

NEBRASKA



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DEPT. OF HEALTH AND HUMAN SERVICES

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

June 23, 2022

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

June 23, 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 February 1, 2022, through April 30, 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,



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.com
Report Period Start Date	02/01/2022
Report Period End Date	04/30/2022
Report Original Submission Date	6/15/2022
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 Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	2	2	0	2	0.00%	100.00%	0	0	0	0	0.00%	0.00%	2	2	0	2	0.00%	100.00%
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	9	9	0	9	0.00%	100.00%	1	1	1	0	100.00%	0.00%	10	10	1	9	10.00%	90.00%
Inpatient	149	169	0	169	0.00%	100.00%	65	86	0	86	0.00%	100.00%	214	255	0	255	0.00%	100.00%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%	0	0	0	0	0.00%	0.00%	6	6	0	6	0.00%	100.00%
Outpatient	46	50	0	50	0.00%	100.00%	1	1	1	0	100.00%	0.00%	47	51	1	50	1.96%	98.03%
Partial Hospitalization	16	16	0	16	0.00%	100.00%	14	22	0	22	0.00%	100.00%	30	38	0	38	0.00%	100.00%
Psychiatric Testing	52	64	40	24	62.50%	37.50%	1	1	1	0	100.00%	0.00%	53	65	41	24	63.07%	36.92%
Psychiatric Residential Treatment Facility	25	27	1	26	3.70%	96.29%	38	81	0	81	0.00%	100.00%	63	108	1	107	0.92%	99.07%
Therapeutic Group Home	1	1	0	1	0.00%	100.00%	2	4	0	4	0.00%	100.00%	3	5	0	5	0.00%	100.00%
Applied Behavioral Analysis	84	101	1	100	0.99%	99.00%	8	8	6	2	75.00%	25.00%	92	109	7	102	6.42%	93.57%
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	390	445	42	403	9.43%	90.56%	130	204	9	195	4.41%	95.58%	520	649	51	598	7.85%	92.14%

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 04
Health Plan Contact	Nancy Laughlin-Wagner
Health Plan Contact Email	nancy.laughlinwagner@nebraskatotalcare.com
Report Period Start Date	02/01/2022
Report Period End Date	04/30/2022
Report Original Submission Date	6/15/2022
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 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	4	0	4	0.00%	100.00%	0	0	0	0			1	4	0	4	0.00%	100.00%
Day Treatment	13	19	1	18	5.26%	94.74%	0	0	0	0			13	19	1	18	5.26%	94.74%
Inpatient	163	193	0	193	0.00%	100.00%	44	84	3	81	3.57%	96.43%	207	277	3	274	1.08%	98.92%
Intensive Outpatient Program	9	10	0	10	0.00%	100.00%	0	0	0	0			9	10	0	10	0.00%	100.00%
Outpatient	0	0	0	0			0	0	0	0			0	0	0	0		
Partial Hospitalization	18	20	0	20	0.00%	100.00%	21	35	0	35	0.00%	100.00%	39	55	0	55	0.00%	100.00%
Applied Behavioral Analysis	63	72	1	71	1.39%	98.61%	46	159	3	156	1.89%	98.11%	109	231	4	227	1.73%	98.27%
Psych Testing	247	271	24	247	8.86%	91.14%	0	0	0	0			247	271	24	247	8.86%	91.14%
Psychiatric Residential Treatment Facility	29	31	2	29	6.45%	93.55%	32	73	1	72	1.37%	98.63%	61	104	3	101	2.88%	97.12%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%	6	16	0	16	0.00%	100.00%	8	18	0	18	0.00%	100.00%
Other Services	24	32	2	30	6.25%	93.75%	8	22	1	21	4.55%	95.45%	32	54	3	51	5.56%	94.44%
	569	654	30	624	4.59%	95.41%	157	389	8	381	2.06%	97.94%	726	1,043	38	1,005	3.64%	96.36%

Heritage Health

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	2/1/2022
Report Period End Date	4/30/2022
Report Original Submission Date	6/15/2022
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	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	6	6	0	6	0.00%	100.00%	7	7	0	7	0.00%	100.00%	13	0	13	0.00%	100.00%	
Inpatient	144	163	0	163	0.00%	100.00%	115	128	1	127	0.78%	99.22%	291	1	290	0.34%	99.66%	
Intensive Outpatient Program	13	13	0	13	0.00%	100.00%	3	3	0	3	0.00%	100.00%	16	0	16	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	16	18	0	18	0.00%	100.00%	8	20	0	20	0.00%	100.00%	38	0	38	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	28	28	0	28	0.00%	100.00%	24	44	0	44	0.00%	100.00%	72	0	72	0.00%	100.00%	
Therapeutic Group Home	1	1	0	1	0.00%	100.00%	0	0	0	0	0.00%	0.00%	1	0	1	0.00%	100.00%	
Applied Behavioral Analysis	37	38	4	34	10.53%	89.47%	61	251	0	251	0.00%	100.00%	289	4	285	1.38%	98.62%	
Other Services	3	3	0	3	0.00%	100.00%	1	1	0	1	0.00%	100.00%	4	0	4	0.00%	100.00%	
All Services Total	249	271	4	267	1.48%	98.52%	219	454	1	453	0.22%	99.78%	725	5	720	0.69%	99.31%	