



AAHAM Spring Meeting

April 10th, 2019

3/27/2019

Agenda

- Introduction
- Physical Health Provider Relations
- Network Management
- Public Facing Website
- Provider News
 - Payment Policies
 - Updated Recovery Timeline
 - PT/OT/ST
 - Pharmacy Claims Processing
 - Retro Authorization Process
- Reconsiderations/Appeals
- Web Portal
 - Provider Analytics 2.0
 - Interpreter
- Start Smart for your Baby
 - Provider Incentives
 - NOP Form
 - 17P
- Behavioral Health
 - BH Training Opportunities
 - NCCI Guidance
 - Neuropsych/Psych Testing

Customer Service

Phone Number

1-844-385-2192

TDD/TTY: 1-844-307-0342

Website

NebraskaTotalCare.com

Email

NEProviderRelations@NebraskaTotalCare.com

NetworkManagement@NebraskaTotalcare.com

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

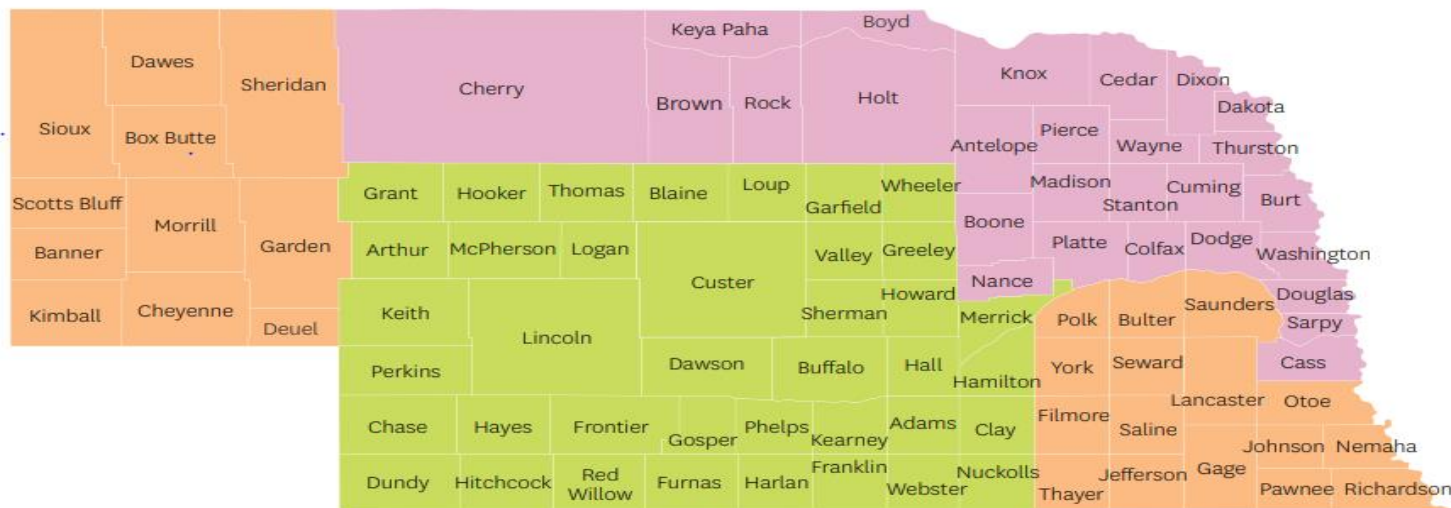
Self Service Practice Management: [Provider Practice Updates](#)

Contact Network Management at

NetworkManagement@NebraskaTotalcare.com

Network Management Map

Nebraska Total Care County Assignments Contracting Team



CONTRACT NEGOTIATORS

Jennifer Ridgley
(531) 329-8524
Jennifer.k.Ridgley@NebraskaTotalcare.com

Michelle Haywood
(402) 401-4876
Michelle.L.Haywood@NebraskaTotalcare.com

Nic Zajac
(531) 329-8536
Nicholas.M.Zajac@NebraskaTotalcare.com

Routine Vision Providers
Envolve Vision
800-531-2818
visionnetworkmanagement@envolvehealth.com

Pharmacy Providers
Envolve Pharmacy
1-866-488-4708

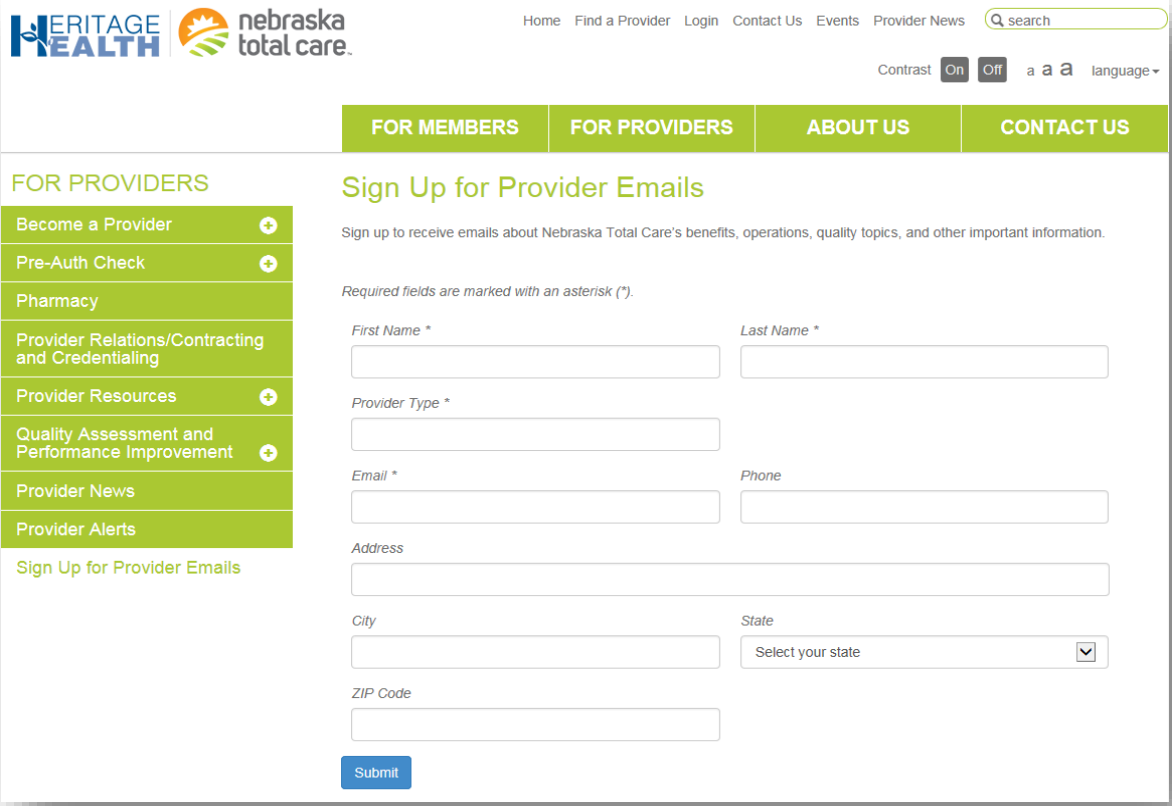
Public facing website



Email notifications



Sign up for emails



The screenshot shows the Nebraska Total Care website with the 'FOR PROVIDERS' section active. The main heading is 'Sign Up for Provider Emails'. Below it, a paragraph states: 'Sign up to receive emails about Nebraska Total Care's benefits, operations, quality topics, and other important information.' A note indicates 'Required fields are marked with an asterisk (*)'. The form includes fields for First Name, Last Name, Provider Type, Email, Phone, Address, City, State (a dropdown menu), and ZIP Code. A blue 'Submit' button is at the bottom.

HERITAGE HEALTH | **nebraska total care**

Home Find a Provider Login Contact Us Events Provider News

Contrast a a a language ▾

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

FOR PROVIDERS

- Become a Provider +
- Pre-Auth Check +
- Pharmacy
- Provider Relations/Contracting and Credentialing
- Provider Resources +
- Quality Assessment and Performance Improvement +
- Provider News
- Provider Alerts
- Sign Up for Provider Emails**

Sign Up for Provider Emails

Sign up to receive emails about Nebraska Total Care's benefits, operations, quality topics, and other important information.

Required fields are marked with an asterisk (*).

First Name *

Last Name *

Provider Type *

Email *

Phone

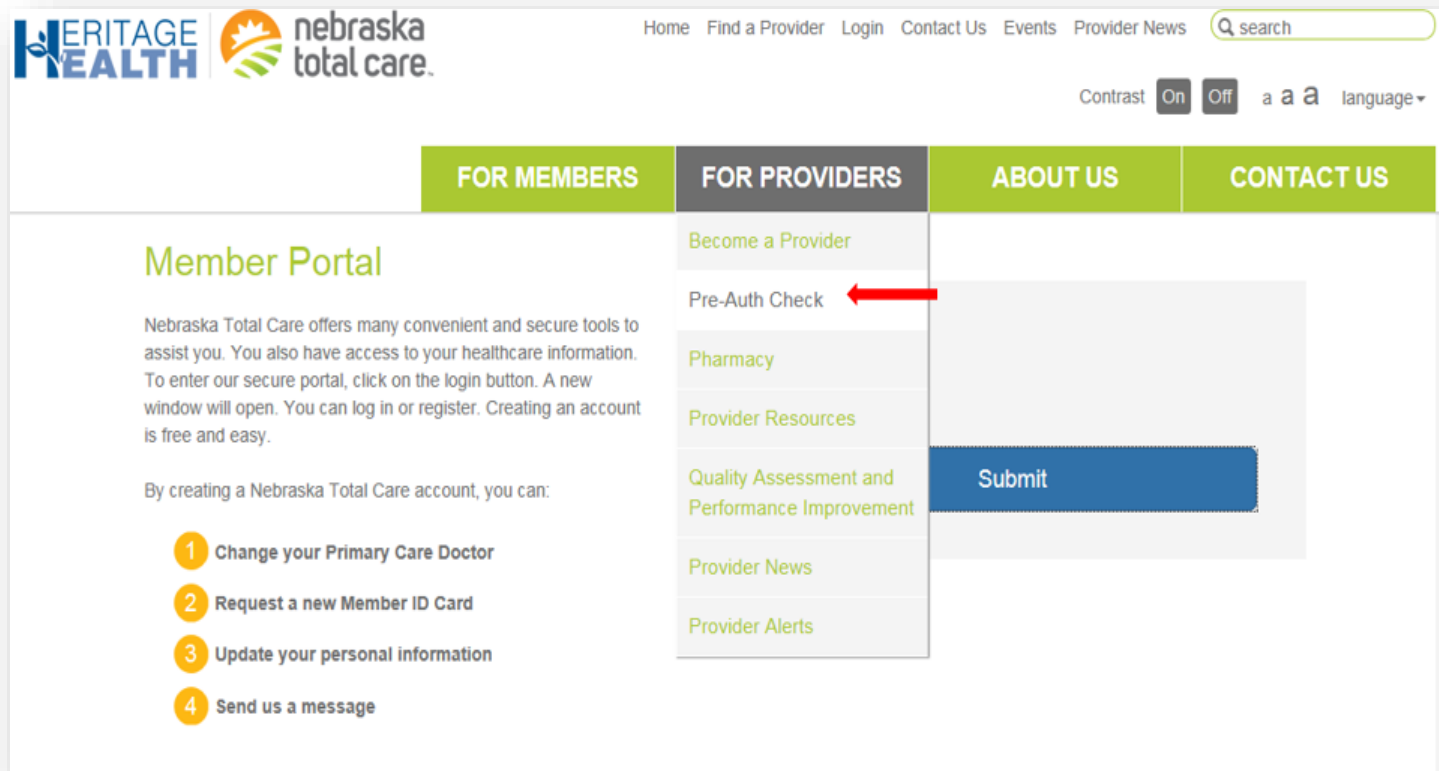
Address

City

State

ZIP Code

Pre-Auth Check



The screenshot shows the Nebraska Total Care website interface. At the top, there are logos for HERITAGE HEALTH and nebraska total care. Navigation links include Home, Find a Provider, Login, Contact Us, Events, and Provider News. A search bar is located on the right. Below the navigation bar, there are four main sections: FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT US. The FOR PROVIDERS section is active, displaying a list of options: Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, Quality Assessment and Performance Improvement, Provider News, and Provider Alerts. A red arrow points to the Pre-Auth Check option. To the right of the list, there is a blue Submit button.

HERITAGE HEALTH | **nebraska total care**

Home Find a Provider Login Contact Us Events Provider News

Contrast 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

Become a Provider

Pre-Auth Check

Pharmacy

Provider Resources



Quality Assessment and Performance Improvement

Provider News

Provider Alerts

Submit

Pre-Auth Check

[Home](#)
[Find a Provider](#)
[Login](#)
[Contact Us](#)
[Events](#)
[Provider News](#)

Contrast a a a language ▾

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

FOR PROVIDERS

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

Medicaid Pre-Auth

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

Vision Services need to be verified by [Envolve](#).
Dental Services need to be verified by [DHHS](#).
Complex imaging, MRA, MRI, PET, and CT scans need to be verified by [NIA](#).

Non-participating providers must submit Prior Authorization for all services.

For non-participating providers, [Join Our Network](#).

Are Services being performed in the Emergency Department or Urgent Care Center or Family Planning services billed with a Contraceptive Management diagnosis?

☐ Yes ☒ No

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 Nebraska Total Care website. At the top, there is a navigation bar with links: Home, Find a Provider, Login, Contact Us, Events, and Provider News. A search bar is located on the right. Below the navigation bar, there is a green header with four tabs: FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT US. A red arrow points down to the FOR PROVIDERS tab. Under the FOR PROVIDERS tab, there is a list of links: Become a Provider, Pre-Auth Check, Pharmacy, Provider Resources, Quality Assessment and Performance Improvement, and Provider News. Below this list, there is a section titled 'Provider Alerts' with three links: Known Issues and Resolution Timeframes, List of Medicare Exclusion Codes, and Provider Payment Schedule. A red arrow points to the 'Known Issues and Resolution Timeframes' link.

HERITAGE HEALTH | nebraska total care™

Home Find a Provider Login Contact Us Events Provider News Q search

Contrast On Off a a language

FOR MEMBERS FOR PROVIDERS ABOUT US CONTACT US

FOR PROVIDERS

Become a Provider +

Pre-Auth Check +

Pharmacy

Provider Resources +

Quality Assessment and Performance Improvement +

Provider News

Provider Alerts

Provider Alerts

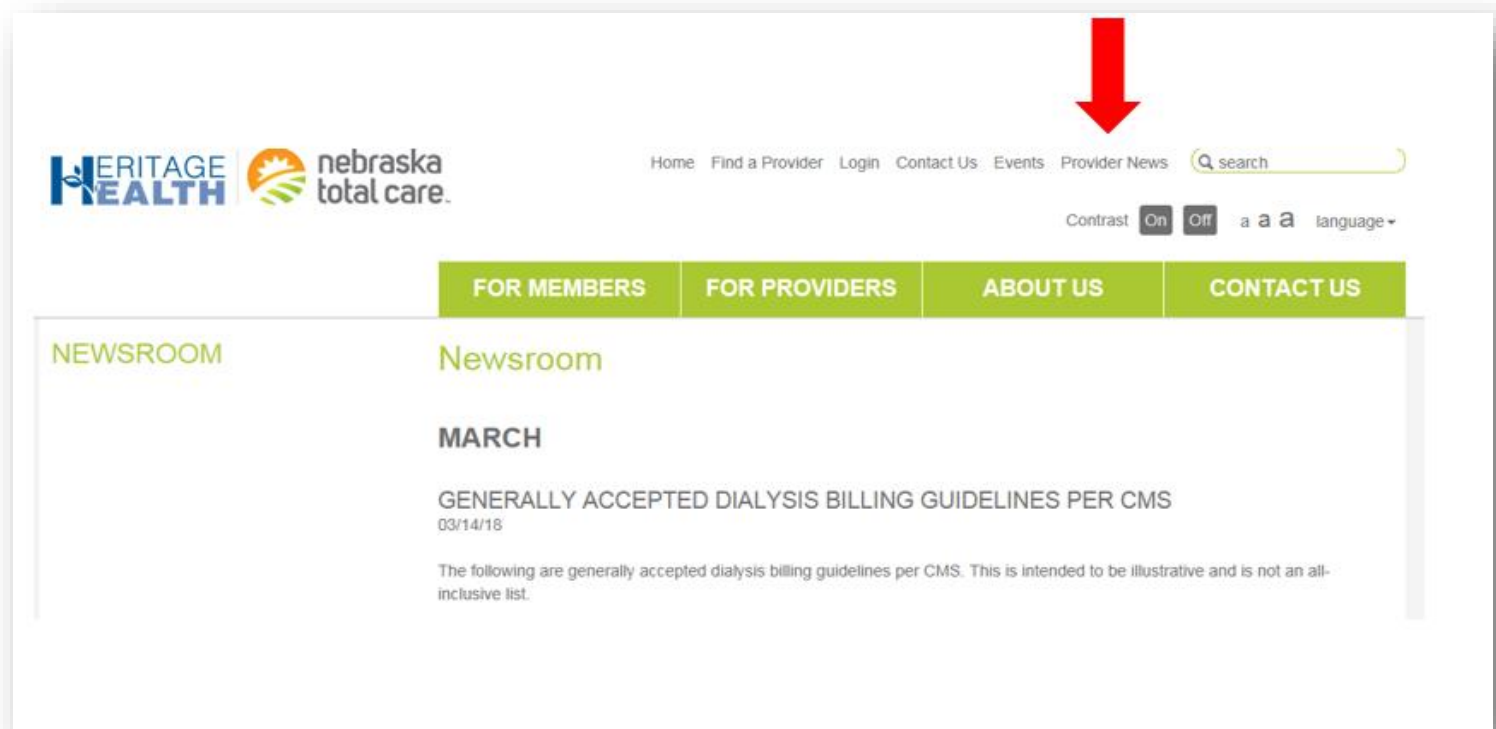
Known Issues and Resolution Timeframes

List of Medicare Exclusion Codes

Provider Payment Schedule

Provider News

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



Payment policies

To access Nebraska Total Care payment policies

- Go to NebraskaTotalCare.com
- Select “For Providers” then “Provider Resources.”
- Select link for Manual, Forms and Resources
- Click on Nebraska Total Care Payment Policy Manual
- New payment policies that took effect November 1, 2018 have been approved and posted here
- Payment policies can be accessed here: [Payment Policies](#)

Updated Recovery Letter Time

Effective September 1, 2018, Nebraska Total Care will be moving the time allowed to respond to claim Recovery Letters from 60 to 30 days, unless there is language in a provider's contract that explicitly calls out a specified recovery response time frame.

This process change supports our Health Plan's alignment to Nebraska Administrative Code 471-3-002.08A as it relates to refund requests response time frames.

PT/OT/ST

Effective April 1, 2019 physical, occupational, and speech therapy services will no longer be managed by National Imaging Associates, Inc. (NIA) and will transition back to management by Nebraska Total Care. PT/OT/ST services provided after this dated will require prior authorization, for all members when provided by a participating provider.

Nebraska Total Care will no longer utilize a post-service, pre-payment review process to manage these services and will return to a prior authorization structure, as they were managed by Nebraska Total Care prior to NIA involvement. To support members who are in a current course of active treatment, Nebraska Total Care will begin accepting authorization requests on March 18th, 2019 for dates of service April 1st, 2019 forward.

Claims for authorized services will continue to be submitted to Nebraska Total Care Health Plan for adjudication. All therapy claims must still contain the appropriate modifier when submitted to the health plan in order to ensure appropriate adjudication. Failure to include a specialty modifier (GN, GO, GP), may result in the inability to process your claim.

Please be aware that providers will need to continue to ensure that the member has not exhausted his/her PT/OT/ST benefit and/or has a habilitative benefit prior to providing services.

We appreciate your participation and look forward to your assistance in assuring that Nebraska Total Care Health Plan members receive physical, occupational, and speech therapy services in a quality, clinically appropriate manner.

Provider education webinars to support this transition will be held beginning in March 2019. Webinar schedule and additional operational information will be forthcoming.

Pharmacy Claims Processing Change

Effective April 1, 2019, Envolve Pharmacy Solutions will transition Nebraska Total Care claims processing to RxAdvance. The [pharmacy update document](#) was distributed to pharmacy providers and includes all of the information necessary for processing claims after that date.

Retro-Authorizations

Effective October 1, 2018, in response to provider discussion and feedback, Nebraska Total Care is updating our retro-authorization request process. To support what we hope will be a more efficient retro-authorization request process, Nebraska Total Care is moving away from a retro-authorization being initiated via claim reconsideration, to a more standard method of authorization request.

The revised retro-authorization review process is posted here: [Retro-Authorization Process](#)

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 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 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

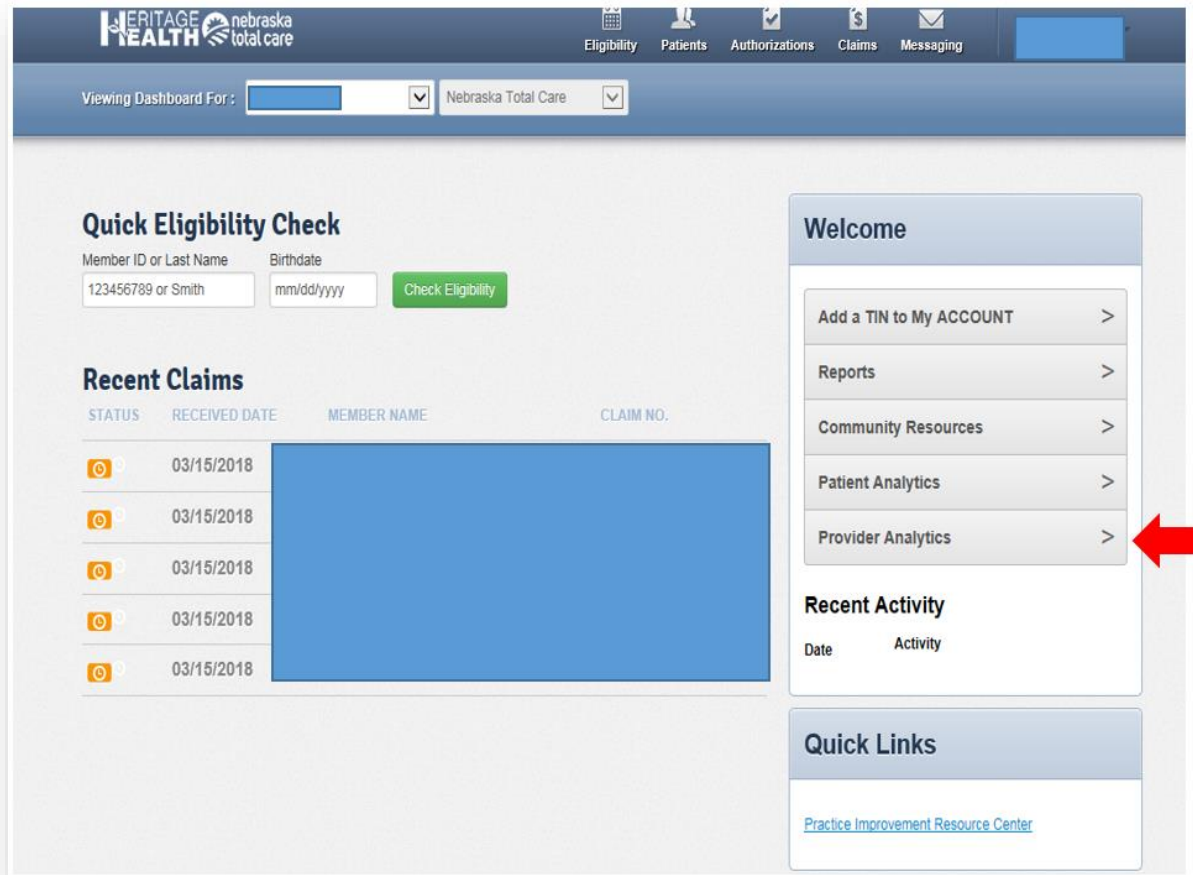
Log into your account at least once a month.

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



HERITAGE HEALTH nebraska total care

Eligibility Patients Authorizations Claims Messaging

Viewing Dashboard For: Nebraska Total Care

Quick Eligibility Check

Member ID or Last Name: Birthdate:

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	03/15/2018		
	03/15/2018		
	03/15/2018		
	03/15/2018		
	03/15/2018		

Welcome

- Add a TIN to My ACCOUNT >
- Reports >
- Community Resources >
- Patient Analytics >
- Provider Analytics >

Recent Activity

Date	Activity
------	----------

Quick Links

[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



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

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: _____

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

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

Mailing Address: _____

City: _____

Home Phone: _____ State: _____ Zip Code: _____

Cell Phone: _____

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 STOP 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

Previous preterm delivery (<37 weeks)? _____ ☐ **Current Pregnancy History**

(A delivery more than three weeks early) _____ ☐ Preterm labor this pregnancy? _____ ☐

Recent delivery within past 12 months? _____ ☐ Current gestational diabetes? _____ ☐

Was delivery within past 6 months? _____ ☐ Current twins? _____ ☐

Previous C-Section? _____ ☐ Current triplets? _____ ☐

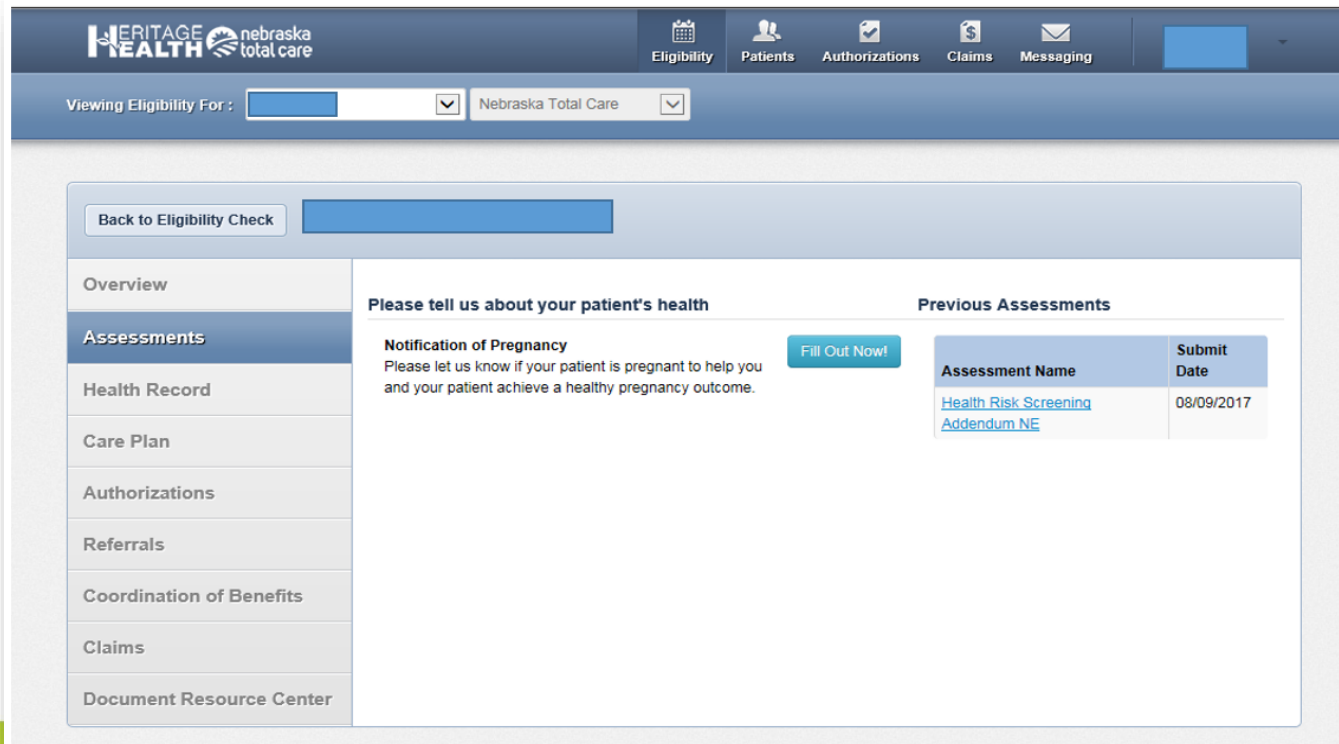
_____ ☐ Currently having severe morning sickness? _____ ☐

© 2012 Start Smart for Your Baby. All rights reserved.

OS 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 HERITAGE HEALTH web portal interface. At the top, there is a navigation bar with the HERITAGE HEALTH logo and the text 'nebraska total care'. To the right of the logo are icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar is a dropdown menu for 'Viewing Eligibility For:' with a selected option of 'Nebraska Total Care'. The main content area is divided into a left sidebar and a main panel. The sidebar contains a list of tabs: Overview, Assessments (which is highlighted), Health Record, Care Plan, Authorizations, Referrals, Coordination of Benefits, Claims, and Document Resource Center. The main panel is titled 'Please tell us about your patient's health' and contains a 'Notification of Pregnancy' section with a 'Fill Out Now!' button. To the right of this section is a table titled 'Previous Assessments'.

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

Performance Improvement Projects (PIPs) – 17P

Aim Statement

“By the end of 2019, Nebraska Total Care aims to increase the percentage of 17-OH Progesterone rate given between 16-26 weeks gestation, by 14.4 percentage points (from 20.6) in order to exceed Nebraska Total Care’s December 2019 goal of 35% for all pregnant women with continuous coverage and a history of previous premature birth, singleton delivery”.

Barrier Identification

Barrier Feedback obtained by NTC providers through Clinical Advisory Committee (CAC) and QAPIC. Barriers were shared with the MLTC and other MCO’s

Consistent Data Collection and Collaborative Interventions

In 2017 determine data specifications, establish benchmark and baseline data and discuss potential interventions.

17P Update

Bulletin 18-01

Effective **April 1, 2018**, Nebraska Medicaid fee-for-service will no longer reimburse the compounded 17P unless the FDA approved product, Makena, does not meet the individual medical needs of a patient. Coverage of compounded 17P will require prior authorization and must meet the same clinical criteria as Makena. Also, providers must submit documentation that shows the compounded 17P product for each individual patient has a significant difference from Makena. The compounding pharmacy must follow Section 503A of the Food, Drug, and Cosmetic Act (FDCA). All approved individual compounded ingredients must be billed separately.

Nebraska Medicaid fee-for-service will continue to cover FDA approved uses of the drug Makena, as listed below. There is no prior authorization for Makena. All services reimbursed by Nebraska Medicaid are subject to post-payment review (NAC 471 3-002.03).

Provider Incentive for 17P

Incentive Program B: 17P Initiation and Delivery Outcomes

Incentive limited to Providers within the Nebraska Total Care Provider Network.

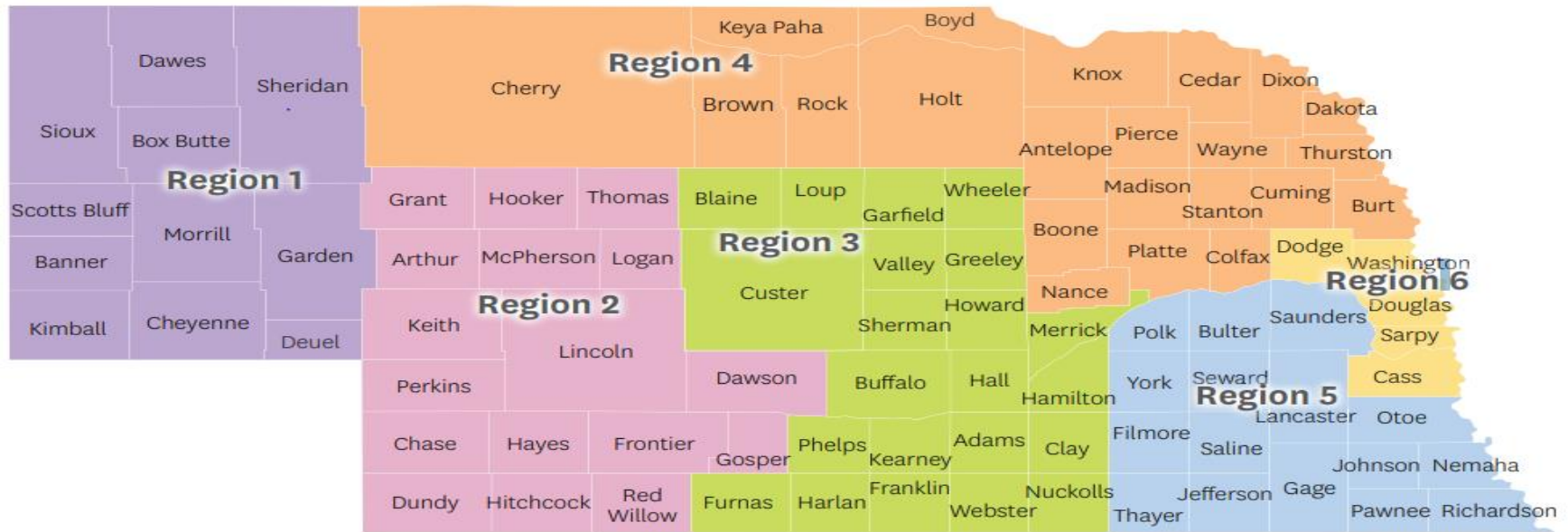
A \$200 incentive will be paid to Provider compliant with all criteria outlined below for each qualifying member:

- Accurate and timely NOP Form submission through the Nebraska Total Care Provider Portal
- Clinical indicated 17 alpha-hydroxyprogesterone caproate (17P) effectively initiated between sixteen (16) and twenty-seven (27) weeks gestation
- Member is administered a minimum of five (5) weekly 17P doses consecutively
- Member delivers at 35 weeks gestation or greater

Behavioral Health

Provider Relations Map for BH

Nebraska Total Care Provider Relations Reps Behavioral Health Regions



Mariana Johnson

Network Development Manager
Mariana.I.Johnson@NebraskaTotalCare.com
Cell: (402) 590-9113

Open

BH Regions **1 2 3**
Please contact Mariana Johnson

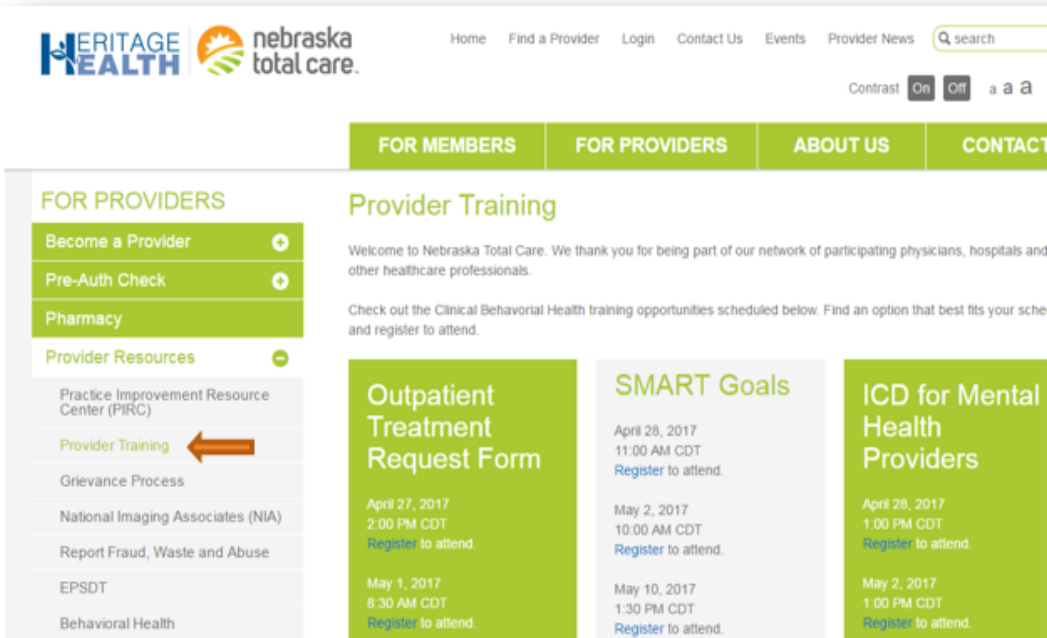
Angela Murray

BH Regions **4 5 6**
Angela.S.Murray@NebraskaTotalCare.com
Office: (531) 329-8533
Cell: (402) 669-2370

Where do I find BH training opportunities?

NebraskaTotalCare.com

- For Providers
- Provider Resources



The screenshot shows the NebraskaTotalCare.com website. The top navigation bar includes links for Home, Find a Provider, Login, Contact Us, Events, and Provider News, along with a search bar. Below the navigation bar, there are tabs for FOR MEMBERS, FOR PROVIDERS, ABOUT US, and CONTACT. The 'FOR PROVIDERS' tab is selected, and the 'Provider Training' link in the left sidebar is highlighted with a red arrow. The main content area displays a 'Provider Training' section with a welcome message and a list of training opportunities.

Training Opportunity	Date	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>

BH NCCI Edit Guidance

Effective July 1, 2018, Nebraska Total Care activated the current, standard behavioral health NCCI claim edits for Procedure to Procedure billing and Medically Unlikely Edits.

In the event that a Behavioral Health provider receives a reimbursement denial on a claim using distinct procedural code(s) i.e. 59, or X modifier(s) for same day services, the provider may submit a claim reconsideration that includes clinical documentation to substantiate same day service for two distinct procedure codes.

Nebraska Total Care's [reconsideration/appeal forms](#) can be found on our website on the Practice Improvement Resource Center (PIRC) page.

Neuropsych and Psych Testing Code Updates

Nebraska Total Care will align with Nebraska Medicaid Provider Bulletin 19-04: [PB 19-04 \(PDF\)](#) related to CPT code changes for these identified services.

Nebraska Total Care is working to update our systems to this new code structure and we have an expected effective date of February 18, 2019 for the new code structure.

Review our posted tables that procedure code definitions and reimbursement rates

The updated pre-authorization requirements will be reflected in our [pre-authorization check tool](#) to verify authorization is needed. When using this tool please ensure you select the appropriate service domain for authorization verification (Radiology, Physical Health, Behavioral Health or PT/OT/ST) and fill out the questions in the tool completely to verify authorization requirement.

Thank you