

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

October 1, 2023

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

Subject: Medicaid Mental Health Authorization Requests

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 black ink, appearing to read "Kevin Bagley".

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

Attachment

# Division of Medicaid and Long-Term Care

## Medicaid Mental Health Authorization Requests

**October 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.

## Data Note

Table cells below with an \* have been redacted to protect the privacy of the Medicaid enrollee. All cells with an \* are between 1 and 5 in value.

Totals with an ^ have been adjusted to ensure redacted values cannot be derived. The percentages have not been adjusted and will not match a calculated percentage using an adjusted value.

# Healthy Blue Nebraska

<b>Definitions - Neb. Rev. Stat. § 68-2004</b>	
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 reauthorization request
Reauthorization Requests - # of Requests	Number of reauthorization 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

<b>Document Name</b>	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 38
<b>Health Plan Name</b>	Healthy Blue Nebraska
<b>Contract Number</b>	71164 O4
<b>Report Period Start Date</b>	04/01/2023
<b>Report Period End Date</b>	06/30/2023
<b>Report Original Submission Date</b>	08/15/2023

Service Type	Initial Service Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	*	*	0	*	0.00%	100.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	6	6	0	6	0.00%	100.00%
Inpatient	138	161	0	161	0.00%	100.00%
Intensive Outpatient Program	14	14	0	14	0.00%	100.00%
Outpatient	25	25	1	24	4.00%	96.00%
Partial Hospitalization	16	18	0	18	0.00%	100.00%
Psychiatric Testing	50	54	34	20	62.96%	37.03%
Psychiatric Residential Treatment Facility	19	19	0	19	0.00%	100.00%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Applied Behavioral Analysis	175	206	1	205	0.48%	99.51%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	<b>447</b>	<b>509</b>	<b>36</b>	<b>473</b>	<b>7.07%</b>	<b>92.92%</b>

Service Type	Reauthorization 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	0	0	0	0	0.00%	0.00%
Inpatient	55	87	0	87	0.00%	100.00%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	8	16	0	16	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	21	44	0	44	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	*	*	*	*	33.33%	66.66%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	<b>89</b>	<b>154</b>	<b>0<sup>^</sup></b>	<b>152</b>	<b>1.29%</b>	<b>98.70%</b>

Service Type	All Requests					
	# of Persons	# of Requests	Denied	Authorized	Denial Rate	Authorized Rate
23:59 Observation	*	*	0	*	0.00%	100.00%
Community Treatment Aid	*	*	0	*	0.00%	100.00%
Day Treatment	6	6	0	6	0.00%	100.00%
Inpatient	193	248	0	248	0.00%	100.00%
Intensive Outpatient Program	14	14	0	14	0.00%	100.00%
Outpatient	26	26	2	24	7.69%	92.30%
Partial Hospitalization	24	34	0	34	0.00%	100.00%
Psychiatric Testing	50	54	34	20	62.96%	37.03%
Psychiatric Residential Treatment Facility	40	63	0	63	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	178	209	2	207	0.95%	99.04%
Other Services	0	0	0	0	0.00%	0.00%
<b>All Services Total</b>	<b>536</b>	<b>663</b>	<b>38</b>	<b>625</b>	<b>5.73%</b>	<b>94.26%</b>

# Nebraska Total Care

<b>Definitions - Neb. Rev. Stat. § 68-2004</b>	
<b>Query Filters</b>	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.
<b>Service Type</b>	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.
<b>Reporting Period</b>	Based on the authorization request date from both inpatient and outpatient authorization tables. The reporting period is not a regular date. Dates are dictated by the state.
<b>Initial and Reauthorization</b>	For any level of care, line 1(SERVICE_SEQ=1) would indicate an initial request, and line 2+ would be concurrent.
<b># of Persons</b>	Number of people with an initial(or Reauthorization) service request
<b># of Requests</b>	Number of initial(or Reauthorization) requests
<b>Denied, Authorized</b>	Based on the Authorization status
<b>Authorized Rate</b>	Rate of authorized initial (or Reauthorization) service requests

<b>Document Name</b>	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 38
<b>Health Plan Name</b>	Nebraska Total Care
<b>Contract Number</b>	71165 o4
<b>Report Period Start Date</b>	04/01/2023
<b>Report Period End Date</b>	06/30/2023
<b>Report Original Submission Date</b>	08/15/2023

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	14	27	0	27	0.00%	100.00%
Inpatient	172	201	2	199	1.00%	99.00%
Intensive Outpatient Program	20	22	2	20	9.09%	90.91%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	24	27	0	27	0.00%	100.00%
Applied Behavioral Analysis	143	186	8	178	4.30%	95.70%
Psych Testing	277	303	29	274	9.57%	90.43%
Psychiatric Residential Treatment Facility	28	28	1	27	3.57%	96.43%
Therapeutic Group Home	0	0	0	0	0.00%	0.00%
Other Services	13	19	0	19	0.00%	100.00%
<b>All Services Total</b>	<b>691<sup>^</sup></b>	<b>813<sup>^</sup></b>	<b>42<sup>^</sup></b>	<b>771</b>	<b>5.28%</b>	<b>94.72%</b>



Service Type	Reauthorization 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	0	0	0	0	0.00%	0.00%
Inpatient	47	102	2	100	1.96%	98.04%
Intensive Outpatient Program	0	0	0	0	0.00%	0.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	21	42	0	42	0.00%	100.00%
Applied Behavioral Analysis	111	395	15	380	3.80%	96.20%
Psych Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	46	109	2	107	1.83%	98.17%
Therapeutic Group Home	*	11	0	11	0.00%	100.00%
Other Services	*	6	0	6	0.00%	100.00%
<b>All Services Total</b>	<b>232</b>	<b>665</b>	<b>19</b>	<b>646</b>	<b>2.86%</b>	<b>97.14%</b>

Service Type	All 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	14	27	0	27	0.00%	100.00%
Inpatient	219	303	4	299	1.32%	98.68%
Intensive Outpatient Program	20	22	2	20	9.09%	90.91%
Outpatient	*	*	*	0	100.00%	0.00%
Partial Hospitalization	45	69	0	69	0.00%	100.00%
Applied Behavioral Analysis	254	581	23	558	3.96%	96.04%
Psych Testing	277	303	29	274	9.57%	90.43%
Psychiatric Residential Treatment Facility	74	137	3	134	2.19%	97.81%
Therapeutic Group Home	*	11	0	11	0.00%	100.00%
Other Services	16	25	0	25	0.00%	100.00%
<b>All Services Total</b>	<b>924</b>	<b>1,478<sup>^</sup></b>	<b>61<sup>^</sup></b>	<b>1,417</b>	<b>4.19%</b>	<b>95.81%</b>

# UnitedHealthcare

<b>Definitions - Neb. Rev. Stat. § 68-2004</b>	
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 reauthorization request
Reauthorization Requests - # of Requests	Number of reauthorization 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

<b>Document Name</b>	Neb. Rev. Stat. § 68-2004 - Children's Health and Treatment Act
<b>Contract Section(s) Referenced</b>	Attachment 38
<b>Health Plan Name</b>	UnitedHealthcare Community Plan of Nebraska
<b>Contract Number</b>	71163 O4
<b>Report Period Start Date</b>	04/01/2023
<b>Report Period End Date</b>	06/30/2023
<b>Report Original Submission Date</b>	08/15/2023

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	11	11	0	11	0.00%	100.00%
Inpatient	130	149	0	149	0.00%	100.00%
Intensive Outpatient Program	13	13	0	13	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	22	24	0	24	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	24	24	0	24	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	82	84	7	77	8.33%	91.67%
Other Services	*	*	0	*	0.00%	100.00%
<b>All Services Total</b>	<b>288<sup>^</sup></b>	<b>311<sup>^</sup></b>	<b>7</b>	<b>304<sup>^</sup></b>	<b>2.23%</b>	<b>97.77%</b>

Service Type	Reauthorization 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	2	4	33.33%	66.67%
Day Treatment	*	5	0	5	0.00%	100.00%
Inpatient	71	83	0	83	0.00%	100.00%
Intensive Outpatient Program	*	4	0	4	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	15	22	0	22	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	21	58	0	58	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	141	568	10	558	1.76%	98.24%
Other Services	*	*	0	*	0.00%	100.00%
<b>All Services Total</b>	<b>262</b>	<b>746<sup>^</sup></b>	<b>12</b>	<b>734<sup>^</sup></b>	<b>1.60%</b>	<b>98.40%</b>

Service Type	All 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	9	12	2	10	16.67%	83.33%
Day Treatment	16	16	0	16	0.00%	100.00%
Inpatient	130	232	0	232	0.00%	100.00%
Intensive Outpatient Program	13	17	0	17	0.00%	100.00%
Outpatient	0	0	0	0	0.00%	0.00%
Partial Hospitalization	22	46	0	46	0.00%	100.00%
Psychiatric Testing	0	0	0	0	0.00%	0.00%
Psychiatric Residential Treatment Facility	26	82	0	82	0.00%	100.00%
Therapeutic Group Home	*	*	0	*	0.00%	100.00%
Applied Behavioral Analysis	178	652	17	635	2.61%	97.39%
Other Services	*	*	0	*	0.00%	100.00%
<b>All Services Total</b>	<b>398</b>	<b>1,063</b>	<b>19</b>	<b>1,044</b>	<b>1.79%</b>	<b>98.21%</b>