

March 29, 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 Neb. Rev. Stat. 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 fourth quarter of calendar year 2018. The dates for this report are 12/1/2018 through 2/28/2019.

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 the Heritage Health program in 2017, children now receive behavioral health services from one of the three managed care organizations in the program. Attached you will find three separate reports—one from Nebraska Total Care, UnitedHealthcare Community Plan, and WellCare of Nebraska.

Please contact me if you have any questions about this report.

Sincerely,

A handwritten signature in blue ink, appearing to read "MVP", with a long, sweeping flourish extending to the right.

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

MVP/js

Attachments

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 12/1/2018
 Report Period End Date 2/28/2019
 Report Original Submission Date 3/15/2019
 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	9	9	0	9	0.00%	100.00%	0	0	0	0	0.00%	0.00%	9	0	9	0.00%	100.00%	
Day Treatment	3	3	0	3	0.00%	100.00%	0	0	0	0	0.00%	0.00%	3	0	3	0.00%	100.00%	
Inpatient	121	139	6	133	4.32%	95.70%	52	61	1	60	1.64%	98.40%	200	7	193	3.50%	96.50%	
Intensive Outpatient Program	20	25	2	23	8.00%	92.00%	3	3	0	3	0.00%	100.00%	28	2	26	7.14%	92.90%	
Outpatient	35	36	1	35	2.78%	97.20%	0	0	0	0	0.00%	0.00%	36	1	35	2.78%	97.20%	
Partial Hospitalization	13	16	0	16	0.00%	100.00%	10	10	0	10	0.00%	100.00%	26	0	26	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	27	28	7	21	25.00%	75.00%	0	0	0	0	0.00%	0.00%	28	7	21	25.00%	75.00%	
Psychiatric Residential Treatment Facility	32	35	5	28	14.30%	80.00%	17	17	0	17	0.00%	100.00%	52	5	45	9.62%	86.50%	
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	237	286	21	263	7.34%	92.00%	80	92	1	91	1.09%	98.90%	378	22	354	5.82%	93.70%	

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	Ashley Attoungble
Health Plan Contact Email	ashley.attoungble@uhc.com
Report Period Start Date	Dec 01, 2018
Report Period End Date	Feb 28, 2019
Report Original Submission Date	Mar 15, 2019
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	30	39	0	39	0.00%	100.00%	2	2	0	2	0.00%	100.00%	41	0	41	0.00%	100.00%	
Day Treatment	22	37	0	37	0.00%	100.00%	1	1	0	1	0.00%	100.00%	38	0	38	0.00%	100.00%	
Inpatient	120	152	0	152	0.00%	100.00%	109	140	0	140	0.00%	100.00%	292	0	292	0.00%	100.00%	
Intensive Outpatient Program	17	18	0	18	0.00%	100.00%	1	1	1	0	100.00%	0.00%	19	1	18	5.26%	94.74%	
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	12	12	1	11	8.33%	91.67%	6	10	0	10	0.00%	100.00%	22	1	21	4.55%	95.45%	
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	58	58	0	58	0.00%	100.00%	0	0	0	0	0.00%	0.00%	58	0	58	0.00%	100.00%	
Psychiatric Residential Treatment Facility	39	39	0	39	0.00%	100.00%	28	50	4	46	8.00%	92.00%	89	4	85	4.49%	95.51%	
Therapeutic Group Home	10	21	0	21	0.00%	100.00%	1	1	0	1	0.00%	100.00%	22	0	22	0.00%	100.00%	
Other Authorized Services	17	17	0	17	0.00%	100.00%	0	0	0	0	0.00%	0.00%	17	0	17	0.00%	100.00%	
All Services Total	325	393	1	392	0.25%	99.75%	148	205	5	200	2.44%	97.56%	598	6	592	1.00%	99.00%	

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	Allyssa Cavin
Health Plan Contact Email	AllyssaOlivia.V.Cavin@nebraskatotalcare.com
Report Period Start Date	12/01/2018
Report Period End Date	2/28/2019
Report Original Submission Date	3/15/2019
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	7	13	5	8	38.46%	61.54%	0	0	0	0	N/A	N/A	13	5	8	38.46%	61.54%
Day Treatment	26	49	20	29	40.82%	59.18%	0	0	0	0	N/A	N/A	49	20	29	40.82%	59.18%
Inpatient	136	227	4	223	1.76%	98.24%	0	0	0	0	N/A	N/A	227	4	223	1.76%	98.24%
Intensive Outpatient Program	16	21	10	11	47.62%	52.38%	0	0	0	0	N/A	N/A	21	10	11	47.62%	52.38%
Outpatient	48	85	36	49	42.35%	57.65%	0	0	0	0	N/A	N/A	85	36	49	42.35%	57.65%
Partial Hospitalization	3	3	0	3	0.00%	100.00%	11	35	2	33	5.71%	94.29%	38	2	36	5.26%	94.74%
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	61	65	7	58	10.77%	89.23%	0	0	0	0	N/A	N/A	65	7	58	10.77%	89.23%
Psychiatric Residential Treatment Facility	16	16	2	14	12.50%	87.50%	58	151	13	138	8.61%	91.39%	167	15	152	8.98%	91.02%
Therapeutic Group Home	9	29	1	28	3.45%	96.55%	0	0	0	0	N/A	N/A	29	1	28	3.45%	96.55%
Other Authorized Services	123	128	3	125	2.34%	97.66%	0	0	0	0	N/A	N/A	128	3	125	2.34%	97.66%
All Services Total	445	636	88	548	13.84%	86.16%	69	186	15	171	8.06%	91.94%	822	103	719	12.53%	87.47%

% AUTHED	UHC	NTC	WELLCARE
Initial	99.75	86.16	92
reauthed	97.56	94.19	98.9
total	99	87.47	93.7