

NEBRASKA



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DEPT. OF HEALTH AND HUMAN SERVICES

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

April 1, 2022

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

April 1, 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 November 1, 2021, through January 31, 2022.

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 three separate reports, one 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,

A handwritten signature in black ink, appearing to read "Kevin Bagley".

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 04
Health Plan Contact	Jennifer Bohnhoff
Health Plan Contact Email	Jennifer.Bohnhoff@healthybluene.com
Report Period Start Date	11/01/2021
Report Period End Date	01/31/2022
Report Original Submission Date	3/15/2022
Report Revision Submission Date	3/17/2022

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	5	5	1	4	20.00%	80.00%		0	0	0	0	0.00%	0.00%		5	5	1	4	20.00%	80.00%	
Community Treatment Aid	0	0	0	0	0.00%	0.00%		0	0	0	0	0.00%	0.00%		0	0	0	0	0.00%	0.00%	
Day Treatment	8	8	0	8	0.00%	100.00%		2	2	2	0	100.00%	0.00%		10	10	2	8	20.00%	80.00%	
Inpatient	116	128	2	126	1.56%	98.43%		54	64	0	64	0.00%	100.00%		170	192	2	190	1.04%	98.95%	
Intensive Outpatient Program	1	1	0	1	0.00%	100.00%		0	0	0	0	0.00%	0.00%		1	1	0	1	0.00%	100.00%	
Outpatient	55	59	1	58	1.69%	98.30%		5	5	5	0	100.00%	0.00%		60	64	6	58	9.37%	90.62%	
Partial Hospitalization	11	13	0	13	0.00%	100.00%		7	16	0	16	0.00%	100.00%		18	29	0	29	0.00%	100.00%	
Psychiatric Testing	44	53	31	22	58.49%	41.50%		0	0	0	0	0.00%	0.00%		44	53	31	22	58.49%	41.50%	
Psychiatric Residential Treatment Facility	25	25	0	25	0.00%	100.00%		37	78	0	78	0.00%	100.00%		62	103	0	103	0.00%	100.00%	
Therapeutic Group Home	1	1	0	1	0.00%	100.00%		5	11	0	11	0.00%	100.00%		6	12	0	12	0.00%	100.00%	
Applied Behavioral Analysis	48	56	0	56	0.00%	100.00%		0	0	0	0	0.00%	0.00%		48	56	0	56	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	0.00%	0.00%	
All Services Total	314	349	35	314	10.02%	89.97%		110	176	7	169	3.97%	96.02%		424	525	42	483	8.00%	92.00%	

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	11/01/2021
Report Period End Date	01/31/2022
Report Original Submission Date	3/15/2022
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	2	0	2	0.00%	100.00%	0	0	0	0			1	2	0	2	0.00%	100.00%
Day Treatment	12	23	5	18	21.74%	78.26%	0	0	0	0			12	23	5	18	21.74%	78.26%
Inpatient	150	164	2	162	1.22%	98.78%	37	59	0	59	0.00%	100.00%	187	223	2	221	0.90%	99.10%
Intensive Outpatient Program	9	11	1	10	9.09%	90.91%	0	0	0	0			9	11	1	10	9.09%	90.91%
Outpatient	0	0	0	0			0	0	0	0			0	0	0	0		
Partial Hospitalization	9	9	0	9	0.00%	100.00%	6	17	0	17	0.00%	100.00%	15	26	0	26	0.00%	100.00%
Applied Behavioral Analysis	42	52	3	49	5.77%	94.23%	32	118	12	106	10.17%	89.83%	74	170	15	155	8.82%	91.18%
Psych Testing	212	228	14	214	6.14%	93.86%	0	0	0	0			212	228	14	214	6.14%	93.86%
Psychiatric Residential Treatment Facility	20	20	1	19	5.00%	95.00%	34	65	2	63	3.08%	96.92%	54	85	3	82	3.53%	96.47%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%	6	11	0	11	0.00%	100.00%	9	14	0	14	0.00%	100.00%
Other Services	18	26	0	26	0.00%	100.00%	6	18	0	18	0.00%	100.00%	24	44	0	44	0.00%	100.00%
	476	538	26	512	4.83%	95.17%	121	288	14	274	4.86%	95.14%	597	826	40	786	4.84%	95.16%

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	Nov 01, 2021
Report Period End Date	Jan 31, 2022
Report Original Submission Date	Mar 15, 2022
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	4	4	0	4	0.00%	100.00%	2	2	0	2	0.00%	100.00%	6	0	6	0.00%	100.00%
Day Treatment	7	7	0	7	0.00%	100.00%	5	5	0	5	0.00%	100.00%	12	0	12	0.00%	100.00%
Inpatient	151	177	0	177	0.00%	100.00%	120	147	1	146	0.68%	99.32%	324	1	323	0.31%	99.69%
Intensive Outpatient Program	4	4	0	4	0.00%	100.00%	0	0	0	0	0.00%	0.00%	4	0	4	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	12	14	0	14	0.00%	100.00%	6	8	0	8	0.00%	100.00%	22	0	22	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	32	32	1	31	3.13%	96.88%	27	54	0	54	0.00%	100.00%	86	1	85	1.16%	98.84%
Therapeutic Group Home	4	4	0	4	0.00%	100.00%	1	4	0	4	0.00%	100.00%	8	0	8	0.00%	100.00%
Applied Behavioral Analysis	35	35	1	34	2.86%	97.14%	48	194	1	193	0.52%	99.48%	229	2	227	0.87%	99.13%
Other Services	5	5	0	5	0.00%	100.00%	0	0	0	0	0.00%	0.00%	5	0	5	0.00%	100.00%
All Services Total	254	282	2	280	0.71%	99.29%	209	414	2	412	0.48%	99.52%	696	4	692	0.57%	99.43%