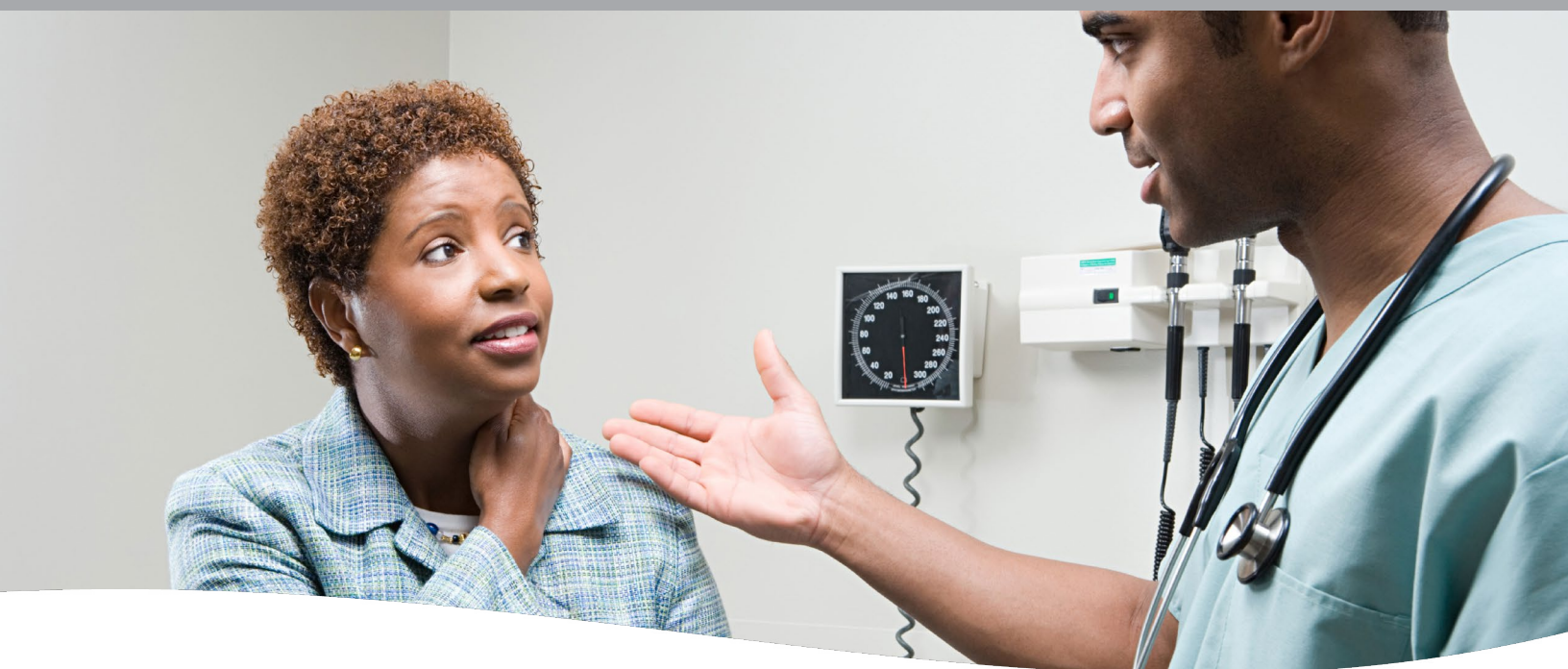


Provider Report



Healthcare Effectiveness Data and Information Set

HEDIS® is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. Through HEDIS®, NCQA holds Nebraska Total Care accountable for the timeliness and quality of healthcare services delivered to its diverse membership. Annually, Nebraska Total Care's [HEDIS® scores](#) can be found in the Quality Improvement Evaluation posted to this website.

How to Improve HEDIS® Scores

- Understand the specifications established for each HEDIS measure.
- Submit claim/encounter data for each and every service rendered. All providers must bill or report by encounter submission for services delivered, regardless of contract status. Claim/encounter data is the most clean and efficient way to report HEDIS. If services are not billed or not

billed accurately, they are not included in the calculation. Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.

- Ensure chart documentation reflects all services provided.
- Bill CPT® II codes related to HEDIS measures such as body mass index (BMI) calculations, eye exam results and blood pressure readings.

If you have any questions, comments, or concerns related to the annual HEDIS project or the MRRs, please contact the Quality Department. Nebraska Total Care strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the [HEDIS® Quick Reference Guide 2025 \(PDF\)](#) to help you increase your practice's HEDIS® Rate. Please always follow the State and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

Provider Relations

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.

[Physical Health Provider Relations Territory Map \(PDF\)](#)
[Behavioral Health Provider Relations Territory Map \(PDF\)](#)

Inpatient Readmissions



Effective November 17, 2025, all Nebraska Total Care Medicaid patients readmitted as an inpatient within 31 days will be reviewed for avoidable readmissions as part of the medical necessity review process.

Nebraska Total Care will review inpatient admissions that occur within 31 days of a prior inpatient discharge from the same hospital system. Reviews will determine if the readmission is clinically related to the previous admission and if there was a reasonable expectation that the readmission could have been avoided.

The following exclusions apply:

- Planned readmissions
- Transfers related to continuity of care
- Previous discharge was against medical advice
- Admissions related to end-of-life care
- Admissions related to neonatal care
- Readmissions within 180 days of a transplant

Credentialing

The purpose of the credentialing and re-credentialing process is to help Nebraska Total Care maintain a high-quality healthcare delivery system. The credentialing and re-credentialing process helps achieve this objective by validating the professional competency and conduct of our providers.

All Primary Source Verification validation will be completed by Verisys, the Centralized Credentialing Vendor (CVO) being utilized by all of the Nebraska Managed Care Organizations. Primary Source Verification includes verifying licensure, board certification, and education, and identification of adverse actions, including malpractice or negligence claims, through the applicable state and federal agencies and the National Practitioner Data Bank. Participating providers must meet the criteria established by Nebraska Total Care, as well as government regulations and standards of accrediting bodies, and must be enrolled with Nebraska Medicaid. Review the [Centralized Verification Organization \(CVO\) Remote Learning Summary \(PDF\)](#).

Nebraska Total Care requires re-credentialing at a minimum of every three (3) years because it is essential that we maintain current provider professional information. This information is also critical for Nebraska Total Care members, who depend on the accuracy of information in the provider directory.

If you would like a copy of the Centralized Credentialing Vendor presentation emailed to you, please send a request to NetworkManagement@NebraskaTotalCare.com.

Pharmacy

Nebraska Total Care is committed to providing appropriate, high-quality, and cost-effective drug therapy to all Nebraska Total Care members. Nebraska Total Care covers prescription medications and certain over-the-counter medications with a written order from a Nebraska Total Care provider. The pharmacy program does not cover all medications. Some medications may require prior authorization and some may have limitations. Other medically necessary pharmacy services may be covered as well. Current maximum allowable cost (MAC) pricing information for all products can be found on the [ESI Pharmacist Resource Center](#).

Nebraska Medicaid Preferred Drug List

The medications on the [Nebraska Medicaid Preferred Drug List \(PDL\)](#) are covered by Nebraska Total Care. Non preferred drugs on this list may be covered when certain requirements are met. Other limitations for specific drugs may exist and are explained in the [Nebraska Medicaid Claims Limitations](#).

Electronic Prior Authorization Submissions

Submit your prior authorization (PA) requests electronically through our preferred solution [CoverMyMeds](#). Electronic prior authorization (ePA) automates the PA process making it a quick and simple way to complete PA requests. The ePA process is HIPAA compliant and enables faster determinations. You may also use this link to track ePA requests.



Provider Services: 1-844-385-2192 (TTY 711)
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