



HFMA Winter Meeting

January 2021

1/21/2021

Agenda

- Introduction
- Physical Health Provider Relations
- Network Management
- Public Facing Website
- Provider News
- Claim Reconsiderations/Appeals
- Web Portal
 - Provider Analytics 2.0
 - Interpretera
- Integrated Case Management
- Provider Incentives
- Behavioral Health

Customer Service



Phone Number

1-844-385-2192

TDD/TTY: 1-844-307-0342

Website

NebraskaTotalCare.com

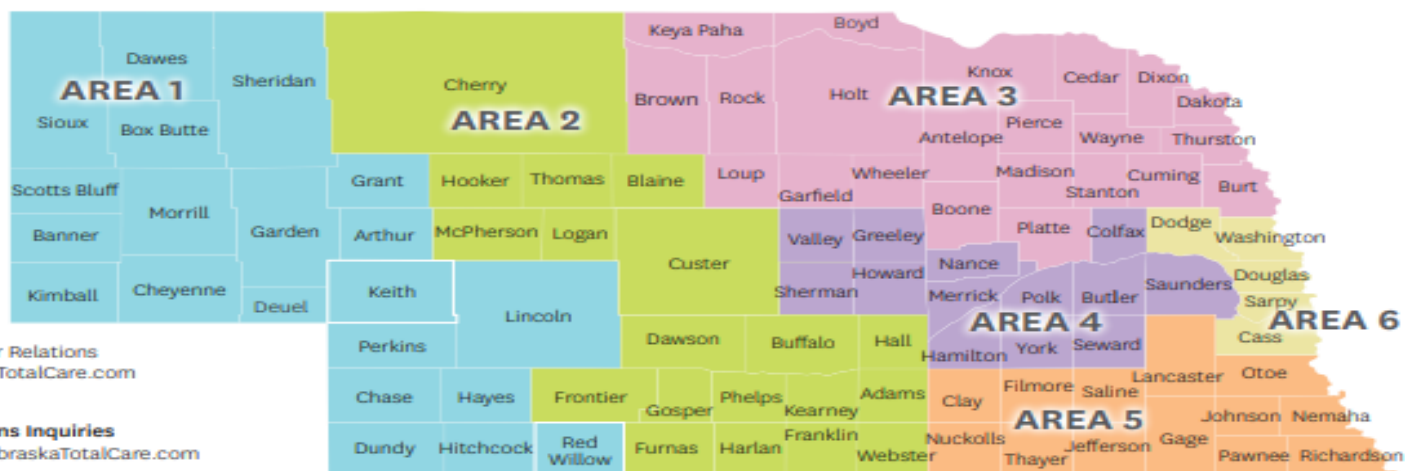
Email

NEProviderRelations@NebraskaTotalCare.com

NetworkManagement@NebraskaTotalcare.com

Provider Relations Team

Nebraska Total Care Provider Relations Reps Physical Health Regions



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What can my Provider Relations Representative do for me?

Provider Education

Data Analytics Tool Training and Support

HEDIS/Care Gap Reviews

Claims Analysis

Facilitating with Inquiries related to administrative policies, procedures and operational issues

Monitoring performance patterns

Assisting in Provider Portal registration and Payspan

Provider Relations Contact List: [Physical Health PR Map](#)

Contact Provider Relations at NEProviderRelations@NebraskaTotalCare.com

What can Network Management do for me?

Roster updates

Adds, including roster or Provider Data Form

Term provider

Address changes (W9 required) including licensure changes

Credentialing Updates

Demographic Updates

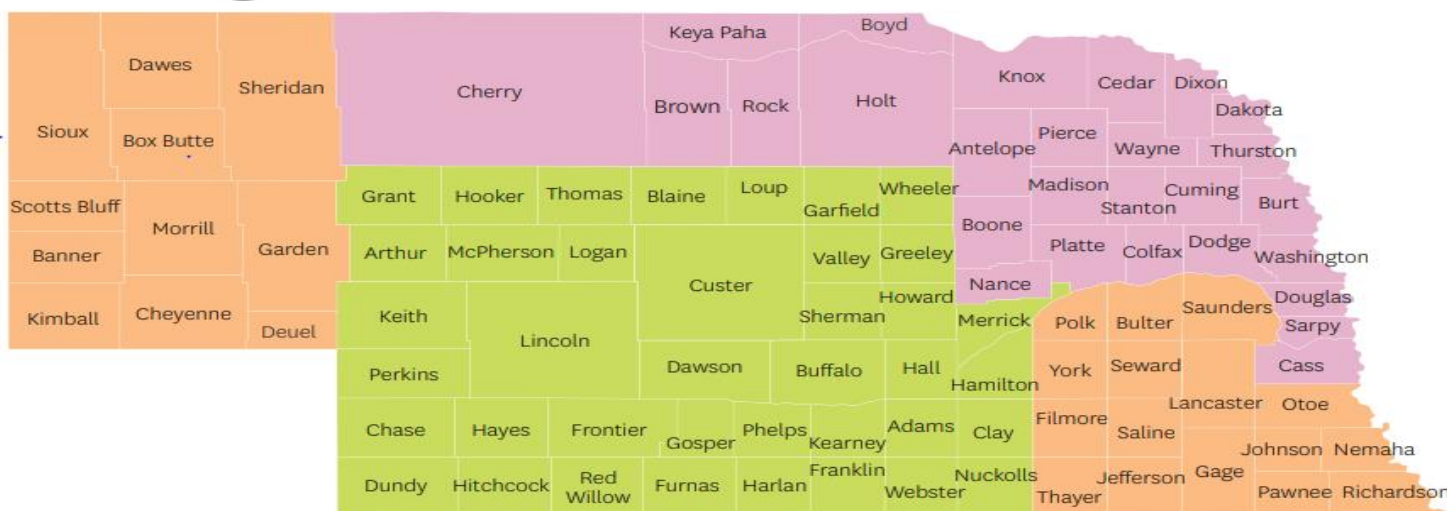
Self Service Practice Management: [Provider Practice Updates](#)

Contact Network Management at

NetworkManagement@NebraskaTotalcare.com

Network Management Map

Nebraska Total Care County Assignments Contracting Team



CONTRACT NEGOTIATORS

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Routine Vision Providers

Envolve Vision

800-531-2818

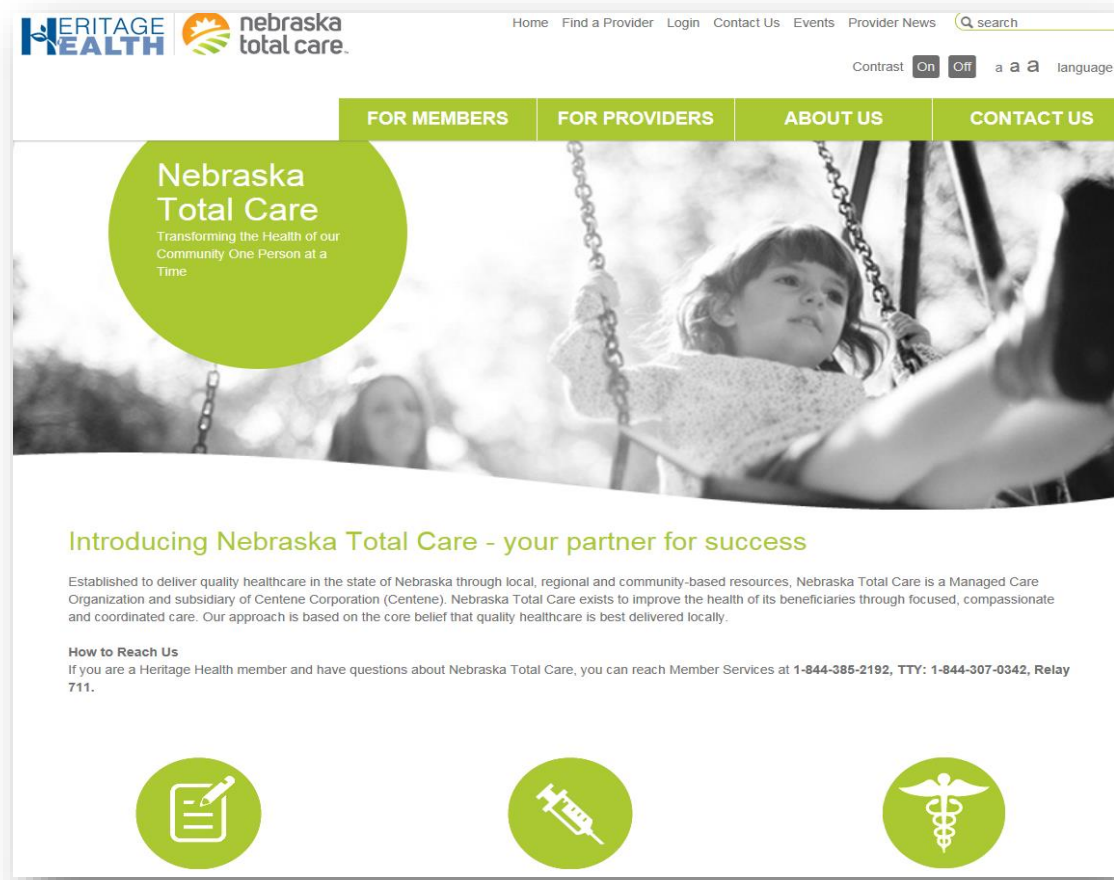
visionnetworkmanagement@envolvehealth.com

Pharmacy Providers

Envolve Pharmacy

1-866-488-4708

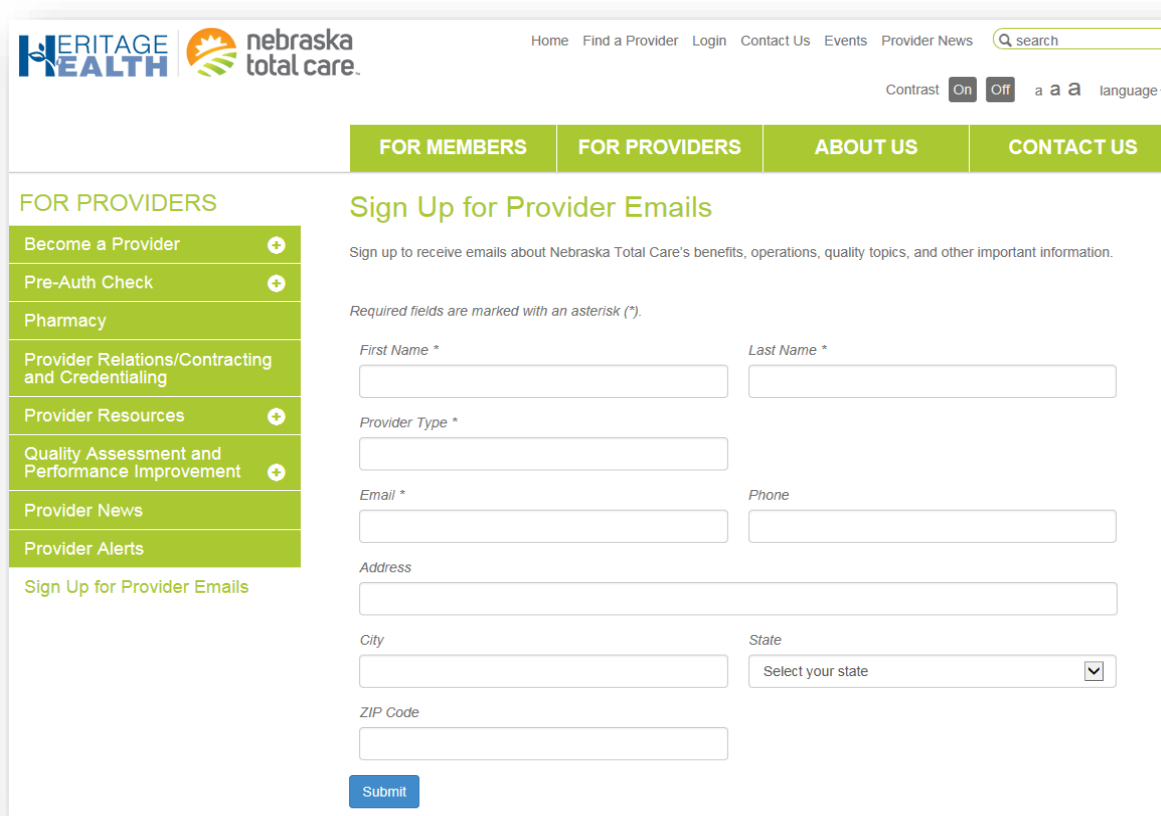
Public facing website



Email notifications

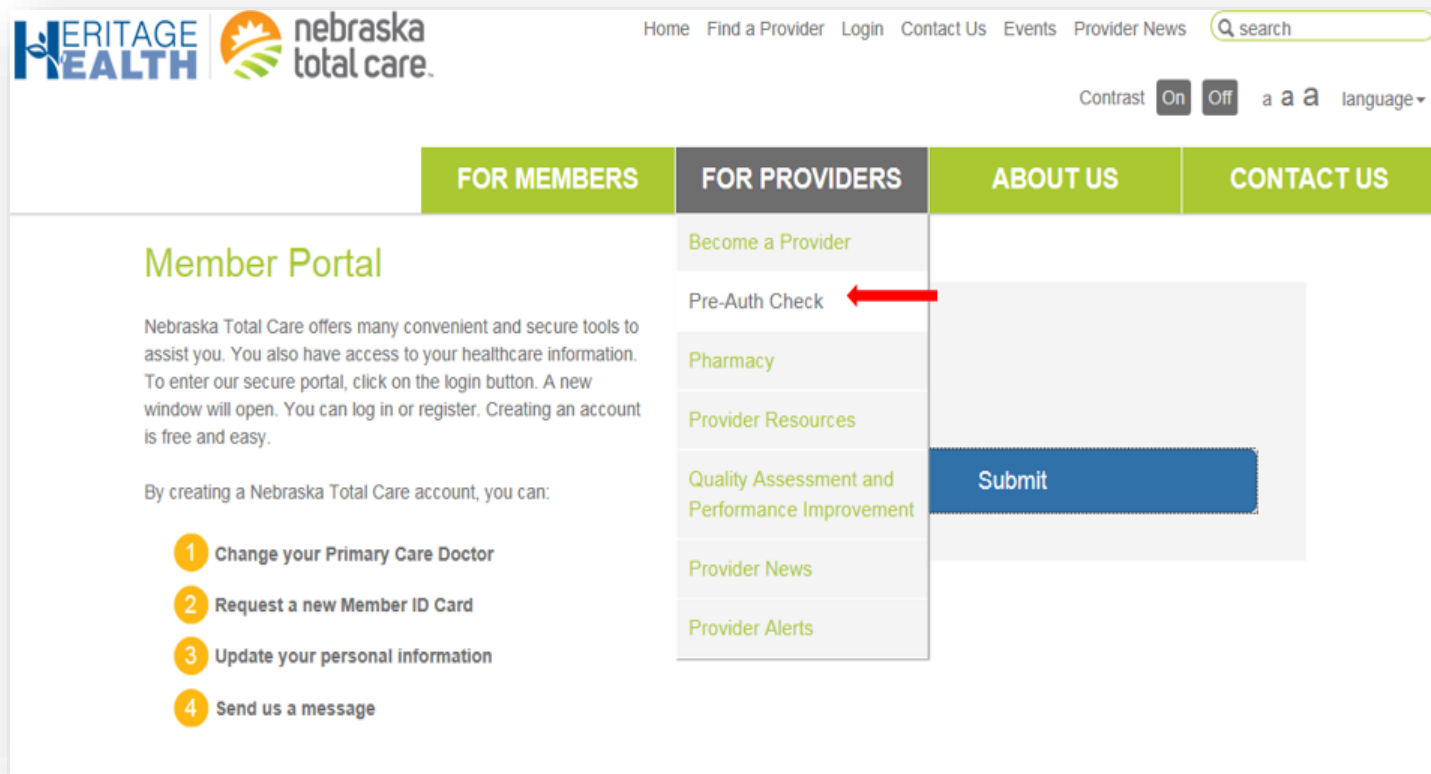
The screenshot shows the Heritage Health website interface. At the top, there are navigation links: Home, Find a Provider, Login, Contact Us, Events, and Provider News, along with a search bar. Below the navigation is a contrast control (On/Off) and a language selector. The main content area is divided into four tabs: FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT US. The FOR PROVIDERS tab is active, displaying a list of links: Become a Provider, Pre-Auth Check, Pharmacy, Provider Relations/Contracting and Credentialing, Provider Resources, Quality Assessment and Performance Improvement, Provider News, Provider Alerts, and Sign Up for Provider Emails. A red arrow points to the 'Sign Up for Provider Emails' link. On the left side of the page, there is a green circular graphic with the text 'Nebraska Total Care' and 'Transforming the Health of our Community, One Person at a Time'. At the bottom of the page, there is a banner with the text 'Introducing Nebraska Total Care - you' and 'ccess'.

Sign up for emails



The screenshot shows the 'Sign Up for Provider Emails' form on the Heritage Health website. The page header includes the Heritage Health and Nebraska Total Care logos, navigation links (Home, Find a Provider, Login, Contact Us, Events, Provider News), a search bar, and a contrast/language selector. A green navigation bar contains 'FOR MEMBERS', 'FOR PROVIDERS', 'ABOUT US', and 'CONTACT US'. The 'FOR PROVIDERS' section is active, showing a sidebar with menu items like 'Become a Provider', 'Pre-Auth Check', 'Pharmacy', 'Provider Relations/Contracting and Credentialing', 'Provider Resources', 'Quality Assessment and Performance Improvement', 'Provider News', and 'Provider Alerts'. The main content area is titled 'Sign Up for Provider Emails' and includes a description, a note about required fields, and a form with the following fields: First Name *, Last Name *, Provider Type *, Email *, Phone, Address, City, State (dropdown), and ZIP Code. A blue 'Submit' button is at the bottom.

Pre-Auth Check



The screenshot shows the Heritage Health website interface. At the top, there are navigation links: Home, Find a Provider, Login, Contact Us, Events, and Provider News. A search bar is located on the right. Below the navigation is a contrast control (On/Off) and a language selector. The main navigation bar has four tabs: FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT US. The FOR PROVIDERS tab is active, showing a dropdown menu with the following items: Become a Provider, Pre-Auth Check (highlighted with a red arrow), Pharmacy, Provider Resources, Quality Assessment and Performance Improvement, Provider News, and Provider Alerts. A blue Submit button is visible next to the Quality Assessment and Performance Improvement item. On the left side of the page, under the FOR MEMBERS tab, there is a section titled 'Member Portal' with a description of the portal's benefits and a list of actions users can take by creating an account.

HERITAGE HEALTH | **nebraska total care.**

Home Find a Provider Login Contact Us Events Provider News

Contrast On Off a a a language ▾

FOR MEMBERS **FOR PROVIDERS** **ABOUT US** **CONTACT US**

Member Portal

Nebraska Total Care offers many convenient and secure tools to assist you. You also have access to your healthcare information. To enter our secure portal, click on the login button. A new window will open. You can log in or register. Creating an account is free and easy.

By creating a Nebraska Total Care account, you can:

- 1 Change your Primary Care Doctor
- 2 Request a new Member ID Card
- 3 Update your personal information
- 4 Send us a message

FOR PROVIDERS

- Become a Provider
- Pre-Auth Check
- Pharmacy
- Provider Resources
- Quality Assessment and Performance Improvement
- Provider News
- Provider Alerts

Submit

Pre-Auth Check

Types of Services		YES	NO
Is the member being admitted to an inpatient facility?		<input type="radio"/>	<input checked="" type="radio"/>
Is the member having observation services?		<input type="radio"/>	<input checked="" type="radio"/>
Are anesthesia services being rendered for pain management?		<input type="radio"/>	<input checked="" type="radio"/>
Are oral surgery services being provided in the office?		<input type="radio"/>	<input checked="" type="radio"/>
Are services, other than Sleep Studies, DME, orthotics, prosthetics, and supplies, being rendered in the home?		<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?		<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

C
Conditional

96445 - CHEMOTX-PERITONEAL CAVIT-REQ & W/PERITONEOCENTES
Pre-authorization is required for non-participating providers only.

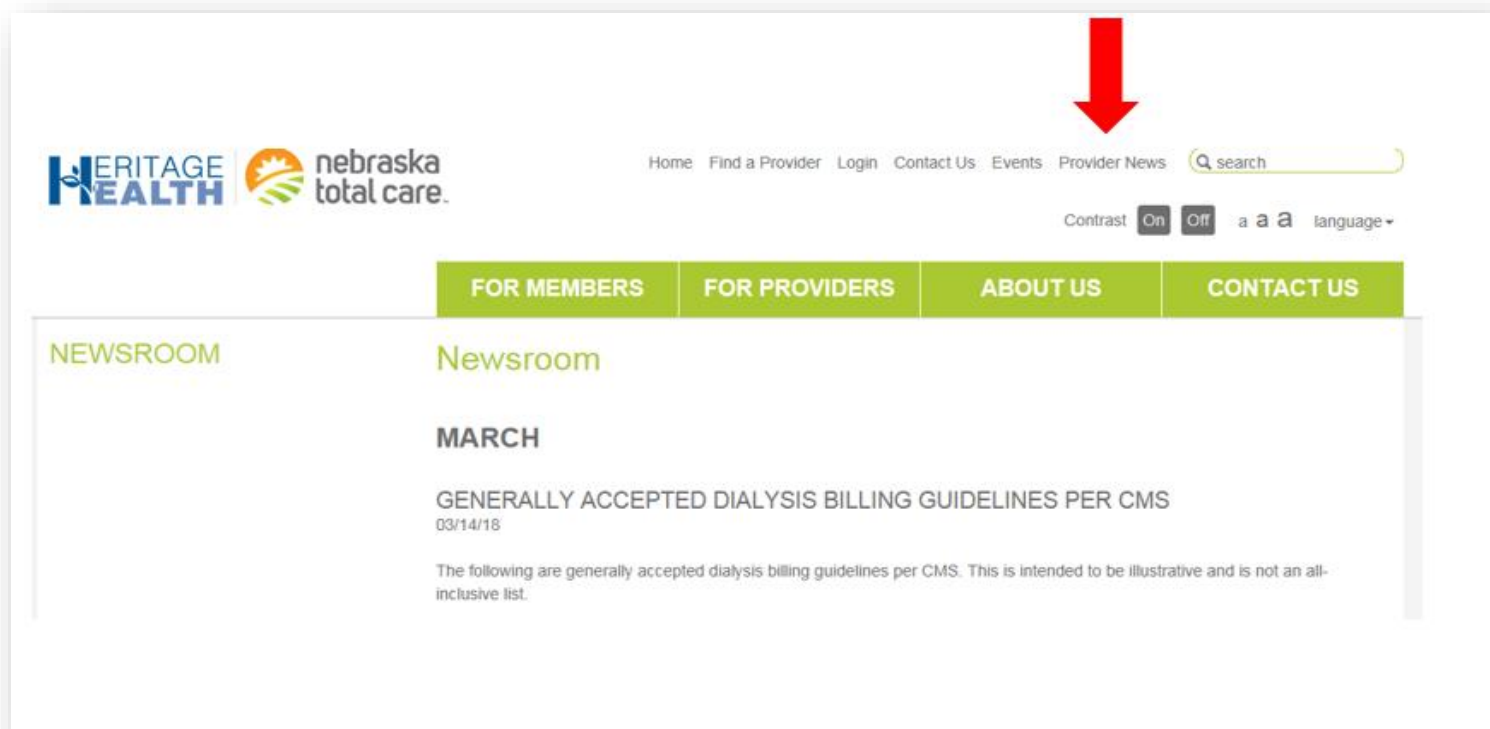
To submit a prior authorization [Login Here](#).

Known Issues

The screenshot shows the Heritage Health website interface. At the top, there are navigation links: Home, Find a Provider, Login, Contact Us, Events, and Provider News, along with a search bar. The 'nebraska total care' logo is also present. Below the navigation is a menu with four options: FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT US. A red arrow points down to the 'FOR PROVIDERS' menu item. Underneath, the 'FOR PROVIDERS' section is expanded, showing a list of links: Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, Quality Assessment and Performance Improvement, and Provider News. To the right of this list is the 'Provider Alerts' section, which contains three links: 'Known Issues and Resolution Timeframes', 'List of Medicare Exclusion Codes', and 'Provider Payment Schedule'. A second red arrow points to the 'Known Issues and Resolution Timeframes' link.

Provider News

Provider News allows you to stay up to date with Nebraska Total Care



Online Claim Reconsideration

Nebraska Total Care has implemented an increased functionality through our provider portal to allow providers to submit claim reconsiderations online.

The Nebraska Total Care [provider portal](#) now enables streamlined online submission of claim reconsiderations, the ability to attach supporting documentation to the reconsideration request and simple tracking of reconsideration status and completion.

Claim Reconsiderations

A Reconsideration is a request for Nebraska Total Care to review a claim with additional information submitted by the provider that was not previously submitted, or the provider is not in agreement with the denial.

Must be received 90 days from the receipt of payment/denial notification

Can be submitted by mail to Farmington along with the reconsideration form, via the web portal, or by contacting Provider Services

The standard turnaround time is 30 calendar days after the reconsideration is received.

Claim Reconsiderations & Appeals

When submitting a claim reconsideration to Nebraska Total Care, please use the identified [reconsideration form](#) as the face sheet to the reconsideration packet. It is important that this form be the top sheet submitted with a reconsideration.

Additionally, when submitting a claim appeal to Nebraska Total Care please use the identified [appeal form](#) as the face sheet to the appeal packet. It is important for claim reconsideration and claim appeal processing that these are the lead documents submitted.

When reconsidering or appealing a claim, a copy of the original claim is not required to be in the packet.



Claim Reconsiderations & Appeals

All claim reconsiderations and appeals go to:

Nebraska Total Care Health Plan

Attn: Claims Appeals/Reconsiderations

PO Box 5060

Farmington, MO 63640-5060

Claim Reconsideration Form



PROVIDER RECONSIDERATION FORM

Use this form as part of the Nebraska Total Care (NTC) reconsideration process to address the decision made during the request for review process.

NOTE: All claim requests for reconsideration must be received within 90 calendar days from the date of the Medicaid Remittance. *This form should be utilized if a claim has been processed and a Medicaid Remittance Advice issued from NTC – Do not use for first time claims.*

Member's Name:	Member's Medicaid Number:
Date(s) of Service:	Control/Claim Number(s):
Medicaid Remittance Date:	Billed Charge(s):
Provider Name:	Provider TIN Number:
Medicaid Provider Number:	Provider Contact Number:
Contact Name:	Contact Address:

All fields below are required information. Failure to complete the form may result in a delay of your request.

Reason for reconsideration Request:

All NTC claims reconsiderations must be mailed to the below address. If claims are sent to the Nebraska address in Omaha, they will be returned to the providers to resubmit to Farmington, MO. NTC does not process claims in Nebraska and will not be able to forward to Farmington for review.

Nebraska Total Care Health Plan
 Attn: Claim Reconsiderations
 PO Box 5060
 Farmington, MO 63640-5060

NTC will make reasonable efforts to resolve this request within 30 calendar days of receipt. Based upon the information submitted, we will either uphold our original decision (if we uphold our original decision, we will send you a letter stating we are upholding our original decision and state our reason(s) for the decision) or overturn our original decision (if we overturn our original decision, we will send you a letter stating our decision and any additional payment due will appear on the provider remittance.)

This form may be photocopied.

Claim Appeal Form



PROVIDER CLAIM APPEAL FORM

Use this form as part of the Nebraska Total Care (NTC) Appeal process to address the decision made during the request for review process.

NOTE: All claim appeals must be received within 60 calendar days from the date of the Medicaid Remittance. *This form should be utilized if a claim has been processed and a Medicaid Remittance Advice issued from NTC – Do not use for first time claims.*

Member's Name:	Member's Medicaid Number:
Date(s) of Service:	Control/Claim Number(s):
Medicaid Remittance Date:	Billed Charge(s):
Provider Name:	Provider TIN Number:
Medicaid Provider Number:	Provider Contact Number:
Contact Name:	Contact Address:

All fields below are required information. Failure to complete the form may result in a delay of your request.

Reason for Claim Appeal Request:

An Appeal is a formal written request to NTC for review on a reconsideration that is upheld. Appeals must include medical records or medical information to support why a provider feels that claim should process for payment. Please include EOB if possible to support the claim detail you are inquiring about.

Nebraska Total Care Health Plan
 Attn: Claim Appeals
 PO Box 5060
 Farmington, MO 63640-5060

NTC will make reasonable efforts to resolve this request within 30 calendar days of receipt. Based upon the information submitted, we will either uphold our original decision (if we uphold our original decision, we will send you a letter stating we are upholding our original decision and state our reason(s) for the decision) or overturn our original decision (if we overturn our original decision, we will send you a letter stating our decision and any additional payment due will appear on the provider remittance.)

This form may be photocopied

What can the Provider Portal do for me?

The Secure Provider Portal offers:

Member eligibility and patient listings

Health records and care gaps

Provider Analytics Tools

Authorizations

Claims submissions and status

Corrected claims and adjustments

Payment history

Accessing the Web Portal

Log into your account at least once a month.

Administrator can determine what access is granted to the portal.

If account has been locked out due to inactivity, please email NEProviderRelations@NebraskaTotalCare.com to have the account reset.

Administrators are responsible for ensuring an employee's account is deactivated when they leave the organization.

Provider Analytics 2.0

The screenshot shows a web dashboard for Heritage Health Nebraska Total Care. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a header area with a dropdown menu set to 'Nebraska Total Care'. The main content area is divided into several sections:

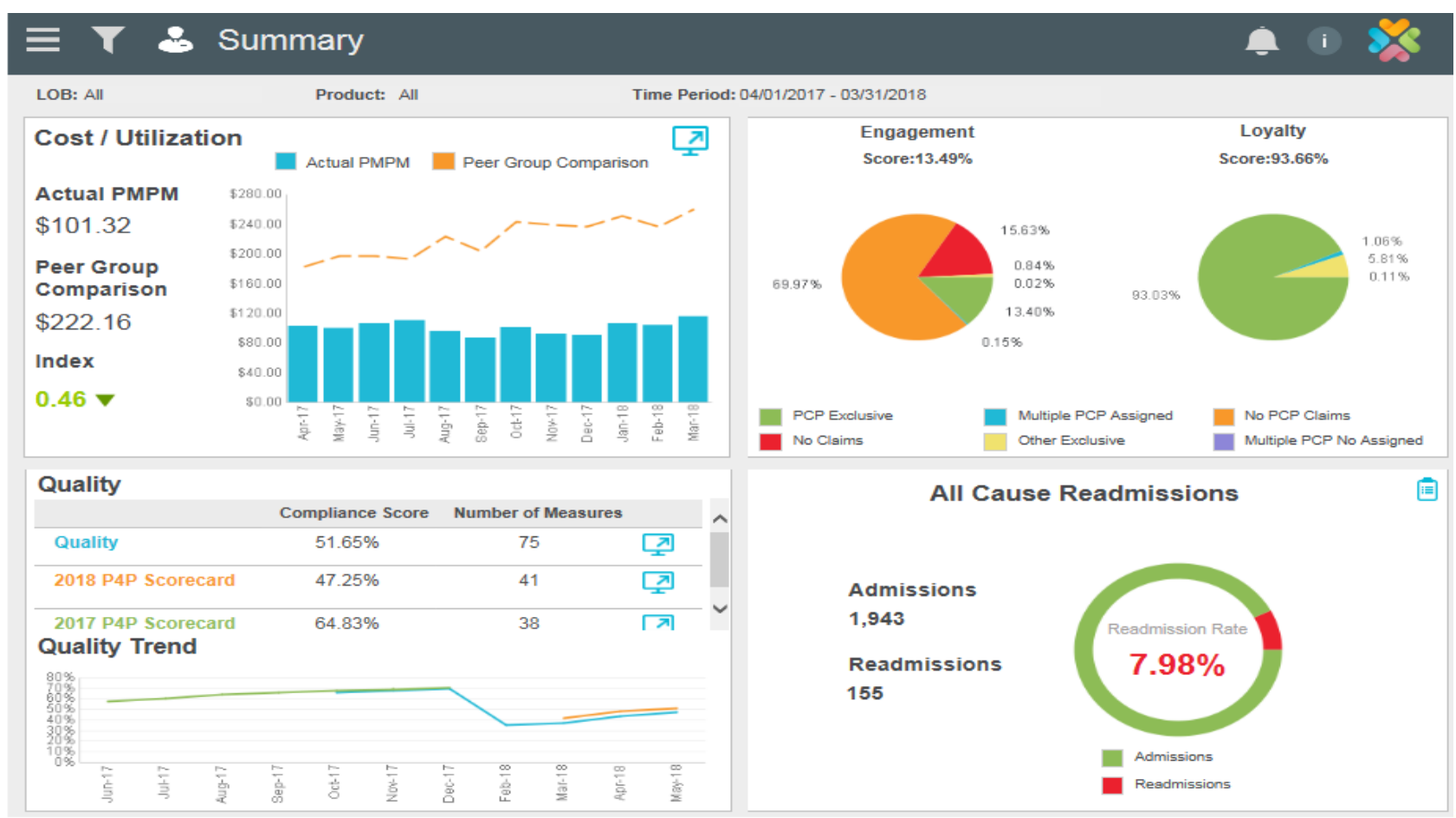
- Quick Eligibility Check:** A form with input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a green 'Check Eligibility' button.
- Recent Claims:** A table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. The table contains five rows, all with a date of 03/15/2018. The MEMBER NAME column is obscured by a large blue redaction box.
- Welcome:** A sidebar menu with the following items: 'Add a TIN to My ACCOUNT', 'Reports', 'Community Resources', 'Patient Analytics', and 'Provider Analytics'. A red arrow points to the 'Provider Analytics' item.
- Recent Activity:** A section with a header 'Recent Activity' and sub-headers 'Date' and 'Activity', currently empty.
- Quick Links:** A section with a link to 'Practice Improvement Resource Center'.

Provider Analytics 2.0

Provider Analytics Enhancements

- Summary page with graphical view of member cost and utilization data
- Patient engagement analysis to understand preferences and utilization of primary care services based on claims
- Emergency Department Reporting
- Member level-drill down and reporting
- Data is refreshed every monthly

Provider Analytics 2.0



Interpreta

Daily care gap reporting is now available with Interpreta!

- Quality: HEDIS care gap information is updated daily by Interpreta using data from pharmacy, membership and claims
- Health: Information is available for all Nebraska Total Care members
- Interpreta is currently accessed through the Availity website

Integrated Case Management

Referral for CM comes from providers, hospitals, health plan staff, members, etc.

Case Management staff reach out to high risk members early in pregnancy.

Health Risk Screenings & Assessments (HRA, HRS)

Assistance with social determinant needs, education, care coordination, advocacy

Outreach to providers regarding members risk/ potential for 17P

- Sharing of Care Plan & Collaboration

NOP Incentive Changes 2020

NTC accepted either the NTC NOP form or the ONAF form, however incentives were only tied to the NOP form.

Effective January 1st, 2020, NTC will incentivize providers for submitting either the NOP form or the ONAF form - again based on the timeliness of submission (see below). To be eligible for reimbursement, the forms must be filled out completely.

Please note that if an ONAF form is submitted, the office will also receive a follow-up call to collect additional information that is not included in the ONAF form (but is included on the NOP form).

Trimester	NOP Incentive	ONAF Incentive
1 st	\$100	\$50
2 nd	\$40	\$30
3 rd	\$20	

Provider Incentive

Incentive Program A: Notification of Pregnancy (NOP) Submission

Incentive limited to providers within the Nebraska Total Care Network

Incentives are based on timely submission of the Nebraska Total Care's Notification of Pregnancy Form (NOP) as outlined below:

- 1ST Trimester (0-14 weeks gestation): \$100 incentive
- 2ND Trimester (15-28 weeks gestation): \$50 incentive
- 3RD Trimester (29+ weeks gestation): \$25 incentive

NOP forms are located on the Nebraska Total Care Provider Portal.

Submitted forms must be accurate and complete, i.e., member name, date of birth, member ID, full name of provider, gestation, initial OB visit date and Provider's Tax ID Number (TIN).

Duplicate NOP forms will not qualify for multiple incentives.

Obstetrical Needs Assessment Form (ONAF) located on the MLTC website is not an awarded incentive through this program.

Notification of Pregnancy (NOP)

Provider or Member can submit

- Initiates Start Smart for Baby mailings and incentives for members
- Located in Provider Portal or mail / fax to plan
- Member form on website & member packet
- Inputted into our data system

Start Smart for Your Baby

Are You Pregnant?* Yes No If you are pregnant, please continue to answer all the questions. Return the form in the envelope provided. When your answers are received, a gift will be mailed to you! We may call you if we find that you are at risk for problems with your pregnancy. This form is confidential.

Required Field

Medicaid ID #: _____

Your First Name: _____

Your Last Name: _____

Mailing Address: _____

City: _____

Home Phone: _____ State: _____ Zip Code: _____

Cell Phone: _____

Today's Date: (mm/dd/yyyy) _____

Your Birth Date: (mm/dd/yyyy) _____

Would you like to receive text messages about pregnancy and newborn care? Yes No
If you do not have an unlimited texting plan, message and data rates may apply. Text STCP to unsubscribe.

Email Address: _____

Your OB Provider's Name: _____

Your Due Date*: (mm/dd/yyyy) _____

Primary insurance (for mom or baby) other than Medicaid? Yes No

Race/Ethnicity (fill in all that apply) White Black/African American Hispanic/Latina
 American Indian/Naive American Asian Hawaiian/Pacific Islander

Other If other ethnicity, please specify _____

Preferred Language (if other than English) _____

Planning to breastfeed? Yes No If no, what is the reason? _____

Pediatrician chosen? Yes No Pediatrician Name _____

Number of Full Term Deliveries _____ Number of Miscarriages _____ Height: _____*

Number of Preterm Deliveries _____ Number of Stillbirths _____ Pre-Pregnancy Weight: _____

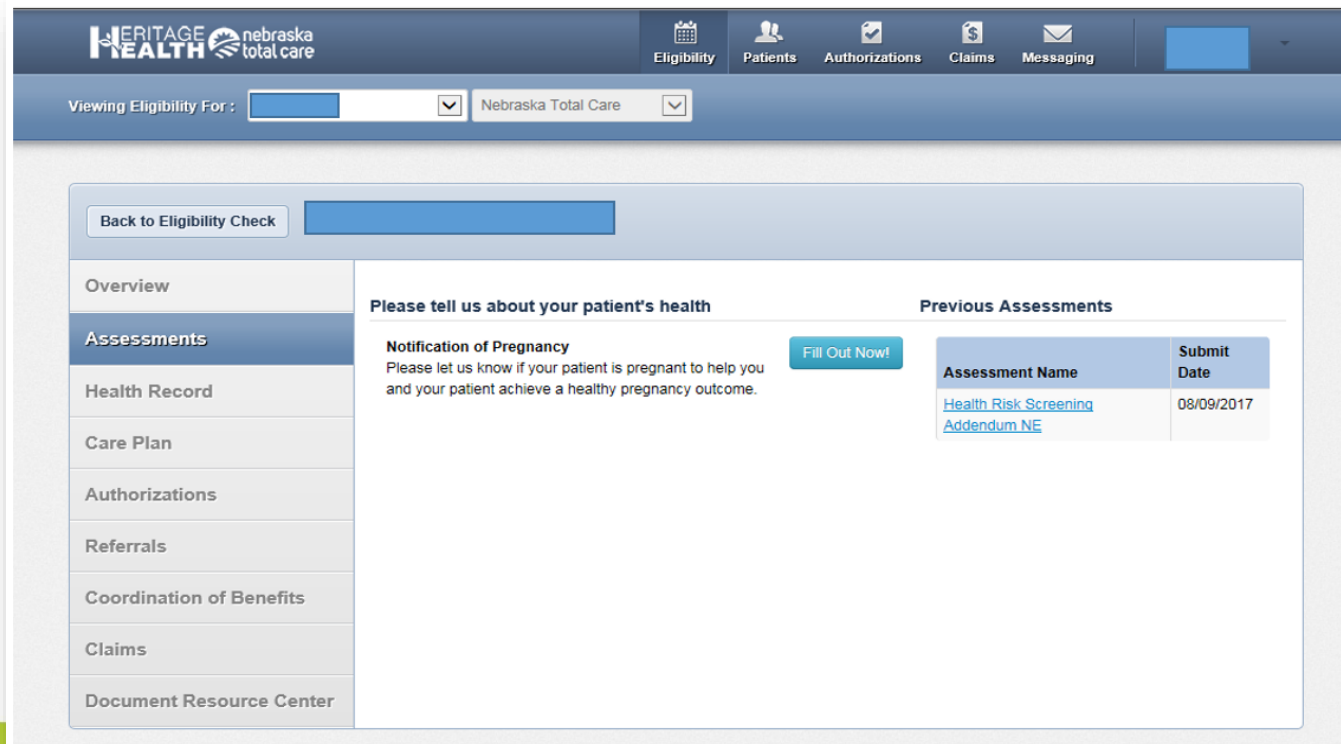
Do you have any of the following?* Yes No If yes, fill in the oval for all that apply.

Your Medical History	Current Pregnancy History
Previous preterm delivery (<37 weeks)? <small>(A delivery more than three weeks early)</small>	Preterm labor this pregnancy? <input type="radio"/>
Recent delivery within past 12 months?	Current gestational diabetes? <input type="radio"/>
Was delivery within past 6 months?	Current twins? <input type="radio"/>
Previous C-Section? <input type="radio"/>	Current triplets? <input type="radio"/>
	Currently having severe morning sickness? <input type="radio"/>

© 2012 Start Smart for Your Baby. All rights reserved. DG NCR-0912 Approved June 28, 2012

NOP Form

You can fill out the NOP form on the web portal, under the member's profile, under "Assessments" tab.



The screenshot shows the web portal interface. At the top, there is a navigation bar with the HERITAGE HEALTH and nebraska total care logos, and icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a dropdown menu for "Viewing Eligibility For:" set to "Nebraska Total Care".

The main content area has a sidebar on the left with the following menu items: Overview, Assessments (highlighted), Health Record, Care Plan, Authorizations, Referrals, Coordination of Benefits, Claims, and Document Resource Center. A "Back to Eligibility Check" button is located at the top left of the main content area.

The main content area is divided into two columns. The left column is titled "Please tell us about your patient's health" and contains a "Notification of Pregnancy" section with the text: "Please let us know if your patient is pregnant to help you and your patient achieve a healthy pregnancy outcome." A "Fill Out Now!" button is located to the right of this text.

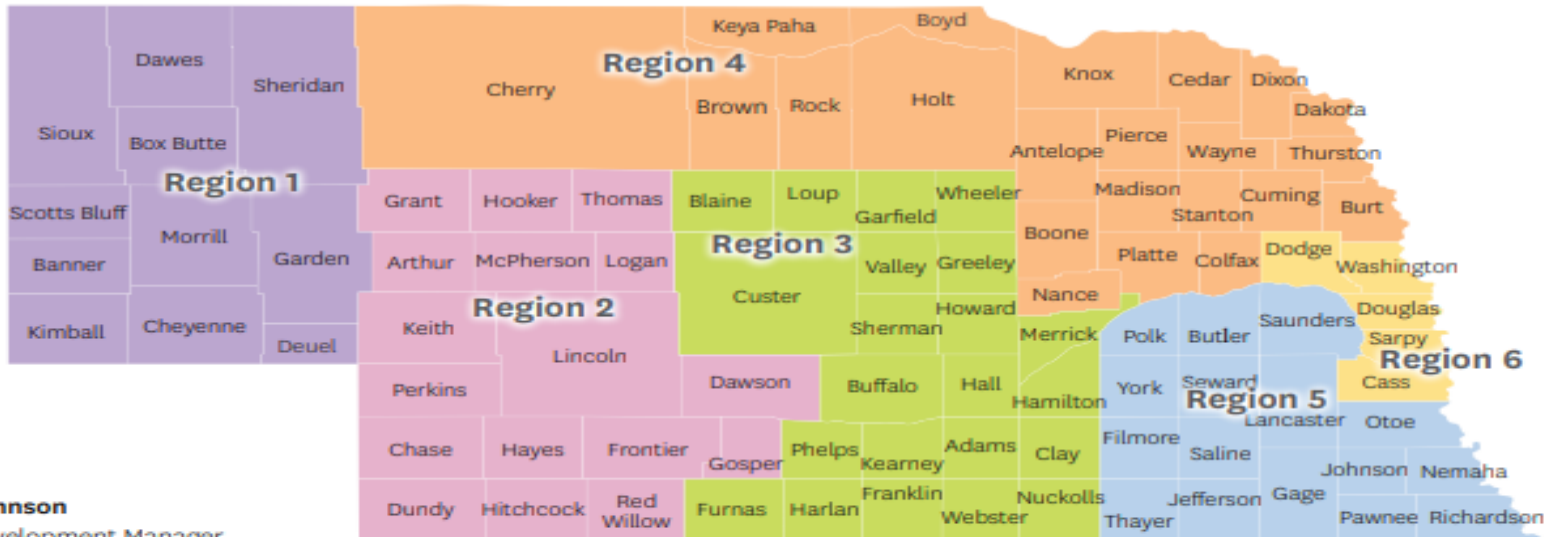
The right column is titled "Previous Assessments" and contains a table with the following data:

Assessment Name	Submit Date
Health Risk Screening Addendum NE	08/09/2017

Behavioral Health

Provider Relations Map for BH

Nebraska Total Care Provider Relations Reps Behavioral Health Regions



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MeLisa Brott
 BH Regions **1 2 3**
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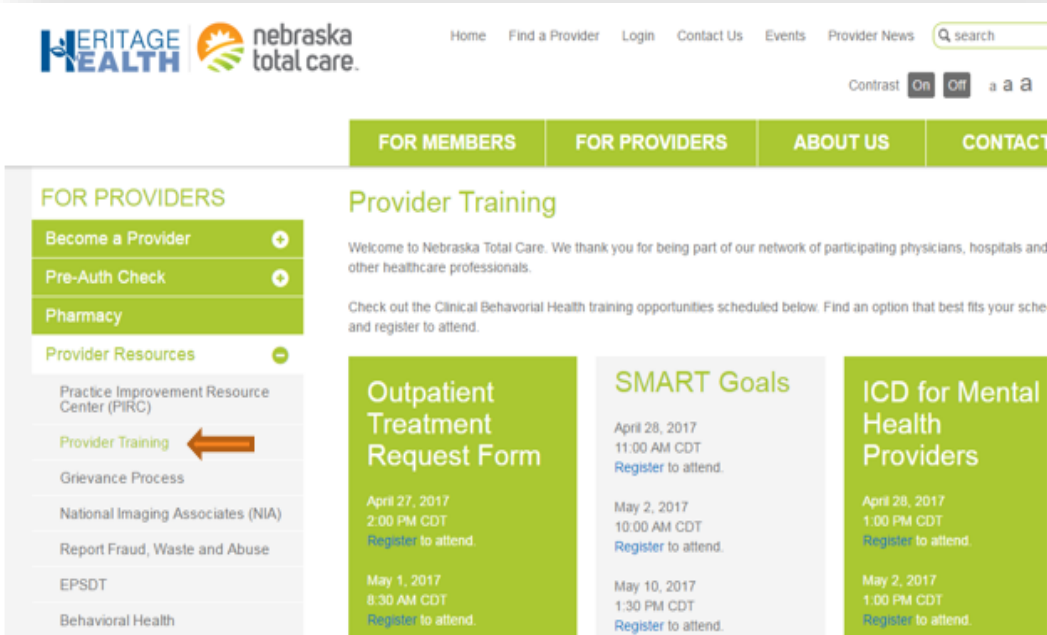
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 Cell: 531-375-6377

Angela Murray
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 Angela.S.Murray@NebraskaTotalCare.com
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 Cell: 402-669-2370

Where do I find BH training opportunities?

NebraskaTotalCare.com

- For Providers
- Provider Resources



The screenshot shows the website interface for Nebraska Total Care. At the top, there are navigation links: Home, Find a Provider, Login, Contact Us, Events, and Provider News. A search bar is located on the right. Below the navigation is a menu with four tabs: FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT. The 'FOR PROVIDERS' tab is active, displaying a sidebar with a list of resources: Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, Practice Improvement Resource Center (PIRC), Provider Training (highlighted with an orange arrow), Grievance Process, National Imaging Associates (NIA), Report Fraud, Waste and Abuse, EPSDT, and Behavioral Health. The main content area is titled 'Provider Training' and includes a welcome message and a list of training opportunities:

Training Opportunity	Date and Time	Action
Outpatient Treatment Request Form	April 27, 2017 2:00 PM CDT	Register to attend
SMART Goals	April 28, 2017 11:00 AM CDT	Register to attend
SMART Goals	May 2, 2017 10:00 AM CDT	Register to attend
SMART Goals	May 10, 2017 1:30 PM CDT	Register to attend
ICD for Mental Health Providers	April 28, 2017 1:00 PM CDT	Register to attend
ICD for Mental Health Providers	May 2, 2017 1:00 PM CDT	Register to attend

Where do I submit authorizations?

Prior authorizations can be submitted by:

- Electronically through the secure Provider Portal
- By fax

866-535-6974

Certificate of Need
Discharge summaries
Inpatient clinical documentation

866-593-1955

Outpatient treatment requests
Outpatient clinical documentation

Behavioral Health forms can be accessed at

<https://www.nebraskatotalcare.com/providers/resources/behavioral-health-forms.html>

Thank you