

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 3, 2019

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 the attached 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 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.

Previously, Magellan provided all behavioral health services. With the implementation of Heritage Health, children's behavioral health services will be covered by one of the three managed care organizations. Attached you will find three separate reports from each of the managed care organizations: Nebraska Total Care, UnitedHealthcare Community Plan, and WellCare of Nebraska.

If you have any questions, please contact me.

Sincerely,

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

Matthew A. Van Patton, DHA, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

MVP/ll

Attachment

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| 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@nebraskatotalcare.com |
| Report Period Start Date | 6/1/2018 |
| Report Period End Date | 11/30/2018 |
| Report Original Submission Date | 12/17/2018 |
| 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 | N/A | N/A | 0 | 0 | 0 | 0 | N/A | N/A | 0 | 0 | 0 | N/A | N/A |
| Community Treatment Aid | 9 | 15 | 4 | 11 | 26.67% | 73.33% | 0 | 0 | 0 | 0 | N/A | N/A | 15 | 4 | 11 | 26.67% | 73.33% |
| Day Treatment | 42 | 89 | 40 | 49 | 44.94% | 55.06% | 0 | 0 | 0 | 0 | N/A | N/A | 89 | 40 | 49 | 44.94% | 55.06% |
| Inpatient | 282 | 456 | 12 | 444 | 2.63% | 97.37% | 0 | 0 | 0 | 0 | N/A | N/A | 456 | 12 | 444 | 2.63% | 97.37% |
| Intensive Outpatient Program | 55 | 67 | 25 | 42 | 37.31% | 62.69% | 0 | 0 | 0 | 0 | N/A | N/A | 67 | 25 | 42 | 37.31% | 62.69% |
| Outpatient | 86 | 145 | 60 | 85 | 41.38% | 58.62% | 0 | 0 | 0 | 0 | N/A | N/A | 145 | 60 | 85 | 41.38% | 58.62% |
| Partial Hospitalization | 3 | 3 | 0 | 3 | 0.00% | 100.00% | 23 | 64 | 5 | 59 | 7.81% | 92.19% | 67 | 5 | 62 | 7.46% | 92.54% |
| 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 | 346 | 366 | 13 | 353 | 3.55% | 96.45% | 0 | 0 | 0 | 0 | N/A | N/A | 366 | 13 | 353 | 3.55% | 96.45% |
| Psychiatric Residential Treatment Facility | 23 | 24 | 13 | 11 | 54.17% | 45.83% | 83 | 199 | 18 | 180 | 9.05% | 90.45% | 223 | 31 | 191 | 13.90% | 85.65% |
| Therapeutic Group Home | 18 | 47 | 11 | 36 | 23.40% | 74.47% | 0 | 0 | 0 | 0 | N/A | N/A | 47 | 11 | 35 | 23.40% | 74.47% |
| Other Authorized Services | 10 | 15 | 2 | 13 | 13.33% | 86.67% | 0 | 0 | 0 | 0 | N/A | N/A | 15 | 2 | 13 | 13.33% | 86.67% |
| All Services Total | 874 | 1,227 | 180 | 1,046 | 14.67% | 85.25% | 106 | 263 | 23 | 239 | 8.75% | 90.87% | 1,490 | 203 | 1,285 | 13.62% | 86.24% |

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| Document Name | LB 1063-Children's Health and Treatment Act |
| Contract Section(s) Referenced | Attachment 38 |
| Health Plan Name | Nebraska |
| Contract Number | 71163 04 |
| Health Plan Contact | Sandra Hashman |
| Health Plan Contact Email | sandra.hashman@uhc.com |
| Report Period Start Date | June 01, 2018 |
| Report Period End Date | Nov 30, 2018 |
| Report Original Submission Date | Dec 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 | 43 | 78 | 0 | 78 | 0.00% | 100.00% | 1 | 1 | 0 | 1 | 0.00% | 100.00% | 79 | 0 | 79 | 0.00% | 100.00% | |
| Day Treatment | 47 | 123 | 0 | 123 | 0.00% | 100.00% | 1 | 1 | 0 | 1 | 0.00% | 100.00% | 124 | 0 | 124 | 0.00% | 100.00% | |
| Inpatient | 232 | 307 | 0 | 307 | 0.00% | 100.00% | 195 | 254 | 1 | 253 | 0.39% | 99.61% | 561 | 1 | 560 | 0.18% | 99.82% | |
| Intensive Outpatient Program | 48 | 53 | 0 | 53 | 0.00% | 100.00% | 5 | 5 | 3 | 2 | 60.00% | 40.00% | 58 | 3 | 55 | 5.17% | 94.83% | |
| 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 | 36 | 43 | 0 | 43 | 0.00% | 100.00% | 17 | 27 | 0 | 27 | 0.00% | 100.00% | 70 | 0 | 70 | 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 | 433 | 443 | 1 | 442 | 0.23% | 99.77% | 1 | 1 | 0 | 1 | 0.00% | 100.00% | 444 | 1 | 443 | 0.23% | 99.77% | |
| Psychiatric Residential Treatment Facility | 68 | 74 | 1 | 73 | 1.35% | 98.65% | 56 | 139 | 16 | 123 | 11.51% | 88.49% | 213 | 17 | 196 | 7.98% | 92.02% | |
| Therapeutic Group Home | 14 | 44 | 1 | 43 | 2.27% | 97.73% | 2 | 2 | 0 | 2 | 0.00% | 100.00% | 46 | 1 | 45 | 2.17% | 97.83% | |
| Other Authorized Services | 26 | 32 | 0 | 32 | 0.00% | 100.00% | 0 | 0 | 0 | 0 | 0.00% | 0.00% | 32 | 0 | 32 | 0.00% | 100.00% | |
| All Services Total | 947 | 1,197 | 3 | 1,194 | 0.25% | 99.75% | 278 | 430 | 20 | 410 | 4.65% | 95.35% | 1,627 | 23 | 1,604 | 1.41% | 98.59% | |

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| 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 | Lori Hack |
| Health Plan Contact Email | Lori.Hack@wellcare.com |
| Report Period Start Date | 6/1/2018 |
| Report Period End Date | 11/30/2018 |
| Report Original Submission Date | 12/11/2018 |
| 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 | 15 | 21 | 0 | 21 | 0.00% | 100.00% | 1 | 1 | 0 | 1 | 0.00% | 100.00% | 22 | 0 | 22 | 0.00% | 100.00% | |
| Day Treatment | 8 | 8 | 1 | 7 | 12.50% | 87.50% | 0 | 0 | 0 | 0 | 0.00% | 0.00% | 8 | 1 | 7 | 12.50% | 87.50% | |
| Inpatient | 210 | 260 | 3 | 257 | 1.15% | 98.80% | 73 | 88 | 0 | 88 | 0.00% | 100.00% | 348 | 3 | 345 | 0.86% | 99.10% | |
| Intensive Outpatient Program | 49 | 61 | 1 | 60 | 1.64% | 98.40% | 18 | 18 | 0 | 18 | 0.00% | 100.00% | 79 | 1 | 78 | 1.27% | 98.70% | |
| Outpatient | 65 | 87 | 7 | 80 | 8.05% | 92.00% | 2 | 2 | 0 | 2 | 0.00% | 100.00% | 89 | 7 | 82 | 7.87% | 92.10% | |
| Partial Hospitalization | 25 | 29 | 0 | 29 | 0.00% | 100.00% | 21 | 21 | 0 | 21 | 0.00% | 100.00% | 50 | 0 | 50 | 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 | 292 | 302 | 18 | 284 | 5.96% | 94.00% | 4 | 4 | 0 | 4 | 0.00% | 100.00% | 306 | 18 | 288 | 5.88% | 94.10% | |
| Psychiatric Residential Treatment Facility | 65 | 70 | 6 | 64 | 8.57% | 91.40% | 45 | 46 | 0 | 46 | 0.00% | 100.00% | 116 | 6 | 110 | 5.17% | 94.80% | |
| 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 | 659 | 831 | 36 | 795 | 4.33% | 95.70% | 155 | 180 | 0 | 180 | 0.00% | 100.00% | 1011 | 36 | 975 | 3.56% | 96.40% | |