

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

April 1, 2023

The Honorable Ben Hansen
Members of the Health & Human Services Committee
State Capitol Room 1117
Lincoln, NE 68509

Subject: Medicaid Mental Health Authorization Requests Report

Dear Chairman Hansen:


In accordance with Nebraska Revised Statute § 68-2004, please find the attached report on behavioral health service utilization for Nebraska Medicaid's Managed Care Organizations (MCOs).

Sincerely,

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

Kevin Bagley, DHA
Director, Division of Medicaid & Long-Term Care

Attachments: 3



Division of Medicaid & Long-Term Care

Medicaid Mental Health Authorization Requests

April 1, 2023

Neb. Rev. Stat. § 68-2004

Summary

Nebraska Revised Statute § 68-2004 requires the Department of Health and Human Services to report on “utilization controls, including, but not limited to, the rates of initial service authorizations, reauthorizations subsequent to initial service authorizations, and denials for behavioral health services for children under nineteen years of age.”

The following pages contain information regarding initial service and reauthorization requests for the previous calendar quarter from Nebraska Medicaid’s three Managed Care Organizations (MCOs): Healthy Blue Nebraska, Nebraska Total Care, and UnitedHealthcare. Each MCOs’ section includes a definitions table meeting the requirements of this statute.

Healthy Blue Nebraska

Definitions - Neb. Rev. Stat. § 68-2004	
Initial Service Requests - # of Persons	This is the number of people with an initial service request.
Initial Service Requests - # of Requests	This is the number of initial service requests.
Initial Service Requests - Denied	This is the number of denied initial service requests.
Initial Service Requests - Authorized	This is the number of authorized initial service requests.
Initial Service Requests - Denied Rate	This is the rate of denied initial service requests.
Initial Service Requests - Authorized Rate	This is the rate of authorized initial service requests.
Reauthorization Requests - # of Persons	This is the number of people with a reauthorization request.
Reauthorization Requests - # of Requests	This is the number of reauthorization requests.
Reauthorization Requests - Denied	This is the number of denied reauthorization requests.
Reauthorization Requests - Authorized	This is the number of authorized reauthorization requests.
Reauthorization Requests - Denied Rate	This is the rate of denied reauthorization requests.
Reauthorization Requests - Authorized Rate	This is the rate of authorized reauthorization requests.
All Requests - # of Persons	This is the number of (unique) people with any requests.
All Requests - # of Requests	This is the number of requests.
All Requests - Denied	This is the number of denied requests.
All Requests - Authorized	This is the number of authorized requests.
All Requests - Denied Rate	This is the rate of denied requests.
All Requests - Authorized Rate	This is the rate of authorized requests.

Document Name	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Healthy Blue Nebraska
Contract Number	71164 O4
Report Period Start Date	11/01/2022
Report Period End Date	12/31/2022
Report Original Submission Date	03/02/2023
Report Revision Submission Date	

	Initial Service 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	1	1	0	1	0.00%	100.00%
Day Treatment	4	4	0	4	0.00%	100.00%
Inpatient	89	97	0	97	0.00%	100.00%
Intensive Outpatient Program	4	5	0	5	0.00%	100.00%
Outpatient	31	32	0	32	0.00%	100.00%
Partial Hospitalization	9	9	0	9	0.00%	100.00%
Psychiatric Testing	47	55	27	28	49.09%	50.90%
Psychiatric Residential Treatment Facility	17	17	0	17	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	69	77	0	77	0.00%	100.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	274	300	27	273	9.00%	91.00%

	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	49	72	1	71	1.38%	98.61%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	5	5	5	0	100.00%	0.00%
Partial Hospitalization	3	4	0	4	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	32	47	0	47	0.00%	100.00%
Therapeutic Group Home	2	4	0	4	0.00%	100.00%
Applied Behavioral Analysis	5	5	2	3	40.00%	60.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	96	137	8	129	5.83%	94.16%

	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	1	1	0	1	0.00%	100.00%
Day Treatment	4	4	0	4	0.00%	100.00%
Inpatient	138	169	1	168	0.59%	99.40%
Intensive Outpatient Program	4	5	0	5	0.00%	100.00%
Outpatient	36	37	5	32	13.51%	86.48%
Partial Hospitalization	12	13	0	13	0.00%	100.00%
Psychiatric Testing	47	55	27	28	49.09%	50.90%
Psychiatric Residential Treatment Facility	49	64	0	64	0.00%	100.00%
Therapeutic Group Home	2	4	0	4	0.00%	100.00%
Applied Behavioral Analysis	74	82	2	80	2.43%	97.56%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	370	437	35	402	8.00%	91.99%

Nebraska Total Care

Definitions and Legend - Neb. Rev. Stat. § 68-2004 (Children’s Health and Treatment Act)

Query Filters	This is the authorization request data between certain dates as requested by the plan from both inpatient and outpatient authorization tables for members aged 0-19. DIAGNOSIS_TYPE<>'MEDICAL'. This excludes pending authorizations.
Service Type	PROC_CODE IN ('S9484', '99218', '99219', '99220', '760', '761', '762') THEN '23:59 Observation' PROC_CODE IN ('H0036') THEN 'Community Treatment Aid' PROC_CODE IN ('H2027') THEN 'Day Treatment' PROC_CODE IN ('X9990', '99251', '99252', '99253', '99254', '99255', '99231', '99232', '99233', '99241', '99221', '99222', '99223', '90870', '190', '762') THEN 'Inpatient' PROC_CODE IN ('H0015', 'H2014', 'S9480') THEN 'Intensive Outpatient Program' 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 ' PROC_CODE IN ('H2012') THEN 'Partial Hospitalization' PROC_CODE IN ('97151', '97152', '97153', '97154', '97155', '97156', '97157', '97158') THEN 'Applied Behavioral Analysis' PROC_CODE IN ('96116', '96110', '96121', '96130', '96131', '96132', '96133', '96136', '96137', '96138', '96139', 'H2000') THEN 'Psych Testing' PROC_CODE IN ('T2048', 'T2033', 'H2013') THEN 'Psychiatric Residential Treatment Facility' PROC_CODE IN ('H2020') THEN 'Therapeutic Group Home' ELSE 'Other Services'-- Some of these codes may include H0040, H2033, S9123, H2015, H0038, H0019, S9480, H2017, H2018, S9485, 0190, H0012, H0018, H2034.
Reporting Period	This is based on the authorization request date from both inpatient and outpatient authorization tables. The reporting period is not made of regular dates. The 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	This is the number of people with an initial (or reauthorization) service request.
# of Requests	This is the number of initial (or reauthorization) requests.
Denied, Authorized	This is based on the authorization status.
Authorized Rate	This is the rate of authorized initial (or reauthorization) service requests.

Document Name	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	Nebraska Total Care
Contract Number	71164 O4
Report Period Start Date	11/01/2022
Report Period End Date	01/31/2023
Report Original Submission Date	03/08/2023
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	3	5	0	5	0.00%	100.00%
Day Treatment	11	14	2	12	14.29%	85.71%
Inpatient	158	183	0	183	0.00%	100.00%
Intensive Outpatient Program	12	12	1	11	8.33%	91.67%
Outpatient	2	2	2	0	100.00%	0.00%
Partial Hospitalization	19	19	0	19	0.00%	100.00%
Psychiatric Testing	221	253	27	226	10.67%	89.33%
Psychiatric Residential Treatment Facility	26	26	1	25	3.85%	96.15%
Therapeutic Group Home	3	3	0	3	0.00%	100.00%
Applied Behavioral Analysis	114	136	2	134	1.47%	98.53%
Other Services	19	27	0	27	0.00%	100.00%
All Services Total	588	680	35	645	5.15%	94.85%

	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	62	5	57	8.06%	91.94%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	14	26	0	26	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	34	77	6	71	7.79%	92.21%
Therapeutic Group Home	4	5	0	5	0.00%	100.00%
Applied Behavioral Analysis	82	292	13	279	4.45%	95.55%
Other Services	2	4	0	4	0.00%	100.00%
All Services Total	178	466	24	442	5.15%	94.85%

	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	3	5	0	5	0.00%	100.00%
Day Treatment	11	14	2	12	14.29%	85.71%
Inpatient	200	245	5	240	2.04%	97.96%
Intensive Outpatient Program	12	12	1	11	8.33%	91.67%
Outpatient	2	2	2	0	100.00%	0.00%
Partial Hospitalization	33	45	0	45	0.00%	100.00%
Psychiatric Testing	221	253	27	226	10.67%	89.33%
Psychiatric Residential Treatment Facility	60	103	7	96	6.80%	93.20%
Therapeutic Group Home	7	8	0	8	0.00%	100.00%
Applied Behavioral Analysis	196	428	15	413	3.50%	96.50%
Other Services	21	31	0	31	0.00%	100.00%
All Services Total	766	1,146	59	1,087	5.15%	94.85%

UnitedHealthcare

Definitions - Neb. Rev. Stat. § 68-2004

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Document Name	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
Contract Section(s) Referenced	Attachment 38
Health Plan Name	UnitedHealthcare Community Plan of Nebraska
Contract Number	71164 O4
Report Period Start Date	11/01/2022
Report Period End Date	12/31/2022
Report Original Submission Date	02/15/2023
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	3	3	0	3	0.00%	100.00%
Day Treatment	6	6	0	6	0.00%	100.00%
Inpatient	94	102	0	102	0.00%	100.00%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	10	10	0	10	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	21	21	0	21	0.00%	100.00%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%
Applied Behavioral Analysis	50	52	10	42	19.23%	80.77%
Other Services	2	2	0	2	0.00%	100.00%
All Services Total	194	204	10	194	4.90%	95.10%

	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	2	2	1	1	50.00%	50.00%
Day Treatment	3	3	0	3	0.00%	100.00%
Inpatient	53	57	1	56	1.75%	98.25%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	2	3	0	3	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	19	31	0	31	0.00%	100.00%
Therapeutic Group Home	1	2	0	2	0.00%	100.00%
Applied Behavioral Analysis	65	257	5	252	1.95%	98.05%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	145	355	7	348	1.97%	98.03%

	All Requests					
Service Type	# Of Persons	# Of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	0	0	0	0.00%	0.00%	0
Community Treatment Aid	5	1	4	20.00%	80.00%	5
Day Treatment	9	0	9	0.00%	100.00%	9
Inpatient	159	1	158	0.63%	99.37%	159
Intensive Outpatient Program	6	0	6	0.00%	100.00%	6
Outpatient	0	0	0	0.00%	0.00%	0
Partial Hospitalization	13	0	13	0.00%	100.00%	13
Psychiatric Testing	0	0	0	0.00%	0.00%	0
Psychiatric Residential Treatment Facility	52	0	52	0.00%	100.00%	52
Therapeutic Group Home	4	0	4	0.00%	100.00%	4
Applied Behavioral Analysis	309	15	294	4.85%	95.15%	309
Other Services	2	0	2	0.00%	100.00%	2
All Services Total	559	17	542	3.04%	96.96%	559