



Incentives for Pregnancy Notification

Start Smart for Your Baby (SSFB) is a case management program offered through Nebraska Total Care for our pregnant or NICU members. The goal is to improve maternal and infant health, including reducing pregnancy related complications, premature deliveries, low birth weight deliveries and infant disease. The SSFB program incorporates care management, care coordination, disease management, health education and additional support to pregnant or newborn members. Case managers who have experience in obstetric and neonatology will focus on providing assessment and education related to specific health conditions, pregnancy, healthy milestones of infant, prenatal and postpartum care, provider collaboration, and social determinates of health.

To encourage early identification of our pregnant members, we offer provider incentives to complete the Notification of Pregnancy (NOP). In addition to the Provider NOP incentives, we also offer member incentives starting in 2022, if the member completes the NOP within the 1st or 2nd trimester. Using NOPs and a risk stratification model of members, case managers can identify and outreach early to those members at greatest risk. By providing those members with the needed support, education and reducing barriers to care, we can improve both the mother and infant's quality of life. We strongly encourage providers to submit NOPs. The Notification of Pregnancy also gets the member into the Start Smart for Your Baby program.

Start Smart for Your Baby

The Start Smart for Your Baby [Provider Notification of Pregnancy \(NOP\) \(PDF\)](#) can be submitted through the Nebraska Total Care provider portal or via fax at 844 340 4888. Provider Incentives are based on timely submission of the NOP form and must be accurate and complete.

- 1st Trimester (0-14 weeks gestation): \$100 incentive
- 2nd Trimester (15-28 weeks gestation): \$40 incentive
- 3rd Trimester (29+ weeks gestation): \$20 incentive

Nebraska Total Care also supports American College of Obstetricians and Gynecologists recommendations of progesterone usage on prematurity prevention, when appropriate and clinically indicated. Check the Nebraska Total Care website for [incentive information](#).

Early intervention is essential to maximize a healthy pregnancy while minimizing potential complications. A Case Manager is available from 8:00 a.m. to 5 p.m. central time to assist with coordination of the member's healthcare needs.

The provider's role in Nebraska Total Care's Care Management program is extremely important. Practitioners who have identified a member who they think would benefit from disease or care management should contact the Care Management team at 1-844-385-2192 (TTY 711) or submit a referral request using the [secure provider portal](#).

Comprehensive Diabetes Care

Per the Center for Disease Control and Prevention, diabetes, left unmanaged, can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death.

For providers, this means monitoring several factors. The HEDIS measure for comprehensive diabetes care, calculates the percentage of members, ages 18 to 75 who have type 1 or type 2 diabetes, and who have had the following tests/exams:

- Annual HbA1c
- HbA1c result <8 = in control
- Dilated Retinal Eye Exam
- Annual or prior year eye exam showing no evidence of retinopathy
- Controlled Blood Pressure
- Lower than 140/90 mm Hg

Many diabetic members are prescribed medication as part of their diabetes management. Medication review conducted year round is a critical component to prescribed treatment adherence and controlling chronic conditions, like diabetes. Take the time to review this process with each member – from explanation of medication options to filling the prescription. Providers can help members manage and control their glucose levels by also recommending lifestyle changes, such as eating a healthy diet, getting sufficient exercise and quitting smoking.

Nebraska Total Care offers access to disease management programs to help members 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.

Members with diabetes have higher social needs on average. Helping to remove barriers and reduce isolation for members will have a positive impact on their overall health. Care Managers at Nebraska Total Care can also work with members to find additional community support.

Utilize the [American Diabetes Association practice guidelines](#) to review the updated components of diabetes care, general treatment goals, and tools to evaluate the quality of care.

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.



Patient Documentation and Coding Tips



Conditions that go undocumented usually also go untreated. This is just one of the important reasons that thorough and accurate Risk Adjustment coding is critical to patient care. Additionally, comprehensive coding provides specialists and ancillary providers insight into a patient's complete health profile.

Please review the tips below to ensure that you are following the appropriate steps for accurate Risk Adjustment coding.

- Ensure the signature on the medical record (such as chart notes and progress notes) is legible and includes the signee's credentials.
- For Electronic Health Records, confirm all electronic signature, date, and time fields are completed. Include qualifying words such as "Authenticated by," "Verified by," or "Generated by."
- Make sure the physician documents to the highest degree of specificity in the medical record.

- Assign the ICD-10 code that includes the highest degree of specificity.
- Include proper causal or link language to support highest degree of specificity in diagnosis and coding.
- Verify that the billed diagnosis codes are consistent with the written description on the medical record.
- Include whether the diagnoses are being monitored, evaluated, assessed/addressed, and treated (MEAT) in the documentation.
- If a chronic condition is currently present in a member, do not use language such as "history of."
- On the medical record, document all chronic conditions present in the member during each visit.*
- At least once per year, submit all chronic diagnosis codes based on documentation in a claim.

*Your state may have specific criteria regarding the acceptable amount of codes allowable for submission. Please contact Nebraska Total Care for more information.

Care for Schizophrenia or Bipolar Disorder

Schizophrenia is a chronic and disabling psychiatric disorder that requires ongoing treatment and monitoring. Symptoms include hallucinations, illogical thinking, memory impairment, and incoherent speech. Medication non-adherence is common and a major concern in the treatment of schizophrenia. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA): Assesses adults 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period.

Heart disease and diabetes are among the top 10 leading causes of death in the United States. Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. 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.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD): Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD): Assesses adults 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

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

Learn more and see [behavioral health practice guidelines](#).



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](#).

Interoperability

Providers should have patient medical information and history in one place with the implementation of the Centers for Medicare and Medicaid Services (CMS) Interoperability Rule to enhance patients' control over their healthcare information. By ensuring that payers and providers are using common data formats and applications, this Rule allows information to be shared quickly and easily via third party applications that can be downloaded on a patient's phone. Providers' main focus should be:

- **Information Blocking Prevention:** Providers need to have policies and procedures in place to ensure information-blocking practices are prevented. These include any practices that interfere with the access, exchange or use of electronic health information (EHI).
- **Up-to-Date Digital Provider Information:** CMS now requires all individual healthcare providers and facilities to take immediate action to update their National Plan and Provider Enumeration System (NPPES) records online to add digital contact information. Providers should work with their electronic health record (EHR) vendors to ensure up-to-date digital information and current National Provider Identifier (NPI) is routinely updated.
- **COP Compliance:** The Interoperability Rule introduced a new Medicare Condition of Participation (COP) that requires all hospitals to send electronic notifications to a patient's healthcare providers (e.g., primary care practitioner) upon the patient's admission, discharge or transfer (ADT).

Providers are required to notify Nebraska Total Care of any relevant updates to their contact or credentialing information in a timely manner. Provider contact info is critical for our members, who depend on the accuracy of our Provider Directory.

Psychiatric Assistance Line

The Psychiatric Assistance Line (PAL) is a value-added service for providers interested in receiving non-emergent behavioral health clinical consultation. A psychiatrist is available to address questions for prescribers about psychotropic medication issues. Licensed Mental Health Professionals can assist with general mental health inquiries related to member care.

To access the [PAL line](#), please call Nebraska Total Care at 1-844-385-2192 (Relay 711). Select “2” for Providers, then “3” for Authorizations, then “2” for Mental Health Services. Ask for the “PAL Line”.

Guidelines for Care

Nebraska Total Care adopts preventive and clinical practice guidelines based on the health needs of our membership and on opportunities for improvement identified as part of the quality improvement (QI) program.

When possible, we adopt [preventive and clinical practice guidelines](#) formulated by nationally recognized organizations, government institutions, statewide initiatives or a consensus of healthcare professionals in the applicable field.

Guidelines are available for preventive services, as well as for the management of chronic diseases, to assist in developing treatment plans for members and to help them make healthcare decisions. Nebraska Total Care evaluates providers’ adherence to the guidelines at least annually, primarily through monitoring of relevant HEDIS measures.

The guidelines:

- Consider the needs of the members
- Are adopted in consultation with network providers
- Are reviewed and updated periodically, as appropriate
- Are intended to augment, not replace, sound clinical judgment

Preventive and chronic disease guidelines and recommendations include:

- Adult, adolescent and pediatric preventive care guidelines
- Guidelines for diagnosis and treatment of ADHD, asthma, depression, diabetes, hypertension and other diseases and disorders

For the most up-to-date [preventive and clinical practice guidelines](#) or to review our [clinical and payment policies](#) (behavioral health, physical health, pharmacy), go to NebraskaTotalCare.com or call 1-844-385-2192, Nebraska Relay Service 711.

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:

- Non-compliant members
- Chronic care
- Communication with PCP
- Disease management
- High-risk pregnancy
- Complex multiple co-morbidities
- New diagnoses
- Continuity of care

Community Health Service Representatives (CHSRs) provide diabetes health coaching for adult type II diabetic members and perinatal coaching for expecting mothers. Both of these health coaching programs offer educational topics, support, resources for self-management skills and life style change, as well as assistance with bridging gaps in social determinants of health. CHSRs typically go to member’s homes to provide services and hopefully they will be able to resume that in the near future. Nebraska Total Care has CHSRs located in Omaha, Lincoln and the Kearney/Grand Island area.



Members may benefit from additional resources, such as the [Krames Staywell Health Library](#), the [myStrength](#) well-being app, and [Nebraska 211](#). Our [findhelp](#) resource tool connects members with local programs and supports. These programs provide help with food, shelter, healthcare, money and education, jobs and more.

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.



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