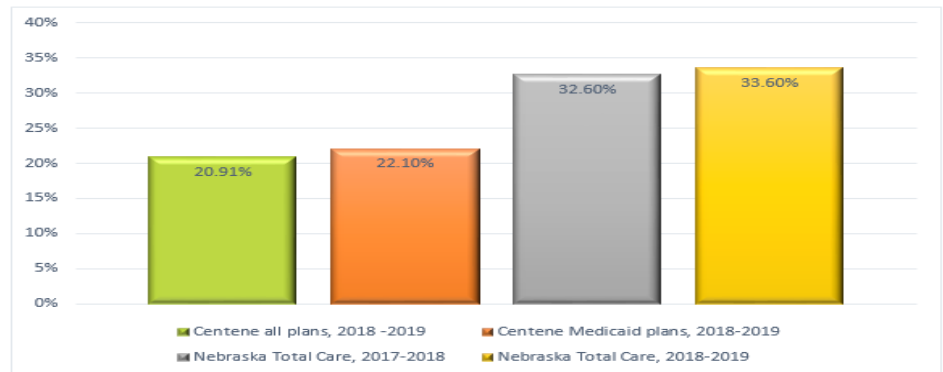
Member education on the importance of flu vaccinations

Every year Nebraska Total Care, along with all Centene plans, initiates a campaign to encourage members to get an annual flu shot. Centene's flu-prevention program, Fluvention®, targets individuals, communities, organizations, and policies, and empowers health plans to deploy member and provider outreach to improve overall flu vaccination rates.

During the flu season of August 2018 – March 2019, Nebraska Total Care ranked among the highest Centene plans for compliance with flu vaccinations. Additionally, we ranked among the highest plans in vaccinations for high-risk population groups including pregnant women (57.50%), children under five years old (48.3%), and members with chronic conditions (41.51%).

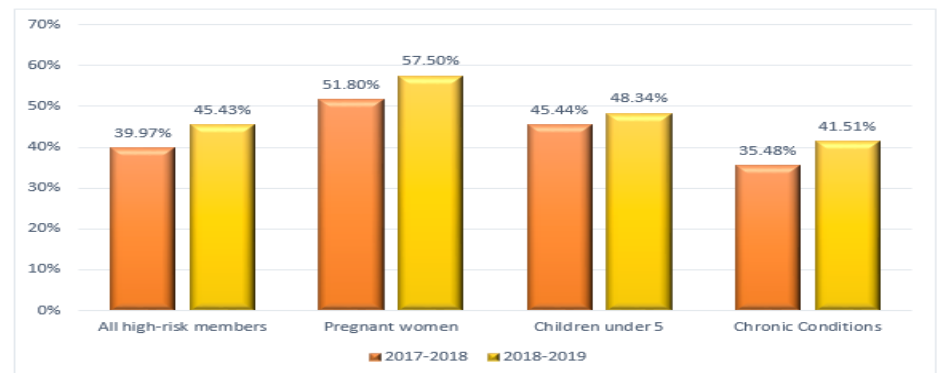
High-risk members who receive a flu shot are less likely to experience illnesses that require additional medical care. Centene estimates that on average, a high-risk member who does not receive a flu vaccine will need approximately \$151 per month more health care services than an individual who received the vaccine.

Total member influenza vaccination rates



33.6% of Nebraska Total Care members were vaccinated against influenza from August 2018 to March 2019 (compared to 32.6% the previous year). These rates compare positively to Centene plans nationwide.

High-risk member influenza vaccination rates



For the flu season 2018-2019, rates improved from the previous year in every high-risk category.

For the 2019 – 2020 flu season, Nebraska Total Care is striving for 37% participation in the flu vaccination for our members. This additional 3% can improve health for thousands of additional members. Member outreach activities include:



On-hold messaging.

Automated reminder calls.
(new in 2019-2020)

Text reminders for women in the Start Smart for Baby® program.
(new in 2019-2020)



Website messaging.

Alerts in the member portal.

Notification in the MyNTC mobile app.

Email reminders.
(new in 2019-2020)



Direct mail to each member household.

Hard copy fliers at member outreach events.



Discussion during Member Services calls.

Active facilitation for members involved in Care Management.



Members receive a \$5 reward on their My Health Pays® card.

Public Service Announcements through local radio stations.