

NEBRASKA



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid & Long-Term Care

Nebraska Medicaid Mental Health Services
Authorization Requests

January 3, 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	08/01/2022
Report Period End Date	10/31/2022
Report Original Submission Date	12/15/2022
Report Revision Submission Date	

Service Type	Initial Service Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	3	3	0	3	0.00%	100.00%
Community Treatment Aid	0	0	0	0	0.00%	0.00%
Day Treatment	3	3	0	3	0.00%	100.00%
Inpatient	132	151	1	150	0.66%	99.33%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%
Outpatient	45	49	1	48	2.04%	97.95%
Partial Hospitalization	11	11	0	11	0.00%	100.00%
Psychiatric Testing	55	65	29	36	44.61%	55.38%
Psychiatric Residential Treatment Facility	18	18	0	18	0.00%	100.00%
Therapeutic Group Home	3	4	0	4	0.00%	100.00%
Applied Behavioral Analysis	94	124	1	123	0.80%	99.19%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	370	434	32	402	7.37%	92.62%

	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	51	70	0	70	0.00%	100.00%
Intensive Outpatient Program	1	1	0	1	0.00%	100.00%
Outpatient	3	3	3	0	100.00%	0.00%
Partial Hospitalization	7	8	0	8	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	29	73	0	73	0.00%	100.00%
Therapeutic Group Home	2	3	0	3	0.00%	100.00%
Applied Behavioral Analysis	10	10	3	7	30.00%	70.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	103	168	6	162	3.57%	96.42%

	All Requests					
Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	3	3	0	3	0.00%	100.00%
Community Treatment Aid	0	0	0	0	0.00%	0.00%
Day Treatment	3	3	0	3	0.00%	100.00%
Inpatient	183	221	1	220	0.45%	99.54%
Intensive Outpatient Program	7	7	0	7	0.00%	100.00%
Outpatient	48	52	4	48	7.69%	92.30%
Partial Hospitalization	18	19	0	19	0.00%	100.00%
Psychiatric Testing	55	65	29	36	44.61%	55.38%
Psychiatric Residential Treatment Facility	47	91	0	91	0.00%	100.00%
Therapeutic Group Home	5	7	0	7	0.00%	100.00%
Applied Behavioral Analysis	104	134	4	130	2.98%	97.01%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	473	602	38	564	6.31%	93.68%

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 dictated 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 04
Health Plan Contact	Darla Wynia
Health Plan Contact Email	Darla.C.Wynia@nebraskatotalcare.com
Report Period Start Date	08/01/2022
Report Period End Date	10/31/2022
Report Original Submission Date	12/15/2022
Report Revision Submission Date	[Date of data revision]

	Initial Service Requests					
Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0		
Community Treatment Aid	4	8	0	8	0.00%	100.00%
Day Treatment	10	17	1	16	5.88%	94.12%
Inpatient	183	210	0	210	0.00%	100.00%
Intensive Outpatient Program	12	13	0	13	0.00%	100.00%
Outpatient	0	0	0	0		
Partial Hospitalization	12	14	0	14	0.00%	100.00%
Applied Behavioral Analysis	83	107	8	99	7.48%	92.52%
Psych Testing	234	255	18	237	7.06%	92.94%
Psychiatric Residential Treatment Facility	31	31	3	28	9.68%	90.32%
Therapeutic Group Home	1	1	0	1	0.00%	100.00%
Other Services	22	27	2	25	7.41%	92.59%
	592	683	32	651	4.69%	95.31%

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	47	74	4	70	5.41%	94.59%
Intensive Outpatient Program	0	0	0	0		
Outpatient	0	0	0	0		
Partial Hospitalization	11	17	0	17	0.00%	100.00%
Applied Behavioral Analysis	70	259	24	235	9.27%	90.73%
Psych Testing	0	0	0	0		
Psychiatric Residential Treatment Facility	35	74	1	73	1.35%	98.65%
Therapeutic Group Home	0	0	0	0		
Other Services	5	7	0	7	0.00%	100.00%
	168	431	29	402	6.73%	93.27%

All Requests

Service Type	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0		
Community Treatment Aid	4	8	0	8	0.00%	100.00%
Day Treatment	10	17	1	16	5.88%	94.12%
Inpatient	230	284	4	280	1.41%	98.59%
Intensive Outpatient Program	12	13	0	13	0.00%	100.00%
Outpatient	0	0	0	0		
Partial Hospitalization	23	31	0	31	0.00%	100.00%
Applied Behavioral Analysis	153	366	32	334	8.74%	91.26%
Psych Testing	234	255	18	237	7.06%	92.94%
Psychiatric Residential Treatment Facility	66	105	4	101	3.81%	96.19%
Therapeutic Group Home	1	1	0	1	0.00%	100.00%
Other Services	27	34	2	32	5.88%	94.12%
	760	1,114	61	1,053	5.48%	94.52%

United Health Care

Definitions - LB 1063

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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	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	Aug 01, 2022
Report Period End Date	Oct 31, 2022
Report Original Submission Date	Dec 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	4	4	0	4	0.00%	100.00%
Day Treatment	7	7	1	6	14.29%	85.71%
Inpatient	133	151	0	151	0.00%	100.00%
Intensive Outpatient Program	9	9	0	9	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	17	18	0	18	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	30	30	0	30	0.00%	100.00%
Therapeutic Group Home	1	1	0	1	0.00%	100.00%
Applied Behavioral Analysis	60	61	5	56	8.20%	91.80%
Other Services	3	3	0	3	0.00%	100.00%
All Services Total	264	284	6	278	2.11%	97.89%

	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	3	3	0	3	0.00%	100.00%
Day Treatment	3	3	0	3	0.00%	100.00%
Inpatient	70	90	1	89	1.11%	98.89%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	11	24	0	24	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	25	48	0	48	0.00%	100.00%
Therapeutic Group Home	1	2	0	2	0.00%	100.00%
Applied Behavioral Analysis	91	381	4	377	1.05%	98.95%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	204	551	5	546	0.91%	99.09%

	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	7	0	7	0.00%	100.00%
Day Treatment	10	1	9	10.00%	90.00%
Inpatient	241	1	240	0.41%	99.59%
Intensive Outpatient Program	9	0	9	0.00%	100.00%
Outpatient	0	0	0	0.00%	0.00%
Partial Hospitalization	42	0	42	0.00%	100.00%
Psychiatric Testing	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	78	0	78	0.00%	100.00%
Therapeutic Group Home	3	0	3	0.00%	100.00%
Applied Behavioral Analysis	442	9	433	2.04%	97.96%
Other Services	3	0	3	0.00%	100.00%
All Services Total	835	11	824	1.32%	98.68%