



Help Members Manage Diabetes Care

Diabetes is marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. More than 100 million Americans have diabetes or prediabetes. Left untreated, the condition can lead to heart disease, stroke, hypertension, blindness, diseases of the nervous system, amputations and death.

Proactive monitoring and early intervention allow for adequate time to get the disease under control. This should include follow-up visits throughout the year when the member is identified as being out-of-control with their diabetes management.

The [HEDIS measure for comprehensive diabetes care](#), directed to patients ages 18 to 75 who have type 1 or type 2 diabetes, lists the following tests and exams:

- **HbA1c testing.** Completed at least annually
 - HbA1c result >9 = poor control
 - HbA1c result <8 = in control
- **Dilated retinal eye exam.** Performed in previous two years
- **Medical care for nephropathy.** At least one of the following: nephropathy screening, ACE/ARB therapy or documented evidence of nephropathy
- **Blood pressure.** Lower than 140/90 mm Hg considered in control

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.

A member's comfort with this process – from explanation of medication options to filling the prescription – can have an impact on how the member responds to [CAHPS survey questions](#). Several survey questions are related to how well their doctor communicates with them and their experience with getting needed prescriptions.

Providers can help members manage their condition and control their glucose levels by also recommending lifestyle changes, such as eating a healthy diet, getting sufficient exercise and [quitting smoking](#).

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 work with members to find additional community support opportunities and manage their complex care needs. You can refer a member to Care Management using the [provider portal](#).



Care Guidelines Based on Health Needs



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 guidelines or to review our clinical and payment policies (behavioral health, physical health, pharmacy), go to NebraskaTotalCare.com or call 1-844-385-2192 (TTY 711).

Quality Practice Advisory Program

Nebraska Total Care is dedicated to delivering high-quality healthcare services for the Heritage Health programs. Nebraska Total Care has invested resources in an innovative quality improvement program. The Quality Practice Advisory Program focuses on generating positive member health outcomes, improved population health, and collaborating with community healthcare providers to ensure our members are receiving the highest level of quality care.

What are Quality Practice Advisors?

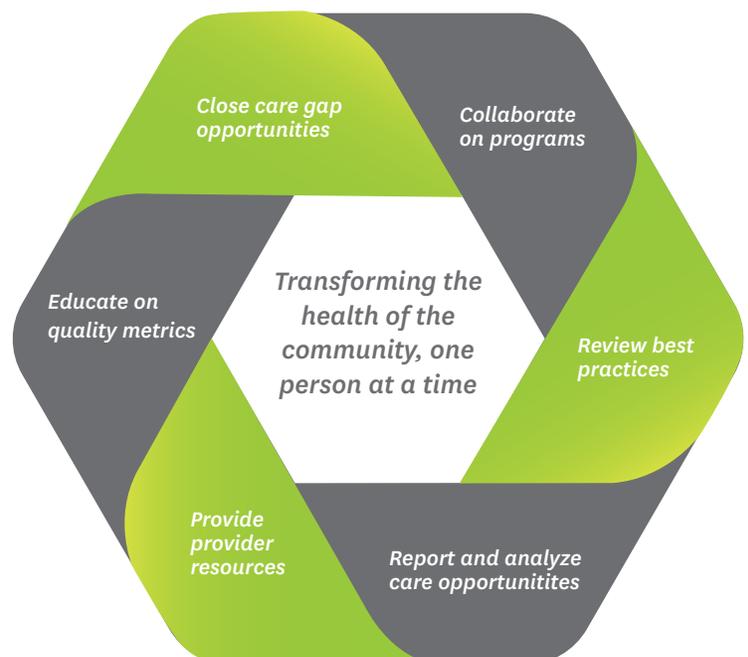
The Nebraska Total Care Quality Practice Advisors (QPAs) have diverse backgrounds in driving quality patient care with expertise throughout the hospital setting. Our Associate Quality Practice Advisors act as a single point of contact for provider offices in support of member quality care, as well as to assist in the management of clinical requirements that are part of Healthcare Effectiveness Data and Information Set (HEDIS®), regulatory requirements, coding accuracy, performance and process improvement, and other priority quality measures.

What can QPAs do for you and your practice?

- Establish and foster a healthy working relationship between physician practices and the health plan.
- Educate providers and support provider practice sites regarding the National Committee for Quality Assurance (NCQA) HEDIS measures and risk adjustment.
- Analyze and review quality outcomes to identify trends at the provider level
- Provide education for HEDIS measures, appropriate medical record documentation and appropriate coding.
- Assist in resolving deficiencies impacting plan compliance to meet State and Federal standards for HEDIS and documentation standards.

- Support the development and implementation of quality improvement interventions and audits in relation to plan providers.
- Collect, summarize trends, and deliver provider quality and risk adjustment performance data to identify and strategize/coach on opportunities for provider improvement and gap closure.
- Collaborate with Provider Relations and other provider facing teams to improve provider performance in areas of Quality, Risk Adjustment and Operations (claims and encounters).

If you would like to learn more about the Quality Practice Advisory Program and how the team can help support your efforts in providing high-class quality healthcare, please contact our [Quality Improvement team](#).



Proper Coding for Billing Processing

Nebraska Total Care follows the Centers for Medicare and Medicaid Services (CMS) rules and regulations for billing and reimbursement. The billing, claims and payment information identified in the [Provider Billing Guide](#) are applicable to both Nebraska Medicaid and Long-Term Care populations.

Physicians, other licensed health professionals, facilities, and ancillary provider's contract directly with Nebraska Total Care for payment of covered services. It is important that providers ensure Nebraska Total Care has accurate billing information on file.

Billing Codes

Nebraska Total Care requires claims to be submitted using codes from the current version of, ICD-10, ASA, DRG, CPT4, and HCPCS Level II for the date the service was rendered. These requirements may be amended to comply with federal and state regulations as necessary. Below are some code related reasons a claim may reject or deny:

- Code billed is missing, invalid, or deleted at the time of service
- Code is inappropriate for the age or sex of the member
- Diagnosis code is missing digits
- Procedure code is pointing to a diagnosis that is not appropriate to be billed as primary
- Code billed is inappropriate for the location or specialty billed
- Code billed is a part of a more comprehensive code billed on same date of service

Medical Documentation, itemized statements, and invoices may be required for non-specific types of claims or at the request of Nebraska Total Care. Invoices will be required on unlisted or miscellaneous codes.

CPT® Category II Codes

CPT Category II Codes are supplemental tracking codes developed to assist in the collection and reporting of information regarding performance measurement, including HEDIS. Submission of CPT Category II Codes allows data to be captured at the time of service and may reduce the need for retrospective medical record review.

Use of these codes are optional and are not required for correct coding. They may not be used as a substitute for Category I codes. However, as noted above, submission of these codes can minimize the administrative burden on providers and health plans by greatly decreasing the need for medical record review.

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 the prescriber 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 (TTY 711). Select "2" for Providers, then "3" for Authorizations, then "2" for Mental Health Services. Ask for the "PAL Line".



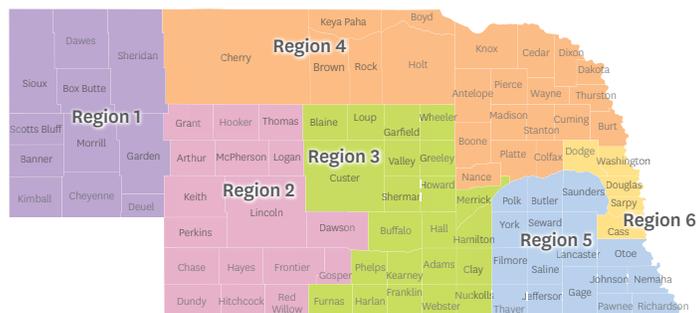
Provider Relations Offers Assistance

Nebraska Total Care offers direct, personal assistance to meet the needs of providers. Provider Services is available to answer general claims, eligibility, and authorization questions. For assistance, contact 1-844-385-2192 (TTY 711).

Provider Relations Representatives are available to help address your complex claims concerns or provider education requests. Representatives are assigned to specific regions and provider groups, and can be contacted directly.

Locate your [Provider Relations Representative](#).

Nebraska Total Care Provider Relations Reps Behavioral Health Regions



Nebraska Total Care Provider Relations Reps Physical Health Regions



Culture and Health Literacy are Linked

Cultural competency within Nebraska Total Care is defined as the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective which values differences and is responsive to diversity at all levels in an organization. Cultural Competency is developmental, community focused, and family oriented.

Culture affects how patients do the following:

Select their providers and take their medication. Some cultures have a range of healing practices and treatment from which to select. Encourage your patients to let you know all of the healing practices and treatments that they may be using. Check botanical or home-based treatments for contraindications to prescribed medications.

Talk with their providers. Each culture has its own way of expressing health related information. For example, depression may

be expressed as lethargy, or pain may be expressed as a burning sensation.

Involve their families. The family plays an important role in many cultures. Involve the family in your patients' healthcare if that is important to them.

Make food choices. Foods that are commonly eaten by certain cultures may need to be restricted because of patients' conditions. Explain to your patients how they can modify their intake of these foods. Show them culturally relevant alternative food choices.

Advocate for their health. Some cultures feel that speaking up is challenging the doctor and that it is disrespectful. Let your patients know you would like them to speak up and ask you questions.

Resource:

[Help Your Patients Understand Their Health and Health Care \(PDF\)](#)

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](#).



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Childhood obesity has more than doubled in children and tripled in adolescents. Childhood obesity has both immediate and long-term effects on health and well-being. Health lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue. It is important to monitor weight problems in children and adolescents and provide guidance for maintaining a health weight and lifestyle.

WCC HEDIS measure definition: Assesses children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of:

- Body mass index (BMI) percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.

[See the HEDIS Quick Reference Guide](#)

How to improve HEDIS scores:

- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide education on physical activity and nutrition and BMI percentile calculations.
- Documentation must include height, weight and BMI percentile documented in the medical record or plotted on a BMI age-growth chart.
- Handouts given during a visit without evidence of a discussion does not meet the criteria for health education/anticipatory guidance.
- Schedule the next annual exam prior to leaving the office.
- Use of appropriate codes may close the gap in care, therefore reducing need for medical record review. See table above for examples.

Note: Services rendered for obesity or eating disorders will meet criteria for the counseling for nutrition and counseling for physical activity indicators.

Learn more & see results: [ncqa.org/hedis/measures/](https://www.ncqa.org/hedis/measures/)

Quality Assessment and Performance Improvement



The Quality Assessment and Performance Improvement (QAPI) program is comprehensive and addresses both the quality and safety of clinical care and quality of services provided to Nebraska Total Care's members including medical, behavioral health, and vision care. We incorporate all demographic groups, care settings, and services in QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care, and ancillary services.

You can obtain a copy of our QAPI Program Description and quarterly Health Plan Report Cards upon request. If you are interested in learning more about the QI Program or serving on a committee, please contact Nebraska Total Care at 1-844-385-2192 (TTY 711).

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.

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 the opportunity 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 they are best qualified to evaluate. Below are some results of the 2022 Adult satisfaction survey:

- Getting Care Quickly **86.0%** said Always/Usually
- How Well Doctors Communicate **95.6%** said Always/Usually
- Getting Needed Care **87.2%** said Always/Usually
- Rating of Health Care **73.2%** rated 8, 9, or 10
- Rating of Personal Doctor **71.1%** rated 8, 9, or 10
- Rating of Specialist **83.3%** rated 8, 9, or 10

Annually, results of Nebraska Total Care's member satisfaction survey can be found online 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 do a CAHPS® survey every year. The areas we are trying to improve the most are:

- **Treat With Courtesy and Respect.**
- **Rating of Health Care:** how members perceive their care received.

On-Demand CAHPS® Survey Presentation

The purpose of this short presentation is to educate Nebraska Total Care providers about the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. Learn more about the purpose of the CAHPS® survey and identify strategies for improving CAHPS® scores. Register to access the [on-demand CAHPS® survey presentation](#).

NCQA's Medicaid Health Plan Ratings 2022

Nebraska Total Care received 3.5 out of 5 overall in NCQA's Medicaid Health Plan Ratings 2022. Nebraska Total Care received at 3.5 out of 5 in the area of patient experience. See the [Health Plan Report Card](#) for Nebraska Total Care.

Performance Improvement Projects (PIPS)

We know better healthcare is important to you. Nebraska Total Care works with Nebraska's Heritage Health Program and partners on projects to make improvements. These projects target key issues in healthcare. The goal is to improve the health and wellness of the population. Below are the projects:

- **Plan All Cause Readmission:** Assisting members after a hospitalization to follow the discharge and follow up plan of care to reduce an avoidable hospital readmission.
- **Notification of Pregnancy (NOP):** Increasing Notification of Pregnancy (NOP) for Nebraska Total Care pregnant Members.



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