

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

July 1, 2024

The Honorable Ben Hansen
Members of the Health and Human Services Committee
Nebraska Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Medicaid Mental Health Authorization Requests

Dear Chairman Hansen:

In accordance with 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

Attachment

Division of Medicaid and Long-Term Care

Medicaid Mental Health Authorization Requests

July 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 nineteen years of age.”

The following pages contain information regarding initial service and reauthorization requests for the previous calendar quarter from Nebraska Medicaid’s three MCOs of 2024: Molina Healthcare, Nebraska Total Care, and UnitedHealthcare. Each MCO section includes a definitions table meeting the requirements of this statute.

Data Note

Table cells below with a “*” have been redacted to protect the privacy of the Medicaid enrollee. All cells with a “*” are between one and five in value. Totals with a “^” have been adjusted to ensure redacted values cannot be derived. The percentages have not been adjusted and will not match a calculated percentage using an adjusted value.

Molina Healthcare of Nebraska

Definitions – LB 1063	
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	LB1063 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 13
Health Plan Name	Molina Healthcare of Nebraska (MHN)
Contract Number	102897 O4
Report Period Start Date	01/01/2024
Report Period End Date	03/31/2024
Report Original Submission Date	05/15/2024
Report Revision Submission Date	06/10/2024

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	0	0	0.00%	0.00%
Day Treatment	0	0	0	0	0.00%	0.00%
Inpatient	0	0	0	0	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	2419	2419	76	2343	3.14%	96.86%
Partial Hospitalization	29	29	0	29	0.00%	100.00%
Psychiatric Testing	96	96	*	95	1.04%	98.96%
Psychiatric Residential Treatment Facility	8	8	0	8	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	396	396	*	393	0.76%	99.24%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	2,951^	2,951^	80^	2,871^	0.82%	99.18%

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	0	0	0	0	0.00%	0.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	2589	2589	78	2511	3.01%	96.99%
Partial Hospitalization	39	39	0	39	0.00%	100.00%
Psychiatric Testing	99	99	*	98	1.01%	98.99%
Psychiatric Residential Treatment Facility	12	12	0	12	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	397	397	*	394	0.76%	99.24%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	3,139^	3,139^	82^	3,057^	0.80%	99.20%

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	0	0	0.00%	0.00%
Day Treatment	0	0	0	0	0.00%	0.00%
Inpatient	0	0	0	0	0.00%	0.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	2,589	2,589	78	2,511	3.01%	96.99%
Partial Hospitalization	39	39	0	39	0.00%	100.00%
Psychiatric Testing	99	99	*	98	1.01%	98.99%
Psychiatric Residential Treatment Facility	12	12	0	12	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	397	397	*	394	0.76%	99.24%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	3,139^	3,139^	82^	3,057^	0.80%	99.20%

Nebraska Total Care

NE850 - LB1063 Children's Health and Treatment Act	
Query Filters	Authorization request dates between certain dates as requested by the 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. The 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 the Authorization status
Authorized Rate	Rate of authorized initial (or Reauthorization) service requests

Document Name	LB1063 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 13
Health Plan Name	Nebraska Total Care
Contract Number	102894 O4
Report Period Start Date	01/01/2024
Report Period End Date	03/31/2024
Report Original Submission Date	05/15/2024

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	0	0	0.00%	0.00%
Day Treatment	12	26	*	21	19.23%	80.77%
Inpatient	145	173	*	170	1.73%	98.27%
Intensive Outpatient Program	20	24	*	20	16.67%	83.33%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	17	17	0	17	0.00%	100.00%
Psychiatric Testing	298	344	46	298	13.37%	86.63%
Psychiatric Residential Treatment Facility	32	32	*	30	6.25%	93.75%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	209	248	*	243	2.02%	97.98%
Other Services	14	19	*	18	5.26%	94.74%
All Services Total	749^	885^	66^	819^	7.46%	92.54%

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	43	63	*	59	6.35%	93.65%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	17	42	0	42	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	46	112	*	107	4.46%	95.54%
Therapeutic Group Home	*	12	*	9	25.00%	75.00%
Applied Behavioral Analysis	158	603	49	554	8.13%	91.87%
Other Services	*	8	*	*	37.50%	62.50%
All Services Total	273^	840^	64^	776^	7.62%	92.38%

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	0	0	0.00%	0.00%
Day Treatment	12	26	*	21	19.23%	80.77%
Inpatient	188	236	7	229	2.97%	97.03%
Intensive Outpatient Program	20	24	*	20	16.67%	83.33%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	34	59	0	59	0.00%	100.00%
Psychiatric Testing	298	344	46	298	13.37%	86.63%
Psychiatric Residential Treatment Facility	78	144	7	138	4.86%	95.14%
Therapeutic Group Home	7	14	*	11	21.43%	78.57%
Applied Behavioral Analysis	367	851	54	797	6.35%	93.65%
Other Services	18	27	*	23	14.81%	85.19%
All Services Total	1,022	1,725	130^	1,595	7.54%	92.46%

UnitedHealthcare Community Plan of Nebraska

Definitions – LB1063	
Initial Service Requests - # of Persons	Number of people with an initial service request
Initial Service Requests - # of Requests	Number of initial service requests
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Reauthorization Requests - Denied Rate	Rate of denied reauthorization requests
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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	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 13
Health Plan Name	UnitedHealthcare Community Plan of Nebraska
Contract Number	102889 O4
Report Period Start Date	01/01/2024
Report Period End Date	03/31/2024
Report Original Submission Date	05/15/2024
Report Revision Submission Date	06/10/2024

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	0	0	0.00%	0.00%
Day Treatment	10	10	0	10	0.00%	100.00%
Inpatient	136	162	0	162	0.00%	100.00%
Intensive Outpatient Program	15	15	0	15	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	27	28	0	28	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	21	21	0	21	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	134	136	11	125	8.09%	91.91%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	343	372	11	361	2.96%	97.04%

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	*	0.00%	100.00%
Day Treatment	8	9	*	8	11.11%	88.89%
Inpatient	105	138	0	138	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	20	37	0	37	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	19	49	0	49	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	184	785	15	770	1.91%	98.09%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	340^	1,022^	16^	1,006^	1.57%	98.43%

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	18	19	*	18	5.26%	94.74%
Inpatient	136	300	0	300	0.00%	100.00%
Intensive Outpatient Program	15	17	0	17	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	27	65	0	65	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	0	0	0	0	0.00%	0.00%
Therapeutic Group Home	21	70	0	70	0.00%	100.00%
Applied Behavioral Analysis	243	921	26	895	2.82%	97.18%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	462^	1,394^	27^	1,367^	1.94%	98.06%