

NEBRASKA

Good Life. Great Mission.

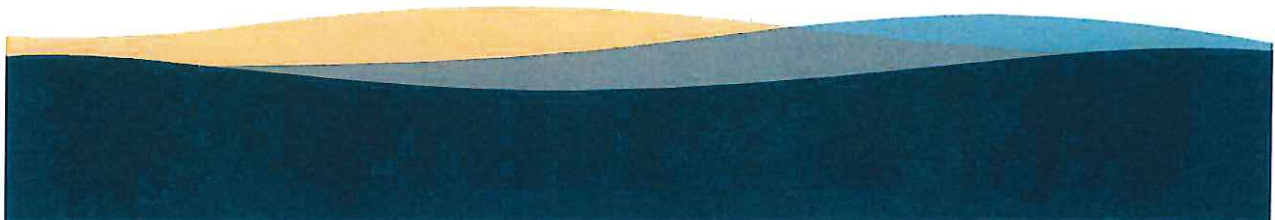
DEPT. OF HEALTH AND HUMAN SERVICES

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

Utilization Controls Report

6/21/18

Nebraska State Statute 68-2004



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

June 22, 2018

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 the report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the first quarter of Calendar Year 2018.

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.

With the implementation of Heritage Health in 2017, children will now receive behavioral health services from one of three Managed Care Organizations. Attached you will find three separate reports. One from each of the following Managed Care Organizations, Nebraska Totalcare, United Healthcare Community Plan and WellCare of Nebraska.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "MVP", with a flourish extending to the right.

Matthew Van Patton, DHA, 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) Reference	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	3/1/2018															
Report Period End Date	5/31/2018															
Report Original Submission Date	6/15/2018															
Report Revision Submission Date	[Date of data revision]															
Initial Service Requests	Reauthorization Requests						All Requests									
Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	Denied	Authorized	Denial Rate	Authorized Rate
23-59 Observation	7	7	0	7	0.00%	100.00%	0	0	0	0	0.00%	0.00%	0	0	0.00%	0.00%
Community Treatment Aid	13	17	3	14	17.60%	82.40%	0	0	0	0	0.00%	0.00%	0	0	0.00%	0.00%
Day Treatment	14	16	1	15	6.80%	93.80%	0	0	0	0	0.00%	0.00%	0	0	0.00%	0.00%
Inpatient	129	169	4	165	2.40%	97.60%	53	64	13	51	20.30%	79.70%	233	17	216	7.30%
Intensive Outpatient Program	57	61	2	59	3.30%	96.70%	5	5	0	5	0.00%	100.00%	66	2	64	3.00%
Outpatient	33	39	4	35	10.30%	89.70%	0	0	0	0	0.00%	0.00%	39	4	35	10.30%
Partial Hospitalization	12	13	0	13	0.00%	100.00%	5	6	0	6	0.00%	100.00%	19	0	19	0.00%
Professional Resource Family	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0.00%	0.00%
Psych Testing	150	153	18	136	11.80%	88.90%	0	0	0	0	0.00%	0.00%	153	18	136	11.80%
Psychiatric Residential Treatment	36	40	4	36	10.00%	90.00%	18	18	0	18	0.00%	100.00%	58	4	54	6.90%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%	0	0	0	0	0.00%	0.00%	2	0	2	0.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0.00%	0.00%
All Services Total	421	517	37	481	7.20%	93.00%	80	93	13	80	14.00%	86.00%	610	50	561	8.20%

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community
Contract Number	71163 04
Health Plan Contact	Sandra Hashman
Health Plan Contact Email	sandra.hashman@uhc.com
Report Period Start Date	Mar 01, 2018
Report Period End Date	May 31, 2018
Report Original Submission Date	June 15, 2018
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	20	33	0	33	0.00%	100.00%	0	0	0	0	0.00%	0.00%	33	0	33	0.00%	100.00%	
Day Treatment	33	59	1	58	1.69%	98.31%	1	1	0	1	0.00%	100.00%	60	1	59	1.67%	98.33%	
Inpatient	133	157	0	157	0.00%	100.00%	21	31	2	29	6.45%	93.55%	188	2	186	1.06%	98.94%	
Intensive Outpatient Program	28	29	0	29	0.00%	100.00%	0	0	0	0	0.00%	0.00%	29	0	29	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	11	0	11	0.00%	100.00%	7	14	0	14	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	238	242	0	242	0.00%	100.00%	1	1	1	0	100.00%	0.00%	243	1	242	0.41%	99.59%	
Psychiatric Residential Treatment Facility	41	42	1	41	2.38%	97.62%	32	61	7	54	11.48%	88.52%	103	8	95	7.77%	92.23%	
Therapeutic Group Home	14	19	0	19	0.00%	100.00%	0	0	0	0	0.00%	0.00%	19	0	19	0.00%	100.00%	
Other Authorized Services	6	9	0	9	0.00%	100.00%	0	0	0	0	0.00%	0.00%	9	0	9	0.00%	100.00%	
All Services Total	524	601	2	599	0.33%	99.67%	62	108	10	98	9.26%	90.74%	709	12	697	1.69%	98.31%	

Document Name	LB 1063-Children's Health and
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71165 04
Health Plan Contact	Alyssa Cavin
Health Plan Contact Email	AlyssaOlivia.V.Cavin@nebraskatotalca
Report Period Start Date	03/01/2018
Report Period End Date	05/31/2018
Report Original Submission Date	6/15/2018
Report Revision Submission Date	

Service Type	Initial Service Requests				Reauthorization Requests				All Requests				Authorized Rate				
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized R#	# of Persons	# of Request	Denied	Authorized	Denial Rate	Authorized R#	Denied	Authorized	Denial Rate	Authorized R#	Authorized Rate
2359 Observation	0	0	0	0	N/A	N/A	0	0	0	0	N/A	N/A	0	0	0	N/A	N/A
Community Treatment Aid	8	12	3	9	25.00%	75.00%	0	0	0	0	N/A	N/A	8	12	3	25.00%	75.00%
Day Treatment	24	50	24	26	48.00%	52.00%	0	0	0	0	N/A	N/A	24	50	24	48.00%	52.00%
Inpatient	162	273	3	269	1.10%	98.53%	0	0	0	0	N/A	N/A	162	273	3	1.10%	98.53%
Intensive Outpatient Program	32	38	12	26	31.58%	68.42%	0	0	0	0	N/A	N/A	32	38	12	31.58%	68.42%
Outpatient	57	82	29	53	35.37%	64.63%	0	0	0	0	N/A	N/A	57	82	29	35.37%	64.63%
Partial Hospitalization	1	1	0	1	0.00%	100.00%	11	31	2	29	6.45%	93.55%	12	32	2	6.25%	93.75%
Professional Resource Family Care	0	0	0	0	N/A	N/A	0	0	0	0	N/A	N/A	0	0	0	N/A	N/A
Psych Testing	220	231	6	225	2.60%	97.40%	0	0	0	0	N/A	N/A	220	231	6	2.60%	97.40%
Psychiatric Residential Treatment Facility	13	13	5	8	38.46%	61.54%	70	126	7	117	5.56%	92.86%	83	139	12	8.63%	91.37%
Therapeutic Group Home	11	27	4	23	14.81%	85.19%	0	0	0	0	N/A	N/A	11	27	4	14.81%	85.19%
Other Services	5	8	3	5	37.50%	62.50%	0	0	0	0	N/A	N/A	5	8	3	37.50%	62.50%
All Services Total	535	735	89	645	12.11%	87.76%	81	157	9	146	5.73%	92.98%	614	892	93	10.99%	88.68%