

# 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, 2020

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

July 1, 2020

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. The dates of service authorizations for this report are February 1, 2020, through April 30, 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, 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,



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	Tiffany White-Welchen
Health Plan Contact Email	<a href="mailto:Tiffany.L.WhiteWelchen@nebraskatotalcare.com">Tiffany.L.WhiteWelchen@nebraskatotalcare.com</a>
Report Period Start Date	2/1/2020
Report Period End Date	4/30/2020
Report Original Submission Date	5/19/2020
Report Revision Submission Date	NA

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	NA	NA	0	0	0	0	NA	NA	0	0	0	0	NA	NA
Community Treatment Aid	1	1	0	1	0.00%	100.00%	0	0	0	0	NA	NA	1	1	0	1	0.00%	100.00%
Day Treatment	9	12	3	9	25.00%	75.00%	0	0	0	0	NA	NA	9	12	3	9	25.00%	75.00%
Inpatient	142	246	17	224	6.91%	91.06%	0	0	0	0	NA	NA	142	246	17	224	6.91%	91.06%
Intensive Outpatient Program	15	19	3	16	15.79%	84.21%	0	0	0	0	NA	NA	15	19	3	16	15.79%	84.21%
Outpatient	37	55	9	46	16.36%	83.64%	0	0	0	0	NA	NA	37	55	9	46	16.36%	83.64%
Partial Hospitalization	1	1	0	1	0.00%	100.00%	15	54	5	49	9.26%	90.74%	16	55	5	50	9.09%	90.91%
Professional Resource Family Care	0	0	0	0	NA	NA	0	0	0	0	NA	NA	0	0	0	0	NA	NA
Psych Testing	6	6	1	5	16.67%	83.33%	0	0	0	0	NA	NA	6	6	1	5	16.67%	83.33%
Psychiatric Residential Treatment Facility	20	22	0	19	0.00%	86.36%	48	74	13	60	17.57%	81.08%	68	96	13	79	13.54%	82.29%
Therapeutic Group Home	13	21	5	16	23.81%	76.19%	0	0	0	0	NA	NA	13	21	5	16	23.81%	76.19%
Other Services	205	252	7	236	2.78%	93.65%	0	0	0	0	NA	NA	205	252	7	236	2.78%	93.65%
<b>All Services Total</b>	<b>449</b>	<b>635</b>	<b>45</b>	<b>573</b>	<b>7.09%</b>	<b>90.24%</b>	<b>63</b>	<b>128</b>	<b>18</b>	<b>109</b>	<b>14.06%</b>	<b>85.16%</b>	<b>512</b>	<b>763</b>	<b>63</b>	<b>662</b>	<b>8.26%</b>	<b>89.36%</b>

<b>Document Name</b>	LB 1063-Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 38
<b>Health Plan Name</b>	UnitedHealthcare Community Plan of Nebraska
<b>Contract Number</b>	71163 04
<b>Health Plan Contact</b>	Robin Chadwell
<b>Health Plan Contact Email</b>	<a href="mailto:robin.chadwell@optum.com">robin.chadwell@optum.com</a>
<b>Report Period Start Date</b>	2/1/2020
<b>Report Period End Date</b>	4/30/2020
<b>Report Original Submission Date</b>	6/15/2020
<b>Report Revision Submission Date</b>	

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	4	5	0	5	0.00%	100.00%	9	21	0	21	0.00%	100.00%	26	0	26	0.00%	100.00%
Day Treatment	10	11	0	11	0.00%	100.00%	11	21	0	21	0.00%	100.00%	32	0	32	0.00%	100.00%
Inpatient	134	154	1	153	0.65%	99.35%	111	149	0	149	0.00%	100.00%	303	1	302	0.33%	99.67%
Intensive Outpatient Program	9	9	0	9	0.00%	100.00%	3	4	0	4	0.00%	100.00%	13	0	13	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	12	12	0	12	0.00%	100.00%	6	13	0	13	0.00%	100.00%	25	0	25	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	22	22	0	22	0.00%	100.00%	19	41	0	41	0.00%	100.00%	63	0	63	0.00%	100.00%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%	5	7	0	7	0.00%	100.00%	10	0	10	0.00%	100.00%
Other Authorized Services	4	4	0	4	0.00%	100.00%	0	0	0	0	0.00%	0.00%	4	0	4	0.00%	100.00%
<b>All Services Total</b>	<b>198</b>	<b>220</b>	<b>1</b>	<b>219</b>	<b>0.45%</b>	<b>99.55%</b>	<b>164</b>	<b>256</b>	<b>0</b>	<b>256</b>	<b>0.00%</b>	<b>100.00%</b>	<b>476</b>	<b>1</b>	<b>475</b>	<b>0.21%</b>	<b>99.79%</b>

<b>Document Name</b>	LB 1063-Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 38
<b>Health Plan Name</b>	WellCare Nebraska, Inc.
<b>Contract Number</b>	71164 O4
<b>Health Plan Contact</b>	Jennifer Bohnhoff
<b>Health Plan Contact Email</b>	<a href="mailto:Jennifer.Bohnhoff@wellcare.com">Jennifer.Bohnhoff@wellcare.com</a>
<b>Report Period Start Date</b>	2/1/2020
<b>Report Period End Date</b>	4/30/2020
<b>Report Original Submission Date</b>	6/11/2020
<b>Report Revision Submission Date</b>	

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	1	1	0	1	0.00%	100.00%	1	1	0	1	0.00%	100.00%	2	0	2	0.00%	100.00%	
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	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%	
Inpatient	115	128	1	127	0.78%	99.20%	48	53	1	52	1.89%	98.10%	181	2	179	0.78%	99.20%	
Intensive Outpatient Program	9	9	0	9	0.00%	100.00%	1	1	0	1	0.00%	100.00%	10	0	10	0.00%	100.00%	
Outpatient	50	59	3	56	5.08%	94.90%	8	9	0	9	0.00%	100.00%	68	3	65	5.08%	94.90%	
Partial Hospitalization	13	13	0	13	0.00%	100.00%	11	11	0	11	0.00%	100.00%	24	0	24	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	21	21	4	17	19.00%	81.00%	0	0	0	0	0.00%	0.00%	21	4	17	19.00%	81.00%	
Psychiatric Residential Treatment Facility	24	26	1	25	3.85%	96.20%	16	16	0	16	0.00%	100.00%	42	1	41	3.85%	96.20%	
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%	
<b>All Services Total</b>	<b>217</b>	<b>257</b>	<b>9</b>	<b>248</b>	<b>3.50%</b>	<b>96.50%</b>	<b>79</b>	<b>91</b>	<b>1</b>	<b>90</b>	<b>1.10%</b>	<b>98.90%</b>	<b>348</b>	<b>10</b>	<b>338</b>	<b>3.50%</b>	<b>96.50%</b>	