



Social Determinants of Health Resources

Social Determinants of Health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes.

Addressing SDOH can improve community health and reduce costs. Our communities are reporting unmet social needs. Nebraska Total Care has developed a member-facing [Social Needs Self-Assessment](#). This online form (completed by members) helps us to identify the needs of individual members so that we can connect them with community and social service programs.



SDOH Tools

- [Social Determinants of Health Explained \(video\)](#)
- [Guides for Coding Race and Ethnicity](#)
- [Disparities: Healthy People 2020](#)
- [Care Coordination Toolkit](#)
- [Community Health Workers Toolkit](#)
- [Opportunities to Improve Health Outcomes \(PDF\)](#)
- [CDC Tools for Putting SDOH into Action](#)

SDOH Billing Codes

This list summarizes the Z codes (ICD-10 provider billing codes) categories related to SDOH as defined by CMS, February 2021. Providers can submit these codes to identify member social needs. Each range includes a number of sub-categories and individual codes. A detailed list is available upon request.

Z55 Problems related to education and literacy

Z56 Problems related to employment and unemployment

Z57 Occupational exposure to risk factors

Z59 Problems related to housing and economic circumstances

Z60 Problems related to social environment

Z62 Problems related to upbringing

Z63 Other problems related to primary support group, including family circumstances

Z64 Problems related to certain psychosocial circumstances

Z65 Problems related to other psychosocial circumstances

SDOH Training

- [Centene Social Determinants of Health \(PDF\)](#)
- [Culturally and Linguistically Appropriate Services in Maternal Care](#)

Start Smart for Your Baby



Pregnancy Supports

Notification of Pregnancy

Providers who complete the [Notification of Pregnancy \(NOP\)](#) form for the Nebraska Total Care member will help that member secure their eligibility! More information can be found on the Nebraska Total Care website.

In an effort to increase member Notice of Pregnancy (NOP) communication and reduce the recurrence of preterm births, Nebraska Total Care offers several [Provider Incentive Programs](#).

Start Smart for Your Baby®

We want to help members and their babies grow healthy and stay healthy. [Start Smart for Your Baby®](#) is our program for pregnant women and new moms. It is designed to customize the support and care members need for a healthy pregnancy and baby. There is no cost for members to participate.

Breast Pump Program

Breastfeeding has many health benefits for babies. Nebraska Total Care offers a [Breast Pump Program](#) to provide mothers with an electric breast pump to encourage breastfeeding. Breast pumps will be provided by Medline. Eligible Nebraska Total Care members who are close to delivering can request a breast pump 30 days prior to their expected due date.

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 canceling 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



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 this issue.

Provider Responsibilities

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](#).

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.

Specialist Responsibilities

Nebraska Total Care encourages specialists to communicate to the PCP the need for a referral to another specialist, rather than making such a referral themselves. This allows the PCP to better coordinate the members' care and ensure the referred specialty physician is a participating provider within the Nebraska Total Care network and that the PCP is aware of the additional service request. The specialty physician may order diagnostic tests without PCP involvement by following Nebraska Total Care referral guidelines.

Emergency admissions will require notification to Nebraska Total Care's Medical Management Department within the standards set forth in the Utilization Management section of the [Provider Manual](#). All non-emergency inpatient admissions require prior authorization from Nebraska Total Care.

The specialist provider must:

- Maintain contact with the PCP
- Obtain authorization from Nebraska Total Care Medical Management Department ("Medical Management") if needed before providing services
- Coordinate the member's care with the PCP
- Provide the PCP with consult reports and other appropriate records within five business days
- Be available for or provide on-call coverage through another source 24 hours a day for management of member care
- Maintain the confidentiality of member information and medical information
- Actively participate in and cooperate with all Nebraska Total Care quality initiatives and activities to improve quality of care and services to member experience. Cooperation includes collection and evaluation of data
- Allows use of practitioner performance data for Nebraska Total Care quality improvement activities.



Nebraska Total Care providers should refer to their contract for complete information regarding providers' obligations or contact their [Provider Relations](#) Representative with any questions or concerns.

Addressing Anxiety & Behavioral Health

Addressing anxiety and the importance of behavioral health during wellness visits can positively impact patient outcomes for members.

With increased stressors, and many individuals finding themselves facing any number of life challenges, anxiety and stress are high in our local communities. As a primary care physician, you are considered the first line of defense for patients trying to achieve a higher quality of health. Nebraska Total Care is dedicated to providing you with resources and materials to help make conversations about anxiety with patients easier and help direct them to their next step of care. As a patient's primary go to for medical questions, you probably find yourself more often than not addressing a multitude of health-related concerns.

Wellness visits are an opportunity to identify and address signs of anxiety and stress and help educate members on the importance

of their behavioral health and its impact on their physical health and overall wellbeing. While some may just need ideas for coping, Nebraska Total Care has seen a significant increase in the need for first time [behavioral health services](#) to help cope with recent events. See our [trainings for behavioral health](#) providers.

Psychiatric Assistance Line (PAL)

Licensed Mental Health Professionals can assist with general mental health inquiries related to member care. A psychiatrist is available to address questions for prescribers about psychotropic medication issues.

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".



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](#).

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](#)

High-Intensity Care for Substance Use Disorder

It is important to provide regular follow-up therapy to patients after they have received high-intensity care for substance use disorder (SUD). The high-intensity care may have been received through telehealth, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance use disorder. Follow-ups ensure that improvements made during high-intensity care 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 the high-intensity care.** Telehealth services are acceptable for these visits.

See the Following HEDIS Hints:

[FUI - Follow-Up After High-Intensity Care for Substance Use Disorder](#)

Hospitalization for Mental Illness

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. **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](#)



Appointment Access Standards



Nebraska Total Care offers a comprehensive network of PCPs, Specialist Physicians, Hospitals, Behavioral Health Care Providers, Diagnostic and Ancillary Services Providers to ensure every member has access to covered services. Below are the travel distance and access standards that Nebraska Total Care utilizes to monitor its network adequacy:

Type of appointment	Scheduling time frame
Life-threatening emergency care	Immediately and available 24 hours a day, seven days a week
Emergent behavioral healthcare	Must be referred to services within one hour, within two hours in designated rural areas
Urgent care	Available same day
Non-urgent sick visit	Within 72 hours
Family planning services	Within seven calendar days
Non-urgent, preventive care	Within four weeks
Office hours	At least 20 hours/week for one-physician practice, and at least 30 hours/week for two or more physicians
High-volume specialty care routine appointments	Available within 30 calendar days of referral
Lab and X-ray services	Within three weeks for routine appointments and 48 hours (or as clinically indicated) for urgent care
Initial prenatal visits for newly enrolled pregnant women in their first trimester	Within 14 calendar days of request
Initial prenatal visits for newly enrolled pregnant women in their second trimester	Within seven calendar days of request
Initial prenatal visits for newly enrolled pregnant women in their third trimester	Within three calendar days of request

To ensure appropriate care, we have adopted the following geographic availability standards:

- Primary care practitioner within 30 miles of a member ZIP code (urban)
- Primary care practitioner within 45 miles of a member ZIP code (rural)
- Primary care practitioner within 60 miles of a member ZIP code

Covering Providers

PCPs and Specialty Physicians must arrange for coverage with another provider during scheduled or unscheduled time off and preferably with another Nebraska Total Care network provider. In the event of unscheduled time off, please notify Provider Services department of coverage arrangements as soon as possible. The covering physician is compensated in accordance with the fee schedule in their agreement, and, if not a Nebraska Total Care network provider, he/she should be paid as a nonparticipating provider.

Minimum PCP Hours

PCPs who have a one-physician practice must have office hours of at least 20 hours per week. Practices with two or more physicians must have office hours of at least 30 hours per week.



Telephone Arrangements

PCPs and Specialists must:

- Answer the member's telephone inquiries on a timely basis
- Prioritize appointments
- Schedule a series of appointments and follow-up appointments as needed by a member
- Identify and, when possible, reschedule canceled and no-show appointments
- Identify special member needs while scheduling an appointment (e.g., wheelchair and interpretive linguistic needs, non-compliant individuals, or those people with cognitive impairments)
- Adhere to the following response time for telephone call-back waiting times:
 - After-hours telephone care for non-emergent, symptomatic issues within 30 minutes
 - Same day for non-symptomatic concerns
- Schedule continuous availability and accessibility of professional, allied, and supportive personnel to provide covered services within normal working hours. Protocols shall be in place to provide coverage in the event of a provider's absence
- After-hour calls should be documented in a written format in either an after-hour call log or some other method, and then transferred to the member's medical record

NOTE: If after-hour urgent care or emergent care is needed, the PCP or his/her designee should contact the urgent care center or emergency department in order to notify the facility. Notification is not required prior to member receiving urgent or emergent care.

Nebraska Total Care will monitor appointment and after-hours availability on an on-going basis through its Quality Assurance and Performance Improvement Committee (QAPIC).

Keep Us Informed

Nebraska Total Care wants to provide the best care we can to our members. So it's important for us to know if you plan to move, change phone numbers or leave the network. Call 1-844-385-2192, Nebraska Relay Service 711 to update or verify your contact information or status.

You can also go to the Provider Updates section on NebraskaTotalCare.com to make additional changes. Check your information on our secure provider portal at NebraskaTotalCare.com. Please let us know at least 30 days before you expect a change to your information.

Safe Opioid Prescribing Saves Lives



Opioids can play an important role in treating pain. But 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 guidelines:

- Providers should recommend non-pharmacological and non-opioid 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.

Always check the state PDMP before prescribing opioids.

Opioid misuse can be prevented through safe opioid prescribing, alternate pain management, and patient education. The best treatment for [opioid misuse](#) is prevention. Opioid use disorder (OUD) is an epidemic in the US and it is vital to prevent OUD when possible while treating OUD when it occurs. A patient with undiagnosed and untreated OUD is at high risk for morbidity and mortality including overdose, readmissions, emergency department visits, bacterial endocarditis, HIV, Hepatitis C and mental health disorders. OUD is a chronic disease and relapse is common.

There are several HEDIS quality measures linked to OUD including:

- **Use of Opioids at High Dosage (HDO):** The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for greater than 15 days during the measurement year.

- **Risk of Continued Opioid Use (COU):** The percentage of members 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use.
 - The percentage of members with at least 15 days of prescription opioids in a 30-day period.
 - The percentage of members with at least 31 days of prescription opioids in a 62-day period.
- **Use of Opioids from Multiple Providers (UOP):** The proportion of members 18 years and older, receiving prescription opioids for greater than 15 days during the measurement year from multiple providers. Three rates are reported.
 - **Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
 - **Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
 - **Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

In addition to knowing when and how to prescribe pain medication, recognizing when to begin tapering patients off opioids can be equally challenging.

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.

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.



Provider Services: 1-844-385-2192, TTY 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