

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

January 1, 2024

The Honorable Ben Hansen
Members of the Health and Human Services Committee
State Capitol Room 1117
Lincoln, NE 68509

Subject: Medicaid Mental Health Authorization Requests

Dear Chairman Hansen:

Under the Nebraska Revised Statute § 68-2004, please find the attached report on behavioral health service utilization for Nebraska Medicaid's Managed Care Organizations (MCOs).

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Ahern".

Matthew Ahern
Interim Director, Division of Medicaid and Long-Term Care

Division of Medicaid and Long-Term Care

Medicaid Mental Health Authorization Requests

January 2024

Neb. Rev. Stat. § 68-2004

Summary

Nebraska Revised Statute § 68-2004 requires the Department of Health and Human Services to report on “utilization controls, including, but not limited to, the rates of initial service authorizations, reauthorizations after initial service authorizations, and denials for behavioral health services for children under 19 years of age.”

The following pages contain information regarding initial service and reauthorization requests for the previous calendar quarter from Nebraska Medicaid’s three Managed Care Organizations (MCO) of 2023: Healthy Blue Nebraska, Nebraska Total Care, and UnitedHealthcare. Each MCO section includes a definitions table meeting the requirements of this statute.

Data Note

Table cells below with an * have been redacted to protect the privacy of the Medicaid enrollee. All cells with an * are between one and five in value. The percentages have not been adjusted and will not match a calculated percentage using an adjusted value.

Healthy Blue Nebraska

Definitions – Neb. Rev. Stat. § 68-2004	
Initial Service Requests - # of Persons	Number of people with an initial service request
Initial Service Requests - # of Requests	Number of initial service requests
Initial Service Requests - Denied	Number of denied initial service requests
Initial Service Requests - Authorized	Number of authorized initial service requests
Initial Service Requests - Denied Rate	Rate of denied initial service requests
Initial Service Requests - Authorized Rate	Rate of authorized initial service requests
Reauthorization Requests - # of Persons	Number of people with a reauthorization request
Reauthorization Requests - # of Requests	Number of reauthorization requests
Reauthorization Requests - Denied	Number of denied reauthorization requests
Reauthorization Requests - Authorized	Number of authorized reauthorization requests
Reauthorization Requests - Denied Rate	Rate of denied reauthorization requests
Reauthorization Requests - Authorized Rate	Rate of authorized reauthorization requests
All Requests - # of Persons	Number of (unique) people with any requests
All Requests - # of Requests	Number of requests
All Requests - Denied	Number of denied requests
All Requests - Authorized	Number of authorized requests
All Requests - Denied Rate	Rate of denied requests
All Requests - Authorized Rate	Rate of authorized requests

Document Name	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Healthy Blue Nebraska
Contract Number	71164 O4
Report Period Start Date	07/01/2023
Report Period End Date	09/30/2023
Report Original Submission Date	11/15/2023

Service Type	Initial Service Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	8	8	0	8	0.00%	100.00%
Inpatient	102	115	0	115	0.00%	100.00%
Intensive Outpatient Program	16	17	0	17	0.00%	100.00%
Outpatient	24	24	0	24	0.00%	100.00%
Partial Hospitalization	19	20	0	20	0.00%	100.00%
Psychiatric Testing	43	50	29	21	57.99%	42.00%
Psychiatric Residential Treatment Facility	22	22	0	22	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	166	202	*	200	0.99%	99.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	401	459	31	428	6.75%	93.24%

Service Type	Reauthorization Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	0	0	0	0	0.00%	0.00%
Day Treatment	0	0	0	0	0.00%	0.00%
Inpatient	52	68	0	68	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	13	23	0	23	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	37	78	0	78	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	7	7	7	0	100.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	111	178	8	170	4.49%	95.50%

Service Type	All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	8	8	0	8	0.00%	100.00%
Inpatient	154	183	0	183	0.00%	100.00%
Intensive Outpatient Program	16	17	0	17	0.00%	100.00%
Outpatient	25	25	*	24	4.00%	96.00%
Partial Hospitalization	32	43	0	43	0.00%	100.00%
Psychiatric Testing	43	50	29	21	57.99%	42.00%
Psychiatric Residential Treatment Facility	59	100	0	100	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	173	209	9	200	4.30%	95.69%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	512	637	39	598	6.12%	93.87%

Nebraska Total Care

Definitions – Neb. Rev. Stat. § 68-2004	
Query Filters	Authorization request dates between certain dates as requested by plan from both inpatient and outpatient authorization tables. Member ages 0-19. DIAGNOSIS_TYPE<>'MEDICAL'. Exclude pend Authorizations.
Service Type	PROC_CODE IN ('S9484', '99218', '99219', '99220', '760', '761', '762') THEN '23:59 Observation' PROC_CODE IN ('H0036') THEN 'Community Treatment Aid' PROC_CODE IN ('H2027') THEN 'Day Treatment' PROC_CODE IN ('X9990', '99251', '99252', '99253', '99254', '99255', '99231', '99232', '99233', '99241', '99221', '99222', '99223', '90870', '190', '762') THEN 'Inpatient' PROC_CODE IN ('H0015', 'H2014', 'S9480') THEN 'Intensive Outpatient Program' PROC_CODE IN ('90791', 'H0031', '90792', '90832', '90833', '90834', '90836', '90837', '90838', '90839', '90840', '90846', '90847', '90853', '90832', '90887', '96372', '98966', '98967', '98968', '99211', '99212', '99213', '99214', '99215', '99241', '99242', '99243', '99244', '99245', '99310', 'H1011', 'H0001', '97151', '97152', '97153', '97154', '97155', '97156', '97158') THEN 'Outpatient ' PROC_CODE IN ('H2012') THEN 'Partial Hospitalization' PROC_CODE IN ('97151', '97152', '97153', '97154', '97155', '97156', '97157', '97158') THEN 'Applied Behavioral Analysis' PROC_CODE IN ('96116', '96110', '96121', '96130', '96131', '96132', '96133', '96136', '96137', '96138', '96139', 'H2000') THEN 'Psych Testing' PROC_CODE IN ('T2048', 'T2033', 'H2013') THEN 'Psychiatric Residential Treatment Facility' PROC_CODE IN ('H2020') THEN 'Therapeutic Group Home' ELSE 'Other Services'-- Some of these codes may include H0040, H2033, S9123, H2015, H0038, H0019, S9480, H2017, H2018, S9485, 0190, H0012, H0018, H2034.
Reporting Period	Based on the authorization request date from both inpatient and outpatient authorization tables. Reporting period is not regular dates. Dates are dictated by the state.
Initial and Reauthorization	For any level of care, line 1(SERVICE_SEQ=1) would indicate an initial request, and line 2+ would be concurrent.
# of Persons	Number of people with an initial(or Reauthorization) service request.
# of Requests	Number of initial(or Reauthorization) requests.
Denied, Authorized	Based on Authorization status.
Authorized Rate	Rate of authorized initial (or Reauthorization) service requests.

Document Name	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71165 o4
Report Period Start Date	7/1/2023
Report Period End Date	9/30/2023
Report Original Submission Date	11/15/2023

Service Type	Initial Service Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	17	25	*	24	4.00%	96.00%
Inpatient	126	149	0	149	0.00%	100.00%
Intensive Outpatient Program	11	12	*	7	41.67%	58.33%
Outpatient	*	*	*	*	66.67%	33.33%
Partial Hospitalization	18	21	0	21	0.00%	100.00%
Applied Behavioral Analysis	169	207	*	202	2.42%	97.58%
Psych Testing	255	280	26	254	9.29%	90.71%
Psychiatric Residential Treatment Facility	22	22	*	21	4.55%	95.45%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Services	22	29	*	24	17.24%	82.76%
All Services Total	643	750	45	705	6.00%	94.00%

Service Type	Reauthorization Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	0	0	0	0	0.00%	0.00%
Day Treatment	0	0	0	0	0.00%	0.00%
Inpatient	36	81	0	81	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	17	37	0	37	0.00%	100.00%
Applied Behavioral Analysis	128	455	16	439	3.52%	96.48%
Psych Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	41	99	*	98	1.01%	98.99%
Therapeutic Group Home	*	9	0	9	0.00%	100.00%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	228	682	17	665	2.49%	97.51%

Service Type	All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	17	25	*	24	4.00%	96.00%
Inpatient	162	230	0	230	0.00%	100.00%
Intensive Outpatient Program	11	12	*	7	41.67%	58.33%
Outpatient	*	*	*	*	66.67%	33.33%
Partial Hospitalization	35	58	0	58	0.00%	100.00%
Applied Behavioral Analysis	297	662	21	641	3.17%	96.83%
Psych Testing	255	280	26	254	9.29%	90.71%
Psychiatric Residential Treatment Facility	63	121	*	119	1.65%	98.35%
Therapeutic Group Home	6	10	0	10	0.00%	100.00%
Other Services	23	30	*	25	16.67%	83.33%
All Services Total	871	1,432	62	1,370	4.33%	95.67%

UnitedHealthcare

Definitions – Neb. Rev. Stat. § 68-2004	
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Initial Service Requests - # of Requests	Number of initial service requests
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All Requests - Denied Rate	Rate of denied requests
All Requests - Authorized Rate	Rate of authorized requests

Document Name	Neb. Rev. Stat. § 68-2004 – Children’s Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of Nebraska
Contract Number	71163 O4
Report Period Start Date	Jul 01, 2023
Report Period End Date	Sept 30, 2023
Report Original Submission Date	Nov 15, 2023

Service Type	Initial Service Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	8	8	0	8	0.00%	100.00%
Inpatient	105	121	0	121	0.00%	100.00%
Intensive Outpatient Program	17	17	0	17	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	21	23	*	22	4.35%	95.65%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	30	30	0	30	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	83	88	*	84	4.55%	95.45%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	272	295	5	290	1.69%	98.31%

Service Type	Reauthorization Request					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	6	6	0	6	0.00%	100.00%
Day Treatment	11	11	0	11	0.00%	100.00%
Inpatient	80	92	0	92	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	16	31	0	31	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	30	69	*	67	2.90%	97.10%
Therapeutic Group Home	*	8	0	8	0.00%	100.00%
Applied Behavioral Analysis	136	561	8	553	1.43%	98.57%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	286	781	10	771	1.28%	98.72%

Service Type	All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	7	8	0	8	0.00%	100.00%
Day Treatment	19	19	0	19	0.00%	100.00%
Inpatient	105	213	0	213	0.00%	100.00%
Intensive Outpatient Program	17	20	0	20	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	21	54	*	53	1.85%	98.15%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	31	99	*	97	2.02%	97.98%
Therapeutic Group Home	*	12	0	12	0.00%	100.00%
Applied Behavioral Analysis	170	649	12	637	1.85%	98.15%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	376	1,076	15	1,061	1.39%	98.61%