

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

October 1, 2024

The Honorable Ben Hansen
Members of the Health & 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

October 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.

The Department identified a discrepancy in the data logic in the October 2024 report compared to previous reports. This has been fixed, and the correction will be applied to all future reports. On September 20, 2024, two of the MCOs submitted data using the new logic, while one MCO reported no changes to their data.

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	04/01/2024
Report Period End Date	06/30/2024
Report Original Submission Date	08/15/2024
Report Resubmission Date	09/20/2024

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	33	33	*	32	3.03%	96.97%
Inpatient	113	113	0	113	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	99	99	*	97	2.02%	97.98%
Partial Hospitalization	8	8	0	8	0.00%	100.00%
Psychiatric Testing	22	22	0	22	0.00%	100.00%
Psychiatric Residential Treatment Facility	103	103	0	103	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	*	*	0	*	0.00%	100.00%
Other Services						
All Services Total	378[^]	378[^]	0[^]	375[^]	0.77%	99.23%

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	10	10	0	10	0.00%	100.00%
Inpatient	20	20	0	20	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	11	11	0	11	0.00%	100.00%
Partial Hospitalization	7	7	0	7	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	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services						
All Services Total	48^	48^	0	48^	0.00%	100.00%

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	43	43	*	42	2.32%	97.68%
Inpatient	133	133	0	133	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	110	110	*	108	1.82%	98.18%
Partial Hospitalization	15	15	0	15	0.00%	100.00%
Psychiatric Testing	22	22	0	22	0.00%	100.00%
Psychiatric Residential Treatment Facility	103	103	0	103	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	*	*	0	*	0.00%	100.00%
Other Services						
All Services Total	426[^]	426[^]	0[^]	423[^]	0.69%	99.31%

Nebraska Total Care

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
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	Nebraska Total Care
Contract Number	102894 O4
Report Period Start Date	4/1/2024
Report Period End Date	6/30/2024
Report Original Submission Date	8/15/2024
Report Resubmission Date	

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	100.00%	0.00%
Day Treatment	13	23	*	22	4.35%	95.65%
Inpatient	143	170	*	166	2.35%	97.65%
Intensive Outpatient Program	22	25	6	19	24.00%	76.00%
Outpatient	*	*	*	*	50.00%	50.00%
Partial Hospitalization	29	30	*	29	3.33%	96.67%
Psychiatric Testing	210	245	9	236	3.67%	96.33%
Psychiatric Residential Treatment Facility	271	304	36	268	11.84%	88.16%
Therapeutic Group Home	26	26	*	25	3.85%	96.15%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	22	36	*	31	13.89%	86.11%
All Services Total	736[^]	859[^]	51[^]	796[^]	7.54%	92.46%

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	35	59	*	56	5.08%	94.92%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	20	38	0	38	0.00%	100.00%
Psychiatric Testing	159	597	64	533	10.72%	89.28%
Psychiatric Residential Treatment Facility	0	0	0	0	0.00%	0.00%
Therapeutic Group Home	60	155	*	151	2.58%	97.42%
Applied Behavioral Analysis	*	6	0	6	0.00%	100.00%
Other Services	*	6	*	*	16.67%	83.33%
All Services Total	274[^]	861[^]	64[^]	784[^]	8.33%	91.67%

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	100.00%	0.00%
Day Treatment	13	23	*	22	4.35%	95.65%
Inpatient	178	229	7	222	3.06%	96.94%
Intensive Outpatient Program	24	28	6	22	21.43%	78.57%
Outpatient	*	*	*	*	50.00%	50.00%
Partial Hospitalization	49	68	*	67	1.47%	98.53%
Psychiatric Testing	369	842	73	769	8.67%	91.33%
Psychiatric Residential Treatment Facility	271	304	36	268	11.84%	88.16%
Therapeutic Group Home	86	181	*	176	2.76%	97.24%
Applied Behavioral Analysis	*	6	0	6	0.00%	100.00%
Other Services	24	42	6	36	14.29%	85.71%
All Services Total	1,014[^]	1,723[^]	128[^]	1,588[^]	7.94%	92.06%

UnitedHealthcare Community Plan of Nebraska

Definitions – LB1063	
Initial Service Requests - # of Persons	Number of people with an initial service request
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Initial Service Requests - Authorized	Number of authorized initial service requests
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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
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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	4/1/2024
Report Period End Date	6/30/2024
Report Original Submission Date	8/15/2024
Report Resubmission Date	9/20/2024

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	*	0.00%	100.00%
Day Treatment	11	11	0	11	0.00%	100.00%
Inpatient	110	129	0	129	0.00%	100.00%
Intensive Outpatient Program	20	20	0	20	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	27	28	*	27	3.57%	96.43%
Psychiatric Testing	120	122	*	118	3.28%	96.72%
Psychiatric Residential Treatment Facility	235	235	0	235	0.00%	100.00%
Therapeutic Group Home	26	26	*	24	7.69%	92.31%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	549[^]	571[^]	0[^]	564[^]	1.22%	98.78%

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	9	9	0	9	0.00%	100.00%
Inpatient	84	111	0	111	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	19	28	0	28	0.00%	100.00%
Psychiatric Testing	208	889	14	875	1.57%	98.43%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	23	69	0	69	0.00%	100.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	343[^]	1,106[^]	14	1,092[^]	1.26%	98.74%

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	20	20	0	20	0.00%	100.00%
Inpatient	110	240	0	240	0.00%	100.00%
Intensive Outpatient Program	20	24	0	24	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	27	56	*	55	1.79%	98.21%
Psychiatric Testing	263	1,011	18	993	1.78%	98.22%
Psychiatric Residential Treatment Facility	238	239	0	239	0.00%	100.00%
Therapeutic Group Home	26	95	*	93	2.11%	97.89%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	704[^]	1,685	18[^]	1,664[^]	1.24%	98.76%