

Provider Report



Utilization Management

The Nebraska Total Care Utilization Management Program is designed to ensure members of Nebraska Total Care Network receive access to the right care at the right place and right time. Our program is comprehensive and applies to all eligible members across all eligibility types, age categories, and range of diagnoses. The program incorporates all care settings including preventive care, emergency care, primary care, specialty care, acute care, short-term care, Health Homes, behavioral health, maternity care and ancillary care services.

The preferred method for submitting authorizations is through the [secure provider portal](#). Other methods of submitting the prior authorization requests are as follows:

- Call the Medical Management Department at 1-844-385-2192, TTY 711.
- Fax prior authorization requests utilizing the Prior Authorization fax forms posted on [NebraskaTotalCare.com](https://www.NebraskaTotalCare.com).

Nebraska Total Care does not reward practitioners, providers, or employees who perform utilization reviews, including those

of the delegated entities for issuing denials of coverage or care. UM decision-making is based only on appropriateness of care, service, and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit.

The denial notice will also inform you and our member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing. The member has the right to choose additional representation by anyone, including an attorney, physician, advocate, friend or family member, to represent him or her during the appeal process. The designation of an authorized representative must be submitted to Nebraska Total Care in writing. For more information on the [grievance and appeals](#) process, check the [Provider Manual](#).

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

Member Rights

Member rights and responsibilities cover members' treatment, privacy and access to information. 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