

NEBRASKA



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DEPT. OF HEALTH AND HUMAN SERVICES

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

April 1, 2021

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

April 1, 2021

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 for this report are November 1, 2020, through January 31, 2021.

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 four separate reports. The reports from Nebraska Total Care and UnitedHealthcare Community Plan cover November 2020 through January 2021. Due to the change from WellCare of Nebraska to Healthy Blue Nebraska at the beginning of 2021, there is a report from WellCare for November and December 2020 and a separate report from Healthy Blue for January 2021.

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

Sincerely,



Kevin Bagley, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

KB/dp

Heritage Health

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	Tiffany.L.WhiteWelchen@NebraskaTotalCare.com
Report Period Start Date	11/1/2020
Report Period End Date	1/31/2021
Report Original Submission Date	3/15/2021
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			0	0	0	0			0	0	0	0		
Community Treatment Aid	4	6	4	2	66.67%	33.33%	0	0	0	0			4	6	4	2	66.67%	33.33%
Day Treatment	15	22	3	19	13.64%	86.36%	0	0	0	0			15	22	3	19	13.64%	86.36%
Inpatient	163	201	1	200	0.50%	99.50%	51	93	13	80	13.98%	86.02%	214	294	14	280	4.76%	95.24%
Intensive Outpatient Program	14	17	1	16	5.88%	94.12%	0	0	0	0			14	17	1	16	5.88%	94.12%
Outpatient	24	32	4	28	12.50%	87.50%	0	0	0	0			24	32	4	28	12.50%	87.50%
Partial Hospitalization	13	16	0	16	0.00%	100.00%	7	19	2	17	10.53%	89.47%	20	35	2	33	5.71%	94.29%
Applied Behavioral Analysis	28	38	2	36	5.26%	94.74%	20	91	14	77	15.38%	84.62%	48	129	16	113	12.40%	87.60%
Psych Testing	130	143	15	128	10.49%	89.51%	0	0	0	0			130	143	15	128	10.49%	89.51%
Psychiatric Residential Treatment Facility	33	34	5	29	14.71%	85.29%	31	48	5	43	10.42%	89.58%	64	82	10	72	12.20%	87.80%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%	4	10	3	7	30.00%	70.00%	7	13	3	10	23.08%	76.92%
Other Services	22	25	4	21	16.00%	84.00%	3	6	2	4	33.33%	66.67%	25	31	6	25	19.35%	80.65%
	449	537	39	498	7.26%	92.74%	116	267	39	228	14.61%	85.39%	565	804	78	726	9.70%	90.30%

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	Robin Chadwell
Health Plan Contact Email	robin.chadwell@optum.com
Report Period Start Date	11/1/2020
Report Period End Date	1/31/2021
Report Original Submission Date	3/15/2021
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	2	3	0	3	0.00%	100.00%	10	29	0	29	0.00%	100.00%	32	0	32	0.00%	100.00%
Day Treatment	14	16	0	16	0.00%	100.00%	14	27	0	27	0.00%	100.00%	43	0	43	0.00%	100.00%
Inpatient	136	174	0	174	0.00%	100.00%	117	154	0	154	0.00%	100.00%	328	0	328	0.00%	100.00%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%	0	0	0	0	0.00%	0.00%	6	0	6	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	11	12	1	11	8.33%	91.67%	5	11	0	11	0.00%	100.00%	23	1	22	4.35%	95.65%
Psychiatric 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	2	26	7.14%	92.86%	20	34	1	33	2.94%	97.06%	62	3	59	4.84%	95.16%
Therapeutic Group Home	6	6	0	6	0.00%	100.00%	9	18	0	18	0.00%	100.00%	24	0	24	0.00%	100.00%
Applied Behavioral Analysis	14	14	0	14	0.00%	100.00%	27	127	0	127	0.00%	100.00%	141	0	141	0.00%	100.00%
Other Services	6	6	0	6	0.00%	100.00%	0	0	0	0	0.00%	0.00%	6	0	6	0.00%	100.00%
All Services Total	223	265	3	262	1.13%	98.87%	202	400	1	399	0.25%	99.75%	665	4	661	0.60%	99.40%

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	Jennifer Bohnhoff
Health Plan Contact Email	Jennifer.Bohnhoff@wellcare.com
Report Period Start Date	11/1/2020
Report Period End Date	12/31/2020
Report Original Submission Date	3/15/2021
Report Revision Submission Date	3/22/2021

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%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%	
Community Treatment Aid	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	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	99	113	6	107	5.31%	94.70%	30	35	1	34	2.86%	97.10%	148	7	141	5.31%	94.70%	
Intensive Outpatient Program	2	2	0	2	0.00%	100.00%	0	0	0	0	0.00%	0.00%	2	0	2	0.00%	100.00%	
Outpatient	14	16	0	16	0.00%	100.00%	1	1	0	1	0.00%	100.00%	17	0	17	0.00%	100.00%	
Partial Hospitalization	7	7	0	7	0.00%	100.00%	5	5	0	5	0.00%	100.00%	12	0	12	0.00%	100.00%	
Psychiatric Testing	7	7	3	4	42.90%	57.10%	0	0	0	0	0.00%	0.00%	7	3	4	42.90%	57.10%	
Psychiatric Residential Treatment Facility	19	19	0	19	0.00%	100.00%	7	7	0	7	0.00%	100.00%	26	0	26	0.00%	100.00%	
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%	
Applied Behavioral Analysis	16	18	0	18	0.00%	100.00%	1	1	0	1	0.00%	100.00%	19	0	19	0.00%	100.00%	
Other 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	166	184	9	175	4.89%	95.10%	44	49	1	48	2.04%	98.00%	233	10	223	4.89%	95.10%	

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Healthy Blue Nebraska
Contract Number	71164 O4
Health Plan Contact	Jennifer Bohnhoff
Health Plan Contact Email	Jennifer.Bohnhoff@healthybluene.co
Report Period Start Date	1/1/2021
Report Period End Date	1/31/2021
Report Original Submission Date	3/15/2021
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	4	4	0	4	0.00%	100.00%	0	0	0	0	0.00%	0.00%	4	0	4	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	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
Inpatient	65	72	0	72	0.00%	100.00%	28	42	0	42	0.00%	100.00%	114	0	114	0.00%	100.00%	
Intensive Outpatient Program	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%	
Outpatient	5	5	0	5	0.00%	100.00%	0	0	0	0	0.00%	0.00%	5	0	5	0.00%	100.00%	
Partial Hospitalization	4	4	0	4	0.00%	100.00%	0	0	0	0	0.00%	0.00%	4	0	4	0.00%	100.00%	
Psychiatric Testing	19	19	0	19	0.00%	100.00%	0	0	0	0	0.00%	0.00%	19	0	19	0.00%	100.00%	
Psychiatric Residential Treatment Facility	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
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%	
Applied Behavioral Analysis	8	8	0	8	0.00%	100.00%	0	0	0	0	0.00%	0.00%	8	0	8	0.00%	100.00%	
Other 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	106	113	0	113	0.00%	100.00%	28	42	0	42	0.00%	100.00%	155	0	155	0.00%	100.00%	