

# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

January 1, 2025

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

**January 2025**

**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

<b>Definitions – LB 1063</b>	
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

<b>Document Name</b>	LB1063 - Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 13
<b>Health Plan Name</b>	Molina Healthcare of Nebraska (MHN)
<b>Contract Number</b>	102897 O4
<b>Report Period Start Date</b>	07/01/2024
<b>Report Period End Date</b>	09/30/2024
<b>Report Original Submission Date</b>	10/31/2024
<b>Report Resubmission Date</b>	

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	18	18	0	18	0.00%	100.00%
Inpatient	74	74	0	74	0.00%	100.00%
Intensive Outpatient Program	9	9	0	9	0.00%	100.00%
Outpatient	80	80	0	80	0.00%	100.00%
Partial Hospitalization	*	*	0	*	0.00%	100.00%
Psychiatric Testing	121	121	0	121	0.00%	100.00%
Psychiatric Residential Treatment Facility	168	168	*	164	2.38%	97.62%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	470 <sup>^</sup>	470 <sup>^</sup>	* <sup>^</sup>	466 <sup>^</sup>	0.85%	99.15%

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	*	0.00%	100.00%
Inpatient	8	8	0	8	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	9	9	0	9	0.00%	100.00%
Partial Hospitalization	*	*	0	*	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	17^	17^	0	17^	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	20	20	0	20	0.00%	100.00%
Inpatient	82	82	0	82	0.00%	100.00%
Intensive Outpatient Program	9	9	0	9	0.00%	100.00%
Outpatient	89	89	0	89	0.00%	100.00%
Partial Hospitalization	*	*	0	*	0.00%	100.00%
Psychiatric Testing	121	121	0	121	0.00%	100.00%
Psychiatric Residential Treatment Facility	170	170	*	166	2.35%	97.65%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	491 <sup>^</sup>	491 <sup>^</sup>	* <sup>^</sup>	487 <sup>^</sup>	0.81%	99.19%

# 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

<b>Document Name</b>	LB1063 - Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 13
<b>Health Plan Name</b>	Nebraska Total Care
<b>Contract Number</b>	102894 O4
<b>Report Period Start Date</b>	07/01/2024
<b>Report Period End Date</b>	09/30/2024
<b>Report Original Submission Date</b>	11/15/2024
<b>Report Resubmission Date</b>	



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	18	29	*	24	17.24%	82.76%
Inpatient	143	158	*	156	1.27%	98.73%
Intensive Outpatient Program	12	14	*	10	28.57%	71.43%
Outpatient	6	6	*	*	16.67%	83.33%
Partial Hospitalization	18	20	*	18	10.00%	90.00%
Psychiatric Testing	262	327	14	313	4.28%	95.72%
Psychiatric Residential Treatment Facility	237	267	33	234	12.36%	87.64%
Therapeutic Group Home	28	28	*	26	7.14%	92.86%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	19	24	*	19	20.83%	79.17%
<b>All Services Total</b>	<b>743</b>	<b>873</b>	<b>47^</b>	<b>800^</b>	<b>7.79%</b>	<b>92.21%</b>

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	55	*	53	3.64%	96.36%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	13	23	0	23	0.00%	100.00%
Psychiatric Testing	195	778	98	680	12.60%	87.40%
Psychiatric Residential Treatment Facility	0	0	0	0	0.00%	0.00%
Therapeutic Group Home	49	115	*	111	3.48%	96.52%
Applied Behavioral Analysis	*	*	*	*	20.00%	80.00%
Other Services	*	*	*	*	33.33%	66.67%
<b>All Services Total</b>	293 <sup>^</sup>	971 <sup>^</sup>	98 <sup>^</sup>	867 <sup>^</sup>	10.83%	89.17%

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	18	29	*	24	17.24%	82.76%
Inpatient	179	213	*	209	1.88%	98.12%
Intensive Outpatient Program	12	14	*	10	28.57%	71.43%
Outpatient	6	6	*	*	16.67%	83.33%
Partial Hospitalization	31	43	*	41	4.65%	95.35%
Psychiatric Testing	457	1105	112	993	10.14%	89.86%
Psychiatric Residential Treatment Facility	237	267	33	234	12.36%	87.64%
Therapeutic Group Home	77	143	6	137	4.20%	95.80%
Applied Behavioral Analysis	*	*	*	*	20.00%	80.00%
Other Services	21	27	6	21	22.22%	77.78%
<b>All Services Total</b>	1038^	1847^	157^	1669^	9.40%	90.60%

# UnitedHealthcare Community Plan of Nebraska

<b>Definitions – LB1063</b>	
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

<b>Document Name</b>	LB 1063-Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 13
<b>Health Plan Name</b>	UnitedHealthcare Community Plan of Nebraska
<b>Contract Number</b>	102889 O4
<b>Report Period Start Date</b>	07/01/2024
<b>Report Period End Date</b>	09/30/2024
<b>Report Original Submission Date</b>	11/15/2024
<b>Report Resubmission Date</b>	

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	9	9	0	9	0.00%	100.00%
Inpatient	117	138	0	138	0.00%	100.00%
Intensive Outpatient Program	18	18	*	16	11.11%	88.89%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	27	30	0	30	0.00%	100.00%
Psychiatric Testing	118	119	*	117	1.68%	98.32%
Psychiatric Residential Treatment Facility	204	204	*	203	0.49%	99.51%
Therapeutic Group Home	19	19	0	19	0.00%	100.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	511*	537^	*^	532^	0.93%	99.07%

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	10	10	0	10	0.00%	100.00%
Inpatient	73	94	0	94	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	21	43	0	43	0.00%	100.00%
Psychiatric Testing	207	868	*	863	0.58%	99.42%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	19	49	0	49	0.00%	100.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	330^	1,064^	*^	1,059^	0.47%	99.53%

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	19	19	0	19	0.00%	100.00%
Inpatient	117	232	0	232	0.00%	100.00%
Intensive Outpatient Program	18	20	*	18	10.00%	90.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	30	73	0	73	0.00%	100.00%
Psychiatric Testing	268	987	7	980	0.71%	99.29%
Psychiatric Residential Treatment Facility	209	209	*	208	0.48%	99.52%
Therapeutic Group Home	19	68	0	68	0.00%	100.00%
Applied Behavioral Analysis	0	0	0	0	0.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	680^	1,608^	7^	1,598^	0.62%	99.38%