



Clinical Practice Guidelines

Behavioral Health

We have adopted many of the [BH clinical practice guidelines](#) published by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry as well as evidence-based practices for a variety of services. Clinical practice guidelines adopted for adults include but are not limited to treatment of:

- Major Depressive Disorder
- Bipolar Disorder
- Substance Use Disorders
- Schizophrenia
- Post-Traumatic Stress Disorder
- Panic Disorders
- ADHD
- Psychotropic Medication

For children, we have adopted guidelines for Depression in Children and Adolescents, Assessment and Treatment of Children and Adolescents with Anxiety Disorders and Attention Deficit/Hyperactivity Disorder.

Physical Health

Nebraska Total Care clinical and quality programs are based on evidence-based preventive and [clinical practice guidelines](#). Whenever

possible, Nebraska Total Care adopts guidelines that are published by nationally recognized organizations or government institutions as well as a consensus of healthcare professionals in the applicable field. Nebraska Total Care providers are expected to follow these guidelines and adherence to the guidelines will be evaluated at least annually as part of the Quality Improvement Program.

[Clinical practice guidelines](#) may be accessed through our website, or you may request a paper copy of the guidelines by contacting your [Provider Relations Rep](#). Copies of our evidence-based practices can be obtained in the same manner.

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.

Clinical Policies


Clinical policies are one set of guidelines used to assist in administering health plan benefits, either by prior authorization or payment rules. They include but are not limited to policies relating to evolving medical technologies and procedures, as well as pharmacy policies. [Clinical policies](#) help identify whether services are medically necessary based on information found in generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by the policy; and other available clinical information.

Monitoring Members with Schizophrenia


Schizophrenia is a severe and puzzling brain disorder. It dramatically changes the way a person thinks, acts, and feels. The symptoms of schizophrenia can vary greatly. People with the disorder may see or hear things that aren't there. Or they may firmly believe something that isn't true. At times they may be quiet, listless, and withdrawn. They may have little eye contact, and may not seem to respond. At other times, they might talk or act in strange ways. Schizophrenia affects both men and women. It can strike people of all races, cultures, and incomes. [HEDIS measures](#) help to support efforts to improve behavioral health and physical ailments.

Medication is a key part of treatment for schizophrenia. Medicines known as antipsychotics can help ease present symptoms. They also may prevent future problems. These medicines can have side effects. To avoid side effects, some people may even stop taking their medicines.


Members who have been diagnosed with schizophrenia, as with other severe mental illnesses, are at risk for significant health and social problems, particularly when they are noncompliant with their antipsychotic medications. Research has indicated that it is common for these individuals to discontinue their medications at some point during their treatment, which can lead to an exacerbation in debilitating symptoms.

 **HEDIS: SAA - Adherence to Antipsychotic Medication for Individuals with Schizophrenia.** The percentage of members ages 19-64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.


Research shows that members with schizophrenia and or bipolar disorder taking antipsychotic medication require diabetes screening.

 **HEDIS: SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications.** Ensure members with schizophrenia or bipolar disorder who are using an antipsychotic medication, receive a diabetic screening (glucose test or HbA1c).

People with schizophrenia are more likely than other Americans to have one or more of the major risk factors for heart disease and diabetes. Screening and monitoring of these diseases are important for this population since mental illness and the use of antipsychotics places them at an increased risk.

 **HEDIS: SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia.** This measure assesses the percentage of members age 18-64 years with schizophrenia or schizoaffective disorder and diabetes who had both LDL-C test and an HbA1C test during the measurement year.

Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

 **HEDIS: SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia.** Assesses adults 18-64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Nebraska Total Care strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created [HEDIS Hints](#) to help you increase your practice's HEDIS rate. Please always follow the State and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

Specific Screenings for Women

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

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

Breast Cancer Screening. One in eight women will be diagnosed with breast cancer during their lifetime. The U.S. Preventive Services Task Force (USPSTF) recommends women begin biennial mammograms at age 50 but says women can begin screening at age 40, especially if they are at higher risk. This measure assesses women ages 50-74 who had at least one mammogram to screen for breast cancer in the past two years.

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



Helping Members Manage Diabetes

Diabetes is the main factor in kidney failures, lower-limb amputations and adult-onset blindness. Nebraska Total Care offers members with type 1 and type 2 diabetes access to disease management programs to help them learn more about their condition and manage it better. Disease management for members with diabetes focuses on glycemic control and monitoring for possible complications of the disease.

For providers, this means monitoring several factors. Healthcare Effectiveness Data and Information Set standards measure the percentage of members ages 18-75 with diabetes who had the following tests:

- **Hemoglobin A1c (HbA1c) test** completed at least once a year. A result of more than 9 percent shows poor control, while a result of less than 8 percent shows control. For a select population, the result should be less than 7 percent. If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized.
- **Retinal or dilated eye exam** every year or an eye exam showing no evidence of retinopathy in the year prior. We can assist your office in finding members a vision provider.
- **Blood pressure control.** A healthy blood pressure is generally under 140/90 mm Hg. The last blood pressure reading of the measurement year is the one utilized in the measure.

Keep Up to Date on Pharmacy Coverage

The Nebraska Medicaid Preferred Drug List (PDL) and Nebraska Total Care formulary include a broad spectrum of generic and brand name drugs. Some preferred drugs require prior authorization. Medications requiring prior authorization are listed with a “PA” notation.

The [Preferred Drug List \(PDL\)](#) is maintained by Nebraska Medicaid and can be found at [NebraskaTotalCare.com](#). It describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program. All drugs covered under the Nebraska Medicaid program are available for Nebraska Total Care members. The PDL includes all drugs available without prior authorization and those agents that have restrictions. The PDL is evaluated by Nebraska Medicaid to promote appropriate and cost-effective use of medications. The Nebraska Total Care Pharmacy and Therapeutics (P&T) committee evaluates medications not covered by the PDL for placement on the [formulary](#). The Committee is composed of the Nebraska Total Care Medical Director, Nebraska Total Care Pharmacy Director, and several Nebraska primary care physicians and pharmacists. The formulary can be found at [NebraskaTotalCare.com](#) and includes any information regarding prior authorization, quantity limits, or step therapy requirements.

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](#).



Statin Therapy HEDIS measures

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Statin Therapy for Patients with Diabetes (SPD)

Cardiovascular disease is the leading cause of death in the United States. People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places people at significant risk for developing atherosclerotic cardiovascular disease (ASCVD). The American Diabetes Association and ACC/AHA guidelines also recommend statins for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors.

SPC HEDIS measure definition: Assesses males 21–75 years of age and females 40–75 years of age who have clinical atherosclerotic

cardiovascular disease (ASCVD) and who received and adhered to statin therapy.

SPD HEDIS measure definition: Assesses adults 40–75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy.

How to improve HEDIS scores:

- Prescription is submitted and MCO receives the pharmacy claims for high intensity or moderate intensity statin medication during the measurement year.
- MCO receives the pharmacy claims for a high intensity or moderate intensity statin medication throughout the measurement period that will total 80% compliance.
- Ensure there is documentation in the medical record related to exclusion criteria per ICD-10 coding and submitted on a claim.

Learn more & see results: ncqa.org/hedis/measures/statin-therapy-for-patients-with-cardiovascular-disease-and-diabetes/

Member Experience CAHPS Survey

One way to assess the quality of the health plan and its provider network is through the Consumer Assessment of Healthcare Providers and Systems, or [CAHPS®](#). Nebraska Total Care participates in surveys annually for both the adult and child members served. The [CAHPS survey results](#) provide data that allows us to identify strengths and opportunities for improvement in the care our members receive from network physicians, specialists, and behavioral health providers.

The CAHPS survey focuses on the patient experience with their healthcare and the areas that patients are best qualified to evaluate. Here are some results of the 2020 adult satisfaction survey:

- Getting Care Quickly **88.4%** said Always/Usually
- How Well Doctors Communicate **93.5%** said Always/Usually
- Getting Needed Care **89.5%** said Always/Usually
- Rating of Health Care **80.6%** rated 8, 9, or 10
- Rating of Personal Doctor **87.9%** rated 8, 9, or 10
- Rating of Specialist **85.6%** rated 8, 9, or 10

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



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

Coordination of Care: How well the doctor is informed and up-to-date about the care received from other health providers and doctors.

Customer Service: Members get the help they need. They are treated with courtesy and respect.

Behavioral Health Follow-up



Emergency Department (ED)

Research shows that people with mental health conditions have more recurring Emergency Department (ED) visits in comparison to those with physical ailments. In addition, young patients seen in the ED with undiagnosed mental illness were likely to have progressed to a point of suicidal intent. Young patients are less likely to get reliable care upon discharge.

You can support efforts to improve behavioral health, alcohol and other drug dependence issues by maintaining appointment availability for patients with recent ED visits. **Ensure that members see a provider within seven days, and again within 30 days, of an ED visit due to mental illness or substance use.** The follow-up visit after the ED visit can be with any practitioner. Telehealth can also be used as a source of follow-up.

See the Following HEDIS Hints:

[FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence](#)

[FUM - Follow-Up After Emergency Department Visit for Mental Illness](#)

Hospitalization

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. A follow-up outpatient visit with a mental health practitioner is recommended after discharge to make sure that the patient's transition to the home or work environment is supported. Follow-ups ensure that improvements made during hospitalization are not lost. It also helps in further assessment and detection of early reactions or medication problems that need continuing care.

We recommend scheduling a follow-up appointment for the member before discharge. **Schedule the patient to be seen within seven days, and again within 30 days, of hospital discharge.** The follow-up visits must be with a mental health provider. Telehealth services, completed by a qualified mental health provider, are acceptable for these visits.

See the Following HEDIS Hints:

[FUH - Follow-Up after Hospitalization for Mental Illness](#)



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