

NEBRASKA



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DEPT. OF HEALTH AND HUMAN SERVICES

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

January 1, 2021

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

January 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 for the second and third quarters of calendar year 2020. The dates for this report are May 1, 2020, through October 31, 2020.

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 the three Managed Care Organizations in the program. Attached you will find six separate reports—two from Nebraska Total Care, UnitedHealthcare Community Plan, and WellCare of Nebraska.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin Bagley".

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

JB/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	05/01/2020
Report Period End Date	07/31/2020
Report Original Submission Date	[Submission Date]
Report Revision Submission Date	12/23/2020

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	2	4	33.33%	66.67%	0	0	0	0			4	6	2	4	33.33%	66.67%
Day Treatment	11	18	7	11	38.89%	61.11%	0	0	0	0			11	18	7	11	38.89%	61.11%
Inpatient	127	159	2	157	1.26%	98.74%	55	113	12	101	10.62%	89.38%	182	272	14	258	5.15%	94.85%
Intensive Outpatient Program	9	9	0	9	0.00%	100.00%	0	0	0	0			9	9	0	9	0.00%	100.00%
Outpatient	21	36	7	29	19.44%	80.56%	0	0	0	0			21	36	7	29	19.44%	80.56%
Partial Hospitalization	0	0	0	0			0	0	0	0			0	0	0	0		
Applied Behavioral Analysis	13	18	0	18	0.00%	100.00%	13	44	0	44	0.00%	100.00%	26	62	0	62	0.00%	100.00%
Psych Testing	91	102	10	92	9.80%	90.20%	1	1	0	1	0.00%	100.00%	92	103	10	93	9.71%	90.29%
Psychiatric Residential Treatment Facility	21	21	2	19	9.52%	90.48%	32	62	2	60	3.23%	96.77%	53	83	4	79	4.82%	95.18%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%	9	15	5	10	33.33%	66.67%	11	17	5	12	29.41%	70.59%
Other Services	16	23	1	22	4.35%	95.65%	3	3	1	2	33.33%	66.67%	19	26	2	24	7.69%	92.31%
	315	394	31	363	7.87%	92.13%	113	238	20	218	8.40%	91.60%	428	632	51	581	8.07%	91.93%

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	08/01/2020
Report Period End Date	10/31/2020
Report Original Submission Date	[Submission Date]
Report Revision Submission Date	[Date of data revision]

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	3	3	1	2	33.33%	66.67%	0	0	0	0			3	3	1	2	33.33%	66.67%
Day Treatment	17	28	11	17	39.29%	60.71%	0	0	0	0			17	28	11	17	39.29%	60.71%
Inpatient	190	230	0	230	0.00%	100.00%	59	102	19	83	18.63%	81.37%	249	332	19	313	5.72%	94.28%
Intensive Outpatient Program	16	29	7	22	24.14%	75.86%	0	0	0	0			16	29	7	22	24.14%	75.86%
Outpatient	29	43	16	27	37.21%	62.79%	0	0	0	0			29	43	16	27	37.21%	62.79%
Partial Hospitalization	4	4	0	4	0.00%	100.00%	2	4	0	4	0.00%	100.00%	6	8	0	8	0.00%	100.00%
Applied Behavioral Analysis	21	30	1	29	3.33%	96.67%	17	67	4	63	5.97%	94.03%	38	97	5	92	5.15%	94.85%
Psych Testing	139	157	15	142	9.55%	90.45%	0	0	0	0			139	157	15	142	9.55%	90.45%
Psychiatric Residential Treatment Facility	28	28	5	23	17.86%	82.14%	35	56	8	48	14.29%	85.71%	63	84	13	71	15.48%	84.52%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%	3	6	2	4	33.33%	66.67%	5	8	2	6	25.00%	75.00%
Other Services	27	35	8	27	22.86%	77.14%	3	7	0	7	0.00%	100.00%	30	42	8	34	19.05%	80.95%
	476	589	64	525	10.87%	89.13%	119	242	33	209	13.64%	86.36%	595	831	97	734	11.67%	88.33%

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	May 01, 2020
Report Period End Date	July 31, 2020
Report Original Submission Date	Sept 15, 2020
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	6	6	0	6	0.00%	100.00%	10	20	0	20	0.00%	100.00%	26	0	26	0.00%	100.00%
Day Treatment	13	15	0	15	0.00%	100.00%	13	19	0	19	0.00%	100.00%	34	0	34	0.00%	100.00%
Inpatient	119	138	1	137	0.72%	99.28%	81	105	0	105	0.00%	100.00%	243	1	242	0.41%	99.59%
Intensive Outpatient Program	25	25	0	25	0.00%	100.00%	3	3	0	3	0.00%	100.00%	28	0	28	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	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	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	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	35	35	0	35	0.00%	100.00%	27	50	0	50	0.00%	100.00%	85	0	85	0.00%	100.00%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%	5	8	0	8	0.00%	100.00%	11	0	11	0.00%	100.00%
Other Authorized Services	2	2	0	2	0.00%	100.00%	0	0	0	0	0.00%	0.00%	2	0	2	0.00%	100.00%
All Services Total	204	225	1	224	0.44%	99.56%	139	205	0	205	0.00%	100.00%	430	1	429	0.23%	99.77%

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	Aug 01, 2020
Report Period End Date	Oct 31, 2020
Report Original Submission Date	Dec 15, 2020
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	4	4	0	4	0.00%	100.00%	5	8	0	8	0.00%	100.00%	12	0	12	0.00%	100.00%
Day Treatment	19	20	0	20	0.00%	100.00%	20	33	0	33	0.00%	100.00%	53	0	53	0.00%	100.00%
Inpatient	134	157	0	157	0.00%	100.00%	105	146	0	146	0.00%	100.00%	303	0	303	0.00%	100.00%
Intensive Outpatient Program	10	10	0	10	0.00%	100.00%	2	2	0	2	0.00%	100.00%	12	0	12	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	6	6	0	6	0.00%	100.00%	1	2	0	2	0.00%	100.00%	8	0	8	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	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	26	26	0	26	0.00%	100.00%	20	37	0	37	0.00%	100.00%	63	0	63	0.00%	100.00%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%	4	10	0	10	0.00%	100.00%	13	0	13	0.00%	100.00%
Other Authorized Services	2	2	0	2	0.00%	100.00%	0	0	0	0	0.00%	0.00%	2	0	2	0.00%	100.00%
All Services Total	204	228	0	228	0.00%	100.00%	157	238	0	238	0.00%	100.00%	466	0	466	0.00%	100.00%

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	5/1/2020
Report Period End Date	7/31/2020
Report Original Submission Date	9/6/2020
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	3	3	0	3	0.00%	100.00%	1	1	0	1	0.00%	100.00%	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	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%
Inpatient	106	126	1	125	0.79%	99.20%	37	44	0	44	0.00%	100.00%	170	1	169	0.79%	99.20%
Intensive Outpatient Program	7	8	1	7	12.50%	87.50%	1	1	0	1	0.00%	100.00%	9	1	8	12.50%	87.50%
Outpatient	60	72	3	69	4.17%	95.80%	12	13	0	13	0.00%	100.00%	85	3	82	4.17%	95.80%
Partial Hospitalization	10	14	0	14	0.00%	100.00%	9	11	0	11	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	23	23	7	16	30.40%	69.60%	0	0	0	0	0.00%	0.00%	23	7	16	30.40%	69.60%
Psychiatric Residential Treatment Facility	23	23	3	20	13.00%	87.00%	14	14	0	14	0.00%	100.00%	37	3	34	13.00%	87.00%
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%
Other Authorized 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	212	269	15	254	5.58%	94.40%	66	84	0	84	0.00%	100.00%	353	15	338	5.58%	94.40%

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	8/1/2020
Report Period End Date	10/31/2020
Report Original Submission Date	12/15/2020
Report Revision Submission Date	12/21/2020

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	2	2	0	2	0.00%	100.00%	1	1	0	1	0.00%	100.00%	3	0	3	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	157	186	3	183	1.61%	98.39%	65	74	0	74	0.00%	100.00%	260	3	257	1.15%	98.85%	
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	38	44	5	39	11.36%	88.64%	4	4	0	4	0.00%	100.00%	48	5	43	10.42%	89.58%	
Partial Hospitalization	7	7	0	7	0.00%	100.00%	4	4	0	4	0.00%	100.00%	11	0	11	0.00%	100.00%	
Psychiatric Testing	17	17	7	10	41.18%	58.82%	0	0	0	0	0.00%	0.00%	17	7	10	41.18%	58.82%	
Psychiatric Residential Treatment Facility	22	23	0	23	0.00%	100.00%	15	15	1	14	6.67%	93.33%	38	1	37	2.63%	97.37%	
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	35	46	1	45	2.17%	97.83%	10	11	0	11	0.00%	100.00%	57	1	56	1.75%	98.25%	
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	279	326	16	310	4.91%	95.09%	99	109	1	108	0.92%	99.08%	435	17	418	3.91%	96.09%	