

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-Term Care

Medicaid Mental Health Authorization Request Report

July 1, 2019

Prepared in accordance with
Neb. Rev. Stat. 68-2004

June 21, 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 second quarter of calendar year 2019. The dates for this report are 03/31/2019 through 5/31/2019.

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 black ink, appearing to read "Matt Van Patton", followed by the text "for:".

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

Attachments: 3

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	Alyssa Cavin
Health Plan Contact Email	AlyssaOlivia.V.Cavin@nebraskatotalcare.com
Report Period Start Date	03/01/2019
Report Period End Date	5/31/2019
Report Original Submission Date	6/17/2019
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%	100.00%	0	0	0	0	0.00%	100.00%	0	0	0	0.00%	100.00%		
Community Treatment Aid	3	3	0	3	0.00%	100.00%	0	0	0	0	0.00%	100.00%	3	0	3	0.00%	100.00%		
Day Treatment	20	43	17	26	39.53%	60.47%	0	0	0	0	0.00%	100.00%	43	17	26	39.53%	60.47%		
Inpatient	142	268	14	254	5.22%	94.78%	0	0	0	0	0.00%	100.00%	268	14	254	5.22%	94.78%		
Intensive Outpatient Program	22	25	6	19	24.00%	76.00%	0	0	0	0	0.00%	100.00%	25	6	19	24.00%	76.00%		
Outpatient	51	82	26	56	31.71%	68.29%	0	0	0	0	0.00%	100.00%	82	26	56	31.71%	68.29%		
Partial Hospitalization	0	0	0	0	0.00%	100.00%	17	86	6	78	6.98%	90.70%	86	6	78	6.98%	90.70%		
Professional Resource Family Care	0	0	0	0	0.00%	100.00%	0	0	0	0	0.00%	100.00%	0	0	0	0.00%	100.00%		
Psych Testing	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	100.00%	1	0	1	0.00%	100.00%		
Psychiatric Residential Treatment Facility	11	13	1	12	7.69%	92.31%	74	198	13	185	6.57%	93.43%	211	14	197	6.64%	93.36%		
Therapeutic Group Home	8	15	3	12	20.00%	80.00%	0	0	0	0	0.00%	100.00%	15	3	12	20.00%	80.00%		
Other Authorized Services	241	284	10	274	3.52%	96.48%	0	0	0	0	0.00%	100.00%	284	10	274	3.52%	96.48%		
All Services Total	499	734	77	657	10.49%	89.51%	91	284	19	263	6.69%	92.61%	1,018	96	920	9.43%	90.37%		

Document Name	LB 1063-Children's Health and
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	3/1/2019
Report Period End Date	5/31/2019
Report Original Submission Date	6/10/2019
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	5	5	0	5	0.00%	100.00%	0	0	0	0	0.00%	0.00%	5	0	5	0.00%	100.00%
Day Treatment	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Inpatient	120	146	3	143	2.05%	97.90%	52	60	1	59	1.67%	98.30%	206	4	202	1.94%	98.10%
Intensive Outpatient Program	12	13	1	12	7.69%	92.30%	0	0	0	0	0.00%	0.00%	13	1	12	7.69%	92.30%
Outpatient	37	41	2	39	4.88%	95.10%	0	0	0	0	0.00%	0.00%	41	2	39	4.88%	95.10%
Partial Hospitalization	13	17	0	17	0.00%	100.00%	10	10	0	10	0.00%	100.00%	27	0	27	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	60	60	11	49	18.30%	81.70%	0	0	0	0	0.00%	0.00%	60	11	49	18.30%	81.70%
Psychiatric Residential Treatment Facility	36	37	5	32	13.50%	86.50%	23	23	1	22	4.35%	95.70%	60	6	54	10.00%	90.00%
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	263	317	22	295	6.94%	93.10%	82	95	2	93	2.11%	97.90%	412	24	388	5.83%	94.20%

Document Name	LB 1063-Children's Health and
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of
Contract Number	71163 04
Health Plan Contact	Sandra Hashman
Health Plan Contact Email	sandra.hashman@uhc.com
Report Period Start Date	Mar 01, 2019
Report Period End Date	May 31, 2019
Report Original Submission Date	Jun 17, 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	32	40	1	39	2.50%	97.50%	0	0	0	0	0.00%	0.00%	40	1	39	2.50%	97.50%
Day Treatment	22	43	0	43	0.00%	100.00%	3	4	0	4	0.00%	100.00%	47	0	47	0.00%	100.00%
Inpatient	109	127	0	127	0.00%	100.00%	83	96	0	96	0.00%	100.00%	223	0	223	0.00%	100.00%
Intensive Outpatient Program	21	22	0	22	0.00%	100.00%	0	0	0	0	0.00%	0.00%	22	0	22	0.00%	100.00%
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	13	13	1	12	7.69%	92.31%	7	20	0	20	0.00%	100.00%	33	1	32	3.03%	96.97%
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	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	28	29	0	29	0.00%	100.00%	18	37	0	37	0.00%	100.00%	66	0	66	0.00%	100.00%
Therapeutic Group Home	7	18	0	18	0.00%	100.00%	2	2	0	2	0.00%	100.00%	20	0	20	0.00%	100.00%
Other Authorized Services	21	23	1	22	4.35%	95.65%	0	0	0	0	0.00%	0.00%	23	1	22	4.35%	95.65%
All Services Total	253	315	3	312	0.95%	99.05%	113	159	0	159	0.00%	100.00%	474	3	471	0.63%	99.37%