

Nebraska Total Care Member Handbook



English:

If you, or someone you are helping, has questions about Nebraska Total Care, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-385-2192 (TTY 711).

Español (Spanish):

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Nebraska Total Care, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-385-2192 (TTY 711).

Tiếng Việt (Vietnamese):

Nếu quý vị, hay người mà quý vị hiện đang giúp đỡ, có câu hỏi về Nebraska Total Care, quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-385-2192 (TTY 711).

中文 (Chinese):

如果您，或是您正在協助的對象，有關於 Nebraska Total Care 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-844-385-2192 轉接(TTY 711)。

:العربية (Arabic):

لديك الحق في الحصول على المساعدة Nebraska Total Care إذا كان لديك أو لدى شخص تساعد أسئلة حول ، 1-844-385-2192 (TTY 711) والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ

ကညီမိ (Karen):

မူမုၢ်နီၤ, မူတမုၢ်ပုၤလၢနမၤစၢၤတၢ်အိၤတၢ်တၢ်သံက့ၢ်ဝဲလၢ Nebraska Total Care အဂီၢ်န့ၢ် နအိၢ်ဒီး တၢ်ခွဲးတၢ်ယၢ်လၢနကဒီးန့ၢ်တၢ်တၢ်မၤစၢၤလၢနနီၢ်တၢ်စၢ်တၢ်ဒီးတၢ်လိၢ်လၢနကတၢ်တၢ်ဟ့ၢ်အပူၤတၢ်. တၢ်တဲသ ကိးတၢ်ဒီးပုၤကတၢ်တၢ်တၢ်တၢ်ကသုအဂီၢ်ဒီး ဆဲးကိးတၢ်ဆၢ 1-844-385-2192, Nebraska Relay 711 တက့ၢ်.

Français (French):

Si vous-même ou une personne que vous aidez avez des questions à propos de Nebraska Total Care, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-385-2192 (TTY 711).

Afaan Oromoo (Cushite):

Yoo ati ykn namaa ati gargaaraa jirtuu wa'ee Nebraska Total Care irra gaaffi qabaatan ta'ee, gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajiin dubachuuf, 1-844-385-2192 irra bilbilli TTY 711.

Deutsch (German):

Falls Sie oder jemand, dem Sie helfen, Fragen zu Nebraska Total Care haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-385-2192 TTY 711 an.

한국어 (Korean):

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Nebraska Total Care 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사와 통화를 하시려면 1-844-385-2192 TTY 711 로 전화해 주십시오.

नेपाली (Nepali):

तपाईं वा तपाईंले मद्दत गरिरहनुभएको कोही व्यक्तिसँग Nebraska Total Care सम्बन्धी कुनै प्रश्नहरू भएका खण्डमा तपाईंहरूसँग आफ्नै भाषामा निःशुल्क मद्दत र जानकारी प्राप्त गर्ने अधिकार छ। दोभासेसँग कुरा गर्नका लागि 1-844-385-2192 TTY 711 नम्बरमा कल गर्नुहोस्।

Русский язык (Russian):

В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Nebraska Total Care вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-385-2192, телефон службы связи штата для лиц с ограниченными способностями (TTY): 711.

ຼຳຼຳ (Laotian):

ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Nebraska Total Care, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບ ການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-844-385-2192 (TTY 711).

فارسي (Farsi):

دارید، از این حق برخوردارید Nebraska Total Care اگر شما، یا کسی که به او کمک می کنید سوالی در مورد 1-844- که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره تماس بگیرید. 385-2192 TTY 711

كوردی (Kurdish):

ههیه، مافی تۆیه یارمەتی و Nebraska Total Care تهگەر تۆ، یان کەسیک که تۆ یارمەتی دەدەیت پرسپاری لەسەر زانیاری به زمانی خۆت وەرگیریت به بێ بەرامبەر (بهخۆرای). بۆ ئەوەی لهگهڵ وەرگیرەر قسه بکهیت پهيوهندی بکه به TTY 711 بکهیت پهيوهندی بکه به ژماره تلهفونی 1-844-385-2192 ژماره تلهفونی

日本語 (Japanese):

Nebraska Total Care について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-844-385-2192, TTY 711 までお電話ください。

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Welcome

Thank you for choosing Nebraska Total Care as your health plan!

Nebraska Total Care works with the Nebraska Department of Health and Human Services (DHHS). We provide health services for the Heritage Health program. With your doctor, we help you manage your care and health. Our job is to make sure you get the services you need to stay healthy.

WHAT IS THE HERITAGE HEALTH PROGRAM?

Heritage Health is the name of the healthcare delivery system for Nebraska's Medicaid clients. It combines three areas of health care into one system. Those three areas are:

- Physical health - doctor and hospital visits related to your body's well-being
- Behavioral health - doctor and hospital visits related to your mind's well-being
- Oral health- dentist visits related to your teeth and oral health
- Pharmacy programs - prescription drugs/medicine ordered by your doctor

WHO IS NEBRASKA TOTAL CARE?

Nebraska Total Care is a Medicaid Managed Care Organization. Usually this is called an "MCO." A "member" is anyone who gets services from the MCO. The purpose of an MCO is to give members access to all of the health services they need through one company.

As an MCO, Nebraska Total Care will help coordinate your unique healthcare needs. By doing this, our goal is to improve health outcomes for every Nebraskan we have the privilege to serve. We help members across the entire state.

You may contact us to request any information about Nebraska Total Care. You can get information about:

- How we work with your other health plans (if you have one)
- How we pay our providers
- Results of member surveys
- Benefits, eligibility, claims or participating providers

No one who works as Nebraska Total Care is an owner or partial owner of the company.

If you want to tell us ways to improve, please call Member Services. The phone number is 1-844-385-2192 (TTY 711). Or there is a form at the back of this handbook you can use.

ABOUT YOUR MEMBER HANDBOOK

This handbook tells you how Nebraska Total Care works and the services we offer. Your Member Handbook includes:

- Information about your benefits
- Your rights and responsibilities
- Member satisfaction
- How to choose your Primary Care Provider (PCP)
- When to use urgent care instead of the emergency room

Please take time to look over your handbook. Keep it handy in case you need it. You have the option to receive this handbook at least once a year. You can get it in either an electronic or a paper format. You can always see it on our website. The website is [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).

OTHER FORMATS AND LANGUAGES

You can get this handbook in other formats. To ask for the handbook in other formats, please call Member Services. The phone number is 1-844-385-2192 (TTY 711). You can request:

- Large print
- Braille
- An audio CD
- A different language

La información incluida en este folleto es acerca de sus beneficios del Plan de Salud Nebraska Total Care. Si necesita obtener la información en un idioma diferente, llame al Departamento de Servicios para Miembros al 1-844-385-2192, Nebraska Retransmisión 711.

The Nebraska Total Care website is accessible using a screen reader.

TRANSLATIONS AND INTERPRETER SERVICES

Translation and interpreter services are available. There is no cost for these services. This includes sign language. We can help you talk with your doctors and other healthcare providers when you do not have another translator available.

Nebraska Total Care has a telephone language line available any time. To request an interpreter, call Member Services. The number is 1-844-385-2192 (TTY 711). You can tell us the language you speak and we will get an interpreter. They can be on the phone to help you call your healthcare provider. Or, we can have an interpreter available at your appointment.

You can get an interpreter when we are not open. Press * to choose the Nurse Advice Line. We will make sure that you are connected.

We will interpret or translate any of our member documents into your preferred language. Just call us and tell us the language you need.

Servicios de Intérprete

Los servicios de interpretación se proporcionan sin costo para usted. Esto incluye lenguaje de señas. Además incluye interpretación oral en tiempo real. Nebraska Total Care tiene una línea telefónica para idiomas disponible las 24 horas del día, los siete días de la semana. Le podemos ayudar a conversar con sus médicos y otros proveedores de atención médica cuando no se encuentra disponible otro traductor.

Vamos a traducir nuestros materiales para miembros en su idioma preferido a petición. Para solicitar un intérprete: Llame a Servicios para los miembros al 1-844-385-2192 (TTY 711) y díganos qué idioma habla. Nos aseguraremos de que haya un intérprete en el teléfono con usted cuando llame a su proveedor de atención médica, o que esté disponible en su cita.

Important Contacts

YOUR PERSONAL CONTACTS

Your Primary Care Provider: _____

Your nearest urgent care clinic: _____

CONTACTING NEBRASKA TOTAL CARE

Nebraska Total Care
2525 N 117th Ave, Suite 100, Omaha, NE 68164

Member Services and free 24/7 Nurse Advice Line 1-844-385-2192

TTY 711

Fax 1-844-305-8372

We are open Monday to Friday 8 a.m. to 5 p.m., Central. The Nurse Advice Line is available any time!

OTHER IMPORTANT PHONE NUMBERS

In an emergency Call 911

Nebraska DHHS Medicaid Eligibility with iServe Nebraska 1-855-632-7633

Local Lincoln area, call 402-473-7000

Local Omaha area, call 402-595-1178

MEMBER SERVICES CAN HELP

Nebraska Total Care Member Services helps you with questions about your plan. Our Member Services team is located in Nebraska. They are available by phone, mail, fax and the secure member portal.

If you have questions or you need help understanding something, please call us. The phone number is 1-844-385-2192 (TTY 711). We have a team of people ready to help you. We are open Monday to Friday, 8 a.m. to 5 p.m., central time. We are closed on most Nebraska state holidays.

We can help you:

- Find a doctor, dentist, or other provider
- Get a new Nebraska Total Care member ID card
- Understand covered and non-covered benefits
- File a grievance or appeal
- Request a Provider Directory or Member Handbook
- Report possible fraud issues by a member or provider
- Change your address and phone number
- Receive new member materials
- Know your benefit plan

We have a secure member portal on our website NebraskaTotalCare.com/login. You can use it to send us emails. Our fax number is 1-844-305-8372. You can also mail information to us. The address is:

Nebraska Total Care
2525 N 117th Ave, Suite 100
Omaha, NE 68164

Nebraska Total Care will tell you about important changes. When there is a change, we will send you a letter as soon as possible. It will be at least 30 days before any changes.

How Your Health Plan Works

YOUR MEMBER ID CARD

When you enroll with Heritage Health, they will send you a blue Nebraska Medicaid ID card. It will look like this:



When you enroll in Nebraska Total Care, we will mail you a Nebraska Total Care member ID card. The card will be mailed to you within 10 days after we are told you are a member. Your member ID card is proof you are a Nebraska Total Care member.

Bring both ID cards to all appointments. Show both ID cards every time you need care. This includes:

- Medical appointments
- Dental appointments
- Urgent care
- Vision appointments
- Behavioral health appointments
- Emergency Room visits
- Picking up prescriptions from the pharmacy

You must also keep your Medicaid ID card with you to receive Medicaid benefits not provided by Nebraska Total Care. If you have other insurance, bring those cards to your appointments. This includes Medicare.

Your Nebraska Total Care card will look like this:

Front

NAME: Jane Doe MEMBER ID: XXXXXXXXXX	 
PCP NAME: Jane Doe phone#: X-XXX-XXX-XXXX after hours#: X-XXX-XXX-XXXX	Express Scripts RXBIN: 003858 RXPCN: MA RXGRP: 2ETA
DENTIST NAME: Jane Doe phone#: X-XXX-XXX-XXXX	
<p>If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Nebraska Total Care's 24/7 nurse advice line at 1-844-385-2192, Nebraska Relay System 711.</p> <p>2525 N. 117th Avenue, Suite 100, Omaha, NE 68164 www.NebraskaTotalCare.com</p>	

Back

IMPORTANT CONTACT INFORMATION	
Members Contact 1-844-385-2192, Relay 711, for the following: <ul style="list-style-type: none">• Member services• Behavioral health• File a grievance Enrollment Broker: 1-888-255-2605	Pharmacist only helpline: 1-833-750-4471 Pharmacy Prior Auth: 1-844-330-7852 Pharmacy Prior Auth fax: 1-866-399-0929 Provider Services & IVR Eligibility Inquiry: 1-844-385-2192
Dental Claims: Envolve Dental PO Box 25974 Tampa, FL 33622-5974	<div>EDI/EFT/ERA please visit For Providers at www.NebraskaTotalCare.com EDI claims – Please submit using payer ID 68069</div>
Vision Claims: Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804	Paper Claims/Behavioral/Medical/Non-Claims Correspondence: Nebraska Total Care PO Box 5060 Farmington, MO 63640-5060
Provider Claims information via the web: www.NebraskaTotalCare.com	

Anytime you receive a new member ID card, please destroy your old one. If you lose your member ID card, or did not receive one, we can replace it. Please visit the secure member portal to ask for a new one. Or call Member Services. The phone number is 1-844-385-2192 (TTY 711). We will send you a new ID card within 10 days.

You can see your member ID card in the secure member portal. Go to our website: NebraskaTotalCare.com. Click “login” at the top of the webpage. You can print a temporary member ID card. You can also save your ID card in your Apple wallet. Click “Save to Wallet”.

Keep your cards with you and safe at all times. Make sure they are not stolen or used by someone else. Nebraska Total Care coverage is for you only. It is up to you to protect your member ID card. No one else can use your member ID card.

It is against the law to give or sell your member ID card to anyone. If another person uses your card, you may be disenrolled from Nebraska Total Care. And the state could charge you with a crime.

IF YOU HAVE MEDICARE

If you have Medicare and Medicaid, Medicare covers your services first. Use your Medicare ID card when you need medical services. This includes going to the doctor or the hospital.

Also, give the provider your Medicaid and Nebraska Total Care ID cards. Your Medicare plan and Nebraska Total Care will coordinate your benefits.

24/7 NURSE ADVICE LINE

You can call the Nebraska Total Care Nurse Advice Line any time. This service is free and they can answer health questions. They answer calls 24 hours a day, every day. Call 1-844-385-2192 (TTY 711), press *. Have your member ID card with you when you call. The nurse will ask for your ID number.

Our nurses speak English and Spanish. If you speak a different language, you can ask for a translator.

What can we help you with?

- Questions about your health
- Where you can get care
- Understanding how to take your medicine
- Information about your pregnancy
- Information about health conditions

Do you have a medical emergency?

If you are not sure if you should go to the emergency room, you can call the Nurse Advice Line. Our nurses will help you figure out if you need emergency care, urgent care, or if you should see your doctor.

NEBRASKA TOTAL CARE WEBSITE

Our website will help you get answers about your health care.

Please visit our website at NebraskaTotalCare.com. There is information about your benefits and our services. You can get information about:

- Member Handbook
- Providers in our network
- Secure member portal with self-service features
- 24/7 free Nurse Advice Line
- 24/7 mental health and substance use crisis line
- Your privacy rights and responsibilities
- How to report suspected fraud, waste and abuse
- How to find a doctor
- How to file grievances and appeals
- Education on healthy living habits
- Information about our Quality Improvement Program
- You may hurt yourself or someone else

SECURE MEMBER PORTAL

The Nebraska Total Care website has a secure member portal. You can sign up and create your own account. Through your account, you can track your health benefits. You can email safely and securely with Member Services.

The secure member portal lets you:

- Change your Primary Care Provider (PCP)
- Check your rewards card balance
- Tell us when you are pregnant so you can get special pregnancy resources
- Complete your Health Risk Screening
- See services we have paid for you
- See what care is recommended for you
- Email Member Services
- Use your digital ID Card
- Print a temporary Nebraska Total Care member ID card

To sign up on the secure member portal, follow these steps:

1. Go to NebraskaTotalCare.com
2. Click "Login" at the top of the home webpage
3. Select "I am a Member"
4. Click "Submit"
5. Click "Sign Up Now"

Your Covered Benefits

Nebraska Total Care covers many medical services for your healthcare needs. Some services must be prescribed by your doctor. Some services must also be approved by Nebraska Total Care before you get the service. This is called Prior Authorization.

Service	Description and Limits	Prior Authorization Required
Allergy care	Allergy care	Yes, for some services
Ambulance – emergency	Includes ground and emergency helicopter.	No
Ambulance – non-emergency	Ambulance transportation from one healthcare facility to another is only covered when it is medically necessary. Arranged for and approved by an in-network provider.	Yes
Behavioral Health services	Age limitations may apply. Services include crisis stabilization, inpatient psychiatric hospitalization, outpatient assessment and treatment services, peer support, residential treatment facilities and rehabilitation services.	Yes, for some services
Breast pumps	One electronic breast pump and kit per member, per delivery. For multiples (twins, triplets, etc.) only one pump will be provided. Your doctor will need to write a prescription for a breast pump.	No
Chiropractic services	Manual treatment of the spine, one set of spinal x-rays per year, traction, electrical stimulation, ultrasound, and other evaluation and therapy procedures.	No, if provided by a Chiropractor

Service	Description and Limits	Prior Authorization Required
Continuous Glucose Monitor	One per member. Repair and replacement as medically necessary.	Yes
Dental care, preventive	Two visits every year for members age two and older. Members covered under 599 CHIP are excluded.	No
Dental care, treatment	Treatment that is medically necessary and ordered by a dental provider	Yes, in some situations
Durable Medical Equipment (DME)	Items that are not medically necessary or are not ordered by a provider are not covered.	Yes, in some situations
Drugs: prescription/pharmacy	Use a pharmacy in our network. This can include mail-order pharmacies. Prescription drugs and OTC items approved by the U.S. Food and Drug Administration (FDA).	Yes, for some medications
Drugs: over-the-counter (OTC)	Over-the-counter medications require a doctor's prescription.	No
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/well-child exam	Services are for members age 20 and younger. Sports and school physicals annually.	No
Eye care services and eyeglasses	Under age 21, one exam every 12 months. Age 21 and older, one exam every 24 months. All members, lenses and frames every 24 months.	No
Family planning	Family planning services can be from any Medicaid doctor. This includes well-woman exams, screenings, and pregnancy testing.	No

Service	Description and Limits	Prior Authorization Required
Foot care	House calls are only covered if visiting a provider would harm you. Foot care visits may be limited. Orthotics are covered for some conditions.	Yes, in some situations
Hearing aids and services	Hearing aids and services.	Yes, for cochlear implants
High-risk prenatal and infant services	Care Management provides special support for members at risk or with special health needs.	Notify plan
Home health care	Care must be prescribed by your doctor. And, not able to be received at the hospital or provider's office. Other conditions apply.	Yes
Hospice services	Other than an inpatient facility.	Yes
Immunizations	Available to all members based on medically recommended care.	No
Inpatient and outpatient hospital care	Items that are not medically necessary are not covered.	Yes, including observation services
Lab services and testing	Paternity testing and infertility treatment tests are not covered.	Yes
Lactation Consultation	Five sessions per child, up to 90 minutes.	No
Maternity care	See your provider as soon as you know you are pregnant. Send us the Notice of Pregnancy (NOP) form at first visit. Prenatal through postpartum services are covered.	Yes, for more than two OB ultrasounds.
Medical Nutrition Therapy	Benefits are based on age and diagnosed medical conditions.	No
Nurse midwife services	Covered with all in network providers.	Yes, for non-participating provider
OB ultrasounds	Two are allowed per pregnancy unless ordered by perinatologist.	Yes, if more than two

Service	Description and Limits	Prior Authorization Required
Office visits	Covered with all in network providers.	Yes, for non-participating provider
Orthotics/prosthetics	Orthotics/prosthetics	Yes
Pain management	Not applicable for post-operative pain management.	Yes
Physician services	One routine physical exam every 12 months performed by your PCP. Health visits as needed.	No
Private duty nursing services	Overnight nursing services and respite care hours are limited.	Yes
Psychiatric hospital service	Psychiatric hospital service	Yes
Psychiatric services	Psychiatric services	Yes, for some services
Psychology services	Psychology services	Yes, for some services
Radiology and x-rays	Must be ordered by a provider.	Yes, for high-tech radiology including CT, MRI, MRA
Reconstructive surgery	Surgery that is performed to make you look better and is determined to be cosmetic is not covered.	Yes
Rehabilitation services	Rehabilitation services	Yes
Skilled Nursing Facility care	Items that are not medically necessary are not covered. This includes private rooms or convenience/comfort items.	Yes
Sterilization services	Sterilizations require informed consent forms 30 days prior to the date of procedures. Hysterectomies are covered on a limited basis.	Yes
Therapy (occupational, physical, speech) services	There is a combined limit of 60 therapy sessions per year for members 21 and over. This includes physical therapy, occupational therapy and speech therapy services.	Yes, after 12 sessions

Service	Description and Limits	Prior Authorization Required
Stop smoking/ tobacco cessation	Certain medications, patches or gum to help you stop smoking are covered. Smoking cessation is covered through Tobacco-Free Nebraska. Call 1-800-QUIT-NOW (784-8669) for more information.	No
Surgery	Surgery	Yes, except in an emergency
Transplant services	Transplant services	Yes
Urgent care	Urgent care	No

NOTE: There are some services that your doctor has to get authorization for before giving you the care. If you want to know if a service needs authorization, you can call Member Services. The phone number is 1-844-385-2192 (TTY 711). There is more information about this later in this handbook. See the [Prior Authorization for Services](#) section. Some other benefits you can use are telemedicine, telemonitoring and telehealth.

Nebraska Total Care does not limit coverage of services based on moral or religious objections.

EXPLANATION OF BENEFITS

If we get a bill for services for you, we will send you notification. This is called an Explanation of Benefits (EOB). We will tell you if we paid for the service or if we did not pay for the service. This is not a bill.

The EOB will tell you:

- The date of the service
- The type of service
- If we paid for the service
- The reason we did not pay for the service.

If you receive an EOB:

- You do not need to call or do anything
- You do not need to pay anything

If you get an EOB for a service you did not have please tell us. You can call Member Services. The phone number is 1-844-385-2192 (TTY 711). There are other ways to report this in the [Fraud, Waste, and Abuse](#) section of this handbook.

EXCLUDED SERVICES

Services Not Covered

Nebraska Total Care does not cover these services:

- Services or items used only for cosmetic purposes
- Experimental and/or investigational procedures, drugs, and equipment (Phase I & II Clinical Trials are considered experimental)
- Acupuncture
Lasik Surgery/Keratotomy

This is not a complete list of excluded services. If you want to know if a service is covered, please call Member Services. The number is 1-844-385-2192 (TTY 711).

You may need other service that are not medical. If you qualify they can help make your life easier. We do not pay for these. We can help you access them. These are:

- Intermediate care facility services for individuals with developmental disabilities
- Long Term Care or Nursing Facility services at a custodial level of care. This means care that does not need a medical provider.
- School-based services
- All Home and Community Based waiver services (HCBS)
- Targeted Case Management services
- Medicaid State Plan Personal Assistance Services

If you need help getting these services, please call us. The number is 1-844-385-2192 (TTY 711). Choose the Care Management option. We have people who work with these services who can help.

NATIVE AMERICAN ACCESS TO CARE

If you are a Native American or Alaskan Native, you may choose an Indian Health Service, tribal clinic provider, or Urban Indian Health Clinic as your PCP. You may get services from a tribal clinic or Indian Health Services without prior authorization. Or you can go to another Nebraska Total Care network provider.

Getting Care

MEDICALLY NECESSARY SERVICES

Covered services you receive must be medically necessary. This means we want you to get the care that is most likely to work for you. It should be:

- The right care
- The right place
- The right time

We have guidelines to help make sure you get medically necessary care. These are the criteria that we follow for all providers and members. The guidelines are on our website. Decisions we make about your health care will follow those guidelines.

Nebraska Total Care does not reward providers or our staff for denying coverage or services.

PROVIDER NETWORK

Nebraska Total Care works with a large group of providers. This is called our Provider Network. We do our best to make sure the providers that members need are in our network.

We want providers in our network who give good services. Providers go through a screening process to be in the network. When they are approved, they sign a contract with Nebraska Total Care. They agree to meet certain requirements.

There is a list of providers who are in our network. This list is called the Provider Directory. You can search for providers on our website. Use the Find A Provider tool.

The directory can tell you about the provider. It tells you the provider's:

- Name, address, and phone number
- Business hours
- Accessibility to people with disabilities
- Specialties
- Languages spoken
- Gender
- Board certification
- Accepting new patients

- Ages served
- Cultural training
- Medical group affiliations
- Hospital affiliations

You can call Member Services for help finding a provider. The phone number is 1-844-385-2192 (TTY 711). They can give you information over the phone. They can mail you a list of providers. Member Services can tell you about a provider's medical school and residency.

Most of the time providers have to be in our network for us to pay them. If you need to see an out-of-network provider, please call Member Services. We will check to see if there is an in-network provider who can treat your medical condition. If not, we will help you find an out-of-network provider. Services from out-of-network providers need prior authorization. This includes Federally Qualified Health Centers and Rural Health Centers.

Out-of-network emergency services do not need approval from Nebraska Total Care. Call us as soon as you can if you have an emergency and go to an out-of-network provider. We will need to help them so they can get paid.

IMPORTANT: You may have to pay for out-of-network services if you do not get prior authorization. If you have questions, call Member Services at 1-844-385-2192 (TTY 711).

Provider Incentives

A provider incentive plan rewards doctors for giving good care. Plans are based on national standards of care. They are intended to help providers give the right care at the right time. Nebraska Total Care cannot reward providers for refusing, limiting, or reducing medically necessary care.

You have the right to know if we have a plan with your provider that might affect you. To get this information call Member Services. The number is 1-844-385-2192 (TTY 711).

FINDING NEW TREATMENTS TO BETTER CARE FOR YOU

Nebraska Total Care has many doctors who are working to make sure you get the best care. They review new treatments for illnesses. They read studies from other doctors and scientific groups. They want to make sure we cover the treatments that are helping people.

When new treatments are covered by Nebraska Medicaid, we tell the Nebraska Total Care providers. This lets them give the best and most current treatment to you.

PRIOR AUTHORIZATION FOR SERVICES

Some covered services need prior authorization by Nebraska Total Care. This means that the provider has to get the service approved before they treat you. The right treatment is different for every person. Our goal is to make sure you get care to help you be well.

Call your doctor's office first when you need care. They will help get the authorization. They will tell us why you need that treatment. They will explain how they think it will help you.

A prior authorization decides if a service should be covered. Nebraska Total Care will consider:

- Medical Necessity- whether the service is needed
- Clinical appropriateness- whether the service is likely to be helpful

Sometimes providers talk to us on the phone. Sometimes they send written information. We will check to see if the service is covered. Then we will make sure it is medically necessary.

Sometimes members get these services but need to keep getting treatment. Your provider will ask for another authorization to continue the care.

We will make the decision as quickly as we can based on your medical condition. Usually we decide within 14 days. If the service is urgent, we will make the decision within three days. We will let your provider know if the service is approved or denied. You can check if services were approved in the Member Portal. There is information in the [Secure Member Portal](#) section of this handbook.

If you or your provider believe we made the wrong decision you can request a second review. This is called an appeal. There is more detailed information about appeals in the [Member Satisfaction](#) section of this handbook.

Emergency room (ER) and post stabilization services NEVER need prior authorization. If you have a medical emergency get help right away.

Your provider can tell you if a service needs a prior authorization. You can also call Member Services and ask us. The phone number is 1-844-385-2192 (TTY 711). If there are big changes to the prior authorization process, we will tell you. We will inform our members and providers right away.

PRIOR AUTHORIZATION FOR DRUGS

Some medication needs prior authorization from Nebraska Total Care. If you need these drugs, your doctor will ask us for authorization. They will give us information about your health. Then Nebraska Total Care will decide if we can pay for the drug.

Your doctor must ask for prior authorization if:

- A drug is listed as non-preferred on the Preferred Drug List
- Certain conditions need to be met prior to you receiving the drug
- The medication is injected in a doctor's office
- The medication is considered a "specialty drug." The list of specialty drugs is on our website.
- You are getting more of the drug than is usually prescribed
- There are other drugs that should be tried first

You might get up to a three day supply of a drug while you are waiting for a decision. The decision will be made within one business day. Your doctor will be notified of the decision.

If you would like more information, you can call Member Services. The phone number is 1-844-385-2192 (TTY 711).

SECOND MEDICAL OPINION

You have the right to a second opinion by another doctor. You can get this at no cost to you. If you would like a second opinion, tell your provider. You must use a doctor who is in the network. Or you can get prior approval from Nebraska Total Care to see a provider out-of-network. Nebraska Total Care will pay for a doctor outside of the network if one is not available in-network. Your provider will review the second opinion. They can use that to help decide the best treatment plan.

GETTING CARE OUT OF STATE

Regular medical care is only covered when you see a Nebraska Total Care provider. But you could be outside of Nebraska and need unplanned medical care. In those situations we still want you to get the help you need. We will pay for services when:

- You are out of state and have a health emergency. Go to a hospital or emergency room where you are. Your follow-up care must be with a Nebraska Total Care network provider. Contact your Nebraska doctor for a referral if you need to see a specialist.

- You are outside of Nebraska and have an urgent health problem. If you need care quickly but it is not an emergency, go to an urgent care clinic. Or you could go to a doctor's office where you are.

Show the provider your Nebraska Total Care member ID card and your Nebraska Medicaid card. Call us to report your emergency within 48 hours. Providers outside of our network will need help right away so that they can be paid. If they do not complete tasks within 30 days, you may be responsible for paying for service.

Only medically necessary emergency and urgent care services will be covered outside of Nebraska.

It could be decided that you need special care that is not available in Nebraska. If Nebraska Total Care approves your special care, the care you get in the other state will be covered.

Members are not covered for services they get outside of the United States.

URGENT CARE AFTER HOURS

Urgent care is NOT emergency care. You should use urgent care when you have an injury or illness that is not life threatening but needs to be treated within 48 hours. Use urgent care when you cannot wait for an appointment with your doctor. Only go to the ER if your provider tells you to or if you have a life-threatening emergency.

When you need urgent care, follow these steps:

- Call your Primary Care Provider (PCP). The name and phone number are on your Nebraska Total Care member ID card. An after-hours number is listed. Your doctor may help you and give you directions over the phone.
- If you cannot reach your PCP, call our 24/7 Nurse Advice Line. The number is 1-844-385-2192 (TTY 711). You will talk to a nurse. Have your Nebraska Total Care member ID card with you. They will ask you for your number. The nurse will help you over the phone. If you need to see a doctor they will help you find care.
- If you have a mental illness or addiction crisis, do not wait to get help. Call us any time at 1-844-385-2192 (TTY 711). Press * to talk to a licensed professional. They can help with depression, substance use and other behavioral health needs.
- If your provider tells you to go to the nearest emergency room go right away. Take your Nebraska Total Care member ID card and your Nebraska Medicaid ID card.

EMERGENCY CARE

Emergency care is always covered by Nebraska Total Care in the United States. An emergency is when not getting medical attention could risk your health. Or the health of your unborn child. An emergency can include an accident, injury or sudden illness.

Go to the emergency room for:

- Broken bone(s)
- Gun or knife wound(s)
- Bleeding that will not stop
- You are pregnant and in labor and/or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burn(s)
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak

Do NOT go to the emergency room for:

- Flu, cold, sore throat or earache
- A sprain or strain
- A cut or scrape that does not need stitches
- To get more medicine or have a prescription refilled
- Diaper rash

Emergency rooms are for emergencies. If you can, call your Primary Care Provider (PCP) first. If your condition is severe, call 911 or go to the nearest hospital. You do not need approval.

If you are not sure if it is an emergency, call your doctor's office. Your doctor will tell you what to do. If your doctor's office is closed there should be a message telling you how to get help.

You can also call our 24/7 Nurse Advice Line. The number is 1-844-385-2192 (TTY 711). Press *

You can go to any hospital emergency room. It can be a hospital that is not in the Nebraska Total Care network. Show the provider your Nebraska Total Care member ID

card and your Nebraska Medicaid ID card. Providers outside of our network will need help from us right away so that they can be paid. If they do not complete tasks within 30 days, you may be responsible for paying for service.

Call your PCP and Nebraska Total Care after you go to the emergency room. Call within 48 hours of your emergency. This helps us make sure you get the follow-up care you need. The phone number is 1-844-385-2192 (TTY 711).

Out-of-Network Services

Out-of-network emergency services do not need approval from Nebraska Total Care. All other services from an out-of-network provider need prior authorization. We will check to see if there is an in-network provider who can help you. If not, we will help you find an out-of-network provider.

IMPORTANT: You may have to pay for out-of-network services if you do not get prior authorization. If you have questions, call Member Services. The phone number is 1-844-385-2192 (TTY 711).

Post Stabilization Services

Post stabilization services are care you need after an emergency. These help get your health back to normal. These services are important and help make sure you do not have another emergency.

Post stabilization services do not require prior authorization. It does not matter if you get emergency care from an out-of-network provider. Post stabilization services will still be covered.

Emergency Transportation

Nebraska Total Care covers emergency ambulance transportation. They will take you to the nearest hospital.

Ambulance transportation from one healthcare facility to another is only covered when it is:

- Medically necessary
- Arranged for and approved by an in-network provider

If you have an emergency and you need help getting to the emergency room, call 911.

Your Primary Care Provider

MAKING APPOINTMENTS AND GETTING CARE

To get many kinds of care, you can just choose an in-network provider and make an appointment. You do not need approval from Nebraska Total Care or a referral from your provider for these services:

- Visits to a Primary Care Provider (PCP), pediatrician or family doctor
- Visits to specialist doctors (some specialists need a referral from your PCP)
- Urgent care
- OB/GYN care. Make an appointment as soon as you think you are pregnant.
- Behavioral health services (mental health and substance use services)
- Routine dental care
- Routine vision services

We can help you find or choose a provider. Call Member Services at 1-844-385-2192 (TTY 711). We are available Monday to Friday, 8 a.m. to 5 p.m., Central. Or you can find a provider online at ProviderSearch.NebraskaTotalCare.com.

These services are always covered even if the provider is not in our network:

- Emergency services
- Family planning services and supplies
- Women's preventive health services

You can see a women's health specialist in addition to your PCP. You never need a referral or prior authorization for these services.

If transportation to an appointment is difficult for you, please call us. We can help. Call Member Services at 1-844-385-2192 (TTY 711). There is more information in the [Transportation](#) section of this handbook.

YOUR PROVIDER DIRECTORY

Your Provider Directory lists all the in-network providers. Nebraska Total Care covers all of these providers. Your Provider Directory includes information on how to contact providers. It includes:

- Doctors
- Hospitals
- Specialists

- Urgent care clinics
- Behavioral health providers
- Dentists
- Any other provider we cover

You can use the online provider search to look for providers at ProviderSearch.NebraskaTotalCare.com. The search tells you about the type of provider they are. It also tells you where they are located. It tells you what languages they speak and their gender.

If you need a printed provider information, we can send it to you. Call Member Services at 1-844-385-2192 (TTY 711). We are here Monday to Friday, 8 a.m. to 5 p.m., Central.

You can get the full Provider Directory at least once a year. We can either mail it to you or email it to you. The Provider Directory and Provider Search are always on our website. We will help you find providers any time that you need them.

If you have Medicare, see your Medicare providers.

CHOOSING A PRIMARY CARE PROVIDER (PCP)

When you become a Nebraska Total Care member, you must choose a Primary Care Provider (PCP). If you do not choose one, we will assign you one. Your PCP will be your main doctor. They can help coordinate all of your health needs.

You can choose any PCP in our network if they are taking new patients. You can change your PCP any time. Your PCP can be a:

- Pediatrician
- Family General Practitioner
- Internist
- Obstetrician/Gynecologist
- Nurse Practitioner
- Specialist who performs PCP functions

Getting care that is right for your age and your health needs is important. When children are young, they see a doctor who knows all about kids' health. That doctor is called a pediatrician. But when they grow up, their health needs change. That is when it is time to move to a doctor who knows about adult health. Your doctor can help you and your child make this change. We can help you with this change.

If you would like to know more about a PCP, you can call Member Services. They can tell you what language the provider speaks, if they are in the network, or where they are located. The phone number is 1-844-385-2192 (TTY 711).

If you would like to change your PCP, we will help you. There are three ways to change your PCP.

1. Look in the [Forms](#) section of this handbook. Find the form called “Request to Change My Primary Care Provider Form.” Fill this out and mail it.
2. Use the secure member portal. This is on our website, [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).
3. Call Member Services to help you. The phone number is 1-844-385-2192 (TTY 711).

After you tell us who your new PCP is, we will send you a new Nebraska Total Care member ID card. This will have your new PCP’s name and telephone number on it.

VISIT YOUR PCP

After you choose your Primary Care Provider (PCP), make an appointment with them. This will give you both a chance to get to know each other. Your PCP can give you medical care, advice and information about your health.

Call your PCP’s office to make an appointment. Remember to bring your Nebraska Total Care member ID card and your Nebraska Medicaid ID card. If you need help getting an appointment with your PCP, please call Member Services. The phone number is 1-844-385-2192 (TTY 711).

Important: You have unlimited visits to your PCP. There is no cost to you. Make appointments with them when you feel sick. You should also have a wellness checkup every year.

PCP Responsibilities

Your PCP will:

- Make sure you get all medically necessary services when you need them
- Follow-up on the care you get from other medical providers
- Make referrals for specialty care when needed
- Give ongoing care you need
- Keep your medical record up to date
- Keep track of all the care you receive
- Give services in the same manner to all of their patients
- Give you regular physical exams as needed
- Give preventive care visits
- Give you immunizations
- Offer 24/7 contact information

- Discuss what advance directives are and keep them in your medical record
- Treat you with respect
- Advocate for your health
- Offer the same appointment availability to all patients
- Review all of your medications and dosages at every visit

It is helpful to schedule an annual wellness checkup with your PCP. Do this in the first 60 days of choosing them. Schedule a checkup every year. This helps you stay healthy. It helps your PCP find health problems early, when they are easier to treat.

Communication with your PCP

Health care works best when patients and doctors work together to make decisions. You know how you feel better than anyone else. You should help decide what might make you feel better.

Be honest with your doctor. Your PCP need to know about your health and symptoms. If you have questions, ask! Your doctor wants to help you.

Unfortunately, most people have a hard time understanding words used in health care. You may have never heard the words before. Or words you know are being used in a new way. This can make it hard to make decisions about your health.

Ask Me 3® is a way to ask questions to help you understand what you provider is telling you. This will help you make decisions about care.

Ask your provider these questions at every appointment.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Don't be nervous to ask your provider questions. Your provider wants you to understand your healthcare. They want to answer these questions.

If you still need help understanding your health, please call Member Services. We have people who can help you. The phone number is 1-844-385-2192 (TTY 711). If you need to change or cancel your appointment, let your doctor know as soon as you can. Do not just skip an appointment. A doctor can decide to stop seeing you if you are a "no show" or are late.

If you cannot be at an appointment, please call at least 24 hours before the appointment. If you need to change an appointment, call the doctor's office as soon as you can. They can make a new appointment for you. If you need help getting to your appointment call Member Services. The phone number is 1-844-385-2192 (TTY 711).

Be honest with your doctor so they can help you. If you have questions about your health, your treatment, or your medicines, ASK! Your doctor is here to help you.

After Hours Appointments with Your PCP

You may need to see another doctor when your PCP's office is closed. Your PCP's office will have suggestions about after-hours care. Call them to get directions. Or you can call our 24/7 Nurse Advice Line. We can help you any time. The phone number is 1-844-385-2192 (TTY 711).

Some injuries or illnesses are not life threatening but cannot wait for an office visit. When this happens, you can use an urgent care clinic. If you need help finding an urgent care clinic you can call Member Services or the 24/7 Nurse Advice Line. The phone number is 1-844-385-2192 (TTY 711).

Have your Nebraska Total Care member ID card with you when you call. They will ask for your number.

If you have an emergency, call 911 or go to the nearest emergency room (ER).

IMPORTANT: Get urgent care from a network provider. Only emergencies, family planning and newborn care for their first 30 days can be covered if you see an out-of-network provider.

What to Do if Your PCP Leaves Our Network

If your PCP decides to leave our provider network, we will tell you. We will send you a notice at least 15 days before they leave. You can choose a new PCP. Call Member Services at 1-844-385-2192 (TTY 711). If you do not change your PCP, we will choose a new one for you. After you have a new PCP, we will send you a new member ID card.

If you are in the middle of getting treatment from your provider, we do not want that treatment interrupted. You can ask to stay with your PCP for at least 30 days after they have left our network. This will give you time to finish that treatment process. Or it will let you find a new provider who can continue the treatment.

We can only continue coverage if the provider agrees. They have to agree to:

- Accept payment at the rates they received as an in-network provider
- Follow the quality standards
- Provide the information we need about your care
- Follow the policies and procedures of Nebraska Total Care

If you are seeing a specialist and they leave our network we will help you find a new one. Call Member Services. We will work with you to make sure your care continues.

Referrals

You may need to see a specialist. Your PCP can coordinate your care. Nebraska Total Care does not need a referral from your PCP to cover the service. The specialist may still need a referral from your PCP. This helps them give you the right treatment. They will tell you if they need a referral.

If you would like help finding an in-network provider, please call Member Services. We will be happy to help.

Some of the services that need a referral from your PCP are:

- Diagnostic tests (X-ray & lab)
- Scheduled outpatient hospital services
- Planned inpatient admission
- Renal dialysis (kidney disease)
- Out-of-network providers need Nebraska Total Care approval
- Durable Medical Equipment (DME)
- Home health care

WELL-CHILD CHECKUPS

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) are preventive care for children under the age of 21. These are also called well-child checkups. Doctor visits when your child is well helps make sure they are growing, healthy, and safe.

This schedule shows when to have well child visits. You can ask your child's doctor when they should have their next checkup.

Set up well-child visits when your child is:

- 3-5 days old
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old

- Annually through age 20

Well-child checkups are important for your child's health. Your child can look and feel well but still have a health problem. During your child's appointment, their PCP will check:

- Growth and development
- Ears and eyes
- Diet
- Shot records
- Test records

Many schools, activities, and other organizations require a "sports physical." This is a limited exam. It should not replace a yearly well-child checkup. Tell your provider if you need this exam. They can complete the forms you need during your child's well child checkup.

Immunizations will be given at well-child checkups. Below is the schedule for immunizations:

Age	Immunization
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, VAR, Hep A Series
15 months	DTaP
4-6 years	DTaP, IPV, MMR, VAR
9 years	HPV (2 doses)
11-12 years	Tdap or Td, MCV
13-18 years	MCV, HPV series (catch-up)
Every year	Influenza (after 6 months)

Before your child is two, they should have a lead screening. This is a blood test. Ask your doctor for the blood test at their 15- or 18-month appointment.

Dental Services

Dental care is important to your health and well-being. Oral diseases can cause pain and infections that can lead to other problems.

If transportation to an appointment is difficult for you, please call us. We can help. Call Member Services at 1-844-385-2192 (TTY 711). There is more information in the [Transportation](#) section of this handbook.

DENTAL HOME

When you become a Nebraska Total Care member, you must choose a Primary Dentist. If you do not choose one, we will assign you one. Your Primary Dentist will help coordinate all of your oral health needs. Your Primary Dentist is on your ID Card.

You can see any dentist in our network. We can help you find or choose a dentist. Call Member Services at 1-844-385-2192 (TTY 711). We are available Monday to Friday, 8 a.m. to 5 p.m., Central. Or you can find a provider online at ProviderSearch.NebraskaTotalCare.com.

PREVENTIVE CARE

Preventive care begins at age two. Everyone age two and older should see their dentist twice every year. They will clean your teeth to help prevent other problems. The dentist will do an exam to check for conditions that need treatment.

COVERED SERVICES

Preventive and diagnostic care is covered for members age two and older. These services do not need prior authorization. This includes:

- Cleaning and exams
- Fluoride treatment
- Sealants
- Space maintainers
- X-rays

Treatments for dental conditions are covered but may need prior authorization. Your dentist will help get the authorization. There is more information in the [Prior Authorization](#) section of this handbook. Treatment might include:

- Filling
- Crown
- Root canal
- Full or partial dentures
- Tooth removal
- Orthodontics
- Oral surgery

EXCLUDED SERVICES

Cosmetic services are not covered.

Members with coverage limited to care for an unborn child do not have dental coverage. If you are not sure if you have coverage, please call Member Services. The phone number is 1-844-385-2192 (TTY 711).

URGENT DENTAL CARE

If you have an urgent dental need, call your primary dentist. This could be pain, injury, or infection. You should receive urgent care within 24 hours. You can also call our 24/7 Nurse Advice Line. The number is 1-844-385-2192 (TTY 711). Press *

EMERGENCY DENTAL CARE

A dental emergency requires immediate treatment. Some examples are:

- Severe pain
- Severe bleeding
- Serious injury to the teeth or gums
- Unusual swelling of the face, gums, or tongue
- Difficulty or pain when opening or closing the jaw

If you have a dental emergency call your primary dentist for direction if you are able. You can also call our 24/7 Nurse Advice Line. The number is 1-844-385-2192 (TTY 711). Press *. If you cannot reach your primary dentist go to the nearest emergency room.

You can go to any hospital emergency room. It can be a hospital that is not in the Nebraska Total Care network. Show the provider your Nebraska Total Care member ID card and your Nebraska Medicaid ID card. Providers outside of our network will need help from us right away so that they can be paid. If they do not complete tasks within 30 days, you may be responsible for paying for service.

Call your primary dentist and Nebraska Total Care after you go to the emergency room. Call within 48 hours of your emergency. This helps us make sure you get the follow-up care you need. The phone number is 1-844-385-2192 (TTY 711).

CHILDREN WITH SPECIAL NEEDS

Dental care can be confusing for children with special needs. These children can have extra “practice” visits. It may help them feel more comfortable before the dentist does any work. If your child needs a practice visit talk to your dentist. Any dentist can give this service.

Pharmacy Services

When you need prescription or over-the-counter (OTC) medication your doctor will give you a prescription. They will contact your pharmacy for you. Or give you a written prescription to take to your pharmacy. Then the pharmacy can give you your medicine.

All Nebraska Total Care members must use a pharmacy in our network. This can include mail-order pharmacies. To find a pharmacy, call Member Services. The phone number is 1-844-385-2192 (TTY 711). Or you can look for a pharmacy on our website. The website is [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com). Go to Find a Provider.

Show your Nebraska Medicaid and Nebraska Total Care ID cards to the pharmacy when you pick up medication. Do not wait until you are out of a medication to request a refill. Call your doctor's office or pharmacy a few days before you run out.

COVERED PRESCRIPTIONS

Nebraska Total Care can cover these types of medication:

- Prescription drugs and OTC items approved by the U.S. Food and Drug Administration (FDA)
 - To learn more about covered drugs, please visit [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).
 - There is a list of OTC drugs that can be covered. This list is called the OTC Approved Products. You can find out more about covered OTC drugs at [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).
- Self-injectable drugs (including insulin)
- Drugs to help you quit smoking
- Needles, syringes, blood glucose monitors, test strips, lancets and glucose urine testing strips

NON-COVERED PRESCRIPTIONS

Nebraska Total Care does not cover:

- Drugs that do not have FDA approval
- Experimental or investigational drugs
- Drugs to help you get pregnant
- Drugs used for weight loss
- Cosmetic or hair-growth drugs

- Drugs used to treat erectile problems
- Drugs not on the OTC Drug Formulary

PREFERRED DRUG LIST (PDL)

Your pharmacy benefit has a Preferred Drug List (PDL). The PDL shows some of the drugs that Medicaid covers.

A team of doctors and pharmacists update this regularly. They use recommendations from national organizations and experts to make decisions. They want to make sure the medication on the list is safe and helpful for you. And that it is cost-effective for the Heritage Health program. You can find the PDL(PDF) at [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).

VALUE-ADDED FORMULARY

The Value-Added Formulary is another list of covered drugs that Nebraska Total Care covers. It includes the limits for each value-added drug on the list.

If your drug is not on the PDL or Value-Add drug list, call Member Services. The phone number is 1-844-385-2192 (TTY 711). Ask if your drug is covered. If your drug is not covered, you can ask your doctor to prescribe a similar drug that is covered. If your doctor feels you need to have the drug that is not covered, your doctor can ask us to make an exception.

GENERIC DRUGS

Your pharmacist will give you generic drugs when your doctor has approved them. Generic drugs are the same as brand-name drugs and make health care more affordable.

Generic and preferred drugs must be used if they can treat your medical condition. If you cannot use the generic drug, your doctor will have to give a medical reason for you to take a different drug. If generics are not available, you can be given brand-name drugs.

OVER-THE-COUNTER (OTC) DRUGS

Many OTC drugs are covered. You will need a prescription from your doctor to have them covered. These are included on the Over-the-Counter Approved Products List on Nebraska Total Care's website at [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).

MEDICATION THERAPY MANAGEMENT PROGRAM

Nebraska Total Care has a safety program that we offer to pharmacies. It is called Medication Therapy Management. This program helps them make sure your medication is working correctly.

Your local pharmacist will look at all of your medication. They make sure that you are taking drugs that work well together. They will check that your drugs follow all of the rules for that medication.

Your pharmacist may call you to talk about your medication. They want to help you get the best results. You can tell your pharmacist if you do not want to be involved in the program.

COPAYS

Many Medicaid members never have a copay. These are members who are:

- Eighteen years old or younger
- Pregnant, and for 60 days after the pregnancy ends
- In an inpatient hospital
- In a long term care facility
- In any facility that where they have to spend most of their income for personal needs for medical cost
- Living in a residential facility, adult family home, or center for the developmentally disabled.
- Native Americans getting services from an Indian Health Center
- Native Americans getting services referred by an Indian Health Center
- Receiving waiver services under a 1915(c) waiver
- Getting help from the State Disability Program

You can see the Preferred Drug List (PDL) on our website or we can send it to you.

Medications for family planning (birth control) never have a copay. There are some Medicaid members who have a copay for some brand name prescriptions. For these members the copay is \$3.

If you have Medicare and Medicaid (you are dual eligible), your prescription drugs are paid by a Medicare drug plan. Under Medicare, you have choices. Make sure the Medicare drug plan you are with meets your needs.

If you have questions or want to change plans you can call 1-800-633-4227 (1-800-MEDICARE). Remember under Medicare:

- You have a choice of prescription drug plans.
- Plans may require you to pay a copay for each prescription.
- There's no limit on the number of prescriptions you can fill each month.

Specialty Services

MENTAL ILLNESS AND SUBSTANCE USE

Behavioral Health refers to mental health and substance use (alcohol and drug) treatment. Sometimes talking to friends or family members can help you work out a problem. When that is not enough, call your doctor's office or Nebraska Total Care. We can give you support. We can talk to your providers/doctors. We can help you find mental health and substance use specialists to help you.

You do not need a referral from your doctor. You can go to any provider in our network for services. Providers will help you figure out what services might best meet your needs.

Nebraska Total Care covers these behavioral health services:

- Outpatient mental health and substance use services (counseling/therapy)
- Psychiatry services and medication management
- Psychiatric inpatient hospital and partial hospital services
- Psychological Testing
- Intensive Outpatient Services (IOP)
- Non-hospital residential detoxification, rehabilitation and halfway house
- Crisis services
- Psychiatric Residential Treatment Facilities (PRTF) for children
- Rehabilitation services, like Assertive Community Treatment (ACT), Community Treatment Aid (CTA), Psychiatric Residential and Day Rehab
- Behavior modification, including Applied Behavioral Analysis

How do I know if I/my child needs help?

- Cannot cope with daily life
- Feels very sad, stressed or worried
- Not sleeping or eating well
- Thinks about hurting themselves or others
- Bothered by strange thoughts, like hearing or seeing things other people do not
- Drinking alcohol or using other substances
- Having problems at school
- The school or daycare think that your child should see a doctor about mental health or substance use problems, including ADHD
- Unable to concentrate
- Feels hopeless

If you have a behavioral health concern we can help you find a provider. We want you to have a provider who will be a good match for you. It is important for you to have someone to talk to so you can work on solving problems.

What do I do in a behavioral health emergency?

The 988 Lifeline connects you to mental health crisis support. You can call, text, or chat 988 for help 24/7. When you use 988 it is private and at no cost. The three-digit code is available to anyone having a mental health crisis.

You can use 988 for yourself or a loved one. A crisis counselor will be there to help. They will listen to you. They will work with you to understand how your problem is affecting you. They can share resources for additional help.

Using the 988 Lifeline connects you to someone right away. For help with a mental health crisis:

- Dial 988 to talk (Many languages)
- Text 988 for texting (English only)
- Chat by visiting SuicidePreventionLifeline.org/chat (English only)

Call 988 for:

- Thoughts of suicide
- Ongoing anxiety or depression
- Concerns about use of alcohol or drugs
- Thoughts of hurting yourself or others

Call 911 for:

- Someone's life is in danger
- Overdose
- Emergency medical help
- Fear for your safety or someone else's

Your mental health is important. Nebraska Total Care can help you find a mental health provider to help you manage your mental health.

Recovery and Resilience

Helping you get and stay healthy is our most important goal. This includes your mind, body, spirit and community. For members who need behavioral health care, that means building recovery and resiliency.

- **Recovery** is a process of making changes that improve your health and quality of life.

- **Resiliency** is being able to bounce back when there are challenges in your life.

Recovery and resiliency will help you overcome difficulties. This will give you power in your own life. It will help you have feelings of belonging, self-esteem, meaning and hope.

Your behavioral health care should focus on recovery and resiliency. It should be:

- **Self-led:** As much as possible, we want you to control your own life, treatment goals, and plan of care.
- **Individualized:** Recovery is different for everyone. Your plan of care should fit you. It should be based on your unique strengths, needs, culture and background.
- **Empowered:** You get to be a part of all decisions that affect your life. You should be educated and supported to be actively involved in your care.
- **Holistic:** Your whole life is part of your recovery – mind, body, spirit and community.
- **Flexible:** Recovery is a journey. There may be setbacks and learning experiences. That is okay.
- **Peer Supported:** Research shows that help from people who have had similar challenges is an important part of recovery. Peers can give support, understanding, skills and a sense of community.
- **Respectful:** Everyone involved in your care must respect you. They should help protect you from discrimination and stigma. This includes Nebraska Total Care, your providers, friends and family. And maybe most importantly, you should respect yourself.
- **Responsible:** Working toward recovery requires bravery and commitment. You must be responsible for following your plan of care. This includes taking medications and working through the recovery process.
- **Hopeful:** People do overcome the challenges they face. Believing your life will get better is the first step in the recovery process.

The Important Role of Family Support

Healthy relationships are an important part of recovery. If you struggle with a behavioral health challenge, get help from the people who care about you. Tell them how they can support you.

If your child has a behavioral health condition, you have an important role in helping them. Take an active role in their care. Tell their providers or us about changes you notice. Talk about the care you think they need. Tell your provider or us what you need while you care for your child.

OUTPATIENT SERVICES

Outpatient services are covered in an outpatient hospital setting. They are covered in an ambulatory surgical treatment center. These services have to be medically necessary.

There is a combined limit of 60 therapy sessions per year for members 21 and over.

Outpatient Services include:

- physical therapy
- occupational therapy
- speech therapy
- respiratory services

VISION SERVICES

Nebraska Total Care covers services for your eyes. This can be exams and treatment.

This includes:

- Regular eye exams
- Treatment of eye conditions
- Regular glasses when they meet the strength requirements
- Specialty eyewear when medically necessary (with prior authorization)
- Contact lenses are only covered if they are the only way to restore vision (with prior authorization)
- Other services that are medically necessary

For members under age 21, one exam is covered every year. For members age 21 and older, one exam is covered every two years. For all members, lenses and frames are covered every two years.

HOME HEALTH

Nebraska Total Care covers services in your home. These have to be medically necessary. Home health services include:

- home visits by nurses and aides
- physical therapy
- speech therapy
- occupational therapy
- wound care
- personal care services for children

- therapy services medical supplies
- durable medical equipment

Home healthcare does not include homemaker services, Meals on Wheels, companions, sitters, or social services.

FAMILY PLANNING SERVICES

Nebraska Total Care covers family planning services. These services should be provided by a Primary Care Provider (PCP), obstetrician, or gynecologist. Services include:

- Medical history
- Physical exam
- Laboratory tests that are part of the exam (PAP smear; gonorrhea and chlamydia testing, syphilis serology, HIV testing, and rubella titer)
- Education about reproductive anatomy and physiology, family planning, and Sexually Transmitted Disease (STD) prevention
- Counseling to help members make informed decisions
- Discussion of results of the exam and treatment options
- Special counseling when needed about pregnancy planning and management, sterilization, genetics and nutrition
- Pregnancy diagnosis, counseling and referral

Related Exclusions

- Reversal of voluntary sterilization
- Services or fees for using a surrogate to achieve pregnancy
- Birth control devices that, by law, do not require a prescription

Infertility Treatment

Infertility treatment needs prior approval. It is only covered when it is a symptom of a medical condition. This might include:

- Thyroid disease
- Brain tumor
- Hormone dysfunction

If your doctor thinks infertility is caused by another issue they can ask for approval. You can call us if you have questions. The phone number is 1-844-385-2192 (TTY 711).

Abortion Services

Abortion services need prior approval. Your doctor must send us documents to ask for approval. They must show that the pregnant person's life is at risk.

CHILDREN WITH DISABILITIES

Nebraska Total Care covers services for individuals under 21 with disabilities. These disabilities could include sight or hearing issues, Autism, physical disabilities, and/or developmental delays. These services include:

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Behavior Modification

If your child has special needs, we can help you find treatment. Please call Member Services. The phone number is 1-844-385-2192 (TTY 711).

TRANSPORTATION

You may be able to get transportation for your non-emergency medical appointments. If you are eligible, rides are free. Nebraska Total Care works with MTM, Inc to provide transportation.

There are two ways to see if you are eligible for transportation.

- Call Member Services. The phone number is 1-844-385-2192 (TTY 711). You can choose the transportation option. This will connect you to MTM.
- Call MTM. The phone number is 1-844-261-7834.
- Visit NebraskaTotalCare.com. There is a transportation portal. Under "For Members" and "Benefits and Services" choose Transportation.

Schedule your ride at least two working days before your appointment. You can schedule a ride up to 60 days before your appointment. In some situations, you can schedule a ride more than 60 days before your appointment.

Sometimes urgent medical trips can be requested with less than two days' notice. MTM may check with your provider to make sure the appointment is urgent.

To Schedule Transportation

When you call or use the transportation portal, MTM will ask you:

- The address where you will be picked up. This includes the city and zip code.
- The address where you will be dropped off. This includes the city and zip code.
- Your telephone number
- Your Nebraska Medicaid ID number
- The name of the adult traveling with children age 18 and under

Transportation can go to the provider you choose within 20 miles. If there is not a provider within 20 miles, they can take you to the closest provider. You can choose a provider farther away, but transportation services may not be available.

MTM may offer you other options. Those could be:

- Public transportation
- Commercial vehicle
- Wheelchair lift equipped vehicle
- Escort

If you are traveling with children:

- Minors 18 years and under with an appointment must ride with an adult. One extra passenger may ride along. Two extra passengers are allowed if there is a medical reason.
- Children without an appointment may not ride along.
- You must provide a car seat or booster seat based on the child's age and weight.

Additional information:

- If you scheduled a return ride, they should arrive within 15 minutes after your appointment.
- If your wait is longer than 60 minutes, call Member Services. The phone number is 1-844-385-2192 (TTY 711). Choose the transportation option.

You can file a transportation complaint if you:

- Do not agree with a decision made by MTM
- Are not happy with services
- Are not happy about any other part of MTM

You can make your complaint to Nebraska Total Care. There are instructions to make a complaint in the [Grievances](#) section of this handbook.

Access to Care

Nebraska Total Care works to make sure our network has all of the providers you need. We have providers all over Nebraska. If you cannot find a provider, please let us know. Call Member Services. The phone number is 1-844-385-2192 (TTY 711).

CONTINUITY AND TRANSITION FOR NEW MEMBERS

Sometimes new members are getting care from a provider who is not in the Nebraska Total Care network.

- New members may keep receiving care from their out-of-network provider for up to 90 days.
- Members who are pregnant may keep the same provider until they have had their baby and completed their first postpartum visit.
- Members who are terminally ill may continue seeing their current Primary Care Provider (PCP) for their care.

If you have questions about continuing to receive care, please call us. The phone number is 1-844-385-2192 (TTY 711). We will help make sure you continue to receive the care you need. If needed, we can help you find another provider in our network.

APPOINTMENT WAITING TIMES

In-network providers will be available during reasonable hours. Services will be available to meet your medical needs. You should be given an appointment within these times:

TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
Routine, non-urgent or preventive care	Within 4 weeks
Routine, non-urgent dental care	Within 6 weeks
Routine, non-urgent behavioral health care	Within 14 days

TYPE OF APPOINTMENT	SCHEDULING TIME FRAME
Non-urgent sick care (including walk in patients)	Within 72 hours. Sooner if the illness gets worse and becomes urgent or an emergency
Urgent Care (including walk in patients)	Same day
Urgent behavioral health care	Within 48 hours
Emergency visits	Immediately
Initial prenatal visits for newly enrolled pregnant person in their first trimester	Within 14 days of the postmark date on the member's welcome packet material
Initial prenatal visits for newly enrolled pregnant person in the second trimester	Within 7 days of the postmark date on the member's welcome packet material
Initial prenatal visits for newly enrolled pregnant person in the third trimester	Within 3 days of the postmark date on the member's welcome packet material
High risk pregnancies	Within 3 days of identification of high risk, or immediately in an emergency
Members who become pregnant	Within 30 days
Specialty Care Providers (Specialists)	Within 30 days of referral or sooner if needed
ER follow-up visits	Follow discharge instructions
In-office waiting time for scheduled appointments	Wait should not be longer than 45 minutes. If a provider is delayed, you should be told. If the wait is more than 90 minutes, you should be offered a new appointment.
Family planning services	Within seven days

WHAT TO DO IF YOU GET A BILL

Nebraska Total Care has a list of services that are covered. These are the services we can pay for when they are medically necessary. This list has been approved by Heritage Health.

Talk with your provider about services that are covered and services that are not covered. When you follow plan rules, you should not be billed for covered services.

Show both your Nebraska Total Care member ID card and Nebraska Medicaid ID card at every appointment. Ask them if they can see Nebraska Medicaid members. Ask them if they are in the Nebraska Total Care network. If they say no, call us right away. We may be able to help them get paid. We may be able to add them to our network.

If you have both Medicaid and Medicare you cannot be billed for Medicare “cost-sharing.” This includes deductibles, co-insurance, and co-payments that are covered by Medicaid.

Call your provider right away if you get a bill for a service covered by Nebraska Total Care. If you keep getting bills call Member Services for help. The phone number is 1-844-385-2192 (TTY 711). Do not pay the bill yourself. If you pay the bill yourself, we cannot pay you back.

If you ask for a service that is not covered, you will have to pay for it yourself. Your provider will ask you to sign a statement saying you will pay for it. If you sign it and get the service, you have to pay the bill.

If you have any questions about a bill, you can call Member Services at 1-844-385-2192 (TTY 711).

Help for Your Health

Nebraska Total Care covers all of the medical services that are included in the Heritage Health plan. In addition to those, we offer some additional services to help members be well.

HEALTH RISK SCREENING

Nebraska Total Care has a Health Risk Screening (HRS) for members. This can help you understand your healthcare needs. It can help you get your needs met.

You can call us to do your Health Risk Screening. The phone number is 1-844-385-2192 (TTY 711).

The assessment is also on the secure member portal on NebraskaTotalCare.com. Choose Wellness Assessment. It is easy to use and only takes about 10 minutes. It is completely confidential. Our medical team will review your HRS. If we see health risks we can help you get care.

REWARDS PROGRAM

Nebraska Total Care has a program that gives our members rewards for completing healthy behaviors.

Once you complete a healthy activity, you will receive your My Health Pays Visa Prepaid Card*. When you go to a checkup or wellness visit, a reward is added to your card.

How do I get my rewards card?

The first time you do something on the list, a card will be mailed to you. The card is usually mailed within 90 days. It will have your first bonus on it. When you complete other healthy behaviors from the list more will be added.

Keep your card after you use it. Your bonuses will be added to the same card.

*This My Health Pays Visa Prepaid Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted.

MHP-CAID-20-NE-C-00048

Which health behaviors count towards rewards?

Amount	Activity
\$10	Having an Annual Adult Checkup with a Primary Care Doctor.
\$10	Infant Well Visit: 1 per visit, Ages 0-15 months. (Per visit, up to \$60).
\$10	Annual Child Well Visit with a Primary Care Doctor. Ages 2-21.
\$5	Annual Flu Vaccine, ages 6 months and older. September-April. One per flu season.
\$10	HPV Vaccine. Receiving two doses within a 12-month period. Ages 9-12. (Per enrollment).

Note: It may take up to 60 days for your rewards to show up on your card. We will add the bonus after your provider tells us they gave you the service.

What things can I use my rewards card for?

- Utilities
- Transportation
- Telecommunications
- Childcare
- Education
- Rent

Or you can use it to shop at Walmart for everyday items. You will not be able to buy alcohol, tobacco, or firearms products.

PREGNANCY AND MATERNITY SERVICES

There are things you can do to help have a safe pregnancy. Talk to your doctor about medical problems you have, like diabetes and high blood pressure. Do not use tobacco, alcohol or drugs while you are pregnant.

You should see your doctor before you are pregnant if you have had the following problems:

- Three or more miscarriages
- Premature birth (born before 38 weeks of pregnancy)
- Stillbirth

We have many ways to help you have a healthy pregnancy. To help you, we need to know if you are pregnant.

Complete a Notice of Pregnancy form as soon as you learn you are pregnant. You can do this in the Secure Member Portal. There is more information in the [Secure Member Portal](#) section of this handbook. Or you can call Member Services The number is 1-844-385-2192 (TTY 711). We will set up the special care you and your baby need.

If you complete the Notice of Pregnancy you can earn a reward. You must complete the form 60 days before your baby is due. When we have the form a Care Manager will call you. They will arrange for you to receive one of these items that you choose:

- Car seat
- Stroller
- Pack and Play
- Meal delivery of 10 meals

Tell iServe Nebraska when you are pregnant. The number is 1-855-632-7633.

When you are pregnant, keep the following in mind:

Go to the doctor (OB/GYN or a family doctor who delivers babies) as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible. Ask your doctor to tell Nebraska Total Care you are pregnant.

If you have had problems or a high-risk pregnancy in the past you may need extra care. Choose a doctor you can see the whole time you are pregnant. It is even better to see your doctor before you get pregnant. The doctor can help you get your body ready for pregnancy.

You should choose a pediatrician for your baby before it is born. If you do not choose a pediatrician, Nebraska Total Care will choose one for you.

It is important to have healthy lifestyle habits while you are pregnant. This includes exercising, eating balanced meals, not smoking, and sleeping 8-10 hours a night. These things can help you and your baby stay healthy.

About Folic Acid

Folic acid is very important for your baby's health. Getting enough folic acid can help prevent serious birth defects. Folic acid is a B vitamin. It is found mostly in leafy green vegetables like kale and spinach. It is also found in enriched grains. Some other foods with folic acid in them include:

- Orange juice
- Green vegetables

- Beans
- Peas
- Fortified breakfast cereals
- Enriched rice
- Whole wheat bread

It is difficult to get enough folic acid from food alone. Ask your doctor about taking prenatal vitamins. These will have the extra folic acid your baby needs. Your baby needs this right away. This is one reason to see your doctor as soon as you think you could be pregnant.

Start Smart for Your Baby®

Start Smart for Your Baby (Start Smart) is a program just for pregnant people and parents with a newborn. It helps make sure you and your baby are healthy during your pregnancy and after you deliver.

When you sign up, we will give you information that can help you. We will talk to you on the phone and send you things in the mail. There is information on our website.

Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if you need more help.

Breast pumps

Breastfeeding has many healthy benefits for babies. Nebraska Total Care wants to help members who are breastfeeding. We will give a free electric breast pump to any new mother in our plan. We will give:

- One electronic breast pump per member, per delivery. For multiples (twins, triplets, etc.) only one pump will be provided.
- Breast pump kit

You can ask for your breast pump during pregnancy, until one year after your baby is born. Your doctor will need to write a prescription for a breast pump. Members can get one pump every two years.

For information about getting a breast pump please go to our website

[NebraskaTotalCare.com](https://www.NebraskaTotalCare.com) or call Member Services. The phone number is 1-844-385-2192 (TTY 711).

NICU supports

New parents whose infant has been admitted to the NICU receive additional supplies and supports. Services are delivered by Community Health Workers.

Doula supports

A doula is a person trained to support a pregnant person before, during, and after childbirth. A doula can help make the birth experience more positive and healthier.

A doula is not a medical provider. They are just one person on your care team. A doula can:

- Give emotional support.
- Give physical support.
- Teach about pregnancy and childbirth.
- Help a pregnant person get prenatal care.
- Help a pregnant person make choices about their pregnancy and birth experience.
- Stay with the pregnant person during labor and delivery.
- Help a pregnant person share their needs with medical providers.

There are two ways to use doula services.

In parts of eastern Douglas County pregnancy complications happen more frequently than average. In those areas Nebraska Total Care can cover in-person doula services. The doula can help the member get care that may reduce complications for them and their baby.

In other parts of the state we offer virtual doula services. You can use an app on your mobile device to talk to a doula.

If you would like to work with a doula please call us. A Care Manager can help you find a doula program. The phone number is 1-844-385-2192 (TTY 711).

Online pregnancy support

Nebraska Total Care works with Pomelo Care. This gives pregnant people and new parents more support services. Members can get live support through Pomelo Care. They have doctors, midwives, nurses, dietitians, therapists, pediatricians, and more. They can help with pregnancy or after your baby is born. They can help with breastfeeding.

Pomelo Care is available 24/7 through a mobile app. They can help with urgent needs and ongoing support. Text, call, or video chat with them anytime.

Pomelo Care has online pregnancy and postpartum groups. A midwife leads groups. Talking with other pregnant people and new parents can be helpful. They talk about topics like:

- pregnancy symptoms
- nutrition
- managing stress
- preparing for labor
- infant care, and more.

To set up this service please call us. A Care Manager can connect you to services. The phone number is 1-844-385-2192 (TTY 711). You can go to their website at PomeloCare.com/nebraskatotalcare.

Pregnancy supports do not replace your doctor. They can work with your doctor. Continue to see your doctor. Call us if you need other help with your pregnancy. We will help you get the care you need.

MYNTC MOBILE APP

Nebraska Total Care has an app for your smartphone. This lets you see your healthcare information from your phone. There is information about how to set up and use the app at NebraskaTotalCare.com.

Some of the things you can do with the app are:

- See your Member ID Card
- See your Healthy Rewards and balance
- See your doctor's name and contact information
- Call your Primary Care Provider
- Find a provider
- Contact Nebraska Total Care
- See your benefit information

If you need help setting up the MyNTC app call Member Services. The phone number is 1-844-385-2192 (TTY 711).

COMMUNITY HEALTH SERVICES

Community Health Services can help you get preventive health care and services. These are services to help you stay healthy. The Community Health team is trained to support our members. They help members:

- find doctors, specialists or other providers
- find community support services
- arrange for needed services
- learn skills to improve their health

Community Health Services can also come to your home to assist you. For more information, call Member Services. The phone number is 1-844-385-2192 (TTY 711).

CARE MANAGEMENT

Some members have special needs. Nebraska Total Care offers one-on-one help for members with a specific health concern.

Care Management gives support to members who need extra help to be as healthy as possible. These services can be:

- Education about lifestyle changes
- Home care
- Community resources
- Coordination with your medical providers

Should You Be in Care Management?

- We can help with health needs or life circumstances that are hard to manage. Sometimes this is called “medically complex.” Some examples are:
 - A serious medical diagnosis
 - More than one medical diagnosis
 - A substance use disorder
 - Behavioral health needs
 - A disability that makes it hard for you to do daily tasks
 - A condition that put you on Social Security
 - Children with special needs
 - Children in the foster care system
 - Children aging out of the foster care system
 - Children with special needs aging into adult care

- Being homeless, or at risk for homelessness
- Transitioning from incarceration into the community
- Being unable to meet your basic needs.

If you have these or other risks, we can help you. Use any of these ways to tell us if you need more help:

- Do your Health Risk Screening (HRS). This is described in the [HRS](#) section of this handbook. The screening helps us know if Care Management can help you.
- Call Member Services. The phone number is 1-844-385-2192 (TTY 711).
- Do the Identification Forms. There is a form for Homelessness and Medically Complex. These are on our website. They may have been in your new member materials. If you would like one mailed to you, please call Member Services.

What Is a Care Manager?

A Care Manager is a personal wellness coach. They work closely with you to plan your health goals. They help you figure out the steps to achieve your goals.

Our Care Management team includes:

- Registered Nurses (RN)
- Social Workers
- Licensed behavioral health clinicians (counselors)
- Community Health Workers

Your Care Manager will work with you and your providers to help you get the care you need. Together, you will develop your individualized plan of care. Sometimes they can arrange treatment that is not typical for most people. They may work with our Medical Director to authorize additional care when:

- A member has a severe condition and treatment will probably take a long time
- There are alternative services that can be used instead of covered services that are more expensive.
- More services than usual are necessary
- Other non-medical supports are needed. This could be things like food and housing.

Nebraska Total Care also has a digital Care Management tool. This is a free app for your phone. It lets you:

- View articles and videos to help you understand your health
- Take surveys to help your care team give you the best possible support
- Message directly with your care team to ask them any questions about your health or care

If you would like to use this app please call Member Services. The phone number is 1-844-385-2192 (TTY 711).

Nebraska Total Care has the right to stop an alternative care plan. We can stop the plan if it is no longer appropriate or it does not work. You would get a letter and be told at least 10 days before a care plan is stopped.

Accessing Care Management

If you think you could benefit from Care Management, please call us. The number is 1-844-385-2192 (TTY 711). We will help you find the right resources for your needs. Providers, hospital staff, or others may recommend you for Care Management services. If that happens our staff will contact you.

Care Management is never required. You do not have to participate. If you start Care Management and it is not helpful you can stop at any time.

Chronic Care Management

Nebraska Total Care offers Chronic Care Management services. This is to help our members with long lasting conditions improve their quality of life. Our Health Coaches help doctors, specialists, and the member work together for the best care. They teach the member about their condition. They help the member make a plan to improve their health.

Members with these conditions may benefit from Chronic Care Management:

- ADHD
- Anxiety
- Asthma
- Congestive Heart Failure
- Diabetes
- Depression
- Hemophilia
- Hepatitis C
- HIV/AIDS
- Hypertension
- Obesity/Weight Management
- Pain Management
- Perinatal Substance Use
- Sickle Cell Disease

Our Health Coaches will listen to your concerns. They will help you get the things you need. They will talk to you about:

- Understanding your condition
- Making a plan of care
- How to take your medicine
- What screening tests to get
- When to call your doctor or other provider

The goal of Chronic Care Management is to help you understand and take control of your health. Better control means better health.

For more information, call Member Services. The phone number is 1-844-385-2192 (TTY 711).

FINDHELP RESOURCE TOOL

Nebraska Total Care has an online tool to help you find community resources. Go to [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com). Choose "Health and Wellness". Click on the "findhelp" link. If you do not have access to the website you can call us for help.

Social Needs Self-Assessment

The [Social Needs Self-Assessment](#) helps us identify your needs so that we can connect you with community and social service programs. You should answer the questions in your own way. There are no right or wrong answers.

This is also on our website. Go to [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com). Choose "Health and Wellness". Click on the "Social Needs Self-Assessment" link. If you do not have access to the website you can call us for help. The phone number is 1-844-385-2192 (TTY 711).

GED TESTING SUPPORT

Nebraska Total Care offers GED testing materials. Contact Member Services for additional information.

CONNECTIONSPLUS®

ConnectionsPLUS loans free cell phones to certain members. These members are enrolled in Care Management. They do not have reliable access to a telephone. This allows them to have phone access to their healthcare providers, Care Managers and 911.

For more information, call Member Services at 1-844-385-2192 (TTY 711). We will put you in touch with a Care Manager who can figure out if you are eligible for the program.

SMOKING CESSATION

One of the best ways to improve your health and wellness is to stop smoking and/or tobacco use. You can get help to quit.

- Call the Nebraska Tobacco-Free Quitline at:
 - English: 1-800-QUIT-NOW (784-8669)
 - Spanish: 1-855-DÉJELO-YA (335-3569)
 - TDD/TTY: 877-777-6534
- Get online coaching at quitnow.net/Program/
- Use the resources on the Nebraska Tobacco-Free website at dhhs.ne.gov/publichealth/Pages/tfn_ces.aspx.

Some medications are covered to help with smoking cessation. You can get information about these from Nebraska Tobacco-Free. You can also go to our website at NebraskaTotalCare.com. Or you can call us. The phone number is 1-844-385-2192 (TTY 711).

CAP SESSIONS FOR BEHAVIORAL HEALTH

The Client Assistance Program (CAP sessions) covers up to five outpatient therapy sessions annually without an Initial Diagnostic Interview. Members can contact providers directly to receive services.

SPORTS PHYSICALS

Nebraska Total Care covers required sports physicals for members ages 4-18. Contact your child's Primary Care Provider to receive services.

WEIGHT WATCHERS

Nebraska Total Care provides eligible members vouchers for online Weight Watchers participation.

To be eligible, members need to be:

- At least twelve years old
- For children ages 12-16 have a BMI of 25 or higher

- For members age 17 and older have a BMI of 30 or higher

To get the Weight Watchers vouchers your doctor needs to confirm your BMI. They need to have checked you within the last month. The doctor's office can call or fax us with your information.

Extensions can be approved if you decrease your BMI by 1 point. Go to your doctor and get a note showing the decrease in your BMI. You will also have to be involved with our Care Management team. To talk to Care Management staff call Member Services. The number is 1-844-385-2192 (TTY 711).

Doctors' notes can be mailed or faxed to us. Mail to:

Nebraska Total Care
ATTN: Care Management
2525 N 117th Ave, Suite 100
Omaha, NE 68164
The fax number is: 1-844-340-4888

When you meet these requirements, we will send you another set of vouchers. We will stop giving extensions when your BMI makes you not eligible for the program. If you stop participating in Care Management, we will not give more extensions.

YMCA MEMBERSHIPS

Nebraska Total Care will pay for one 3-month membership for each member. This is a one-time benefit.

You may get a 3-month extension. There are two ways to get an extension.

- Be involved in Care Management. If you want an extension please call us. The number is 1-844-385-2192 (TTY 711).
- Send us a doctor's note. You can email a doctor's note. The email is NTC_CustomerService@NebraskaTotalCare.com. You can fax it. The number is 1-844-305-8372. Your doctor's note must be updated for each extension. It must include each member that wants to use the YMCA.

YMCAs are not required to participate in this program. Contact your local YMCA to ask if they participate.

NOTE: YMCAs in Nebraska are all managed separately. With some YMCAs, we are able to have an exception to the extension process. You can call us to see if your local YMCA needs an extension. We will help you with the process.

BOYS AND GIRLS CLUBS

Annual membership can be covered for age-appropriate members.

COMMUNITY GARDENS

Nebraska Total Care will pay for one community garden plot per household. We have relationships with many gardens in the state. Contact your local garden to see if we are already working with them.

If we have not worked with your local garden, please call us. We will contact them to see if we can pay for a plot.

ACCESS TO YOUR HEALTH RECORDS

You can access your health records on your mobile device. Complete access to your health information allows you to manage your health better and know what healthcare resources are available to you. You can see information from all your plans since 2016.

There are mobile apps that have proven they meet strict privacy rules. If you download one of those apps, you can see your health information. You can share this information with your doctors.

There is more information on our website. It includes the list of mobile apps that are safe. Go to NebraskaTotalCare.com and look at the “Interoperability” webpage. You can also call Member Services. The phone number is 1-844-385-2192 (TTY 711).

Eligibility Information

GENERAL ELIGIBILITY

Nebraska Total Care is a health plan available through the Nebraska Department of Health and Human Services' Heritage Health program. Nebraska Total Care does not decide who can get the plan. Nebraska DHHS decides your Medicaid eligibility. Some of the people who could be eligible are:

- Parents/caretaker relatives of children under age 19
- Pregnant people
- Qualified children under age 19
- Poverty-level children under age 19
- Special group of Medicaid CHIP (M-CHIP) children, age 6 through 18; eligible for CHIP matching rate
- Former foster care adults (individuals up to age 26 who aged out of Nebraska foster care program)
- Newborns of Medicaid-eligible people
- Individuals receiving Transitional/Extended Medical Assistance
- Aged, blind and disabled (regardless of age)

MAJOR LIFE CHANGES

Major life changes can affect your eligibility with Heritage Health. It is very important to let Heritage Health and Nebraska Total Care know when you have these life changes. You may lose your coverage if iServe Nebraska cannot contact you.

If you have a major life change, please call iServe Nebraska. The phone number is 1-800-632-7633. You can visit one of their local offices or go to their website. The website is iServeNebraska.ne.gov. Contact them as soon you have a big change in your life.

Some examples of major life changes are:

- Changing your name
- A change in your insurance.
 - If you add or lose other insurance coverage. If you are added to or removed from someone else's insurance.
- Moving to a new address
- Changing jobs

- Your ability or disability changes
- Your family changes. This might mean your family got bigger because of a birth or a marriage. Or your family got smaller. This may be because a family member dies or moves away.
- Changes in your income or assets
- You become pregnant. Call us if you are pregnant. We have special help for you and your baby. The phone number is 1-844-385-2192 (TTY 711).

OTHER INSURANCE

If you have other insurance, please tell us. Call Member Services. The phone number is 1-844-385-2192 (TTY 711).

This will help us make sure all of your medical services get paid for. We will tell Nebraska DHHS about your other insurance.

Worker's Compensation and other claims

If you are hurt at work, Workers Compensation may cover your injuries. Nebraska Total Care will not pay for services covered by Workers' Compensation.

It may take a little while to review work related injuries. Nebraska Total Care will provide the health care services you need while those questions are getting answered. Before we can do this, you have to agree to give us information we need. We will need documents to have Workers Compensation cover those services.

You should tell Nebraska Total Care if:

- You are involved in a personal injury lawsuit
- You are involved in a medical malpractice lawsuit
- You have an auto accident claim

Call Member Services to tell us. The phone number is 1-844-385-2192 (TTY 711). There may be insurance coverage through other companies that will help pay for your medical services.

OPEN ENROLLMENT

Open enrollment is when you can decide to stay with Nebraska Total Care or choose a different health plan. Heritage Health has three plans you can choose from. Open enrollment only happens once a year. It will be at the end of the year.

If you want to change your health plan during open enrollment, call the Enrollment Broker. They are available Monday to Friday, 7 a.m. to 7 p.m., Central. The phone number is 1-888-255-2605 (TTY 711). You can get more information on their website. That is [NeHeritageHealth.com](https://www.NeHeritageHealth.com).

They will help you make an informed choice. During open enrollment, you have the right to choose any plan. If you do not choose a new health plan, you will stay with Nebraska Total Care.

NEWBORN ENROLLMENT

If you are a Nebraska Total Care member when your baby is born, your baby is also covered by our plan. Sometimes there is a waiting period to get your newborn's Heritage Health ID activated. During this time, medically necessary services are still covered. Nebraska Total Care will cover services that are appropriately authorized.

DISENROLLMENT

There are a few times when disenrollment from Nebraska Total Care is possible. This means you can change health plans. Those are:

- During the first 90 days that you have the plan
- During the enrollment period at the end of every year
- If losing your Medicaid makes you miss open enrollment

Disenrolling For Cause at Any Time

You can ask to disenroll at other times for these reasons:

- You move out of Nebraska
- The contract between Nebraska Total Care and the State of Nebraska ends
- Nebraska Total Care does not, because of moral or religious objections, cover the service you seek
- You need two or more services at the same time and Nebraska Total Care does not have those services available. Your Primary Care Provider and another provider decide that getting those services separately would cause you risk.
- Other reasons, including but not limited to:
 - poor quality of care
 - lack of access to services that are covered by the plan
 - lack of access to providers who have experience with your healthcare needs

How to Disenroll

You may ask to disenroll (with or without cause) in writing or by calling the Enrollment Broker. The phone number is 1-888-255-2605 (TTY 711). They are available Monday to Friday, 7 a.m. to 7 p.m., Central.

If you request disenrollment with cause, you must give the reason. The reason must be on the list of “for cause” reasons above. If your request to change health plans is denied, you may appeal by using the State Fair Hearing process. There is more information about State Fair Hearing in the [Appeals](#) section of this handbook.

Involuntary Disenrollment for Cause

Nebraska Total Care may ask for a member to be disenrolled. We would notify the Enrollment Broker in writing. Nebraska Total Care may ask for disenrollment at any time if:

- The member allows someone else to use their Nebraska Total Care ID card
- The member’s use of services is fraudulent or abusive
- The member’s behavior is so disruptive, threatening or uncooperative that behavior makes us unable to cover or provide services. This does not include behavior that is because of special needs, or physical or behavioral health problems.
- The member moves out of Nebraska

Nebraska Total Care **may not** ask for disenrollment because:

- The member has a pre-existing medical condition
- The member has a change in health status
- The member uses medical services
- The member has diminished medical capacity
- The member refuses medical care or diagnostic testing
- The member completes a grievance or appeal
- The member asks to change providers

Member Satisfaction

We hope our members are always happy with our services. We hope our members are always happy with our providers. If you are not happy, we want to know! Nebraska Total Care has steps for handling problems you may have. Your voice is important to us.

Nebraska Total Care gives members ways to tell us how we are doing. These are:

- Members Advisory Committee
- Quality Improvement program
- Member satisfaction surveys
- Appeal process and State Fair Hearing for appeals
- Grievance process

QUALITY IMPROVEMENT PROGRAM

The Quality Improvement (QI) Program is an important part of Nebraska Total Care. The Quality Department is focused on improving member healthcare. The QI Program reviews the quality of care members receive. They look at:

- Making sure members get the care they need. This includes when and where they need it.
- Making sure that members get good quality care
- Cultural needs of our members
- Member satisfaction
- Member safety
- Member privacy
- Making sure we have provider specialties
- What services members are using

The quality improvement goals are simple:

1. Improve the health of our members
2. Improve Member and Provider Satisfaction
3. Lower cost

How to get involved:

We want your involvement. Let us know how we are doing. Or you can help us by being a member of one of our Quality Committees.

Call Member Services. The phone number is 1-844-385-2192 (TTY 711). You can send us a letter. The address is:

Nebraska Total Care
ATTN: Quality Improvement
2525 N 117th Ave, Suite 100
Omaha, NE 68164

Annual Evaluation

To meet our goals, we look at how well we are serving you each year. We also look for ways to do things better. Every year we write a report about our Quality Improvement Program. You can read that report on our website [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).

If you want more information about our Annual Evaluation and Quality Plan call Member Services. The phone number is 1-844-385-2192 (TTY 711).

MEMBER ADVISORY COMMITTEE

You can help Nebraska Total Care improve the way our health plan works. Through our Members Advisory Committee, we give members like you the chance to share your thoughts and ideas with us. The committee shares health education with our members. It discusses ways to focus on preventative health. The Members Advisory Committee meets four times a year in different parts of the state. There are opportunities to attend without traveling.

At these meetings, you can talk about the services you get. You can tell us how we are doing. You may ask questions or share any concerns.

If you would like to join call Member Services. The phone number is 1-844-385-2192 (TTY 711). They can give you information about joining the Members Advisory Committee or Quality Improvement Committee.

CULTURALLY RESPONSIVE CARE

It is important to Nebraska Total Care that we give services that are culturally responsive. It is important to us that our providers are also culturally responsive. We want you to receive services that are respectful of your social and cultural needs.

- Nebraska Total Care staff are trained to respect and celebrate what makes each person unique. We know that your culture is important to your health.
- Members can always get help with interpretation. This includes many languages, sign language, and TDD/TTY services. There is no cost for these services.
- We try to collect race and language information from members and providers. This helps members choose a provider who understands their culture.

We do person-centered care. This means that all parts of a person and their life are important to their health. This helps members make informed decision about their care.

HEALTH EQUITY

Health equity means that everyone can reach their full potential for health and well-being. Nebraska Total Care is committed to health equity.

Some groups of people have worse health outcomes. This happens even when they have the same benefits, so should be able to get the same care. This happens because unfair systems have made it difficult for them to get good care for long periods of time. Things like race, language, location, and income can cause these inequities.

We want to remove these inequities. We use data to figure out where health outcomes are worse. This helps us know where we need to do more to help communities. We work with organizations in those communities. Together we add services that can help the whole community be healthier.

This is an ongoing process. We are always looking at new data and new ideas. We are always working to build equitable opportunities for the health of all of our communities.

ADVANCE DIRECTIVES

Advance Directives protect your rights for medical care. All Nebraska Total Care adult members have a right to make Advance Directives for their healthcare decisions. This includes planning treatment before you need it.

An Advance Directive tells people what you want if you cannot make your own decisions. If you have a medical emergency and cannot communicate what you need, your doctors will already know. An Advance Directive will not take away your right to make your own decisions.

There is more detailed information about making an Advance Directive on our website. If you are not able to see our website Member Services can help you get the

information. The phone number is 1-844-385-2192 (TTY 711). When you complete your Advance Directive, ask your doctor and/or provider to put it in your file.

Together with your doctor or other provider, you can make decisions before you have a crisis or emergency. This will help providers understand your wishes about your health. You can relax because they already know your preferences.

Examples of Common Types of Advance Directives include:

A Living Will: tells doctors what kind of medical care you want to receive (or not receive) if you are no longer able to communicate what you want. This lets you decide ahead of time which life-prolonging treatments you would want or not want. This could include:

- Feeding tubes
- Breathing machines
- Organ transplants
- Treatments to make you comfortable

A living will is only used when you are near the end of life and there is no hope for you to recover.

A Healthcare Power of Attorney: names someone who is allowed to make healthcare decisions for you if you are no longer able to communicate what you want.

A “Do Not Resuscitate” (DNR) Order: tells healthcare providers not to give CPR if your heart and/or breathing stop. A DNR order is only about CPR. It does not provide instructions about other treatments.

You should not be discriminated against for not having an Advance Directive.

Nebraska Total Care will tell you about any changes to state law affecting Advance Directives. We will send you this information as soon as possible. We will send it within 90 days after the date of change. Ask your provider or call Nebraska Total Care to find out more about Advance Directives.

Please contact the Nebraska DHHS to file a complaint if your Advance Directive was not followed. The free phone number is 1-800-254-4202.

GRIEVANCES

Grievances are spoken or written complaints given to Nebraska Total Care by you or your authorized representative. These complaints can be about any action of Nebraska Total Care or a provider in our network. Complaints can include, but are not limited to:

- Quality of care
- Personal behavior like rudeness of a provider or employee
- Failure to respect a member's rights
- Harmful administrative processes or operations

Nebraska Total Care wants to resolve your concerns. We will not hold it against you if you file a grievance. We will not treat you differently.

To get help with this process call Member Services. Ask for the appeals department. The phone number is 1-844-385-2192 (TTY 711).

How to File a Grievance

You can file a grievance any way that works best for you. There is no time limit on a grievance. You can file one at any time. You can:

- Call Member Services. The phone number is 1-844-385-2192 (TTY 711).
- Use the secure member portal on our website: NebraskaTotalCare.com
- Give it to us in person or by mail:

Nebraska Total Care
ATTN: Grievances
2525 N 117th Ave, Suite 100
Omaha, NE 68164

- Send a fax. The fax number is 1-844-655-0567

Be sure to include:

- Your first and last name
- Your Nebraska Medicaid ID number
- Your address and telephone number
- What you are unhappy with
- What you would like to have happen

There is a form at the end of this handbook for filing a grievance. You do not have to use it. It may help you know what information we need.

If you file a grievance, we will send you a letter so you know we received it. We will send the letter within 10 days.

Nebraska Total Care will keep a copy of your grievance for ten years. We will also keep copies of the responses we send you.

If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance. No one can act on your behalf without your permission.

To give them permission there is a “Authorized Representative Designation Form.” It is in the [Forms](#) section of this handbook. Or it is on our website. Or you can call Member Services. This form can be used to give the right to file your grievance or appeal to someone else.

You may have proof or information supporting your grievance. If you do, please send it to us so we can add it to your information. You can ask to get copies of any documentation Nebraska Total Care used to make the decision about your grievance.

We will resolve your grievance as quickly as your situation needs us to. If you believe the situation is urgent, please tell us. You will get a letter from us within 90 days. It will tell you how we settled the concern.

We will not hold it against you if you file a grievance. We will not treat you differently in any way. We want to know your concerns so we can improve our services.

APPEALS

An appeal is when you ask us to review a decision we made about authorization. You might want to appeal because a service has been denied, limited, reduced or ended. Appeals may be filed by a member (parent or guardian of a minor member). An appeal tells us to look at a denial again to make sure it was the right decision. There is only one level of appeal.

You can appeal a decision that:

- Denies the care you asked for
- Authorizes a smaller amount of care
- Ends care that was approved before
- Denies payment for care you may have to pay for

These types of decisions are called an “adverse benefit determination.” If any of these actions occur, we will send you a letter. The letter will explain what we decided and why we made that decision. It will also have information about your appeal rights.

There will be a date on your Adverse Benefit Determination Letter. If you want to file an appeal, you have to do it within 60 days of that date.

You can request copies of any documentation Nebraska Total Care used to make the decision about your care or appeal free of charge. You can also request a copy of your member records. Nebraska Total Care keeps records for 10 years.

We will not hold it against you if you file an appeal. We will not treat you differently in any way.

To get help with this process call Member Services. Ask for the appeals department. The phone number is 1-844-385-2192 (TTY 711).

How to File an Appeal

To file an appeal you can call Member Services. The phone number is 1-844-385-2192 (TTY 711).

You can also send us letter or appeal form. There is a form at the end of this handbook for filing an appeal. You do not have to use it. But it may help you know what information we need.

Appeals for physical health and pharmacy services should be sent to:

Nebraska Total Care
ATTN: Appeals
2525 N 117th Ave, Suite 100
Omaha, NE 68164
You can fax the appeal to 1-844-655-0567.

Appeals for mental health or substance use services should be sent to:

Nebraska Total Care
ATTN: BH Appeals
13620 Ranch Road 620 N, Bldg 300C
Austin, TX 78717-1116
You can fax the appeal to 1-866-714-7991.

You can give us information to support your appeal. This can be evidence and information you think is fact or a law. You can give us information in writing or in person.

After we get your appeal, we will send you a letter. This will tell you that we received it.

After we make a decision, we will send you another letter. You will have that decision within 30 days. If there is a reason we cannot decide within 30 days we may ask for an extension from Heritage Health. We would have to tell them why we want the extension. We would have to show why the extension is in your best interest.

You can also request an extension if more time is needed. The extension would be 14 days. If you want an extension call Member Services. Ask for the appeals department. The phone number is 1-844-385-2192 (TTY 711).

Who May File an Appeal?

- You, the adult member
- The parent or guardian of a minor member
- A person named by you (your representative)
- A provider acting for you

You must give written permission for someone else to file an appeal for you. No one can speak for you without your permission. There is an “Authorized Representative Designation Form” at the back of this handbook. That will tell us that you give someone this permission to appeal for you. You will get a copy of this form with Adverse Benefit Determination Letter. It is also on our website: NebraskaTotalCare.com.

The Authorized Representative Designation Form must be sent in with your appeal. We have to receive it within 60 days of your Adverse Benefit Determination letter.

If you need help filing your appeal call Member Services. The phone number is 1-844-385-2192 (TTY 711). We have people to help you Monday to Friday, 8 a.m. to 5 p.m., Central.

Continuing to Receive Services

You can ask to keep receiving care while we review your appeal. You must ask within 10 days after receiving your Adverse Benefit Determination Letter.

IMPORTANT: If the appeal finds our decision was right, you may have to pay for the service.

Fast Appeal Decisions

If your medical condition is urgent, we can make a decision about your appeal much faster. You may need a fast decision if not getting the treatment will cause:

- Risk of serious health problems or death
- Serious problems with your heart, lungs, or other body parts
- You going into a hospital

Your doctor must agree that you have an urgent need. You will have a shorter time to give evidence you want us to review. We will tell you the time limits if you ask for a fast decision.

If you think you need a fast appeal decision call Member Services. The phone number is 1-844-385-2192 (TTY 711). Ask for the appeals department. Our Medical Director will make a decision and we will let you know within 72 hours.

State Fair Hearings

You may disagree with an appeal decision. If that happens you may request a State Fair Hearing. This is an appeal that goes to Nebraska DHHS instead of Nebraska Total Care. In a State Fair Hearing, Nebraska DHHS will make the final decision. Your provider can only ask for a state fair hearing if you make them your authorized representative.

You must complete the Nebraska Total Care appeals process before you can request a State Fair Hearing. After we have finished your appeal, we will send you a letter. You have 120 days from the date on the letter to ask for a State Fair Hearing.

You can ask to keep receiving care during the State Fair Hearing process. You must ask within 10 days from the date on your letter.

IMPORTANT: If the State Fair Hearing finds our decision was right, you may have to pay for the service.

Requests for a State Fair Hearing have to be in writing. Mail your request to:

MLTC Appeal Coordinator
P.O. Box 94967
Lincoln NE 68509-4967

For more information about the State Fair Hearing process, contact Nebraska DHHS. To get help with this process call Member Services. Ask for the appeals department. The phone number is 1-844-385-2192 (TTY 711).

REPORTING ALLEGED MARKETING VIOLATIONS

Nebraska DHHS has rules for marketing to potential members. Nebraska Total Care follows these rules. If you notice activities by any health plan that could be against Nebraska DHHS rules, they want you to tell them. Fill out the Nebraska DHHS Marketing Complaint Form. It is the [Forms](#) section at the end of this handbook. They will investigate.

Activities that are not allowed include:

- Activities to get you to change your plan. You will get information from your health plan (Nebraska Total Care) but should not from others. This means mail, email, phone calls or visits to your home.
- Attaching a Heritage Health application to marketing materials
- Showing or giving out marketing materials in a hospital emergency room

- Giving out information that is false, confusing, misleading or meant to trick members
- Helping someone choose a health plan
- Comparing themselves to other health plans by name
- Charging members for items or services at events
- Charging members money to use their website
- Trying to sell members other insurance plans

REPORTING FRAUD, WASTE AND ABUSE

Nebraska Total Care is serious about finding and reporting times that Heritage Health funds are used in the wrong way. This is called fraud, waste or abuse.

Fraud means a member, provider or other person is misusing Heritage Health program resources. This could include things like:

- Giving someone your member ID card so they can get services under your name
- Using another person's member ID card to get services under their name
- A provider billing for the same service twice
- A provider billing for a service that never happened

Your healthcare benefits are given to you because you met the rules of the program. They are not for anyone else. You must not share your benefits with anyone. If you misuse your benefits, you could lose them. Nebraska DHHS could also take legal action against you if you misuse your benefits.

If you think a provider, member or other person is misusing Heritage Health benefits, please report it tell us right away. Contact the Attorney General's Office. They have a unit called the "Medicaid Fraud and Patient Abuse Unit."

- Call them at 1-800-727-6432
- Email ago.medicaid.fraud@Nebraska.gov
- Send information in the mail to:

Medicaid Fraud and Patient Abuse Unit
Nebraska Attorney General's Office
1221 N Street, Suite 500
Lincoln, NE 68509-8902

If you have questions you can call Nebraska Total Care. We will take your call seriously. You do not need to give your name. Call Member Services. The phone number is 1-844-385-2192 (TTY 711).

MEMBER RIGHTS

As a member you have certain rights. Nebraska Total Care wants to always respect your rights. We expect our providers to respect your rights.

Your rights are:

- To have available and accessible healthcare services that are covered by Nebraska Medicaid.
- To be treated with respect, dignity, and privacy. To have your rights acknowledged.
- To pick or change doctors from the provider network.
- To be able to get in touch with your provider.
- To go to any provider or clinic for family planning services.
- To get care right away if you have a medical emergency.
- To be told what your illness or medical condition is.
- To be told appropriate or medically necessary treatment options.
- To be told the alternatives that your provider thinks is best regardless of cost or benefit coverage.
- To get information on treatment option in a way that you can understand, regardless of cost or coverage.
- To make decisions about your health care with your provider.
- To give permission before the start of diagnosis, treatment or surgery.
- To refuse treatment without worrying that you will lose your coverage.
- To report any complaint or grievance about your provider, medical care, your 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 not be discriminated against due to race, color, national origin or health status or the need for healthcare services.
- To request a second opinion.
- To request disenrollment and be notified at the time of enrollment and annually of your disenrollment rights.
- To make an Advance Directive.
- To file any complaint with Nebraska DHHS if your Advance Directive is not followed.
- To choose a provider who gives you 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 reasonable expected to achieve the goal of the treatment.
- To not have your services denied or reduced just because of a specific diagnosis, type of illness or medical condition.
- To use your 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 to you.
 - 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 policies.
- To be able to give your ideas for Nebraska Total Care rights and responsibilities policy.
- If you are 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 your gender identity.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, retaliation, convenience or to force you to do something you do not want to do.
- To talk with your doctor about your medical records.
- To ask for and receive a copy of your medical records and/or a summary of your records free of charge.
- To request that your medical records be changed or corrected. To have your 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.

MEMBER RESPONSIBILITIES

As a member, you have certain responsibilities. Treatment can work better if you do these things.

Your 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 preauthorization 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.

Notice of Privacy Practices

PRIVACY NOTICE

There are times we need to use your medical information to help you get care. This notice tells you how medical information about you may be used. It tells you when we will share your medical information with other people. It also tells you how you can see this information. *Please read it carefully.*

For help translating or understanding this please call Member Services. The phone number is 1-844-385-2192 (TTY 711). Interpreter services are free for you.

Covered Entity Duties

Nebraska Total Care is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This means that Nebraska Total Care has to follow the law about your privacy. Information we have about you is called Protected Health Information (PHI). We have to keep your PHI private.

We are required by law to give you this Notice. We must follow everything in this notice. We have to tell you if we share your information in a way that is not in this notice. This is called a “breach.”

This Notice tells you how we may use and share your PHI. It describes your rights to see and change your PHI. It tells you how to use those rights. If we need to use your information in any other ways we need your written permission.

Nebraska Total Care can change this Notice. Changes will cover your PHI we already have and PHI we receive in the future. Nebraska Total Care will change and share Notice when there is a big change to:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

Changes will be in the Member Handbook and on our website at NebraskaTotalCare.com.

Permissible Uses and Disclosures of Your PHI

This is a list of how we may use or share your PHI without getting your permission first:

- **Treatment** - We may use or talk about your PHI with your doctor or other health care provider you are working with. This will help us coordinate your treatment with providers. It will help us decide about prior authorization related to your benefits.
- **Payment** - We may use and share your PHI to pay your providers for the services they gave you. We may share your PHI to another health plan or to a health care provider. These are also covered entities and have to follow the same federal Privacy Rules for their payment. Payment activities may include:
 - Processing claims
 - Determining eligibility or coverage for claims
 - Issuing premium billings
 - Reviewing services for medical necessity
 - Performing utilization review of claims
- **Healthcare Operations** - We may use and share your PHI to perform our healthcare operations. This means to do all the tasks that make sure you get the care you need. These activities may include:
 - giving customer services when you ask for our help
 - responding to complaints and appeals
 - giving you case management and care coordination
 - doing medical review of claims
 - quality assessment and improvement activities

In our healthcare operations, we may share PHI with business associates. We may share your PHI with entities that also have to follow privacy rules. We will have written agreements with them to protect your PHI. There must be a reason for the entity to have your information for their healthcare operations. This may include:

- quality assessment and improvement activities
- reviewing the competence or qualifications of providers
- case management and care coordination
- finding or preventing healthcare fraud and abuse
- coordinating multiple health plans
- **Group Health Plan/Plan Sponsor Disclosures** – We may share your protected health information to a sponsor of the group health plan. This could be an employer or other entity that is providing a health care program to you. The sponsor has to agree to certain restrictions about how it will use or share the PHI. For example, agreeing not to use the PHI for employment actions or decisions.

Other Permitted or Required Disclosures of Your PHI

- **Fundraising Activities** – We may use or share your PHI for fundraising. This could be to raise money for a charitable organization. You do not have to participate in fundraising activities. If we contact you, you can choose not to participate or stop getting communications.
- **Underwriting Purposes** – We may use or disclosure your PHI for underwriting purposes. This means to help decide how much coverage costs. We are not allowed to use PHI that is genetic information for this purpose.
- **Appointment Reminders/Treatment Alternatives** - We may use and share your PHI to remind you of an appointment. We may use and share your information to tell you about treatment options. We may need to tell you about health benefits and services. This might be information about things like how to stop smoking or lose weight.
- **As Required by Law** - There are laws that say we have to share your PHI. These can be Federal, state, and/or local. We will follow the law. We will only share what the law requires, not anything extra. If two or more laws about the same information conflict, we will follow the more restrictive laws.
- **Public Health Activities** - We may share your PHI to a public health authority. This would be to prevent or control disease, injury, or disability. We may share your PHI to the Food and Drug Administration (FDA). This would be to make sure the products they are in charge of are good quality, safe or effective.
- **Victims of Abuse and Neglect** - We may share your PHI if we have a reasonable belief of abuse, neglect or domestic violence. We would talk to a local, state, or federal government authority. This might be social services or a protective services agency. They are allowed by law receive these reports.
- **Law Enforcement** - We may be required to share your relevant PHI to law enforcement. We would respond to a:
 - court order
 - court-ordered warrant
 - subpoena
 - summons issued by a judicial officer
 - grand jury subpoena

We may also share your PHI to identify or find someone. This could be a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors** - We may share your PHI with a coroner or medical examiner. They may need it to figure out a cause of death. We may also share your PHI to funeral directors if they need it to do their job.

- **Organ, Eye and Tissue Donation** - We may share your PHI if your organs are donated. The organization that handles the donation may need your PHI. We may share your PHI with the providers who work in the donation and transplant process of:
 - cadaveric organs
 - eyes
 - tissues
- **Threats to Health and Safety** - We may use or share your PHI if it is necessary to protect people from a serious threat. This could be a health or safety issue. It could be for one person or for the general public.
- **Specialized Government Functions** - We may have to share your PHI if you are a member of U.S. Armed Forces. It may be required by military command authorities. We may also share your PHI:
 - to authorized federal officials for national security
 - to intelligence activities
 - the Department of State for medical suitability determinations
 - for protective services of the President or other authorized persons
- **Workers' Compensation** - There are laws about worker's compensation and other similar programs. We may share your PHI to follow these laws. It will not matter who is at fault.
- **Emergency Situations** – We may share your PHI in an emergency situation if you are not able to respond or not present. We may share with a family member, close personal friend, or someone else you chose. We may share with a professional authorized to help in a disaster. We will use professional judgment to decide if sharing your PHI is best to keep you safe. We will only share the PHI that person helping you needs.
- **Inmates** - We may share your PHI if you are an inmate of a correctional facility. Or, if you are under the custody of a law enforcement official. We may share your PHI if needed to get you health care, protect you, protect other people, or the facility.
- **Research** - In some situations, we may share your PHI with researchers. Their research study has to have been approved. There have to be plans to make sure that your privacy is protected.

Uses and Disclosures of Your PHI that Require Your Written Permission

We have to get your permission to share your PHI for some things. There are not many exceptions to this rule. We would need your permission in writing for:

- **Sale of PHI** – We will not sell your PHI without your permission.

- **Marketing** – Your PHI will not be shared with anyone who is not associated with Nebraska Total Care without your permission. An exception is that we may talk to you if we see you face-to-face. We can also give you promotional gifts that do not cost much.
- **Psychotherapy Notes** – We will ask for your permission to use or share therapy notes that we have. The exception would be for some treatment, payment or healthcare operation tasks.

Individuals Rights

These are your rights concerning your PHI. To use your rights contact us. Contact information is at the end of this Notice.

- **Right to Revoke an Authorization** - You may take away your permission to share your PHI any time. You have to tell us in writing. When we have your notice, we will stop sharing right away. Some of your PHI may have been shared before we got your direction to stop.
- **Right to Request Restrictions** - You have the right to ask us not to share your PHI. This might be that you do not want information shared for in specific situation. It might be that you do not want to share with specific people. If you ask for restrictions, we need you to tell us the reason. We do not have to agree with your request. If we agree, we will do what you asked. We will still share your information to get you help in an emergency. We will not share your PHI to a health plan if you paid for services yourself.
- **Right to Request Confidential Communications** - You have the right to change the way we contact you. This could be that you ask us to mail things to a different address. Or, that we call you at a different number. This would only apply if contacting you normally would put you in danger. You do not have to tell us why you are asking for the change. You do have to tell us that you will be in danger if we do not change our communication. We must accommodate your request if it is reasonable and we know how you want us to communicate with you.
- **Right to Access and Receive Copy of your PHI** - You have the right, to look at or get copies of your PHI that we create. There are some exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must ask us in writing. If we say no, we will tell you the reason in writing. We will tell you if our reason can be reviewed and how to ask for a review.
- **Right to Amend your PHI** - You have the right to ask us to change your PHI if you think the information we have is wrong. You must ask in writing and explain why you want it changed. There are reasons we may have to say no. If we did not create the information, we cannot change it. You would have to ask the person

who created it to make the change. If we say no, we will tell you the reason in writing. You can give us a statement telling us why you disagree. We will attach your statement to the information you wanted to change. If we can change your information, we will do our best to tell others, including people you name, of the change. And to include the changes if we share information in the future.

- **Right to Receive an Accounting of Disclosures** - You have the right to ask who we have shared your PHI with for the last 6 years. You can also ask who our business associated shared your PHI with. This does not apply to sharing information for treatment, payment, or health care operations. It does not apply to disclosures you gave permission for and certain other activities. If you ask for this list more than once in a 12-month period, we may charge you. This would be a reasonable fee for to cover the cost of the extra requests. We will give you with more information on our fees if you make a request.
- **Right to File a Complaint** - If you feel your privacy rights have been violated you can file a complaint. If you believe that we did not follow our privacy practices, you can file a complaint. You can make your complaint to us in writing or by phone. The contact information is at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. Call 1-800-368-1019, (TTY: 1-866-788-4989).

Or visit hhs.gov/hipaa/filing-a-complaint/index.html.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Internal Protections of Oral, Written and Electronic PHI

Nebraska Total Care protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Race, Ethnicity, and Language Information (REL)

Nebraska Total Care promises to keep your race, ethnicity, and language (REL) info private. We use some of the following ways to protect your info:

- Keeping paper documents in locked file cabinets
- Requiring that all electronic info stays on physically secure media
- Maintaining your electronic info in password-protected files

We may use or share your REL info to perform our work. These activities may include:

- Finding health care gaps
- Making intervention programs
- Designing and directing outreach materials
- Telling health care professionals and doctors about your language needs

We will never use your REL info for approving, rate setting, or benefit decisions. We will not give your REL info to unauthorized people.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights, you can contact us in writing or by phone using the contact information listed below.

Nebraska Total Care
Attn: Privacy Officer
2525 N 117th Ave, Suite 100
Omaha, NE 68164
1-844-385-2192 (TTY 711)

Statement of Non-Discrimination

Nebraska Total Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Nebraska Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Nebraska Total Care:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Nebraska Total Care at 1-844-385-2192 (TTY 711). If you believe that Nebraska Total Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Nebraska Total Care

ATTN: Grievance Coordinator

2525 N 117th Ave, Suite 100

Omaha, NE 68164

Phone: 1-844-385-2192 (TTY 711)

Fax 1-844-655-0567

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Nebraska Total Care is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building

Washington, DC 20201

Phone: 1-800-368-1019, (TDD 800-537-7697)

Complaint forms are available at hhs.gov/civil-rights/filing-a-complaint/index.html.

Forms

1. Grievance or Appeal Form
2. Authorized Representative Designation Form
3. Nebraska DHHS Appeal Form
4. Authorization to Disclose Health Information Form
5. Revocation of Authorization to Disclose Health Information Form

GRIEVANCE AND APPEALS FORM

This form is to help you file a grievance or appeal. You can fill it out and send it to us. Or you may write a letter and include this information in your letter. Please mail or fax this form or your letter to:

**Nebraska Total Care
ATTN: Appeals**
2525 N 117th Ave,
Suite 100
Omaha, NE 68164
Fax 1-844-655-0567

**Behavioral Health appeals:
Nebraska Total Care -
Appeals**
1 3620 Ranch Road 620 N,
Bldg 300C
Austin, TX 78717
Fax 1-866-714-7991

****You must file an appeal
within 60 days from the
date on the denial letter.***

PLEASE PRINT

Member's Name: _____

Member's ID#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Member Phone Number: _____

Tracking Number (if you have one). Found in the upper left-hand corner of letter.

Share information you have about the grievance or appeal.

Representative's Name (if you name one): _____

Member/Representative's signature: _____

Daytime Phone #: _____ Date: _____

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

You may have someone else act on your behalf in an appeal. The person you list below will be your representative. We cannot speak with anyone on your behalf until we receive this form. Return to us at:

Nebraska Total Care Attn: Appeals 2525 N. 117th Avenue Omaha, NE 68164 Fax 1-844-655-0567	Behavioral Health appeals: Nebraska Total Care -Appeals 1 3620 Ranch Road 620 N, Bldg 300C Austin, TX 78717 Fax 1-866-714-7991
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I, _____ want the following person to act
[PRINTED NAME OF MEMBER]

for me in my appeal. I understand Personal Health Information related to my appeal may be given to my **appeal representative**.

1. **Name of appeal representative** _____
[PLEASE PRINT]

2. **Address of appeal representative**

Street/PO Box/Apartment # _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

3. **Brief description of the appeal for which appeal representative will be acting on your behalf:**

4. **Member signature:** _____ **Date:** _____
[SIGNATURE OF MEMBER, PARENT OR GUARDIAN*]

Relationship to member

☐ Self ☐ Parent ☐ Guardian* ☐ Power of Attorney*

*Documents showing Legal Guardianship or Power of Attorney must be provided to Health Plan

5. **Appeal representative signature:** _____ **Date:** _____
[SIGNATURE OF APPEAL REPRESENTATIVE]

Relationship to Member _____

Revised 09/2021

NEBRASKA DHHS STATE FAIR HEARING FORM

Member Name (*please print*) _____

Member ID Number (*please print*) _____

Member Address (*please print*) _____

I wish to appeal the decision made by Nebraska Total Care on my case because:

Member Signature _____ Date _____

Signature of Authorized Representative

_____ Date _____

Printed Name of Authorized Representative _____

Address of Authorized Representative if different from above

Phone (_____) _____

Social Security Number _____

Name, address and phone number of your Authorized Representative for the Hearing, if any:

Mail the completed form to:

MLTC Appeal Coordinator

PO Box 94967

Lincoln, NE 68509-4967

Fax: (402) 742-1198

The postmark showing the date you mailed your appeal will be the date of your appeal request.

****INCLUDE YOUR NOTICE OF ADVERSE BENEFIT DETERMINATION LETTER WITH THIS FORM****

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Notice to Member:

- Completing this form will allow **Nebraska Total Care** to share your health information with the person or group that you identify below.
- You do not have to sign this form or give permission to share your health information. Your services and benefits with **Nebraska Total Care** will not change if you do not sign this form.
- Right to cancel (revoke): When you want to cancel this Authorization Form, fill out the Revocation Form on the next page and mail it to us at the address at the bottom of the page.
- **Nebraska Total Care** cannot promise that the person or group you want to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. **Nebraska Total Care** can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the page.

Member Information:

Member Name (print): _____

Member Date of Birth: _____ Member ID Number: _____

I give Nebraska Total Care permission to share my health information with the person or group (recipient) named below. The purpose of the authorization is to help me with Nebraska Total Care benefits and services.

Recipient Information:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Nebraska Total Care can share this Health Information: (check all boxes that apply)

- ☐ All of my PHI; **OR**
- ☐ All of my PHI **EXCEPT**:
- ☐ Prescription drug/medication information
- ☐ Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) information
- ☐ Treatment for alcohol and/or substance abuse information
- ☐ Behavioral health services or psychiatric care information
- ☐ Other: _____

Authorization End Date: _____ (date the authorization ends unless cancelled)

Member Signature: _____ **Date:** _____

(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or court order of guardianship).

Mail To:

Nebraska Total Care
ATTN: Privacy Officer
2525 N 117th Ave, Suite 100
Omaha, NE 68164

Phone: 1-844-385-2192 (TTY 711)

REVOCATION OF AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

(Keep this form and use it when you want to cancel your Authorization)

I want to cancel, or revoke, the permission I gave to Nebraska Total Care to share my health information with this person or group:

Recipient Information:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Authorization Signed Date (if known): _____

Member Information:

Member Name (print): _____

Member Date of Birth: _____ Member Medicaid ID Number: _____

I understand that my health information may have already been shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to share my health information with this person or group. It does not cancel any other authorization forms I signed for health information to be shared with another person or group.

Member Signature: _____ **Date:** _____

(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

Nebraska Total Care will stop sharing your health information when we get this form. Use the mailing address below. You can also call for help at the number below.

Mail To:

Nebraska Total Care
ATTN: Privacy Officer
2525 N 117th Ave, Suite 100
Omaha, NE 68164

Phone: 1-844-385-2192 (TTY 711)



2525 N. 117th Avenue
Omaha, NE 68164