

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

April 1, 2025

The Honorable Brian Hardin
Members of the Health & Human Services Committee
Nebraska Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Medicaid Mental Health Authorization Requests

Dear Chairman Hardin:

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 "Drew Gonshorowski".

Drew Gonshorowski
Director, Division of Medicaid and Long-Term Care

Attachment

Division of Medicaid and Long-Term Care

Medicaid Mental Health Authorization Requests

April 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

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
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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	10/01/2024
Report Period End Date	12/31/2024
Report Original Submission Date	2/13/2025
Report Resubmission Date	2/14/2025

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	127	127	0	127	0.00%	100.00%
Intensive Outpatient Program						
Outpatient	117	117	*	115	1.71%	98.29%
Partial Hospitalization	10	10	0	10	0.00%	100.00%
Applied Behavioral Analysis	116	116	0	116	0.00%	100.00%
Psych Testing	206	206	8	198	3.88%	96.12%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services						
All Services Total	586^	586^	8^	576^	1.70%	98.30%

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	7	7	0	7	0.00%	100.00%
Inpatient	17	17	0	17	0.00%	100.00%
Intensive Outpatient Program						
Outpatient	17	17	0	17	0.00%	100.00%
Partial Hospitalization	7	7	0	7	0.00%	100.00%
Applied Behavioral Analysis						
Psych Testing	*	*	0	*	0.00%	100.00%
Psychiatric Residential Treatment Facility						
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services						
All Services Total	54	54	0	54	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	17	17	0	17	0.00%	100.00%
Inpatient	144	144	0	144	0.00%	100.00%
Intensive Outpatient Program						
Outpatient	134	134	*	132	1.49%	98.51%
Partial Hospitalization	17	17	0	17	0.00%	100.00%
Applied Behavioral Analysis	116	116	0	116	0.00%	100.00%
Psych Testing	211	211	8	203	3.79%	96.21%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services						
All Services Total	642	642	8^	632	1.55%	98.45%

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
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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	10/1/2024
Report Period End Date	12/31/2024
Report Original Submission Date	2/17/2025
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	0	0	0	0.00%	0.00%
Day Treatment	13	21	7	14	33.33%	66.67%
Inpatient	157	175	*	171	2.29%	97.71%
Intensive Outpatient Program	10	12	0	12	0.00%	100.00%
Outpatient	15	16	13	*	81.25%	18.75%
Partial Hospitalization	24	25	0	25	0.00%	100.00%
Applied Behavioral Analysis	254	323	26	297	8.05%	91.95%
Psych Testing	238	270	34	236	12.59%	87.41%
Psychiatric Residential Treatment Facility	17	17	0	17	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	20	22	*	20	9.09%	90.91%
All Services Total	748^	881^	80^	796	9.75%	90.25%

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	62	*	59	4.84%	95.16%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	25	52	*	51	1.92%	98.08%
Applied Behavioral Analysis	202	855	160	695	18.71%	81.29%
Psych Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	42	93	*	89	4.30%	95.70%
Therapeutic Group Home	*	*	*	*	50.00%	50.00%
Other Authorized Services	*	9	*	7	22.22%	77.78%
All Services Total	319	1074	172	901^	16.01%	83.99%

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	13	21	7	14	33.33%	66.67%
Inpatient	200	237	7	230	2.95%	97.05%
Intensive Outpatient Program	10	12	0	12	0.00%	100.00%
Outpatient	16	17	14	*	82.35%	17.65%
Partial Hospitalization	49	77	*	76	1.30%	98.70%
Applied Behavioral Analysis	456	1178	186	992	15.79%	84.21%
Psych Testing	238	270	34	236	12.59%	87.41%
Psychiatric Residential Treatment Facility	59	110	*	106	3.64%	96.36%
Therapeutic Group Home	*	*	*	*	33.33%	66.67%
Other Authorized Services	24	31	*	27	12.90%	87.10%
All Services Total	1065^	1953^	258	1698	13.19%	86.81%

UnitedHealthcare Community Plan of Nebraska

Definitions – LB1063	
Initial Service Requests - # of Persons	Number of people with an initial service request
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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	UnitedHealthcare Community Plan of Nebraska
Contract Number	102889 O4
Report Period Start Date	10/01/2024
Report Period End Date	12/31/2024
Report Original Submission Date	2/17/2025
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	0	0	0	0.00%	0.00%
Day Treatment	*	*	0	*	0.00%	100.00%
Inpatient	117	139	0	139	0.00%	100.00%
Intensive Outpatient Program	23	23	0	23	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	31	33	0	33	0.00%	100.00%
Applied Behavioral Analysis	104	105	*	101	3.81%	96.19%
Psych Testing	231	232	*	231	0.43%	99.57%
Psychiatric Residential Treatment Facility	27	27	0	27	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%
All Services Total	537	563	*^	558	0.89%	99.11%

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	8	0	8	0.00%	100.00%
Inpatient	69	90	*	89	1.11%	98.89%
Intensive Outpatient Program	6	7	0	7	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	15	37	0	37	0.00%	100.00%
Applied Behavioral Analysis	239	1,019	24	995	2.36%	97.64%
Psych Testing	*	*	0	*	0.00%	100.00%
Psychiatric Residential Treatment Facility	24	50	*	49	2.00%	98.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%
All Services Total	368	1,220	24^	1,194^	2.13%	97.87%

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	11	11	0	11	0.00%	100.00%
Inpatient	117	229	*	228	0.44%	99.56%
Intensive Outpatient Program	24	30	0	30	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	31	70	0	70	0.00%	100.00%
Applied Behavioral Analysis	279	1,124	28	1,096	2.49%	97.51%
Psych Testing	234	237	*	236	0.42%	99.58%
Psychiatric Residential Treatment Facility	28	77	*	76	1.30%	98.70%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%
All Services Total	724^	1,783	28^	1,752	1.74%	98.26%