

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

May 2, 2017

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 Nebraska Revised 68-2004, please find attached reports on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the first quarter of the calendar year 2017.

Specifically, 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.

Prior to January 1, 2017, Magellan provided all behavioral health services for Nebraska Medicaid. With the implementation of Heritage Health, children now receive behavioral health services from one of three managed care organizations, Nebraska Total Care, UnitedHealthcare Community Plan and WellCare of Nebraska. The data on their rates of denials and authorizations are listed separately for each plan.

If you have any questions, please contact me. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Calder Lynch", with a long horizontal flourish extending to the right.

Calder Lynch, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

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 e4
Health Plan Contact	Susan Huse
Health Plan Contact Email	Susan.M.Huse@NebraskaTotalCare.co
Report Period Start Date	01/01/2017
Report Period End Date	03/06/2017
Report Original Submission Date	03/30/2017
Report Revision Submission Date	04/12/2017

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	12	14	0	14	0.00%	100.00%	0	0	0	0	0.00%	100.00%	14	0	14	0.00%	100.00%
Day Treatment	17	26	1	25	3.85%	96.15%	0	0	0	0	0.00%	100.00%	26	1	25	3.85%	96.15%
Inpatient	8	10	0	10	0.00%	100.00%	0	0	0	0	0.00%	100.00%	10	0	10	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Outpatient	89	113	0	113	0.00%	100.00%	0	0	0	0	0.00%	100.00%	113	0	113	0.00%	100.00%
Partial Hospitalization	8	8	0	8	0.00%	100.00%	9	22	0	22	0.00%	100.00%	30	0	30	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	307	310	5	305	1.61%	98.39%	0	0	0	0	0.00%	100.00%	310	5	305	1.61%	98.39%
Psychiatric Residential Treatment Facility	1	3	0	3	0.00%	100.00%	7	10	2	8	20.00%	80.00%	13	2	11	15.38%	84.62%
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 Services	4	5	0	5	0.00%	100.00%	0	0	0	0	0.00%	100.00%	5	0	5	0.00%	100.00%
All Services Total	446	489	6	483	1.23%	98.77%	16	32	2	30	6.25%	93.75%	521	8	513	1.54%	98.46%

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of
Contract Number	71163 04
Health Plan Contact	Adam Proctor
Health Plan Contact Email	adam_proctor@uhc.com
Report Period Start Date	Jan 01, 2017
Report Period End Date	Mar 06, 2017
Report Original Submission Date	Mar 24, 2017
Report Revision Submission Date	Apr 17, 2017

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 (No Prior Auth Required)	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	10	15	0	15	0.00%	0.00%	0	0	0	0	0.00%	0.00%	15	0	15	0.00%	100.00%
Day Treatment	15	20	0	20	0.00%	0.00%	0	0	0	0	0.00%	0.00%	20	0	20	0.00%	100.00%
Inpatient	97	111	0	111	0.00%	0.00%	28	53	1	52	1.89%	98.11%	164	1	163	0.61%	99.39%
Intensive Outpatient Program	51	52	1	51	1.92%	98.08%	10	11	0	11	0.00%	100.00%	63	1	62	1.59%	98.41%
Outpatient (No Prior Auth Required)	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	18	24	0	24	0.00%	100.00%	1	1	0	1	0.00%	100.00%	25	0	25	0.00%	100.00%
Personal Resource Family Care (No Prior Auth Req	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	195	198	0	198	0.00%	100.00%	0	0	0	0	0.00%	0.00%	198	0	198	0.00%	100.00%
Psychiatric Residential Treatment Facility	38	54	0	54	0.00%	100.00%	0	0	0	0	0.00%	0.00%	54	0	54	0.00%	100.00%
Therapeutic Group Home	5	7	0	7	0.00%	100.00%	0	0	0	0	0.00%	0.00%	7	0	7	0.00%	100.00%
Other Services	6	6	1	5	16.67%	83.33%	0	0	0	0	0.00%	0.00%	6	1	5	16.67%	83.33%
All Service Total	435	487	2	485	0.41%	99.59%	39	65	1	64	1.54%	98.46%	552	3	549	0.54%	99.46%

Document Name	LB 1063-Children's Health and Treatment
Contract Section(s) Referenced	Attachment 38
Health Plan Name	WellCare Nebraska, Inc.
Contract Number	71164 04
Health Plan Contact	Virginia Picotte
Health Plan Contact Email	Virginia.Picotte@wellcare.com
Report Period Start Date	01/01/2017
Report Period End Date	03/06/2017
Report Original Submission Date	03/28/2017
Report Revision Submission Date	04/26/2017

Service Type	Initial Service Requests				Reauthorization Requests				All Requests				
	# of Persons	# of Requests	Denied	Authorized	# of Persons	# of Requests	Denied	Authorized	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23-59 Observation	0	0	0	0	0	0	0	0	0	0	0	0%	0%
Community Treatment Aid	5	5	0	5	0	0	0	0	0	0	0	0%	100%
Day Treatment	3	3	0	3	1	1	0	1	0	0	0	0%	100%
Inpatient	3	3	0	3	86	86	0	86	0	0	0	100%	0%
Intensive Outpatient Program	19	19	0	19	1	1	0	1	0	0	0	100%	0%
Outpatient	42	42	1	41	2	2	0	2	0	0	0	100%	0%
Partial Hospitalization	7	7	0	7	3	3	0	3	0	0	0	100%	0%
Professional Resource Family Care	0	0	0	0	0	0	0	0	0	0	0	0%	0%
Psychiatric Residential Treatment Facility	80	80	26	54	0	0	0	0	0	0	0	33%	68%
Therapeutic Group Home	9	9	0	9	54	54	0	37	0	0	0	69%	100%
Other Services	0	0	0	0	0	0	0	0	0	0	0	0%	0%
All Services Total	168	168	27	141	147	147	0	130	0	0	0	88%	91%