

NEBRASKA



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid & Long-Term Care

Nebraska Medicaid Mental Health Services
Authorization Requests

Quarter 2, 2022

Prepared in Accordance with Nebraska Revised Statute 68-2004

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 3, 2022

Clerk of the Legislature
Legislative Fiscal Office
P.O. Box 94604
Lincoln, NE 68509

Dear Chair of the Health and Human Services Committee,

In accordance with Nebraska Revised Statute 68-2004 please find attached a report on behavioral health service utilization for Nebraska Medicaid's managed care organizations.

If you have any questions, please contact me at Kevin.Bagley@Nebraska.gov.

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

Attachments: 3

Healthy Blue Nebraska

Definitions - LB 1063	
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 reauthorizaion request
Reauthorization Requests - # of Requests	Number of reauthorizaion 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	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	05/01/2022
Report Period End Date	07/31/2022
Report Original Submission Date	9/15/2022
Report Revision Submission Date	

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	2	2	0	2	0.00%	100.00%
Inpatient	130	143	1	142	0.69%	99.30%
Intensive Outpatient Program	5	6	0	6	0.00%	100.00%
Outpatient	45	48	0	48	0.00%	100.00%
Partial Hospitalization	13	15	1	14	6.66%	93.33%
Psychiatric Testing	54	64	31	33	48.43%	51.56%
Psychiatric Residential Treatment Facility	21	22	0	22	0.00%	100.00%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%
Applied Behavioral Analysis	87	106	1	105	0.94%	99.05%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	359	408	34	374	8.33%	91.66%

	Reauthorization Requests					
Service Type	# 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	42	56	0	56	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	3	3	3	0	100.00%	0.00%
Partial Hospitalization	11	20	0	20	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	36	74	1	73	1.35%	98.64%
Therapeutic Group Home	1	1	0	1	0.00%	100.00%
Applied Behavioral Analysis	4	4	2	2	50.00%	50.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	97	158	6	152	3.79%	96.20%

	All Requests					
Service Type	# 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	2	2	0	2	0.00%	100.00%
Inpatient	172	199	1	198	0.50%	99.49%
Intensive Outpatient Program	5	6	0	6	0.00%	100.00%
Outpatient	48	51	3	48	5.88%	94.11%
Partial Hospitalization	24	35	1	34	2.85%	97.14%
Psychiatric Testing	54	64	31	33	48.43%	51.56%
Psychiatric Residential Treatment Facility	57	96	1	95	1.04%	98.95%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%
Applied Behavioral Analysis	91	110	3	107	2.72%	97.27%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	456	566	40	526	7.06%	92.93%

Nebraska Total Care

Definitions and Legend - LB 1063	
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 dicated 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

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	Darla Wynia
Health Plan Contact Email	Darla.C.Wynia@NebraskaTotalCare.com
Report Period Start Date	05/01/2022
Report Period End Date	07/31/2022
Report Original Submission Date	9/15/2022
Report Revision Submission Date	[Date of data revision]

Service Type	Initial Service Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0		
Community Treatment Aid	1	2	0	2	0.00%	100.00%
Day Treatment	13	18	4	14	22.22%	77.78%
Inpatient	141	166	0	166	0.00%	100.00%
Intensive Outpatient Program	11	11	0	11	0.00%	100.00%
Outpatient	0	0	0	0		
Partial Hospitalization	15	16	0	16	0.00%	100.00%
Applied Behavioral Analysis	83	100	1	99	1.00%	99.00%
Psych Testing	208	218	11	207	5.05%	94.95%
Psychiatric Residential Treatment Facility	24	24	6	18	25.00%	75.00%
Therapeutic Group Home	1	1	1	0	100.00%	0.00%
Other Services	19	27	1	26	3.70%	96.30%
	516	583	24	559	4.12%	95.88%

Reauthorization Requests

Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0		
Community Treatment Aid	0	0	0	0		
Day Treatment	0	0	0	0		
Inpatient	41	74	1	73	1.35%	98.65%
Intensive Outpatient Program	0	0	0	0		
Outpatient	0	0	0	0		
Partial Hospitalization	16	37	0	37	0.00%	100.00%
Applied Behavioral Analysis	61	208	0	208	0.00%	100.00%
Psych Testing	0	0	0	0		
Psychiatric Residential Treatment Facility	31	53	3	50	5.66%	94.34%
Therapeutic Group Home	6	11	4	7	36.36%	63.64%
Other Services	4	18	0	18	0.00%	100.00%
	159	401	8	393	2.00%	98.00%

All Requests

Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0		
Community Treatment Aid	1	2	0	2	0.00%	100.00%
Day Treatment	13	18	4	14	22.22%	77.78%
Inpatient	182	240	1	239	0.42%	99.58%
Intensive Outpatient Program	11	11	0	11	0.00%	100.00%
Outpatient	0	0	0	0		
Partial Hospitalization	31	53	0	53	0.00%	100.00%
Applied Behavioral Analysis	144	308	1	307	0.32%	99.68%
Psych Testing	208	218	11	207	5.05%	94.95%
Psychiatric Residential Treatment Facility	55	77	9	68	11.69%	88.31%
Therapeutic Group Home	7	12	5	7	41.67%	58.33%
Other Services	23	45	1	44	2.22%	97.78%
	675	984	32	952	3.25%	96.75%

United Health Care

Definitions - LB 1063	
Initial Service Requests - # of Persons	Number of people with an initial service request
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All Requests- Authorized Rate	Rate of authorized requests

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	May 01, 2022
Report Period End Date	Jul 31, 2022
Report Original Submission Date	Sept 15, 2022
Report Revision Submission Date	

	Initial Service Requests					
Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0	0.00%	0.00%
Community Treatment Aid	3	3	0	3	0.00%	100.00%
Day Treatment	9	9	0	9	0.00%	100.00%
Inpatient	111	126	0	126	0.00%	100.00%
Intensive Outpatient Program	3	3	0	3	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	14	14	0	14	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	35	35	0	35	0.00%	100.00%
Therapeutic Group Home	4	4	0	4	0.00%	100.00%
Applied Behavioral Analysis	58	59	6	53	10.17%	89.83%
Other Services	2	2	0	2	0.00%	100.00%
All Services Total	239	255	6	249	2.35%	97.65%

	Reauthorization Requests					
Service Type	# 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	6	6	1	5	16.67%	83.33%
Inpatient	84	104	0	104	0.00%	100.00%
Intensive Outpatient Program	2	2	0	2	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	11	21	0	21	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	31	58	1	57	1.72%	98.28%
Therapeutic Group Home	4	10	0	10	0.00%	100.00%
Applied Behavioral Analysis	66	269	2	267	0.74%	99.26%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	204	470	4	466	0.85%	99.15%

	All Requests				
Service Type	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0.00%	0.00%
Community Treatment Aid	3	0	3	0.00%	100.00%
Day Treatment	15	1	14	6.67%	93.33%
Inpatient	230	0	230	0.00%	100.00%
Intensive Outpatient Program	5	0	5	0.00%	100.00%
Outpatient	0	0	0	0.00%	0.00%
Partial Hospitalization	35	0	35	0.00%	100.00%
Psychiatric Testing	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	93	1	92	1.08%	98.92%
Therapeutic Group Home	14	0	14	0.00%	100.00%
Applied Behavioral Analysis	328	8	320	2.44%	97.56%
Other Services	2	0	2	0.00%	100.00%
All Services Total	725	10	715	1.38%	98.62%