

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

July 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

July 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	71163 O4
Report Period Start Date	01/01/2023
Report Period End Date	03/31/2023
Report Original Submission Date	05/15/2023
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	1	1	0	1	0.00%	100.00%
Day Treatment	5	6	0	6	0.00%	100.00%
Inpatient	156	178	0	178	0.00%	100.00%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%
Outpatient	53	57	0	57	0.00%	100.00%
Partial Hospitalization	18	18	0	18	0.00%	100.00%
Psychiatric Testing	60	74	40	34	54.05%	45.94%
Psychiatric Residential Treatment Facility	14	14	0	14	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	131	154	1	153	0.64%	99.35%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	444	508	41	467	8.07%	91.92%

	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	68	80	0	80	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	9	15	0	15	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	33	64	0	64	0.00%	100.00%
Therapeutic Group Home	1	3	0	3	0.00%	100.00%
Applied Behavioral Analysis	3	3	3	0	100.00%	0.00%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	114	165	3	162	1.81%	98.18%

	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	1	1	0	1	0.00%	100.00%
Day Treatment	5	6	0	6	0.00%	100.00%
Inpatient	224	258	0	258	0.00%	100.00%
Intensive Outpatient Program	6	6	0	6	0.00%	100.00%
Outpatient	53	57	0	57	0.00%	100.00%
Partial Hospitalization	27	33	0	33	0.00%	100.00%
Psychiatric Testing	60	74	40	34	54.05%	45.94%
Psychiatric Residential Treatment Facility	47	78	0	78	0.00%	100.00%
Therapeutic Group Home	1	3	0	3	0.00%	100.00%
Applied Behavioral Analysis	134	157	4	153	2.54%	97.45%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	558	673	44	629	6.53%	93.46%

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	71163 O4
Report Period Start Date	01/01/2023
Report Period End Date	03/31/2023
Report Original Submission Date	05/18/2023
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	2	4	1	3	25.00%	75.00%
Day Treatment	15	19	2	17	10.53%	89.47%
Inpatient	177	196	0	196	0.00%	100.00%
Intensive Outpatient Program	10	10	0	10	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	264	302	41	261	13.58%	86.42%
Psychiatric Residential Treatment Facility	38	38	2	36	5.26%	94.74%
Therapeutic Group Home	2	2	0	2	0.00%	100.00%
Applied Behavioral Analysis	121	142	3	139	2.11%	97.89%
Other Services	23	36	0	36	0.00%	100.00%
All Services Total	666	763	49	714	6.42%	93.58%

	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	93	5	88	5.38%	94.62%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	9	20	0	20	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	43	101	2	99	1.98%	98.02%
Therapeutic Group Home	4	9	0	9	0.00%	100.00%
Applied Behavioral Analysis	95	334	8	326	2.40%	97.60%
Other Services	4	7	0	7	0.00%	100.00%
All Services Total	206	564	15	549	2.66%	97.34%

	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	2	4	1	3	25.00%	75.00%
Day Treatment	15	19	2	17	10.53%	89.47%
Inpatient	228	289	5	284	1.73%	98.27%
Intensive Outpatient Program	10	10	0	10	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	23	34	0	34	0.00%	100.00%
Psychiatric Testing	264	302	41	261	13.58%	86.42%
Psychiatric Residential Treatment Facility	81	139	4	135	2.88%	97.12%
Therapeutic Group Home	6	11	0	11	0.00%	100.00%
Applied Behavioral Analysis	216	476	11	465	2.31%	97.69%
Other Services	27	43	0	43	0.00%	100.00%
All Services Total	872	1,327	64	1,263	4.82%	95.18%

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	71163 O4
Report Period Start Date	01/01/2023
Report Period End Date	03/31/2023
Report Original Submission Date	05/15/2023
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	6	6	0	6	0.00%	100.00%
Day Treatment	10	10	0	10	0.00%	100.00%
Inpatient	142	168	0	168	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	26	26	2	24	7.69%	92.31%
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	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	77	81	0	81	0.00%	100.00%
Other Services	2	2	0	2	0.00%	100.00%
All Services Total	302	332	2	330	0.60%	99.40%

	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	5	6	1	5	16.67%	83.33%
Day Treatment	7	7	0	7	0.00%	100.00%
Inpatient	86	101	0	101	0.00%	100.00%
Intensive Outpatient Program	2	3	0	3	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	11	18	0	18	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	24	47	2	45	4.26%	95.74%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	113	495	2	493	0.40%	99.60%
Other Services	0	0	0	0	0.00%	0.00%
All Services Total	248	677	5	672	0.74%	99.26%

	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	8	12	1	11	8.33%	91.67%
Day Treatment	17	17	0	17	0.00%	100.00%
Inpatient	142	269	0	269	0.00%	100.00%
Intensive Outpatient Program	9	12	0	12	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	26	44	2	42	4.55%	95.45%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	30	77	2	75	2.60%	97.40%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	151	576	2	574	0.35%	99.65%
Other Services	2	2	0	2	0.00%	100.00%
All Services Total	385	1,009	7	1,002	0.69%	99.31%