

NEBRASKA



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-Term Care
Medicaid Mental Health Authorization Request Report

April 1, 2020

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

April 1, 2020

Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Clerk of the Legislature:

In accordance with Neb. Rev. Stat. §68-2004, please find the attached reports on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age. The dates for this report are November 1, 2019 to January 31, 2020.

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, Medicaid behavioral health services for children are administered by the three managed care organizations in the program. Attached you will find three separate reports from Nebraska Total Care, UnitedHealthcare Community Plan of Nebraska, and WellCare of Nebraska.

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

Sincerely,



Jeremy Brunssen, Interim Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

JB/dp

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	Ellen McElderry
Health Plan Contact Email	Ellen.I.McElderry@nebraskatotalcare.com
Report Period Start Date	11/1/2019
Report Period End Date	1/31/2020
Report Original Submission Date	3/18/2020
Report Revision Submission Date	[Date of data revision]

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 Persons	# 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	0	N/A	N/A
Community Treatment Aid	1	1	0	1	0.00%	100.00%	0	0	0	0	N/A	N/A	1	1	0	1	0.00%	100.00%
Day Treatment	14	23	8	15	34.78%	65.22%	0	0	0	0	N/A	N/A	14	23	8	15	34.78%	65.22%
Inpatient	186	338	9	319	2.66%	94.38%	0	0	0	0	N/A	N/A	186	338	9	319	2.66%	94.38%
Intensive Outpatient Program	14	15	7	7	46.67%	46.67%	0	0	0	0	N/A	N/A	14	15	7	7	46.67%	46.67%
Outpatient	33	48	14	33	29.17%	68.75%	0	0	0	0	N/A	N/A	33	48	14	33	29.17%	68.75%
Partial Hospitalization	0	0	0	0	N/A	N/A	13	53	1	52	1.89%	98.11%	13	53	1	52	1.89%	98.11%
Professional Resource Family Care	0	0	0	0	N/A	N/A	0	0	0	0	N/A	N/A	0	0	0	0	N/A	N/A
Psych Testing	4	4	1	3	25.00%	75.00%	0	0	0	0	N/A	N/A	4	4	1	3	25.00%	75.00%
Psychiatric Residential Treatment Facility	17	17	2	15	11.76%	88.24%	52	118	13	102	11.02%	86.44%	69	135	15	117	11.11%	86.67%
Therapeutic Group Home	5	9	1	8	11.11%	88.89%	0	0	0	0	N/A	N/A	5	9	1	8	11.11%	88.89%
Other Services	221	243	5	238	2.06%	97.94%	0	0	0	0	N/A	N/A	221	243	5	238	2.06%	97.94%
All Services Total	495	698	47	639	6.73%	91.55%	65	171	14	154	8.19%	90.06%	560	869	61	793	7.02%	91.25%

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	11/1/2019
Report Period End Date	1/31/2020
Report Original Submission Date	3/16/2020
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%	10	22	0	22	0.00%	100.00%	27	0	27	0.00%	100.00%
Day Treatment	20	21	0	21	0.00%	100.00%	20	38	0	38	0.00%	100.00%	59	0	59	0.00%	100.00%
Inpatient	133	154	1	153	0.65%	99.35%	111	153	1	152	0.65%	99.35%	307	2	305	0.65%	99.35%
Intensive Outpatient Program	10	10	1	9	10.00%	90.00%	1	1	0	1	0.00%	100.00%	11	1	10	9.09%	90.91%
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	0	13	0.00%	100.00%	5	16	0	16	0.00%	100.00%	29	0	29	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	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	28	1	27	3.57%	96.43%	22	50	1	49	2.00%	98.00%	78	2	76	2.56%	97.44%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%	6	17	0	17	0.00%	100.00%	20	0	20	0.00%	100.00%
Other Authorized Services	2	2	0	2	0.00%	100.00%	0	0	0	0	0.00%	0.00%	2	0	2	0.00%	100.00%
All Services Total	214	236	3	233	1.27%	98.73%	175	297	2	295	0.67%	99.33%	533	5	528	0.94%	99.06%

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	11/1/2019
Report Period End Date	1/31/2020
Report Original Submission Date	3/24/2020
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	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
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	135	146	8	138	5.48%	94.50%	61	64	1	63	1.56%	98.40%	210	9	201	5.48%	94.50%	
Intensive Outpatient Program	11	13	0	13	0.00%	100.00%	1	1	0	1	0.00%	100.00%	14	0	14	0.00%	100.00%	
Outpatient	46	51	4	47	7.84%	92.20%	5	5	0	5	0.00%	100.00%	56	4	52	7.84%	92.20%	
Partial Hospitalization	12	15	0	15	0.00%	100.00%	7	8	0	8	0.00%	100.00%	23	0	23	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	37	38	4	34	10.50%	89.50%	6	6	0	6	0.00%	100.00%	44	4	40	10.50%	89.50%	
Psychiatric Residential Treatment Facility	29	30	4	26	13.30%	86.70%	15	15	0	15	0.00%	100.00%	45	4	41	13.30%	86.70%	
Therapeutic Group Home	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%	
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	250	292	20	272	6.85%	93.20%	89	99	1	98	1.01%	99.00%	391	21	370	6.85%	93.20%	