

# NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

July 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**

**July 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 for 2025: 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
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>	1/01/2025
<b>Report Period End Date</b>	3/31/2025
<b>Report Original Submission Date</b>	5/15/2025
<b>Report Resubmission Date</b>	6/17/2025

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	14	14	0	14	0.00%	100.00%
Inpatient	101	101	0	101	0.00%	100.00%
Intensive Outpatient Program	11	11	0	11	0.00%	100.00%
Outpatient	53	53	0	53	0.00%	100.00%
Partial Hospitalization	14	14	0	14	0.00%	100.00%
Applied Behavioral Analysis	319	319	*	316	1.00%	99.00%
Psych Testing	166	166	8	158	4.82%	95.18%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	15	15	*	14	6.67%	93.33%
<b>All Services Total</b>	693 <sup>^</sup>	693 <sup>^</sup>	8 <sup>^</sup>	681 <sup>^</sup>	1.72%	98.28%

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	13	13	0	13	0.00%	100.00%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	12	12	0	12	0.00%	100.00%
Partial Hospitalization	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	241	241	0	241	0.00%	100.00%
Psych 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%
Other Authorized Services	*	*	0	*	0.00%	100.00%
<b>All Services Total</b>	266^	266^	0	266^	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	18	18	0	18	0.00%	100.00%
Inpatient	114	114	0	114	0.00%	100.00%
Intensive Outpatient Program	12	12	0	12	0.00%	100.00%
Outpatient	65	65	0	65	0.00%	100.00%
Partial Hospitalization	18	18	0	18	0.00%	100.00%
Applied Behavioral Analysis	560	560	*	557	1.00%	99.00%
Psych Testing	166	166	8	158	4.82%	95.18%
Psychiatric Residential Treatment Facility	*	*	0	*	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	17	17	*	16	5.88%	94.12%
<b>All Services Total</b>	970^	970^	8^	958^	1.23%	98.77%

# 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>	1/1/2025
<b>Report Period End Date</b>	3/31/2025
<b>Report Original Submission Date</b>	5/15/2025
<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	12	15	*	14	6.67%	93.33%
Inpatient	150	175	*	173	1.14%	98.86%
Intensive Outpatient Program	14	16	0	16	0.00%	100.00%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	23	24	*	23	4.17%	95.83%
Applied Behavioral Analysis	307	398	56	342	14.07%	85.93%
Psych Testing	250	266	17	249	6.39%	93.61%
Psychiatric Residential Treatment Facility	24	24	*	22	8.33%	91.67%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	20	23	*	21	8.70%	91.30%
<b>All Services Total</b>	800^	941^	73^	860^	8.70%	91.30%

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	0	0	0	0	0.00%	0.00%
Inpatient	31	42	7	35	16.67%	83.33%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	15	43	*	38	11.63%	88.37%
Applied Behavioral Analysis	252	1183	315	868	26.63%	73.37%
Psych Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	40	111	*	107	3.60%	96.40%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	*	*	0	*	0.00%	100.00%
<b>All Services Total</b>	338^	1379^	327^	1048^	23.86%	76.14%

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	15	*	14	6.67%	93.33%
Inpatient	181	217	9	208	4.15%	95.85%
Intensive Outpatient Program	14	16	0	16	0.00%	100.00%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	38	67	6	61	8.96%	91.04%
Applied Behavioral Analysis	559	1581	371	1210	23.47%	76.53%
Psych Testing	250	266	17	249	6.39%	93.61%
Psychiatric Residential Treatment Facility	64	135	6	129	4.44%	95.56%
Therapeutic Group Home	*	6	0	6	0.00%	100.00%
Other Authorized Services	22	26	*	24	7.69%	92.31%
<b>All Services Total</b>	1140^	2329^	409^	1917	17.73%	82.27%

# 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
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>	UnitedHealthcare Community Plan of Nebraska
<b>Contract Number</b>	102889 O4
<b>Report Period Start Date</b>	1/01/2025
<b>Report Period End Date</b>	3/31/2025
<b>Report Original Submission Date</b>	5/15/2025
<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	6	6	0	6	0.00%	100.00%
Inpatient	128	153	0	153	0.00%	100.00%
Intensive Outpatient Program	16	16	0	16	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	32	36	*	34	5.56%	94.44%
Applied Behavioral Analysis	98	100	6	94	6.00%	94.00%
Psych Testing	216	216	*	213	1.39%	98.61%
Psychiatric Residential Treatment Facility	35	35	*	34	2.86%	97.14%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	531^	562^	6^	550^	2.12%	97.88%

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	87	103	*	102	0.97%	99.03%
Intensive Outpatient Program	*	*	0	*	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	19	49	*	47	4.08%	95.92%
Applied Behavioral Analysis	211	920	46	874	5.00%	95.00%
Psych Testing	13	13	0	13	0.00%	100.00%
Psychiatric Residential Treatment Facility	29	57	0	57	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	359^	1,142^	48^	1,093^	4.25%	95.75%

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	128	256	*	255	0.39%	99.61%
Intensive Outpatient Program	17	18	0	18	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	32	85	*	81	4.71%	95.29%
Applied Behavioral Analysis	240	1,020	52	968	5.10%	94.90%
Psych Testing	219	229	*	226	1.31%	98.69%
Psychiatric Residential Treatment Facility	35	92	*	91	1.09%	98.91%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Other Authorized Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	682^	1,711^	52^	1,650^	3.55%	96.45%