



Nebraska Total Care Overview

Better Health Outcomes, Lower Costs.™

Provider Webinar

August 8, 2016

- Company Overview
- Contracting and Credentialing
- Provider Relations
- Website and Secure Portal Tools
- Medical Management
- Utilization Management
- Questions

Our Philosophy



LOCAL APPROACH & JOB CREATION

Centene's core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our care coordination model utilizes integrated programs that can only be delivered effectively by a local staff, resulting in meaningful job creation within the communities we serve.



CARE COORDINATION

Our proprietary care management programs promote a medical home for each member and enable Centene to partner with its trusted providers to ensure members receive the right care, in the right place, at the right time.



HEALTHCARE COMPLIANCE

State and Healthcare Effectiveness Data and Information Set (HEDIS) reporting constitutes the core of the information base that drives our clinical quality performance efforts. This reporting is monitored by Plan Quality Improvement Committees and our corporate medical management team.



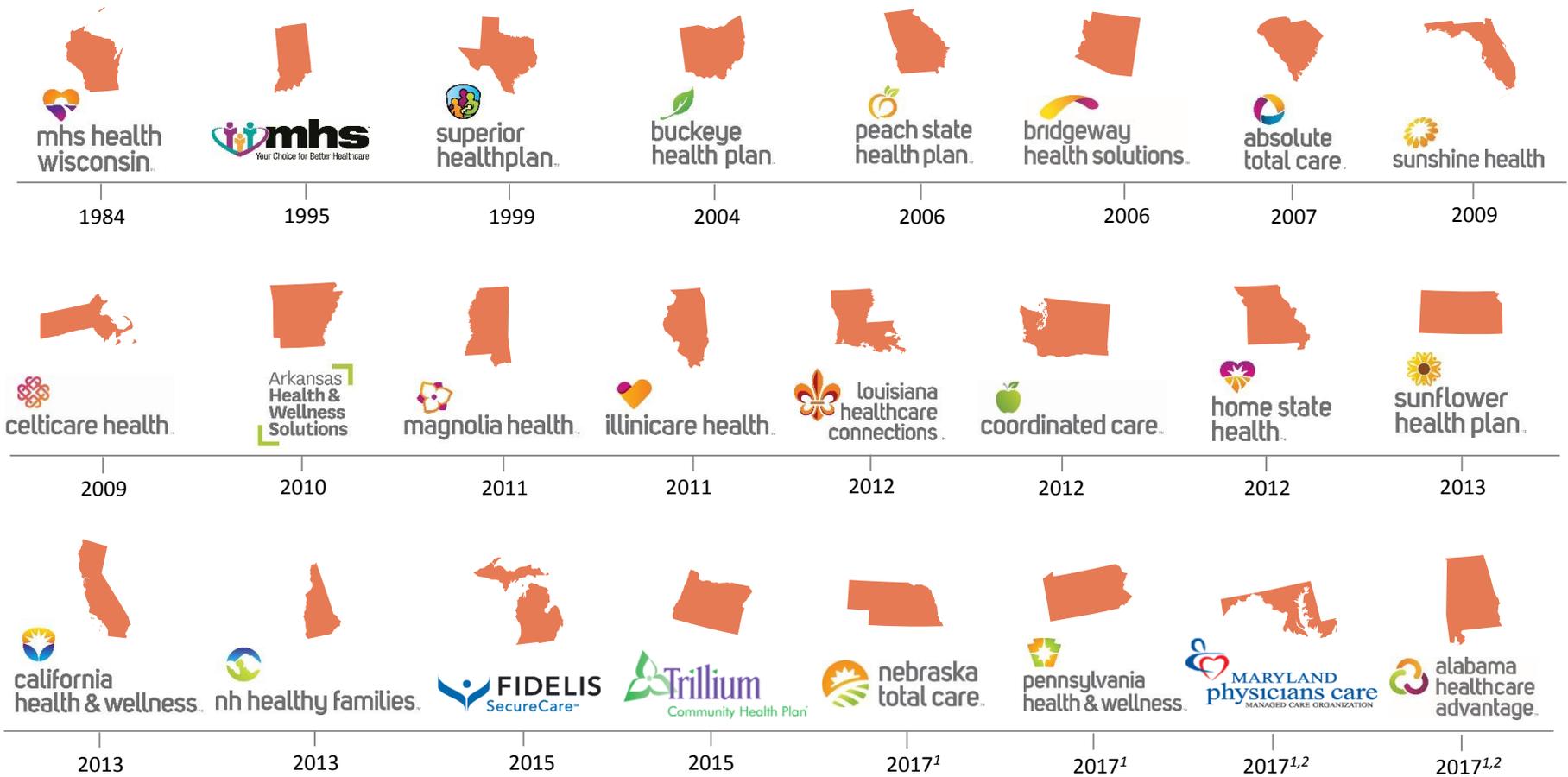
CULTURAL SENSITIVITY

We successfully coordinate care for our diverse membership by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.

Medicaid Leadership

BRINGING EXPERIENCE TO NEW MARKETS

PARTNERING WITH **24** STATE MEDICAID AGENCIES



¹ Anticipated to go-live, pending regulatory approval.

² Represent Managed Service Organization contracts.

Integrated Specialty Health Solutions



envolve™

envolve™ PHARMACY SOLUTIONS

- Drug Benefit Management*
- Acaria® Specialty Drug Solutions*
- Online Drug Management Tools*
- Analytics and Clinical Consulting*
- Home Delivery Services*

envolve™ PEOPLE CARE

- Digital Health*
- Behavioral Health*
- Health and Life Coaching*
- Nurse Advice Line*
- Care Gap Closure Services*
- Foster Care Management*

envolve™ BENEFIT OPTIONS

- Vision Benefits*
- Dental Benefits*

Interpretive Services



➤ Voiance

– Main vendor for telephonic interpretation

➤ LSA – Language Services Associates

– Main vendor for face-to-face meeting interpretation

Members and/or providers may call the NTC call center to set up face-to-face interpretation services. Both vendor prefer a 5-day notification, but will attempt to accommodate all requests.

Our Goals

Link Members to the Medical Home Best Able to Serve Them

Provide Local Infrastructure:

- Case Management
- Connections Representatives
- Disease Management
- Call Center
- Member Services
- Provider Relations
- Provider Services



Ensure that Medicaid Recipients get the Care They Need in the Most Appropriate Setting

- *Increase* primary care visits and *reduce* unnecessary Emergency Room visits

Timely and appropriate Rehabilitation placement;

- Improve Quality of Life,
- Identify and facilitate appropriate/timely rehabilitation and skilled placements.
- Coordinate care to reduce duplication and waste
- Reduce socio-economic barriers to care
- Implement physician driven strategies that support a Medical Home

Overview of Nebraska Total Care

Nebraska Total Care covers, at a minimum, those core benefits and services specified in our Agreement with Nebraska DHHS and defined in the, administrative rules, and Department policies and procedure handbook.

All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

All Out of Network (Non-Par) services require prior authorization, excluding family planning, emergency room, and table top x-ray.

Use the *Pre-Auth Required?* Tool at NebraskaTotalCare.com to quickly determine if a specific service requires authorization.

Contracting and Credentialing



Contents of Provider Contracting Packet:

- Welcome letter
- Participating Provider Agreement
- Marketing pieces
- Provider Data Form
- Disclosure of Ownership Form

Contracting and Credentialing



Any willing provider – robust network and best possible access

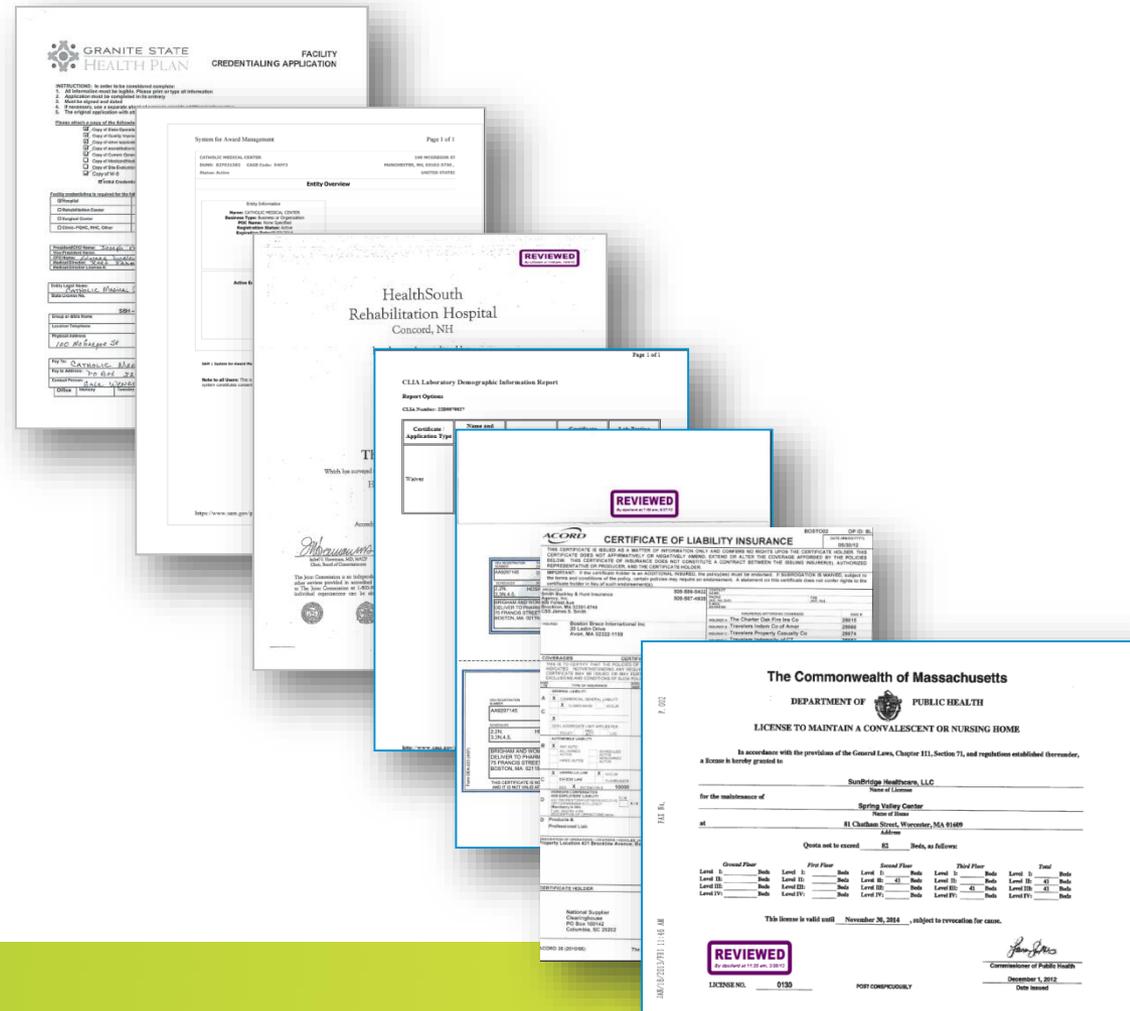
Components of agreement:

- Standard language
- State-mandated language
- Rate exhibit(s)
- Delegated credentialing agreement (DCA)

Credentialing

Typical Credentialing Elements for an Organization

- Application
- Attestation
- Proof of Accreditation or CMS Audit
- Liability Coverage
- Sanctions Checking
- Licensure
- CLIA Certificate
- DEA/CSR Certificate



Provider Relations

Nebraska Total Care's Member/Provider Services department includes trained Provider Relations staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

- Credentialing/Network Status
- Claims
- Request for adding/deleting physicians to an existing group

By calling **Nebraska Total Care's** Member/Provider Services number at 1-844-385-2192*, providers will be able to access real-time assistance for all their service needs.

*This number is not yet functional but will be active when the plan goes live. In the meantime, providers can call 1-855-688-6589 with any questions about Contracting and Credentialing.

Provider Relations

Each provider will have a **Nebraska Total Care's** Provider Network Specialists assigned to them. This team serves as the primary liaison between the Plan and our provider network and is responsible for:

- Provider Education
- HEDIS/Care Gap Reviews
- Financial Analysis
- Assisting Providers with EHR Utilization
- Demographic Information Update
- Initiate credentialing of a new practitioner
- Facilitate to inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns
- Contract clarification
- Membership/Provider roster questions
- Assist in Provider Portal registration and Payspan

Website and Secure Portal Tools



Web-Based Tools

Web-Based Tools

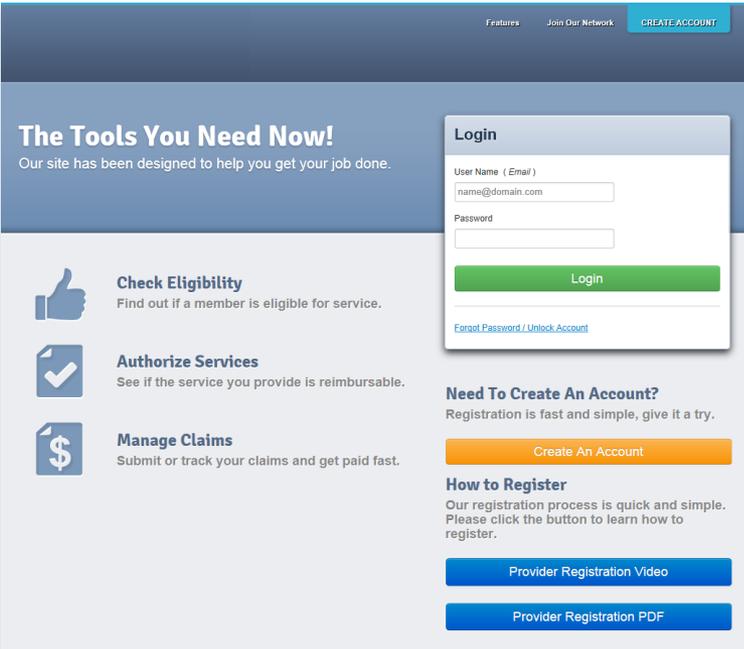
- Public site at **www.nebraskatotalcare.com**
 - Provider Information for Medical Services
 - Provider Manual and Billing Manual
 - Prior Authorization Code Checker
 - Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms etc...
 - Clinical Practice Guidelines
 - Provider Newsletters and Announcements
 - Plan News
 - Find a Provider
- Nebraska Total Care is committed to enhancing our web-based tools and technology; Provider suggestions are always welcome.
- Contact Provider Services at 1-844-385-2192*

*This number is not yet functional but will be active when the plan goes live. In the meantime, providers can call 1-855-688-6589 with any questions about Contracting and Credentialing.

Secure Provider Portal

- **Secure Provider Portal:**
 - Member Eligibility & Patient Listings
 - Health Records & Care Gaps
 - Authorizations
 - Claims Submissions & Status
 - Corrected Claims & Adjustments
 - Payments History
 - Monthly PCP Cost Reports

**Registration is free and easy,
contact your Provider Network
Specialist to get started!!!**



The screenshot displays the Secure Provider Portal interface. At the top right, there are links for "Features", "Join Our Network", and "CREATE ACCOUNT". The main heading is "The Tools You Need Now!" with a subtext: "Our site has been designed to help you get your job done." Below this, there are three service cards: "Check Eligibility" (thumbs up icon), "Authorize Services" (checkmark icon), and "Manage Claims" (dollar sign icon). On the right side, there is a "Login" form with fields for "User Name (Email)" (containing "name@domain.com") and "Password", a "Login" button, and a link for "Forgot Password / Unlock Account". Below the login form, there is a "Need To Create An Account?" section with a "Create An Account" button and a "How to Register" section with links for "Provider Registration Video" and "Provider Registration PDF".

Secure Provider Portal

- Provider reports available on **Nebraska Total Care's** secure provider web portal are generated on a monthly basis and can be exported into a PDF or Excel format.

Provider Reports include:

- Patient List with HEDIS Care Gaps
- Emergency Room Utilization
- Rx Claims Report
- High Cost Claims

Clinical Model

VISIBLE CLINICAL PRESENCE — “BOOTS ON THE GROUND”

Bring Coordination of Care to the Members & Providers

- Face-to-Face interactions
- Field Teams and Co-located Teams in provider sites
- Case Manager, Program Specialist, MemberConnections representatives

Care Management Teams

- Identify and engage high-risk and non-compliant members
- Identify barriers to compliance with treatment plans and goals
- Facilitate communication across medical and behavioral health specialties
- Coordinate services, including transportation and referrals

Onsite Discharge Planning at High-Volume Facilities

MemberConnections Representatives

- Explain benefits, provide health education, including how to access care (ex. appropriate Emergency Room utilization)
- Community events and partnerships with local community agencies, churches and high volume provider offices to promote healthy living and preventive care
- Able to change Members’ beliefs and behaviors because they are hired from within the community

Hired from Local Community, Know the Area, Know the Membership

Social Determinants of Health



- History & Culture
 - Rural, Urban, Tribal nation
- Collaboration
 - Non complicated process/access to care
 - Autonomy
- Member rights & responsibilities
- Key Interventions
 - Early childhood and prenatal care'
 - Foster Care/CPS
 - GAPS in care
 - Knowledge local partners, community resources

Care Management

- Care Coordination
 - Member outreach
 - Health Risk Summaries
- Community Health Worker
 - Educates covered benefits, safety, community resources
- Complex Care Management
 - Episodic Events
 - Specialty placements
 - High Utilization
 - Transitional Care

Discharge Planning/Alternative Stays



Nebraska total care's Concurrent Review and Care Management teams close collaboration ensure recipients will have

- Appropriate/timely leveling of care
 - Dedicated Care Manager
 - Transition of Care
 - Collaboration with NF
- Access to Behavioral health services
- Management first 30 days of rehab
- Care Manager, assignment, coordination of benefits; residential status
- CM close collaboration with facilities

Medical Management



- Utilization Management
 - Prior Authorizations
 - Concurrent Review
- Member Connections
- Quality
- Member Education

Contracting and Credentialing Contact Information

Phone: 1-855-688-6589

Email: networkmanagement@nebraskatotalcare.com

Fax at 1-844-536-2997