

DEPT. OF HEALTH AND HUMAN SERVICES



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



March 23, 2018

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 Statute 68-2004, please find the attached report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the dates of December 1, 2017 through February 28, 2018.

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. Attached you will find three separate reports. One from each of the following Managed Care Organizations - Nebraska Total Care, UnitedHealthcare Community Plan, and WellCare of Nebraska.

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

Sincerely,

Matthew Van Patton, DHA, Director

Division of Medicaid and Long-Term Care

Department of Health and Human Services

Attachment

	1																	
Contract Section(s) Referenced	Attachment 38	8																
Health Plan Name	Nebraska Total Care	Care																
Contract Number	71165 04																	
Health Plan Contact	Allyssa Cavin																	
Health Plan Contact Email	AllyssaOlivia.\	.Cavin@nebra	AllyssaOlivia.V.Cavin@nebraskatotalcare.c															
	티																	
Report Period Start Date	12/1/2017	Page																
Report Period End Date	2/28/2018																	
Report Original Submission Date	3/15/2018																	
		Ini	Initial Service Requests	equests				Real	uthoriza	Reauthorization Requests	ests				All Requests	luests		
Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied A	Denied Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied Authorized	uthorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	a	0			0	0	0	0			0	0	0	0		
Community Treatment Aid	12	25	12	13	48.00%	52.00%	o	0	0	0			12	25	5	5	48.00%	52.00%
Day Treatment	25	43	14	58	32,56%	67.44%	0	0	٥	0			25	43	4	82	32.56%	67.44%
Inpatient	27.1	461	8	431	6.51%	93,49%	0	0	0	٥			27.1	461	8	431	6.51%	93.49%
Intensive Outpatient Program	39	57	19	88	33.33%	66.67%	0	0	0	0			38	57	t ot	88	33.33%	66.67%
Outpatient	291	370	37	332	10.00%	89.73%	0	0	0	٥			291	370	37	332	10.00%	89.73%
Partial Hospitalization	26	28	-	25	3.85%	96.15%	30	59	2	22	3.39%	96.61%	93	88	8	88	3.53%	96.47%
Professional Resource Family Care	0	0	0	O			0	0	0	0			0	0	0	0		
Psych Testing	299	330	26	303	7.88%	91.82%	O	0	0	0			299	330	83	333	7.88%	91.82%
Psuchiatric Residential Treatment Facility	36	36	ဗ	33	8.34%	91.66%	22	126	6	116	7.14%	92.06%	8	152	12	139	7.89%	91,45%
Therapeutic Group Home	4	84	5	29	14.71%	85.29%	0	0	0	a			4	34	5	82	14.71%	85,29%
Other Services	7	11	2	6	18.18%	81.82%	0	0	0	0			2	1.	2	o	18.18%	81.82%
	1.010	1383	67)	1.222	10 77%	29.08%	78	185	00 7810 F. F . W	173	Z 0.502	93 540	4 664	A RED	NO.		2000	1000

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Document Name

Contract Section(s) Referenced	Attachment 38	ent 38															
Health Plan Name	UnitedHe	aithcare Co	UnitedHealthcare Community Plan of	nof													
	Nebraska																
Contract Number	71163 04				,												
Health Plan Contact	Sandra Hashman	ashman															
Health Plan Contact Email	sandra.ha	sandra.hashman@uhc.com	c.com														
Report Period Start Date	Dec 01, 2017	710															
Report Period End Date	Feb 28, 2018	810															
Report Original Submission Date	Mar 15, 2018	8103															
			Initial Service Rec	vice Requests				æ	eauthoriz	Reauthorization Requests	ম				All Requests	\$ £	
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23:59 Observation	0	0	0	0	%00.0	%00.0	0	0	0	o	0.00%	0.00%	0	0	0	0.00%	0.00%
Community Treatment Aid	16	26	0	26	0.00%	100.00%	0	0	0	0	0.00%	0.00%	26	0	26	0.00%	100.00%
Day Treatment	25	51	0	51	0.00%	100.00%	1	1	0	1	0.00%	100.00%	52	0	52	0.00%	100.00%
Inpatient	114	131	0	131	0.00%	100.00%	24	43	2	41	4.65%	95.35%	174	2	172	1.15%	98.85%
Intensive Outpatient Program	25	28	2	26	7.14%	92.86%	3	3	1	2	33.33%	66.67%	31	3	28	9.68%	90.32%
Outpatient	0	0	0	0	0.00%	0.00%	0	0	0	0	%00.0	0.00%	0	0	0	%00'0	0.00%
Partíal Hospitalization	27	29	0	29	0.00%	100.00%	13	25	0	25	%00.0	100.00%	54	0	54	%00.0	100.00%
Professional Resource Family Care	0	0	0	0	0.00%	0.00%	0	0	٥	0	%00.0	0.00%	0	0	0	0.00%	0.00%
Psych Testing	172	172	0	172	0.00%	100.00%	1	1	1	0	100.00%	%00.0	173	.1	172	0.58%	99.42%
Psychiatric Residential Treatment Facility	36	33	7	32	17.95%	82.05%	19	27	3	24	11.11%	88.89%	99	10	36	15.15%	84.85%
Therapeutic Group Home	ıs	13	0	13	0.00%	100.00%	0	0	0	0	%00.0	0.00%	13	0	13	%00'0	100.00%
Other Authorized Services	13	14	0	14	0.00%	100.00%	0	0	0	0	%00.0	%00.0	14	0	14	0.00%	100.00%
All Services Total	433	503	6	494	1.79%	98.21%	- 61	100	2 Z	63	7 nn%	23 00%	Sus	16	10000	3 6597	07 SE0/

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			402	32	371	7.96%	92.30%	69	73	1.0		1.37%	98.60%	475	33	443	6.95%	93.30%

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Document Name

Attachment 38

71164 04 Lori Hack Lori Hack@wellcare.com

12/01/2017

Report Period Start Date

WellCare Nebraska, Inc.

Contract Section(s)
Referenced
Health Plan Name
Contract Number
Health Plan Contact Email