

**NEBRASKA**

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**DEPT. OF HEALTH AND HUMAN SERVICES**

# **Division of Medicaid and Long-Term Care**

## **Medicaid Mental Health Authorization Request Report**

**October 1, 2019**

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

October 1, 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 third quarter of calendar year 2019. The dates for this report are 06/01/2019 through 07/31/2019.

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,



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

Attachments: 3

Heritage Health

Document Name	LB 1000-Children's Health and Treatment Act
Contract Section(s) Reference	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71186-04
Health Plan Contact	Alyssa Cavin
Health Plan Contact Email	AlyssaCavin@nebraskatotalcare.com
Report Period Start Date	09/01/2019
Report Period End Date	7/31/2019
Report Original Submission Date	8/17/2019
Report Revision Submission Date	[Date of this revision]

Service Type	Initial Service Requests			Reauthorization Requests			All Requests		
	# of Persons	# of Requests	Authorized Rate	# of Persons	# of Requests	Authorized Rate	# of Persons	# of Requests	Authorized Rate
23.59 Observation	0	0	0.00%	0	0	0.00%	0	0	0.00%
Community Treatment Act	2	5	80.00%	0	0	0.00%	2	5	40.00%
Day Treatment	30	24	70.00%	0	0	0.00%	30	24	20.17%
Inpatient	75	191	82.44%	0	0	0.00%	75	191	8.49%
Intensive Outpatient Program	20	23	90.51%	0	0	0.00%	20	23	9.09%
Outpatient	45	59	75.86%	0	0	0.00%	45	59	24.14%
Partial Hospitalization	0	0	0.00%	11	32	100.00%	11	32	0.00%
Professional Resource Family Care	0	0	0.00%	0	0	0.00%	0	0	0.00%
Psych Testing	1	1	100.00%	0	0	0.00%	1	1	0.00%
Psychiatric Residential Treatment Facility	18	18	83.33%	57	118	85.58%	75	136	11.02%
Therapeutic Group Home	7	12	58.33%	0	0	0.00%	7	12	41.67%
Other Services	142	168	98.81%	0	0	0.00%	142	168	1.10%
<b>TOTAL</b>	<b>330</b>	<b>428</b>	<b>86.73%</b>	<b>68</b>	<b>133</b>	<b>86.87%</b>	<b>398</b>	<b>568</b>	<b>89.22%</b>

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	Jun 01, 2019
Report Period End Date	Jul 31, 2019
Report Original Submission Date	Sept 12, 2019
Report Revision Submission Date	

Service Type	Initial Service Requests			Reauthorization Requests			All Requests							
	# of Persons	# of Requests	Denied	# of Persons	# of Requests	Denied	# of Requests	Denied	Authorized	Denied	Authorized	Denied	Authorized	Rate
23-59 Observation	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Community Treatment/Aid	12	17	1	16	0	0	0	0	0	0	0	17	1	5.88%
Day Treatment	15	26	0	26	0	0	2	0	0	0	28	0	28	100.00%
Inpatient	45	48	1	47	37	0	37	0	0	0	85	1	84	1.18%
Intensive Outpatient Program	18	18	0	18	0	0	0	0	0	0	18	0	18	100.00%
Outpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Partial Hospitalization	6	6	0	6	10	0	10	0	0	0	16	0	16	100.00%
Professional Resource Family Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Psych Testing	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Psychiatric Residential Treatment Facility	20	21	2	19	44	2	42	4	2	42	65	4	61	6.15%
Therapeutic Group Home	9	13	1	12	3	0	3	0	0	0	16	1	15	6.25%
Other Authorized Services	1	1	0	1	0	0	0	0	0	0	1	0	1	100.00%
All Services Total	126	150	5	145	62	96	2	94	2	246	7	239	7	97.15%

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	6/1/2019
Report Period End Date	7/31/2019
Report Original Submission Date	9/12/2019
Report Revision Submission Date	

Service Type	Initial Service Requests			Reauthorization Requests			All Requests					
	# of Persons	# of Requests	Denied	# of Persons	# of Requests	Denied	# of Requests	Denied	Authorized Rate	Denial Rate	Authorized Rate	Denial Rate
23-59 Observation	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0.00%
Community Treatment Aid	2	2	0	0	0	0	0	0	100.00%	0.00%	2	0.00%
Day Treatment	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0.00%
Inpatient	67	71	4	36	37	1	36	108	90.10%	2.70%	8	7.41%
Intensive Outpatient Program	7	8	1	2	2	0	2	10	87.50%	0.00%	1	10.00%
Outpatient	37	39	2	1	1	0	1	40	97.40%	0.00%	39	2.50%
Partial Hospitalization	8	8	0	5	5	0	5	13	100.00%	0.00%	13	0.00%
Professional Resource Family Care	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0.00%
Psych Testing	38	38	0	1	1	0	1	39	84.20%	0.00%	6	15.40%
Psychiatric Residential Treatment Facility	17	17	2	9	9	0	9	26	88.20%	0.00%	2	7.69%
Therapeutic Group Home	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0.00%
Other Authorized Services	0	0	0	0	0	0	0	0	0.00%	0.00%	0	0.00%
All Services Total	157	183	17	50	56	1	55	239	90.70%	1.79%	18	7.53%