



Safely Treating Chronic Pain

According to the Centers for Disease Control and Prevention (CDC), opioids were involved in approximately 70% (46,802) of [drug overdose deaths](#) during 2018. Deaths involving synthetic opioids increased 10% nationwide and remained stable in the Midwest from 2017 to 2018.

Opioids can play an important role in treating pain. Providers need to use care when prescribing them to treat chronic pain and explore other treatment options first. The [CDC offers guidelines for providers](#) on how to safely prescribe painkillers for chronic pain.

Among the CDC guidelines:

- Providers should recommend nonpharmacological and nonopioid therapies before trying opioids to treat chronic pain. Opioids should be prescribed only if their expected benefits outweigh the risks.
- Providers should establish treatment goals with members, including goals for level of pain and function. If the use of opioids is not leading to meaningful improvement, it should be discontinued.
- Providers should discuss the benefits and risks of opioid use with members before prescribing the drugs and agree on how to manage their use.
- Providers should start treatment by prescribing immediate-release opioids, rather than extended-release opioids, and prescribe the lowest effective dose.

- Providers should think about using urine drug testing before and during treatment to determine if members are using undisclosed prescription or illicit drugs.
- Providers should consult [state prescription drug monitoring program \(PDMP\)](#) data to review a member's history of prescription drug use. This can help prevent overdoses and dangerous drug interactions. The data should also be reviewed periodically during treatment.

Opioid misuse can be prevented through safe opioid prescribing, alternate pain management, and patient education. The best treatment for opioid misuse is prevention. In addition to knowing when and how to prescribe pain medication, recognizing when to begin tapering patients off of opioids can be equally challenging.

Always check the state PDMP before prescribing opioids.

Nebraska Total Care is committed to working with you to address treatments for pain management and provide the most effective and safest possible care. As your partner, we can help to identify potential issues before they become problems and offer successful solutions that lead to better outcomes.

Billing Guidelines

Nebraska Total Care follows the Centers for Medicare and Medicaid Services (CMS) rules and state Medicaid regulations for billing and reimbursement. It is important that providers ensure that Nebraska Total Care has accurate billing information on file. We recommend that providers notify Nebraska Total Care 30 days in advance of changes pertaining to billing information. You can email changes to NetworkManagement@NebraskaTotalCare.com.

Claims eligible for payment must meet the following requirements:

- The member must be effective on the date of service (see information below on identifying the member)
- The service provided must be a covered benefit under the member's benefits on the date of service
- Referral and prior authorization processes must be followed, if applicable, use the NebraskaTotalCare.com prior authorization [Pre-Auth check tool](#) online.

Payment for service is contingent upon compliance with payment policies and procedures, as well as the guidelines outlined in the [Provider Billing Guide](#). When submitting your claim, you need to identify the member.

There are two ways to identify the member:

- The member number found on the member ID card or the [provider portal](#).
- The Medicaid Number provided by the State and found on the member ID card or the [provider portal](#).

Claims Alerts and Known Issues

Provider [claims alerts](#) and [known claims issues](#) are posted weekly at NebraskaTotalCare.com and include a list of providers that are tied to those claim projects. If you have a claim that should be included in one of the claim projects please contact [Provider Relations](#).



MyNTC Member App

Nebraska Total Care offers a secure smartphone app to help members manage and take charge of their health. Talk to members about downloading the new app so they can:

- View their Nebraska Total Care ID card
- See healthy rewards earned and their rewards balance
- Use a map to find a nearby provider, hospital or urgent care clinic
- Call the 24/7 Nurse Advice Line with one touch
- Contact Nebraska Total Care
- Get benefit information
- Call their PCP
- See wellness alerts related to recommended routine appointments and care gaps



The **MyNTC app** includes access to Nebraska Total Care's online health library, a wellness assessment with health recommendations, pharmacy history and pregnancy support.

Member Rights and Responsibilities

Member rights and responsibilities cover members' treatment, privacy and access to information. We have highlighted a few below. There are many more [member rights and responsibilities](#), and we encourage you to consult your [provider manual](#) to review them. Visit our website or call 1-844-385-2192, Nebraska Relay Service 711 if you need a copy of the manual.

Member rights include but are not limited to:

- Receiving all services that Nebraska Total Care must provide
- Being treated with dignity and respect
- Knowing their medical records will be kept private
- Being able to ask for, and get, a copy of their medical records
- Being able to ask that their medical records be changed or corrected, if needed

Member responsibilities include:

- Treating providers and staff with respect.
- Keeping scheduled appointments or cancelling appointments in advance when they can't keep them
- Having a member ID card with them
- Always contacting their PCP first for nonemergency medical needs
- Notifying their PCP of emergency room treatment

Support Member Health with Disease Management

Providers Can Help Members Plan Ahead

Nebraska Total Care's disease management programs are offered to members with conditions such as hypertension, diabetes, asthma and high-risk pregnancy.

The programs provide education and help members and their caregivers manage their conditions and adhere to treatment plans. The goals of the programs include:

- Increasing coordination among the medical, social and educational communities
- Ensuring that referrals are made to the proper providers
- Ensuring coordinated participation from physicians and specialists
- Identifying modes of delivery for coordinated care services, such as home visits, clinic visits and phone contacts

In addition to disease management programs for members with chronic illnesses, we offer case management for members with complex medical needs. If you have a member you think would benefit from these services, call us at 1-844-385-2192, Nebraska Relay Service 711 or visit our [provider portal](#) to initiate a referral.

Provider News Updates:

Visit our website to see posted [provider news bulletins](#) and sign up to receive [provider emails](#) about Nebraska Total Care benefits, operations, quality topics, and other important information.

Do members you care for have [advance directives](#)? Many Americans do not. It's important for our members to take an active role in their healthcare choices. Nebraska Total Care wants to make sure members are getting the information they need to execute these important documents, which help to communicate the type of end-of-life care they want. PCPs and providers delivering care to Nebraska Total Care members must ensure adult members 19 years of age and older receive information on advance directives and are informed of their right to execute advance directives.

What providers can do:

- Talk to members about their end-of-life wishes and explain the role of advance directives in determining the care they receive.
- Inform members they should share a copy of the advance directive with the person or people designated to be involved in their care decisions.
- Members should also add a copy to their medical records.
- Provide members with resources for advance care planning, such as the National Hospice and Palliative Care Organization's [CaringInfo](#) website, which includes downloadable, state-specific advance directives.

Providers are required to document advance care planning discussions and note whether an advance care plan is in the member's medical record.

HEDIS[®] Measures Performance

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

Most health plans use HEDIS to measure performance on important aspects of care and service. Through HEDIS, NCQA holds Nebraska Total Care accountable for the timeliness and quality of healthcare services (including acute, preventive, mental health and other services). We also review HEDIS data to identify opportunities to improve rates and ensure our members are receiving appropriate care. Please familiarize yourself with the HEDIS topic below.

Nebraska Total Care's HEDIS scores can be found online in the [Quality Improvement Evaluation](#).

High Blood Pressure HEDIS[®] measure Controlling High Blood Pressure (CBP)

Known as the "silent killer," high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States. The HEDIS measure for controlling high blood pressure is designed to assess how well adults with hypertension are managing their condition.

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

HEDIS[®] measure

definition: Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

NCQA will allow:

- More administrative methods to collect the measure
- Blood pressure readings to be taken using remote monitoring devices that are digitally stored and transmitted to provider
- Telehealth encounters to satisfy certain components of the measure

Learn more & see results: [ncqa.org/hedis/measures/controlling-high-blood-pressure/](https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/)



Non-Emergency Medical Transportation

We want to ensure our members are served appropriately. Non-Emergency Medical Transportation (NEMT) services are available to members who do not have access to reliable transportation, who cannot drive or secure free transportation.

[NEMT transportation](#) service for Nebraska Total Care members is covered by Nebraska Total Care through our transportation vendor MTM, Inc. MTM is committed to partnering with medical facilities across Nebraska to ensure seamless, NEMT transportation to Nebraska Total Care members.

If a member has a working vehicle at home, they will need to utilize that option prior to using this transportation benefit. Members may be given bus passes if their pickup and drop-off locations are ½ mile or less from the bus stop. If they cannot take the bus, MTM will request a Level of Need (LON) from the health care provider.

Protocols allow for the member and one additional medically-necessary attendant upon receipt of a [Medically Necessary Attendant form](#) (signed by their health care provider). If a patient is a minor, then a parent or guardian must accompany the child. If a mother is under 19 years of age and has a child member that needs to attend a non-emergent medical appointment, the mother must be emancipated. If not, she will need to have someone 19 years of age or over to accompany her and the child member. This is an exception to the one-passenger-per-minor member guideline.

Drivers must wait five minutes for a member. However, MTM can place notes in the member's file and alert the driver that the member may need extra time to get to the vehicle.

We are not using Uber or Lyft. We utilize a network of transportation providers that are credentialed and meet the requirements of MTM/Nebraska Total Care and the State of Nebraska. MTM's logistics team continues to build a robust network of providers across the state. They utilize local companies to support local areas. If you have any particular transportation company that you feel does a great job for your patients, let us know.

Transportation for routine appointments should be requested three days prior to the appointment using the [Transportation Request form](#). To request transportation for a member:

- Call 1-844-385-2192, Nebraska Relay Service 711. Choose the transportation option.
- Fax 636-561-6055
- Email LSL-RTP@mtm-inc.net
- Members can schedule their own rides through the [MTM online member portal](#).



HEALTHCARE PROVIDER RESOURCES

[Transportation Request Form \(PDF\)](#)

[Medically Necessary Attendant Form \(PDF\)](#)

[Level of Need Assessment Form \(PDF\)](#)

[Facility Resources Guide \(PDF\)](#)



Provider Services: 1-844-385-2192, Nebraska Relay Service 711
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