

# Provider Report



## Update and Certify Provider Data in CMS National Plan & Provider Enumeration System (NPPES)

As a valued provider partner, we'd like to remind you to review your National Provider Identifier (NPI) data in National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. As you may know, providers are legally required to keep their NPPES data current. Centers for Medicare & Medicaid Services (CMS) is also encouraging Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to Medicare beneficiaries.

If the NPPES database is kept up to date by providers, our organization can rely on it as a primary data resource for our provider directories, instead of calling your office for this information. With updated information, we can download the NPPES database and compare the provider data to the information in our existing provider directory to verify its accuracy.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also make sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you could see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, there is information on the NPPES webpage.

If you have questions, please contact [Provider Relations](#).

# Crisis Support Services - Therapeutic Family Care

Effective April 1, 2024, the Nebraska Total Care will align to Provider Bulletin 24-07: Crisis Support Services - Therapeutic Family Care (TFC).

For more information about the TFC program – Crisis Support and Maintenance and Crisis Mobile Response, we encourage providers to review Therapeutic Family Care and Nebraska Crisis Support Services - Therapeutic Family Care (TFC) Information for Crisis Providers, March 2024.



If you have questions, please contact [Provider Relations](#)

## Member Direction for Emergency Services

Providers are required to have emergent situation messages related to 24 hour per day, 7 day per week coverage within their call prompts, including after-hours calls that may be handled by an answering service.

Providers need to have emergent situation messaging in line with the following as an alert prior to call routing:

If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room.

In order to comply with contractual terms either a recorded message indicating this or a live person answering the phone needs to communicate this messaging to members.

If you have questions, please contact [Provider Relations](#).

## Billing for Genetic and Molecular Testing

Advancements in the science of genetics and genomics have led to remarkable new options for medical professionals to diagnose, treat, and prevent disease. As genetic testing has increasingly become the standard of care, our health plan is committed to providing the highest levels of access, quality, and value for members in this exciting and dynamic segment of health care.

To achieve these goals, our health plan is asking for your support in the next phase of its genetic testing program. The goals of this phase are twofold -- advance the reliability of laboratory quality information and reduce variability in billing.

Beginning 7/1/2024, Nebraska Total Care will expand the requirements for billing of genetic and molecular testing. In accordance with the Reimbursement Policy for Genetic/Molecular Test Coding Policy, all providers billing for genetic and molecular testing services will be required to adhere to the coding recommendation in the Concert Genetics portal.

The portal can be accessed here: [concertgenetics.com/join-centene](https://concertgenetics.com/join-centene). The quality and billing integrity requirements in the

reimbursement policy will be facilitated by Concert Genetics--our partner and a software and managed services company that promotes health by providing the digital infrastructure for reliable and efficient management of genetic testing and precision medicine.

**What does this mean for our laboratory partners?** We are asking you, our laboratory partner, to do the following:

- Register with Concert Genetics
- Self-report on quality metrics in a common framework supplied by Concert
- Verify accuracy of test catalog and view coding recommendations and fee schedule
- Utilize Concert's recommended codes when billing for genetic and molecular tests

Thank you for your support and continued partnership on providing our members with access to high-quality health care at an affordable price.

If you have questions, please contact [Provider Relations](#).



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