

# NEBRASKA

Good Life. Great Mission.

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DEPT. OF HEALTH AND HUMAN SERVICES



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Good Life. Great Mission.

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Pete Ricketts, Governor

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](mailto:Heather.Leschinsky@nebraska.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Van Patton".

Matthew Van Patton, DHA, Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

Attachment

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 04
Health Plan Contact	Alyssa Cavin
Health Plan Contact Email	Alyssa.Olivia.V.Cavin@nebraskatotalcare.com
Report Period Start Date	12/1/2017
Report Period End Date	2/28/2018
Report Original Submission Date	3/15/2018

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
23:59 Observation	0	0	0	0			0	0	0	0		
Community Treatment Aid	12	25	12	13	48.00%	52.00%	12	25	12	13	48.00%	52.00%
Day Treatment	25	43	14	29	32.56%	67.44%	25	43	14	29	32.56%	67.44%
Inpatient	271	461	30	431	6.51%	93.49%	271	461	30	431	6.51%	93.49%
Intensive Outpatient Program	39	57	19	38	33.33%	66.67%	39	57	19	38	33.33%	66.67%
Outpatient	291	370	37	332	10.00%	89.73%	291	370	37	332	10.00%	89.73%
Partial Hospitalization	26	28	1	25	3.85%	96.15%	30	59	2	57	3.39%	96.61%
Professional Resource Family Care	0	0	0	0			0	0	0	0		
Psych Testing	299	330	26	303	7.89%	91.82%	299	330	26	303	7.89%	91.82%
Psychiatric Residential Treatment Facility	36	36	3	33	8.34%	91.66%	54	126	9	116	7.14%	92.06%
Therapeutic Group Home	14	34	5	29	14.71%	85.29%	0	0	0	0		
Other Services	7	11	2	9	18.18%	81.82%	0	0	0	0		
	1,010	1,363	149	1,232	10.77%	89.08%	84	185	11	173	5.95%	93.51%
							1,094	1,568	160	1,405	10.20%	89.60%

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	Sandra Hashman
Health Plan Contact Email	sandra.hashman@uhc.com
Report Period Start Date	Dec 01, 2017
Report Period End Date	Feb 28, 2018
Report Original Submission Date	Mar 15, 2018

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	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	0.00%	0.00%	0	0	0	0.00%	0.00%
Partial Hospitalization	27	29	0	29	0.00%	100.00%	13	25	0	25	0.00%	100.00%	54	0	54	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	172	172	0	172	0.00%	100.00%	1	1	1	0	100.00%	0.00%	173	1	172	0.58%	99.42%
Psychiatric Residential Treatment Facility	36	39	7	32	17.95%	82.05%	19	27	3	24	11.11%	88.89%	66	10	56	15.15%	84.85%
Therapeutic Group Home	5	13	0	13	0.00%	100.00%	0	0	0	0	0.00%	0.00%	13	0	13	0.00%	100.00%
Other Authorized Services	13	14	0	14	0.00%	100.00%	0	0	0	0	0.00%	0.00%	14	0	14	0.00%	100.00%
<b>All Services Total</b>	<b>433</b>	<b>503</b>	<b>9</b>	<b>494</b>	<b>1.79%</b>	<b>98.21%</b>	<b>61</b>	<b>100</b>	<b>7</b>	<b>93</b>	<b>7.00%</b>	<b>93.00%</b>	<b>603</b>	<b>16</b>	<b>587</b>	<b>2.65%</b>	<b>97.35%</b>

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	WellCare Nebraska, Inc.
Contract Number	71164-04
Health Plan Contact	Lori Hack
Health Plan Contact Email	Lori.Hack@wellcare.com
Report Period Start Date	12/01/2017
Report Period End Date	02/28/2018
Report Original Submission Date	03/15/2018

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	2	2	0	2	0	100.00%	0	0	0	0	0	0	2	0	2	0	100.00%
Community Treatment Aid	11	11	0	11	0	100.00%	0	0	0	0	0	0	11	0	11	0	100.00%
Day Treatment	17	24	4	20	16.70%	83.30%	0	0	0	0	0	0	24	4	20	16.70%	83.30%
Inpatient	107	127	3	124	2.35%	97.65%	37	41	1	40	2.44%	97.56%	168	4	164	2.38%	97.62%
Intensive Outpatient Program	14	14	0	14	0	100.00%	4	4	0	4	0	100.00%	18	0	18	0	100.00%
Outpatient	33	37	5	32	13.50%	86.50%	0	0	0	0	0	0	37	5	32	13.50%	86.50%
Partial Hospitalization	13	13	0	13	0	100.00%	8	8	0	8	0	100.00%	21	0	21	0	100.00%
Professional Resource Family Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psych Testing	129	137	20	118	14.60%	86.10%	0	0	0	0	0	0	137	20	118	14.60%	86.10%
Psychiatric Residential Treatment Facility	35	36	0	36	0	100.00%	20	20	0	20	0	100.00%	56	0	56	0	100.00%
Therapeutic Group Home	1	1	0	1	0	100.00%	0	0	0	0	0	0	1	0	1	0	100.00%
Other Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>362</b>	<b>402</b>	<b>32</b>	<b>371</b>	<b>7.96%</b>	<b>92.04%</b>	<b>69</b>	<b>73</b>	<b>1</b>	<b>72</b>	<b>1.37%</b>	<b>98.63%</b>	<b>475</b>	<b>33</b>	<b>443</b>	<b>6.95%</b>	<b>93.05%</b>