

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

April 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

April 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 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 a “*” have been redacted to protect the privacy of the Medicaid enrollee. All cells with a “*” are between 1 and 5 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.

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	10/01/2023
Report Period End Date	12/31/2023
Report Original Submission Date	2/15/2024

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	*	0.00%	100.00%
Day Treatment	15	15	0	15	0.00%	100.00%
Inpatient	110	124	0	124	0.00%	100.00%
Intensive Outpatient Program	18	19	*	18	5.26%	94.73%
Outpatient	31	35	2	33	5.71%	94.28%
Partial Hospitalization	23	24	0	24	0.00%	100.00%
Psychiatric Testing	86	99	46	53	46.46%	53.53%
Psychiatric Residential Treatment Facility	15	16	0	16	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	143	178	*	177	0.56%	99.043%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	441^	510^	50^	460^	9.74%	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	16	19	0	19	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	*	*	0	*	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	28	29	0	29	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	6	7	*	*	57.14%	42.85%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	56^	61^	5^	56^	8.19%	91.80%

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	15	15	0	15	0.00%	100.00%
Inpatient	126	143	0	143	0.00%	100.00%
Intensive Outpatient Program	18	19	*	18	5.26%	94.73%
Outpatient	32	36	*	33	8.33%	91.66%
Partial Hospitalization	28	29	0	29	0.00%	100.00%
Psychiatric Testing	86	99	46	53	46.46%	53.53%
Psychiatric Residential Treatment Facility	43	45	0	45	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	149	185	*	180	2.70%	97.29%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	497[^]	571[^]	55[^]	516[^]	9.58%	90.41%

Nebraska Total Care

NE850 - LB 1063 Childrens Health and Treatment Act	
Query Filters	Authorization request date 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	<p>PROC_CODE IN ('S9484', '99218', '99219', '99220', '760', '761', '762') THEN '23:59 Observation'</p> <p>PROC_CODE IN ('H0036') THEN 'Community Treatment Aid'</p> <p>PROC_CODE IN ('H2027') THEN 'Day Treatment'</p> <p>PROC_CODE IN ('X9990', '99251', '99252', '99253', '99254', '99255', '99231', '99232', '99233', '99241', '99221', '99222', '99223', '90870', '190', '762') THEN 'Inpatient'</p> <p>PROC_CODE IN ('H0015', 'H2014', 'S9480') THEN 'Intensive Outpatient Program'</p> <p>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 '</p> <p>PROC_CODE IN ('H2012') THEN 'Partial Hospitalization'</p> <p>PROC_CODE IN ('97151', '97152', '97153', '97154', '97155', '97156', '97157', '97158') THEN 'Applied Behavioral Analysis'</p> <p>PROC_CODE IN ('96116', '96110', '96121', '96130', '96131', '96132', '96133', '96136', '96137', '96138', '96139', 'H2000') THEN 'Psych Testing'</p> <p>PROC_CODE IN ('T2048', 'T2033', 'H2013') THEN 'Psychiatric Residential Treatment Facility'</p> <p>PROC_CODE IN ('H2020') THEN 'Therapeutic Group Home'</p> <p>ELSE 'Other Services'-- Some of these codes may include H0040, H2033, S9123, H2015, H0038, H0019, S9480, H2017, H2018, S9485, 0190, H0012, H0018, H2034.</p>
Reporting Period	Based on 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
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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	10/1/2023
Report Period End Date	12/31/2023
Report Original Submission Date	2/15/2024

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	14	32	*	27	15.63%	84.38%
Inpatient	125	139	0	139	0.00%	100.00%
Intensive Outpatient Program	18	19	*	17	10.53%	89.47%
Outpatient	*	*	*	*	50.00%	50.00%
Partial Hospitalization	27	27	*	26	3.70%	96.30%
Psychiatric Testing	145	166	10	156	6.02%	93.98%
Psychiatric Residential Treatment Facility	302	343	42	301	12.24%	87.76%
Therapeutic Group Home	28	28	*	27	3.57%	96.43%
Applied Behavioral Analysis	*	*	0	*	0.00%	100.00%
Other Services	18	26	*	23	11.54%	88.46%
All Services Total	680^	785^	66^	719^	8.41%	91.59%

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	44	81	*	80	1.23%	98.77%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	24	54	0	54	0.00%	100.00%
Psychiatric Testing	116	410	9	401	2.20%	97.80%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	45	115	*	113	1.74%	98.26%
Applied Behavioral Analysis	*	9	*	8	11.11%	88.89%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	238[^]	675[^]	13[^]	662[^]	1.93%	98.07%

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	15	33	*	28	15.15%	84.85%
Inpatient	169	220	*	219	0.45%	99.55%
Intensive Outpatient Program	18	19	*	17	10.53%	89.47%
Outpatient	*	*	*	*	50.00%	50.00%
Partial Hospitalization	51	81	*	80	1.23%	98.77%
Psychiatric Testing	261	576	19	557	3.30%	96.70%
Psychiatric Residential Treatment Facility	303	344	42	302	12.21%	87.79%
Therapeutic Group Home	73	143	*	140	2.10%	97.90%
Applied Behavioral Analysis	*	10	*	9	10.00%	90.00%
Other Services	21	30	*	27	10.00%	90.00%
All Services Total	918[^]	1,456[^]	79[^]	1,381[^]	5.41%	94.59%

UnitedHealthcare

Definitions – Neb. Rev. Stat. § 68-2004	
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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	10/01/2023
Report Period End Date	12/31/2023
Report Original Submission Date	2/15/2024

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	*	0.00%	100.00%
Day Treatment	7	7	0	7	0.00%	100.00%
Inpatient	115	124	0	124	0.00%	100.00%
Intensive Outpatient Program	11	11	0	11	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	19	19	*	18	5.26%	94.74%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	30	31	*	28	9.68%	90.32%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	88	88	8	80	9.09%	90.91%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	276^	286^	12^	274^	4.20%	95.80%

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	83	90	0	90	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	15	30	0	30	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	26	52	*	51	1.92%	98.08%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	139	597	7	590	1.17%	98.83%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	278^	784^	7^	776^	1.02%	98.98%

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	6	6	0	6	0.00%	100.00%
Day Treatment	17	17	0	17	0.00%	100.00%
Inpatient	115	214	0	214	0.00%	100.00%
Intensive Outpatient Program	11	13	0	13	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	19	49	*	48	2.04%	97.96%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	31	83	*	79	4.82%	95.18%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	176	685	15	670	2.19%	97.81%
Other Services	*	*	0	*	0.00%	100.00%
All Services Total	375^	1,067^	20^	1,047^	1.87%	98.13%