

NEBRASKA



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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-Term Care
Medicaid Mental Health Authorization Request Report

January 3, 2022

Prepared in Accordance with Neb. Rev. Stat. 68-2004

January 3, 2022

Patrick O' Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell:

In accordance with Neb. Rev. Stat. 68-2004, please find the attached report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age. The dates for this report are May 1, 2021, through October 31, 2021.

This report includes, but is not limited to, rates of initial service authorizations, reauthorizations subsequent to initial service authorizations, and denials for behavioral health services.

With the implementation of the Heritage Health program in 2017, children now receive behavioral health services from one of the three Managed Care Organizations in the program. Attached you will find six separate reports, two from each of the Medicaid managed care plans: Healthy Blue Nebraska, Nebraska Total Care, and UnitedHealthcare Community Plan.

Please contact me if you have any questions about this report.

Sincerely,

Kevin Bagley, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

KB/dp

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Healthy Blue Nebraska
Contract Number	71164 O4
Health Plan Contact	Jennifer Bohnhoff
Health Plan Contact Email	Jennifer.Bohnhoff@healthybluene.co
Report Period Start Date	05/01/2021
Report Period End Date	07/31/2021
Report Original Submission Date	9/21/2021
Report Revision Submission Date	

Service Type	Initial Service Requests						Reauthorization Requests						All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	
23:59 Observation	5	5	0	5	0.00%	100.00%	0	0	0	0	0.00%	0.00%	5	0	5	0.00%	100.00%	
Community Treatment Aid	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%	
Day Treatment	17	22	0	22	0.00%	100.00%	0	0	0	0	0.00%	0.00%	22	0	22	0.00%	100.00%	
Inpatient	110	125	0	125	0.00%	100.00%	42	60	0	60	0.00%	100.00%	185	0	185	0.00%	100.00%	
Intensive Outpatient Program	5	7	0	7	0.00%	100.00%	1	1	0	1	0.00%	100.00%	8	0	8	0.00%	100.00%	
Outpatient	45	54	3	51	5.55%	94.44%	5	7	6	1	85.71%	14.28%	61	9	52	14.75%	85.24%	
Partial Hospitalization	10	14	0	14	0.00%	100.00%	7	13	0	13	0.00%	100.00%	27	0	27	0.00%	100.00%	
Psychiatric Testing	107	145	35	110	24.13%	75.86%	0	0	0	0	0.00%	0.00%	145	35	110	24.13%	75.86%	
Psychiatric Residential Treatment Facility	18	23	0	23	0.00%	100.00%	41	90	0	90	0.00%	100.00%	113	0	113	0.00%	100.00%	
Therapeutic Group Home	5	7	0	7	0.00%	100.00%	5	11	0	11	0.00%	100.00%	18	0	18	0.00%	100.00%	
Applied Behavioral Analysis	48	57	0	57	0.00%	100.00%	5	5	0	5	0.00%	100.00%	62	0	62	0.00%	100.00%	
Other Services	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%	
All Services Total	371	460	38	422	8.26%	91.73%	106	187	6	181	3.20%	96.79%	647	44	603	6.80%	93.19%	
	371	460	38	422	0.0826	0.9174	106	187	6	181	0.03208556	0.967914439	647	44	603	0.06800618	0.931993818	

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Healthy Blue Nebraska
Contract Number	71164 O4
Health Plan Contact	Jennifer Bohnhoff
Health Plan Contact Email	Jennifer.Bohnhoff@healthybluene.co
Report Period Start Date	08/01/2021
Report Period End Date	10/31/2021
Report Original Submission Date	12/06/2021
Report Revision Submission Date	

Service Type	Initial Service Requests						Reauthorization Requests						All Requests				
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	5	5	1	4	20.00%	80.00%	14	15	0	15	0.00%	100.00%	20	1	19	5.00%	95.00%
Community Treatment Aid	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%
Day Treatment	8	8	0	8	0.00%	100.00%	0	0	0	0	0.00%	0.00%	8	0	8	0.00%	100.00%
Inpatient	119	124	1	123	0.80%	99.19%	50	69	0	69	0.00%	100.00%	193	1	192	0.51%	99.48%
Intensive Outpatient Program	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%
Outpatient	31	31	0	31	0.00%	100.00%	0	0	0	0	0.00%	0.00%	31	0	31	0.00%	100.00%
Partial Hospitalization	5	6	0	6	0.00%	100.00%	6	10	0	10	0.00%	100.00%	16	0	16	0.00%	100.00%
Psychiatric Testing	41	44	16	28	36.36%	63.63%	0	0	0	0	0.00%	0.00%	44	16	28	36.36%	63.63%
Psychiatric Residential Treatment Facility	27	30	0	30	0.00%	100.00%	37	72	0	72	0.00%	100.00%	102	0	102	0.00%	100.00%
Therapeutic Group Home	3	5	1	4	20.00%	80.00%	7	15	0	15	0.00%	100.00%	20	1	19	5.00%	95.00%
Applied Behavioral Analysis	53	58	0	58	0.00%	100.00%	1	1	1	0	100.00%	0.00%	59	1	58	1.69%	98.30%
Other Services	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
All Services Total	294	313	19	294	6.07%	93.92%	115	182	1	181	0.54%	99.45%	495	20	475	4.04%	95.95%

Heritage Health

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71165 o4
Health Plan Contact	Tiffany White-Welchen
Health Plan Contact Email	tiffany.l.whitewelchen@nebraskatotalcare.com
Report Period Start Date	05/01/2021
Report Period End Date	07/31/2021
Report Original Submission Date	9/15/2021
Report Revision Submission Date	NA

Service Type	Initial Service Requests						Reauthorization Requests						All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0			0	0	0	0			0	0	0	0		
Community Treatment Aid	0	0	0	0			0	0	0	0			0	0	0	0		
Day Treatment	18	19	5	14	26.32%	73.68%	0	0	0	0			18	19	5	14	26.32%	73.68%
Inpatient	155	174	0	174	0.00%	100.00%	45	64	9	55	14.06%	85.94%	200	238	9	229	3.78%	96.22%
Intensive Outpatient Program	11	13	1	12	7.69%	92.31%	0	0	0	0			11	13	1	12	7.69%	92.31%
Outpatient	26	29	7	22	24.14%	75.86%	0	0	0	0			26	29	7	22	24.14%	75.86%
Partial Hospitalization	18	18	0	18	0.00%	100.00%	14	42	0	42	0.00%	100.00%	32	60	0	60	0.00%	100.00%
Applied Behavioral Analysis	34	39	1	38	2.56%	97.44%	24	83	0	83	0.00%	100.00%	58	122	1	121	0.82%	99.18%
Psych Testing	210	236	24	212	10.17%	89.83%	0	0	0	0			210	236	24	212	10.17%	89.83%
Psychiatric Residential Treatment Facility	41	41	5	36	12.20%	87.80%	35	46	4	42	8.70%	91.30%	76	87	9	78	10.34%	89.66%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%	3	7	0	7	0.00%	100.00%	5	9	0	9	0.00%	100.00%
Other Services	21	28	3	25	10.71%	89.29%	3	5	0	5	0.00%	100.00%	24	33	3	30	9.09%	90.91%
	536	599	46	553	7.68%	92.32%	124	247	13	234	5.26%	94.74%	660	846	59	787	6.97%	93.03%
	536	599	46	553	0.076794658	0.923205342	124	247	13	234	0.052631579	0.947368421	660	846	59	787	0.069739953	0.930260047

Heritage Health

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71165 o4
Health Plan Contact	Tiffany White-Welchen
Health Plan Contact Email	Tiffany.L.WhiteWelchen@NebraskaTotalcare.co
Report Period Start Date	08/01/2021
Report Period End Date	10/31/2021
Report Original Submission Date	12/7/2021
Report Revision Submission Date	NA

Service Type	Initial Service Requests						Reauthorization Requests						All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0			0	0	0	0			0	0	0	0		
Community Treatment Aid	1	5	1	4	20.00%	80.00%	0	0	0	0			1	5	1	4	20.00%	80.00%
Day Treatment	8	12	2	10	16.67%	83.33%	0	0	0	0			8	12	2	10	16.67%	83.33%
Inpatient	135	147	0	147	0.00%	100.00%	31	63	3	60	4.76%	95.24%	166	210	3	207	1.43%	98.57%
Intensive Outpatient Program	8	9	1	8	11.11%	88.89%	0	0	0	0			8	9	1	8	11.11%	88.89%
Outpatient	12	14	2	12	14.29%	85.71%	0	0	0	0			12	14	2	12	14.29%	85.71%
Partial Hospitalization	13	17	0	17	0.00%	100.00%	12	27	0	27	0.00%	100.00%	25	44	0	44	0.00%	100.00%
Applied Behavioral Analysis	46	52	0	52	0.00%	100.00%	30	101	0	101	0.00%	100.00%	76	153	0	153	0.00%	100.00%
Psych Testing	213	246	30	216	12.20%	87.80%	0	0	0	0			213	246	30	216	12.20%	87.80%
Psychiatric Residential Treatment Facility	28	28	0	28	0.00%	100.00%	42	69	1	68	1.45%	98.55%	70	97	1	96	1.03%	98.97%
Therapeutic Group Home	5	5	0	5	0.00%	100.00%	6	11	1	10	9.09%	90.91%	11	16	1	15	6.25%	93.75%
Other Services	29	39	4	35	10.26%	89.74%	4	6	0	6	0.00%	100.00%	33	45	4	41	8.89%	91.11%
	498	574	40	534	6.97%	93.03%	125	277	5	272	1.81%	98.19%	623	851	45	806	5.29%	94.71%

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of Nebraska
Contract Number	71163 04
Health Plan Contact	Robin Chadwell
Health Plan Contact Email	robin.chadwell@optum.com
Report Period Start Date	5/1/2021
Report Period End Date	7/31/2021
Report Original Submission Date	9/15/2021
Report Revision Submission Date	

Service Type	Initial Service Requests						Reauthorization Requests						All Requests				
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Community Treatment Aid	5	5	0	5	0.00%	100.00%	4	5	2	3	40.00%	60.00%	10	2	8	20.00%	80.00%
Day Treatment	16	16	0	16	0.00%	100.00%	6	6	0	6	0.00%	100.00%	22	0	22	0.00%	100.00%
Inpatient	99	107	1	106	0.93%	99.07%	77	97	0	97	0.00%	100.00%	204	1	203	0.49%	99.51%
Intensive Outpatient Program	4	4	0	4	0.00%	100.00%	2	2	0	2	0.00%	100.00%	6	0	6	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Partial Hospitalization	7	7	0	7	0.00%	100.00%	5	9	0	9	0.00%	100.00%	16	0	16	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	24	24	2	22	8.33%	91.67%	16	29	0	29	0.00%	100.00%	53	2	51	3.77%	96.23%
Therapeutic Group Home	4	4	0	4	0.00%	100.00%	4	8	0	8	0.00%	100.00%	12	0	12	0.00%	100.00%
Applied Behavioral Analysis	21	22	2	20	9.09%	90.91%	30	117	0	117	0.00%	100.00%	139	2	137	1.44%	98.56%
Other Services	3	3	0	3	0.00%	100.00%	0	0	0	0	0.00%	0.00%	3	0	3	0.00%	100.00%
All Services Total	183	192	5	187	2.60%	97.40%	144	273	2	271	0.73%	99.27%	465	7	458	1.51%	98.49%
	183	192	5	187	0.02604167	0.973958333	144	273	2	271	0.00732601	0.992673993	465	7	458	0.01505376	0.984946237

Document Name	LB 1063-Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of Nebraska
Contract Number	71163 04
Health Plan Contact	Robin Chadwell
Health Plan Contact Email	robin.chadwell@optum.com
Report Period Start Date	8/1/2021
Report Period End Date	10/31/2021
Report Original Submission Date	12/15/2021
Report Revision Submission Date	

Service Type	Initial Service Requests						Reauthorization Requests						All Requests				
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Community Treatment Aid	0	0	0	0	0.00%	0.00%	2	3	1	2	33.33%	66.67%	3	1	2	33.33%	66.67%
Day Treatment	10	10	0	10	0.00%	100.00%	8	8	0	8	0.00%	100.00%	18	0	18	0.00%	100.00%
Inpatient	147	166	0	166	0.00%	100.00%	130	175	1	174	0.57%	99.43%	341	1	340	0.29%	99.71%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%	1	1	0	1	0.00%	100.00%	7	0	7	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Partial Hospitalization	13	14	0	14	0.00%	100.00%	8	20	0	20	0.00%	100.00%	34	0	34	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%	0	0	0	0	0.00%	0.00%	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	27	27	0	27	0.00%	100.00%	22	50	0	50	0.00%	100.00%	77	0	77	0.00%	100.00%
Therapeutic Group Home	4	4	0	4	0.00%	100.00%	3	6	0	6	0.00%	100.00%	10	0	10	0.00%	100.00%
Applied Behavioral Analysis	35	35	3	32	8.57%	91.43%	39	167	4	163	2.40%	97.60%	202	7	195	3.47%	96.53%
Other Services	4	4	0	4	0.00%	100.00%	0	0	0	0	0.00%	0.00%	4	0	4	0.00%	100.00%
All Services Total	246	266	3	263	1.13%	98.87%	213	430	6	424	1.40%	98.60%	696	9	687	1.29%	98.71%