Provider Report

Practitioner Credentialing Rights

RIGHT TO REVIEW AND CORRECT INFORMATION

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

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

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.

RIGHT TO BE INFORMED OF APPLICATION STATUS

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

RIGHT TO APPEAL ADVERSE CREDENTIALING DETERMINATIONS

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

Provider Types That May Serve as PCPs

Specialty types who may serve as Primary Care Providers include:

- Family Practitioner
- General Practitioner
- Internist
- Pediatrician
- Obstetrician or Gynecologist (OB/GYN)
- Advanced Practice Nurses (APNs) and Physician Assistants may also serve as PCPs when they are practicing within the scope and requirements of their license.

Members with disabling conditions, chronic illnesses or children with special health care needs may request that their PCP be a specialist. The designation of the specialist as a PCP must be in consultation with the current PCP, member, and the specialist. The specialist serving as a PCP must agree to provide or arrange for all primary care, including routine preventive care, and provide those specialty medical services consistent with the member's disabling condition, chronic illness or special health care needs in accordance with the PCP responsibilities included in the below article.

PCP Responsibilities

PCP responsibilities include, but are not limited, to the following:

- Establish and maintain hospital-admitting privileges sufficient to meet the needs of all linked members with at least one hospital within the required network adequacy distance requirements.
- Manage the medical and healthcare needs of members to assure that all medically necessary services are made available in a culturally competent and timely manner while ensuring patient safety at all times, including members with special needs and chronic conditions.
- Educate members on how to maintain healthy lifestyles and prevent serious illness.
- Provide screening, well care and referrals to community health departments and other agencies in accordance with DHHS provider requirements and public health initiatives.
- Maintain continuity of each member's health care by serving as the member's medical home.
- Offer hours of operation no less than the hours of operating hours offered to commercial members or comparable to commercial health plans if the PCP does not provide health services to commercial members.
- Provide referrals for specialty and sub-specialty care and other medically necessary services, which the PCP does not provide.
- Ensure follow-up and documentation of all referrals including services available under the State's fee-for-service program.
- Collaborate with Nebraska Total Care's care management program as appropriate to include, but not limited to: performing member screening and assessment; development of plan of care to address risks and medical needs; linking the member to other providers; medical services; residential, social, community and other support services as needed for physical or behavioral illness.
- Maintain a current and complete medical record for the member in a confidential manner, including documentation of all services and referrals provided to the member, including but not limited to, services provided by the PCP, specialists, and providers of ancillary services.
- Adhere to the EPSDT periodicity schedule for members under age 21.
- Follow established procedures for coordination of in-network and out-of-network services for members, including obtaining authorizations for selected inpatient and selected outpatient services as listed on the current prior authorization list, except for emergency services up to the point of stabilization; as well as coordinating services the member is receiving from another health plan during transition of care.
- Share results of identification and assessment for any member with special health care needs with another health plan to which a member may be transitioning or has transitioned so services are not duplicated.
- Transfer members' medical records to the receiving provider upon the change of PCP at the request of the new PCP and as authorized by the member within thirty (30) calendar days of the date of the request.
- Allow use of practitioner performance data for Nebraska Total Care quality improvement activities.
- Maintain the confidentiality of member information and medical records.
- Actively participate in and cooperate with all Nebraska Total Care quality initiatives and activities to improve quality of care and services for member experience. Cooperation includes collection and evaluation of data.
- Provide notice to Nebraska Total Care of any updates necessary to the physician directory such as new address, new phone number, or change in group practice affiliation at least thirty (30) days prior to the effective date of such changes, when possible.

UTILIZATION MANAGEMENT DECISIONS

Nebraska Total Care does not reward practitioners, providers, or employees who perform utilization reviews, including those of the delegated entities for issuing denials of coverage or care. UM decision-making is based only on appropriateness of care, service, and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit.

Reporting Fraud, Waste and Abuse

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

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

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

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

Nebraska Total Care requires all its contractors and subcontractors to report violations and suspected violations on the part of its employees, associates, persons or entities providing care or services to all Nebraska Total Care members. FWA Training is available via our company website. We also include FWA training in our Provider Orientation packets.

Potential Fraud, Waste or Abuse should be reported to Nebraska Total Care's anonymous and confidential hotline at 1-866-685-8664 or by contacting the Compliance Officer at 1-844-385-2192 (Relay 711). You may also send an email to NTC-Compliance@NebraskaTotalCare.com.

Examples of such violations include:

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

Medicaid Provider Fraud:
Medicaid Fraud and Patient Abuse Unit
ago.medicaid.fraud@nebraska.gov
(402) 471-3549

Medicaid Provider Self-Disclosure:
Nebraska Medicaid Program Integrity
DHHS.MedicaidProgramIntegrity@nebraska.gov
(877) 255-3092

Medicaid Client Fraud: Special Investigation Unit
Investigations.SIU@dhhs.ne.gov
Lincoln and Greater Nebraska (402) 471-9407
Omaha (402) 595-3789

Discussing Denials with a Reviewer

Any time Nebraska Total Care decides to deny, reduce, suspend or stop coverage of certain services, we will send you and your patient written notification. The denial notice will include information on the availability of a medical director to discuss the decision.

Peer-to-Peer Reviews

If a prior authorization request for medical services is denied because of a lack of medical necessity, a provider can request a peer-to-peer review with our medical director to discuss the denial. The medical director may be contacted by calling Nebraska Total Care at 1-844-385-2192 (Relay 711).

A care manager may also coordinate communication between the medical director and the requesting practitioner as needed.

Filing Appeals

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

The member has the right to choose additional representation by anyone, including an attorney, physician, advocate, friend or family member, to represent him or her during the appeal process. The designation of an authorized representative must be submitted to Nebraska Total Care in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to allow Nebraska Total Care to make timely medical necessity decisions based on complete information. For more information on the grievance and appeals process, check our Provider Manual or our provider grievance page.

Access to Care Management

Do you have patients whose conditions need complex, coordinated care they may not be able to facilitate on their own? A care manager may be able to help.

Care managers are advocates, coordinators, organizers and communicators. They are trained nurses and other clinicians who promote quality, cost-effective outcomes by supporting you and your staff, as well as your patients and their caregivers.

A care manager connects the Nebraska Total Care member with the healthcare team by providing a communication link between the member, his or her primary care physician, the member's family and other healthcare providers, such as physical therapists and specialty physicians.

Care managers do not provide hands-on care, diagnose conditions or prescribe medication. Care managers help members understand the benefits of following a treatment plan and the consequences of not following the plan outlined by a physician. Our team is here to help your team with:

- Noncompliant members
- Communication with PCP
- High-risk pregnancy
- New diagnoses
- Chronic care
- Disease management
- Complex multiple comorbidities
- Continuity of care

Providers can directly refer members to our care management program by phone or through the provider portal. Providers may call 1-844-385-2192 (Relay 711) for additional information about the care management services Nebraska Total Care offers.

HERITAGE HEALTH | nebraska total care

Provider Services: 1-844-385-2192 (Relay 711)
Provider Relations: NEProviderRelations@NebraskaTotalCare.com
Contracting: NetworkManagement@NebraskaTotalCare.com

Mailing Address:
Nebraska Total Care
Attn: Provider Relations
2525 N 117th Ave, Suite 100
Omaha, NE 68164-9988

Claims Address:
Nebraska Total Care
Attn: Claims
PO Box 5060
Farmington, MO 63640-5060