

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



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Pete Ricketts, Governor

July 19, 2017

Patrick O' Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell:

In accordance with Nebraska Revised 68-2004, please find attached the report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the second quarter of the calendar year 2017.

Specifically, this report includes, but is not limited to: rates of initial service authorizations, reauthorizations subsequent to initial service authorizations, and denials for behavioral health services.

With the implementation of Heritage Health, children now receive behavioral health services from one of three managed care organizations. Attached you will find three separate reports, one each from Nebraska Total Care, UnitedHealthcare Community Plan, and WellCare of Nebraska. Of note, Nebraska Total Care had more stringent prior authorization requirements and protocols than the other plans for the reporting time period, which is a contributing factor to the variance in their data compared to the other two plans.

If you have any questions, please contact Heather Leschinsky, Deputy Director of Delivery Systems, at Heather.Leschinsky@nebraska.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rocky Thompson", followed by a horizontal line.

Thomas "Rocky" Thompson, Interim Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Heritage Health

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71165 o4
Health Plan Contact	Susan Huse
Health Plan Contact Email	Susan.M.Huse@NebraskaTotalCare.com
Report Period Start Date	03/07/2017
Report Period End Date	06/06/2017
Report Original Submission Date	6/15/2017
Report Revision Submission Date	6/23/2017

Service Type	Initial Service Requests						Reauthorization Requests						All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0			0	0	0	0			0	0	0	0		
Community Treatment Aid	6	7	2	5	28.57%	71.43%	0	0	0	0			6	7	2	5	28.57%	71.43%
Day Treatment	26	31	8	23	25.81%	74.19%	0	0	0	0			26	31	8	23	25.81%	74.19%
Inpatient	276	326	2	324	0.61%	99.39%	0	0	0	0			276	326	2	324	0.61%	99.39%
Intensive Outpatient Program	44	61	19	42	31.15%	68.85%	0	0	0	0			44	61	19	42	31.15%	68.85%
Outpatient	1,015	1,255	102	1,149	8.13%	91.55%	0	0	0	0			1,015	1,255	102	1,149	8.13%	91.55%
Partial Hospitalization	4	5	0	5	0.00%	100.00%	11	30	0	30	0.00%	100.00%	15	35	0	35	0.00%	100.00%
Professional Resource Family Care	0	0	0	0			0	0	0	0			0	0	0	0		
Psych Testing	226	238	8	229	3.36%	96.22%	0	0	0	0			226	238	8	229	3.36%	96.22%
Psuchiatric Residential Treatment Facility	31	36	3	33	8.33%	91.67%	51	72	13	59	18.06%	81.94%	82	108	16	92	14.81%	85.19%
Therapeutic Group Home	23	51	6	45	11.76%	88.24%	0	0	0	0			23	51	6	45	11.76%	88.24%
Other Services	1,911	3,286	196	2,952	5.96%	89.84%	0	0	0	0			1,911	3,286	196	2,952	5.96%	89.84%
	3,562	5,296	346	4,807	6.53%	90.77%	62	102	13	89	12.75%	87.25%	3,624	5,398	359	4,896	6.65%	90.70%

*remaining authorizations in pending status at time of report

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of Nebraska
Contract Number	71163 04
Health Plan Contact	Adam Proctor
Health Plan Contact Email	adam_proctor@uhc.com
Report Period Start Date	Mar 07, 2017
Report Period End Date	Jun 06, 2017
Report Original Submission Date	Jun 15, 2017
Report Revision Submission Date	

Service Type	Initial Service Requests						Reauthorization Requests						All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	
23:59 Observation (No Prior Auth Required)	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
Community Treatment Aid	5	10	0	10	0.00%	100.00%	0	0	0	0	0.00%	0.00%	10	0	10	0.00%	100.00%	
Day Treatment	18	35	0	35	0.00%	100.00%	0	0	0	0	0.00%	0.00%	35	0	35	0.00%	100.00%	
Inpatient	154	189	0	189	0.00%	100.00%	43	70	4	66	5.71%	94.29%	259	4	255	1.54%	98.46%	
Intensive Outpatient Program	29	32	1	31	3.13%	96.88%	6	7	0	7	0.00%	100.00%	39	1	38	2.56%	97.44%	
Outpatient (No Prior Auth Required)	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
Partial Hospitalization	25	33	0	33	0.00%	100.00%	5	10	0	10	0.00%	100.00%	43	0	43	0.00%	100.00%	
Professional Resource Family Care (No Prior Auth Required)	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
Psych Testing	221	225	0	225	0.00%	100.00%	0	0	0	0	0.00%	0.00%	225	0	225	0.00%	100.00%	
Psychiatric Residential Treatment Facility	29	29	1	28	3.45%	96.55%	3	4	1	3	25.00%	75.00%	33	2	31	6.06%	93.94%	
Therapeutic Group Home	5	9	0	9	0.00%	100.00%	0	0	0	0	0.00%	0.00%	9	0	9	0.00%	100.00%	
Other Services	8	8	0	8	0.00%	100.00%	0	0	0	0	0.00%	0.00%	8	0	8	0.00%	100.00%	
All Service Total	494	570	2	568	0.35%	99.65%	57	91	5	86	5.49%	94.51%	661	7	654	1.06%	98.94%	

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	WellCare Nebraska, Inc.
Contract Number	71164 O4
Health Plan Contact	Virginia Picotte
Health Plan Contact Email	Virginia.Picotte@wellcare.com
Report Period Start Date	3/7/2017
Report Period End Date	6/6/2017
Report Original Submission Date	7/6/2017
Report Revision Submission Date	7/10/2017

Service Type	Initial Service Requests						Reauthorization Requests						All Requests				
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Community Treatment Aid	11	12	2	10	16.70%	83.30%	0	0	0	0	0.00%	0.00%	12	2	10	16.70%	83.30%
Day Treatment	9	11	2	9	18.20%	81.80%	0	0	0	0	0.00%	0.00%	11	2	9	18.20%	81.80%
Inpatient	105	114	0	114	0.00%	100.00%	31	32	0	32	0.00%	100.00%	146	0	146	0.00%	100.00%
Intensive Outpatient Program	34	34	0	34	0.00%	100.00%	27	27	0	27	0.00%	100.00%	61	0	61	0.00%	100.00%
Outpatient	217	249	28	221	11.24%	88.76%	0	0	0	0	0.00%	0.00%	249	28	221	11.24%	88.76%
Partial Hospitalization	17	20	0	20	0.00%	100.00%	10	11	0	11	0.00%	100.00%	31	0	31	0.00%	100.00%
Professional Resource Family Care	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Psych Testing	161	162	50	112	30.90%	69.10%	0	0	0	0	0.00%	0.00%	162	50	112	30.90%	69.10%
Psychiatric Residential Treatment Facility	31	33	1	32	3.03%	97.00%	27	27	0	27	0.00%	100.00%	60	1	59	1.67%	98.30%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
All Services Total	585	635	83	552	13.10%	86.90%	95	97	0	97	0.00%	100.00%	732	83	649	11.30%	88.70%