

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 3, 2019

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 the attached report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the first quarter of 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.

Previously, Magellan provided all behavioral health services. With the implementation of Heritage Health, children's behavioral health services will be covered by one of the three managed care organizations. Attached you will find three separate reports from each of the managed care organizations: Nebraska Total Care, UnitedHealthcare Community Plan, and WellCare of Nebraska.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "MVP".

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

MVP/ll

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	Allyssa Cavin
Health Plan Contact Email	AllyssaOlivia.V.Cavin@nebraskatotalcare.com
Report Period Start Date	6/1/2018
Report Period End Date	11/30/2018
Report Original Submission Date	12/17/2018
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	0	0	0	0	N/A	N/A	0	0	0	0	N/A	N/A	0	0	0	N/A	N/A
Community Treatment Aid	9	15	4	11	26.67%	73.33%	0	0	0	0	N/A	N/A	15	4	11	26.67%	73.33%
Day Treatment	42	89	40	49	44.94%	55.06%	0	0	0	0	N/A	N/A	89	40	49	44.94%	55.06%
Inpatient	282	456	12	444	2.63%	97.37%	0	0	0	0	N/A	N/A	456	12	444	2.63%	97.37%
Intensive Outpatient Program	55	67	25	42	37.31%	62.69%	0	0	0	0	N/A	N/A	67	25	42	37.31%	62.69%
Outpatient	86	145	60	85	41.38%	58.62%	0	0	0	0	N/A	N/A	145	60	85	41.38%	58.62%
Partial Hospitalization	3	3	0	3	0.00%	100.00%	23	64	5	59	7.81%	92.19%	67	5	62	7.46%	92.54%
Professional Resource Family Care	0	0	0	0	N/A	N/A	0	0	0	0	N/A	N/A	0	0	0	N/A	N/A
Psych Testing	346	366	13	353	3.55%	96.45%	0	0	0	0	N/A	N/A	366	13	353	3.55%	96.45%
Psychiatric Residential Treatment Facility	23	24	13	11	54.17%	45.83%	83	199	18	180	9.05%	90.45%	223	31	191	13.90%	85.65%
Therapeutic Group Home	18	47	11	36	23.40%	74.47%	0	0	0	0	N/A	N/A	47	11	35	23.40%	74.47%
Other Authorized Services	10	15	2	13	13.33%	86.67%	0	0	0	0	N/A	N/A	15	2	13	13.33%	86.67%
All Services Total	874	1,227	180	1,046	14.67%	85.25%	106	263	23	239	8.75%	90.87%	1,490	203	1,285	13.62%	86.24%

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska
Contract Number	71163 04
Health Plan Contact	Sandra Hashman
Health Plan Contact Email	sandra.hashman@uhc.com
Report Period Start Date	June 01, 2018
Report Period End Date	Nov 30, 2018
Report Original Submission Date	Dec 15, 2018
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	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	43	78	0	78	0.00%	100.00%	1	1	0	1	0.00%	100.00%	79	0	79	0.00%	100.00%	
Day Treatment	47	123	0	123	0.00%	100.00%	1	1	0	1	0.00%	100.00%	124	0	124	0.00%	100.00%	
Inpatient	232	307	0	307	0.00%	100.00%	195	254	1	253	0.39%	99.61%	561	1	560	0.18%	99.82%	
Intensive Outpatient Program	48	53	0	53	0.00%	100.00%	5	5	3	2	60.00%	40.00%	58	3	55	5.17%	94.83%	
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	36	43	0	43	0.00%	100.00%	17	27	0	27	0.00%	100.00%	70	0	70	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	433	443	1	442	0.23%	99.77%	1	1	0	1	0.00%	100.00%	444	1	443	0.23%	99.77%	
Psychiatric Residential Treatment Facility	68	74	1	73	1.35%	98.65%	56	139	16	123	11.51%	88.49%	213	17	196	7.98%	92.02%	
Therapeutic Group Home	14	44	1	43	2.27%	97.73%	2	2	0	2	0.00%	100.00%	46	1	45	2.17%	97.83%	
Other Authorized Services	26	32	0	32	0.00%	100.00%	0	0	0	0	0.00%	0.00%	32	0	32	0.00%	100.00%	
All Services Total	947	1,197	3	1,194	0.25%	99.75%	278	430	20	410	4.65%	95.35%	1,627	23	1,604	1.41%	98.59%	

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	Lori Hack
Health Plan Contact Email	Lori.Hack@wellcare.com
Report Period Start Date	6/1/2018
Report Period End Date	11/30/2018
Report Original Submission Date	12/11/2018
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	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	15	21	0	21	0.00%	100.00%	1	1	0	1	0.00%	100.00%	22	0	22	0.00%	100.00%	
Day Treatment	8	8	1	7	12.50%	87.50%	0	0	0	0	0.00%	0.00%	8	1	7	12.50%	87.50%	
Inpatient	210	260	3	257	1.15%	98.80%	73	88	0	88	0.00%	100.00%	348	3	345	0.86%	99.10%	
Intensive Outpatient Program	49	61	1	60	1.64%	98.40%	18	18	0	18	0.00%	100.00%	79	1	78	1.27%	98.70%	
Outpatient	65	87	7	80	8.05%	92.00%	2	2	0	2	0.00%	100.00%	89	7	82	7.87%	92.10%	
Partial Hospitalization	25	29	0	29	0.00%	100.00%	21	21	0	21	0.00%	100.00%	50	0	50	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	292	302	18	284	5.96%	94.00%	4	4	0	4	0.00%	100.00%	306	18	288	5.88%	94.10%	
Psychiatric Residential Treatment Facility	65	70	6	64	8.57%	91.40%	45	46	0	46	0.00%	100.00%	116	6	110	5.17%	94.80%	
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 Authorized 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	659	831	36	795	4.33%	95.70%	155	180	0	180	0.00%	100.00%	1011	36	975	3.56%	96.40%	