

# Provider Report



## Important Pharmacy Claims Processing Change

Effective January 1, 2024, Express Scripts® will begin processing pharmacy claims for our plan members.

Express Scripts is a pharmacy benefit management (PBM) company serving more than 100 million Americans. Express Scripts Pharmacy delivers specialized care that puts patients first through a smarter approach to pharmacy services.

Members will receive a new ID card with updated pharmacy information, so that they are prepared to begin having their prescriptions filled at participating network pharmacies when this change occurs.

Providers can direct members to call the Member Services phone number listed on their ID card should they have questions about this change.

Please review the [Frequently Asked Questions](#) and contact your [Provider Relations Representative](#) with any additional questions. Thank you for the care you provide to our members.



## Observation Billing Guidance

Effective February 1, 2024, the Nebraska Total Care Medicaid plan is aligning to CMS Medicare Claims Processing Manual Chapter 4 (PDF) - Part B Hospital / 290.5.3 - Billing and Payment for Observation Services

direction from this source that the number of units reported with HCPCS code G0378 must equal or exceed 8 hours. If you have questions, please contact [Provider Relations](#).

# Standardized fax documents for Prior Authorization requests

Nebraska Total Care supports the timely completion of medical necessity reviews to support high quality outcomes for our members. Providers may submit requests for services through our Secure Provider Portal ([provider.nebraskatotalcare.com](http://provider.nebraskatotalcare.com)) or fax. To improve the efficiency of the authorization process, we have moved to a standardized fax document for authorization requests.

There will be one form for Inpatient Authorization (833-493-3345) requests and a second for Outpatient Authorizations (866-593-1955) that support both Behavioral Health as well as Physical Health authorizations. Through use of standardized forms, we

reduce the number of separate forms for treatment requests and enhance the flexibility for the providers in the format of their clinical information. Guidelines on the clinical information needed for each behavioral health service type are available on our OTR Completion Tip Sheet.

Our provider website contains the new standardized forms in the [Behavioral Health](#) Provider section. If you have additional questions or need specific support, please see the Nebraska [Provider Resources](#) section of our website or call Provider Services at Nebraska Total Care.

## Electronic Visit Verification (EVV) Alt Vendor Notice

The 21st Century Cures Act (2016) requires Nebraska to implement a new electronic visit verification (EVV) system for Medicaid personal assistance services and home health providers. EVV electronically records and verifies provider visit information.

Nebraska is an Open Model for providers. What this means is that if you are currently using an EVV system with another provider, you will be able to continue to use that system as long as your vendor is able to meet the technical specifications and completes the integration process.

If you are a provider planning to utilize the open model with an alternate EVV vendor, you need to complete the provider survey for each MCO to begin the process with Netsmart.

Nebraska Total Care: [netsmart.az1.qualtrics.com/jfe/form/SV\\_29xf18pdyN5lo10](https://netsmart.az1.qualtrics.com/jfe/form/SV_29xf18pdyN5lo10)

Molina Healthcare: [netsmart.az1.qualtrics.com/jfe/form/SV\\_022n4n3n4JJvY2y](https://netsmart.az1.qualtrics.com/jfe/form/SV_022n4n3n4JJvY2y)

UnitedHealth Care: [netsmart.az1.qualtrics.com/jfe/form/SV\\_aa5sdoxDdjBgpUy](https://netsmart.az1.qualtrics.com/jfe/form/SV_aa5sdoxDdjBgpUy)

At the end of each survey, there will be a link for you to provide to your vendor specific to each MCO. You will need to provide that link to your vendor for them to access and complete requested information and start the integration process. Please be sure to capture the link at the end of each survey as the data for each MCO will be different.

Important dates to remember:

- The system will be live January 1, 2024, for select providers.
- Registration for the new EVV system will begin on December 18, 2023.
- All providers can begin using the system after January 8, 2024, and are encouraged to begin system use prior to the mandated date.
- All providers will be required to submit EVV effective April 1, 2024.
- All providers need to be registered by March 15, 2024.

If your chosen alternate vendor has not completed integration with Netsmart by April 1, 2024, you will need to use an approved vendor or the state offered Netsmart solution until your vendor completes the integration and approval process.



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