

NEBRASKA



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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

July 31, 2021

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

July 31, 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 February 1, 2021, through April 30, 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 three separate reports, one from each of the Medicaid managed care plans: Healthy Blue Nebraska, Nebraska Total Care, and UnitedHealthcare Community Plan.

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

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	02/01/2021
Report Period End Date	04/30/2021
Report Original Submission Date	06/15/2021
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	13	14	0	14	0.00%	100.00%	0	0	0	0	0.00%	0.00%	14	0	14	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	10	13	0	13	0.00%	100.00%	0	0	0	0	0.00%	0.00%	13	0	13	0.00%	100.00%
Inpatient	169	189	1	188	0.52%	99.47%	57	93	1	92	1.07%	98.92%	282	2	280	0.70%	99.29%
Intensive Outpatient Program	2	3	0	3	0.00%	100.00%	1	1	0	1	0.00%	100.00%	4	0	4	0.00%	100.00%
Outpatient	52	59	3	56	5.08%	94.91%	0	0	0	0	0.00%	0.00%	59	3	56	5.08%	94.91%
Partial Hospitalization	22	27	0	27	0.00%	100.00%	8	12	0	12	0.00%	100.00%	39	0	39	0.00%	100.00%
Psychiatric Testing	108	138	33	105	23.91%	76.08%	0	0	0	0	0.00%	0.00%	138	33	105	23.91%	76.08%
Psychiatric Residential Treatment Facility	29	35	0	35	0.00%	100.00%	44	102	0	102	0.00%	100.00%	137	0	137	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	57	67	0	67	0.00%	100.00%	1	1	0	1	0.00%	100.00%	68	0	68	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	462	545	37	508	6.78%	93.21%	111	209	1	208	0.47%	99.52%	754	38	716	5.03%	94.96%

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	Tiffanywhitewelchen@nebraskatotalcare.com
Report Period Start Date	02/01/2021
Report Period End Date	04/30/2021
Report Original Submission Date	6/15/2021
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	0	0	0	0			0	0	0	0			0	0	0	0		
Day Treatment	12	22	2	20	9.09%	90.91%	12	22	2	20	9.09%	90.91%	12	22	2	20	9.09%	90.91%
Inpatient	218	249	2	247	0.80%	99.20%	64	108	14	94	12.96%	87.04%	282	357	16	341	4.48%	95.52%
Intensive Outpatient Program	10	14	2	12	14.29%	85.71%	0	0	0	0			10	14	2	12	14.29%	85.71%
Outpatient	17	30	3	27	10.00%	90.00%	0	0	0	0			17	30	3	27	10.00%	90.00%
Partial Hospitalization	12	13	1	12	7.69%	92.31%	8	15	1	14	6.67%	93.33%	20	28	2	26	7.14%	92.86%
Applied Behavioral Analysis	32	37	0	37	0.00%	100.00%	23	84	0	84	0.00%	100.00%	55	121	0	121	0.00%	100.00%
Psych Testing	175	206	31	175	15.05%	84.95%	0	0	0	0			175	206	31	175	15.05%	84.95%
Psychiatric Residential Treatment Facility	21	21	4	17	19.05%	80.95%	36	59	8	51	13.56%	86.44%	57	80	12	68	15.00%	85.00%
Therapeutic Group Home	5	5	0	5	0.00%	100.00%	7	14	3	11	21.43%	78.57%	12	19	3	16	15.79%	84.21%
Other Services	32	42	5	37	11.90%	88.10%	6	6	1	5	16.67%	83.33%	38	48	6	42	12.50%	87.50%
	534	639	50	589	7.82%	92.18%	144	286	27	259	9.44%	90.56%	678	925	77	848	8.32%	91.68%

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	Feb 01, 2021
Report Period End Date	Apr 30, 2021
Report Original Submission Date	Jun 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	3	4	0	4	0.00%	100.00%	5	12	0	12	0.00%	100.00%	16	0	16	0.00%	100.00%	
Day Treatment	16	16	0	16	0.00%	100.00%	17	30	0	30	0.00%	100.00%	46	0	46	0.00%	100.00%	
Inpatient	153	178	0	178	0.00%	100.00%	114	141	0	141	0.00%	100.00%	319	0	319	0.00%	100.00%	
Intensive Outpatient Program	8	8	0	8	0.00%	100.00%	0	0	0	0	0.00%	0.00%	8	0	8	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	7	7	0	7	0.00%	100.00%	6	19	0	19	0.00%	100.00%	26	0	26	0.00%	100.00%	
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	34	34	5	29	14.71%	85.29%	26	53	1	52	1.89%	98.11%	87	6	81	6.90%	93.10%	
Therapeutic Group Home	5	5	0	5	0.00%	100.00%	10	16	1	15	6.25%	93.75%	21	1	20	4.76%	95.24%	
Applied Behavioral Analysis	22	22	1	21	4.55%	95.45%	39	180	0	180	0.00%	100.00%	202	1	201	0.50%	99.50%	
Other Services	3	3	0	3	0.00%	100.00%	0	0	0	0	0.00%	0.00%	3	0	3	0.00%	100.00%	
All Services Total	251	277	6	271	2.17%	97.83%	217	451	2	449	0.44%	99.56%	728	8	720	1.10%	98.90%	