

**NEBRASKA**

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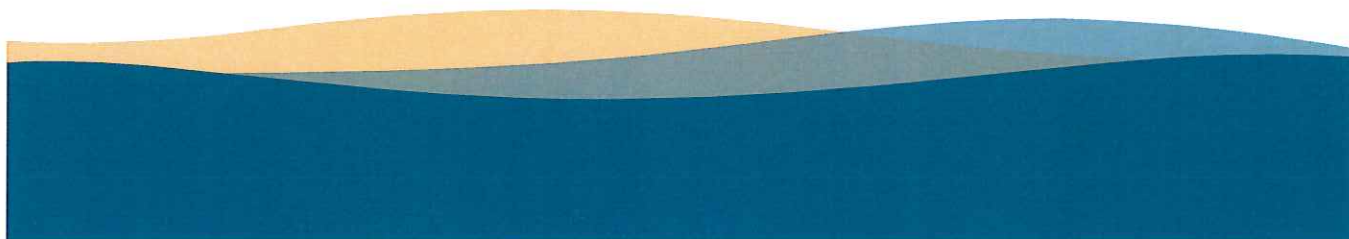
DEPT. OF HEALTH AND HUMAN SERVICES

## **Division of Medicaid and Long-Term Care**

**2017 Q4 Report on Authorization and Denial Rates for  
Medicaid Behavioral Health Services Children**

**1/2/2018**

§ 68-2004



# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 28, 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 Statute 68-2004, please find the attached report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the dates of July 1, 2017 through November 30, 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. Attached you will find three separate reports. One from each of the following Managed Care Organizations, Nebraska Totalcare, UnitedHealthcare Community Plan, and WellCare of Nebraska.

If you have any questions, please contact Heather Leschinsky, Deputy Director of Delivery Systems at [Heather.Leschinsky@nebraska.gov](mailto:Heather.Leschinsky@nebraska.gov).

Sincerely,

Thomas "Rocky" Thompson, Interim 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	WellCare Nebraska, Inc.
Contract Number	71164 04
Health Plan Contact	Lori Hack
Health Plan Contact Email	Lori.Hack@wellcare.com
Report Period Start Date	7/1/2017
Report Period End Date	11/30/2017
Report Original Submission Date	12/19/2017
Report Revision Submission Date	12/26/2017

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	15	28	8	20	28.60%	71.40%	1	1	0	1	0.00%	100.00%	29	8	21	27.60%	72.40%
Day Treatment	26	30	4	26	13.30%	86.70%	4	4	1	3	25.00%	75.00%	34	5	29	14.70%	85.30%
Inpatient	190	226	2	224	0.88%	99.10%	67	74	0	74	0.00%	100.00%	300	2	298	0.67%	99.30%
Intensive Outpatient Program	37	46	4	42	8.70%	91.30%	19	19	0	19	0.00%	100.00%	65	4	61	6.15%	93.80%
Outpatient	129	157	28	129	17.83%	82.17%	1	1	1	0	100.00%	0.00%	158	29	129	18.35%	81.65%
Partial Hospitalization	18	19	0	19	0.00%	100.00%	12	12	0	12	0.00%	100.00%	31	0	31	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	232	239	10	229	4.18%	95.80%	40	41	3	38	7.32%	92.70%	280	13	267	4.64%	95.40%
Psychiatric Residential Treatment Facility	62	66	5	61	7.58%	92.40%	51	53	0	53	0.00%	100.00%	119	5	114	4.20%	95.80%
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 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	710	812	61	751	7.51%	92.49%	195	205	5	200	2.44%	97.56%	1017	66	951	6.49%	93.51%

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	7/1/2017
Report Period End Date	11/30/2017
Report Original Submission Date	12/21/2017
Report Revision Submission Date	12/26/2017

Service Type	Initial Service Requests				Reauthorization Requests				All Requests				
	# of Persons	# of Requests	Denied	Authorized	Authorized Rate	Denial Rate	Authorized	Denied	# 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	0.00%	0.00%
Community Treatment Aid	19	29	0	29	100.00%	0.00%	0	0	0	0	29	0.00%	100.00%
Day Treatment	33	75	0	75	100.00%	0.00%	1	0	1	0	76	0.00%	100.00%
Inpatient	214	261	0	261	100.00%	0.00%	81	4	345	4	342	1.16%	98.84%
Intensive Outpatient Program	39	45	2	43	95.56%	4.44%	3	1	49	3	46	6.12%	93.88%
Outpatient (No Prior Auth Required)	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0.00%	0.00%
Partial Hospitalization	25	29	0	29	100.00%	0.00%	7	1	37	1	36	2.70%	97.30%
Professional Resource Family Care (No Prior Auth Required)	0	0	0	0	0.00%	0.00%	0	0	0	0	0	0.00%	0.00%
Psych Testing	253	295	0	295	100.00%	0.00%	0	2	297	2	295	0.67%	99.33%
Psychiatric Residential Treatment Facility	53	54	1	53	98.15%	1.85%	34	11	99	12	87	12.12%	87.88%
Therapeutic Group Home	8	25	0	25	100.00%	0.00%	0	0	25	0	25	0.00%	100.00%
Other Services	10	11	0	11	100.00%	0.00%	0	0	11	0	11	0.00%	100.00%
All Service Total	685	824	3	821	99.54%	0.36%	126	19	969	22	947	2.27%	97.73%

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 04
Health Plan Contact	Allyssa Cavin
Health Plan Contact Email	AllyssaOlivia.V.Cavin@nebraska
Report Period Start Date	7/1/2017
Report Period End Date	12/15/2017
Report Original Submission Date	12/15/2017
Report Revision Submission Date	12/26/2017

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 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	12	25	12	13	48.00%	52.00%	0	0	0	0			12	25	12	13	48.00%	52.00%
Day Treatment	24	42	14	28	33.33%	66.67%	0	0	0	0			24	42	14	28	33.33%	66.67%
Inpatient	256	442	25	417	5.66%	94.34%	0	0	0	0			256	442	25	417	5.66%	94.34%
Intensive Outpatient Program	39	57	19	38	33.33%	66.67%	0	0	0	0			39	57	19	38	33.33%	66.67%
Outpatient	289	368	37	330	10.05%	89.67%	0	0	0	0			289	368	37	330	10.05%	89.67%
Partial Hospitalization	26	26	1	25	3.85%	96.15%	30	59	2	57	3.39%	96.61%	56	85	3	82	3.53%	96.47%
Professional Resource Family Care	0	0	0	0			0	0	0	0			0	0	0	0		
Psych Testing	297	328	26	301	7.93%	91.77%	0	0	0	0			297	328	26	301	7.93%	91.77%
Psychiatric Residential Treatment Facility	26	26	3	23	11.54%	88.46%	54	126	9	116	7.14%	92.06%	80	152	12	139	7.89%	91.45%
Therapeutic Group Home	14	34	4	29	11.76%	85.29%	0	0	0	0			14	34	4	29	11.76%	85.29%
Other Services	6	9	2	7	22.22%	77.78%	0	0	0	0			6	9	2	7	22.22%	77.78%
	989	1,357	143	1,211	10.54%	89.24%	84	185	11	173	5.95%	93.51%	1,073	1,542	154	1,384	9.99%	89.75%