OMHSAS Update

Behavioral Health HealthChoices Data: Denials

Data as of March 31, 2026

MAAC Meeting April 22, 2026

Prior Authorization Metrics

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- On January 17, 2024, the Centers for Medicare and Medicaid Services (CMS) issued the Interoperability and Prior Authorization Final Rule (CMS-0057-F).

- CMS promulgated this rule to improve access to electronic exchange of health information and to streamline prior authorization processes.

- The Final Rule introduced new Patient Access Application Programming Interfaces (APIs) and prior authorization reporting obligations.

- Beginning March 31, 2026, MCOs are required to publicly post prior authorization volume and denial percentage rates on their websites.

Service Prior Authorization

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Why does my BH-MCO have to approve or deny my services?

A key responsibility of the BH-MCO, similar to that of a commercial or employer offered insurance provider, is to "prior authorize" or review services before they begin and make certain that the requested services meet medical necessity criteria.

Can a BH-MCO deny my services?

Yes, a BH-MCO can deny or approve requested services. The BH-MCO reviews medical and behavioral health criteria to decide what service is best for you or your loved one. If it is decided that the criteria for service(s) are not met, the BH-MCO may approve another service that meets your clinical need.

Does OMHSAS monitor the BH-MCO to make sure they are correctly approving or denying service?

Yes, OMHSAS Quality Management (QM) and Operations staff review denial data quarterly. The QM staff also review a sample of denial letters annually.

Denial Definition

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Definition of denial from the BH HC Agreement:

A denial is the Behavioral Health Managed Care Organization's (BH-MCO's) decision to partially or fully deny the frequency, amount, or type of service request submitted by a Member, their Representative, or a provider.

Contextual Information

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Important Contextual Information:

- As you will note on slide 12, the majority of standard prior authorizations are approved as demonstrated by an average approval rate of 98% across the 5 BH-MCOs.
- Denial counts on the following slides may include administrative or technical denials rather than medical necessity determinations. For example, there may be an issue with the provider's enrollment status, or the requested provider is currently out of network. In many cases, these types of denial issues are resolved and result in approved services.
- For the span of 2020-2023, prior authorization requirements were relaxed due to COVID-19 and many services were automatically approved. Comparing reinstituted standard requirements in 2024 and 2025 with years prior to COVID would serve as a better comparison.
- The ASAM Criteria implementation has had some impacts on denials due to providers submitting requests for services/placements that are not aligned with the ASAM Criteria. The BH-MCOs have been working closely with providers who require additional training and technical assistance.
- IBHS has become a major cost-driver for the BH HealthChoices program in the last 2 years and several BH-MCOs have efforts underway to ensure quality services are available to the members who meet criteria for receiving them.

Service Denials CY 2018-2025

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Volume of Service Denials by Type for CY 2018 through 2025	2018	2019	2020	2021	2022	2023	2024	2025
Crisis intervention services	36	20	<11	<11			<11	<11
Family-based mental health services for children and adolescents	290	213	46	32	19	13	29	21
IBHS for children and adolescents with mental health or substance use disorders	16608	10376	1490	421	400	557	692	1500
Inpatient drug and alcohol rehabilitation	25	24	<11	<11	<11	17	30	64
Inpatient drug and alcohol withdrawal management	64	71	<11	<11	18	<11	<11	<11
Inpatient psychiatric hospital services, except when provided in a state mental hospital	2857	982	237	128	256	280	323	246
Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or SUD	3167	1053	241	211	448	494	970	1420
Other	242	107	89	74	63	98	96	98
Outpatient drug and alcohol Services, including Intensive Outpatient and Methadone Maintenance Clinic	<11	<11	<11	<11	<11		22	18
Peer support services		<11					<11	
Psychiatric outpatient clinic services	411	465	263	68	63	56	195	393
Psychiatric partial hospitalization services	123	79	24		<11	15	14	13
Residential treatment services for children and adolescents	370	310	231	234	249	182	218	194
Targeted mental health case management (including blended case management, intensive case management, and resource coordination)	52	60	15	<11	<11	<11	11	12

Note: A single denial event may include multiple service denials. The data represented here reflects service denials, not denial events.

Top 10 Service Denial Groups

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Volume of Service Type Denials for CY 2018 through 2025 (rate per 100,000 enrollees)	2018	2019	2020	2021	2022	2023	2024	2025
IBHS for children and adolescents with mental health or substance use disorders	634.36	396.88	49.50	12.99	11.59	18.63	24.84	54.30
Inpatient drug and alcohol rehabilitation	0.95	0.92	0.17	0.15	0.29	0.57	1.08	2.30
Inpatient drug and alcohol withdrawal management	2.44	2.72	0.33	0.22	0.52	0.07	0.11	0.10
Inpatient psychiatric hospital services, except when provided in a state mental hospital	109.13	37.56	7.87	3.95	7.42	9.37	11.59	8.90
Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or SUD	120.97	40.28	8.01	6.51	12.98	16.52	34.81	51.40
Other	9.24	4.09	2.96	2.28	1.83	3.28	3.45	3.60
Outpatient drug and alcohol Services, including Intensive Outpatient and Methadone Maintenance Clinic	0.08	0.08	0.27	0.03	0.26	0.00	0.79	0.70
Psychiatric outpatient clinic services	15.70	17.79	8.74	2.10	1.83	1.87	7.00	14.20
Psychiatric partial hospitalization services	4.70	3.02	0.80	0.00	0.12	0.50	0.50	0.50
Residential treatment services for children and adolescents	14.13	11.86	7.67	7.22	7.21	6.09	7.82	7.00

Note: A single denial event may include multiple service denials. The data represented here reflects service denials, not denial events.

Service Denials by BH-MCO

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Total by BH-MCO	2018	2019	2020	2021	2022	2023	2024	2025
Carelon	1196	1267	412	205	380	434	414	351
CBH	19889	9988	1067	305	717	795	625	1748
CCBH	2196	1532	583	405	223	213	331	357
Magellan	260	404	331	177	157	233	1190	1478
PerformCare	706	572	268	92	64	47	50	50
Grand Total	**24247**	**13763**	**2661**	**1184**	**1541**	**1722**	**2610**	**3984**

Note: A single denial event may include multiple service denials. The data represented here reflects service denials, not denial events.

Denial Rates by BH-MCO

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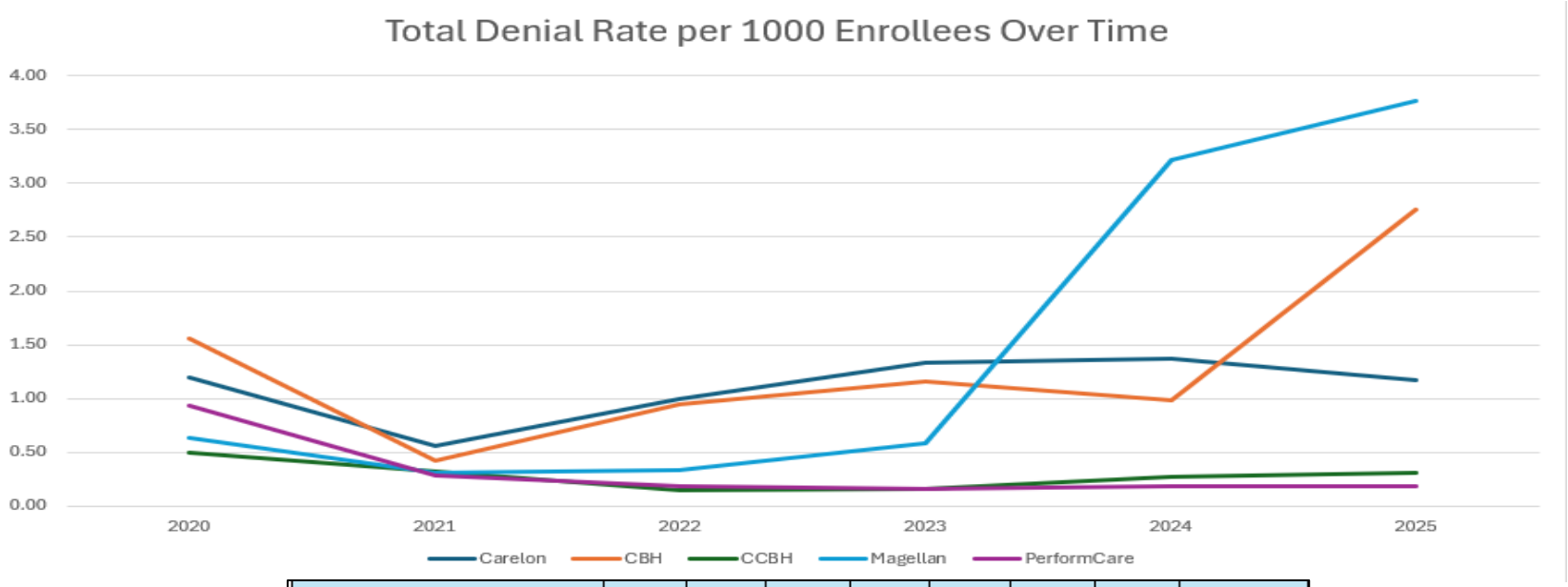

Rate per 1000 by BH-MCO	2018	2019	2020	2021	2022	2023	2024	2025
Carelon	3.91	4.20	1.20	0.56	1.00	1.33	1.37	1.17
CBH	31.50	16.21	1.55	0.42	0.95	1.16	0.98	2.76
CCBH	2.25	1.52	0.50	0.32	0.15	0.17	0.28	0.31
Magellan	0.58	0.91	0.63	0.31	0.34	0.59	3.22	3.77
PerformCare	2.74	2.37	0.93	0.29	0.19	0.16	0.18	0.18
Grand Total	**9.26**	**5.26**	**0.88**	**0.37**	**0.45**	**0.58**	**0.94**	**1.44**

SUD Denial Rates by BH-MCO

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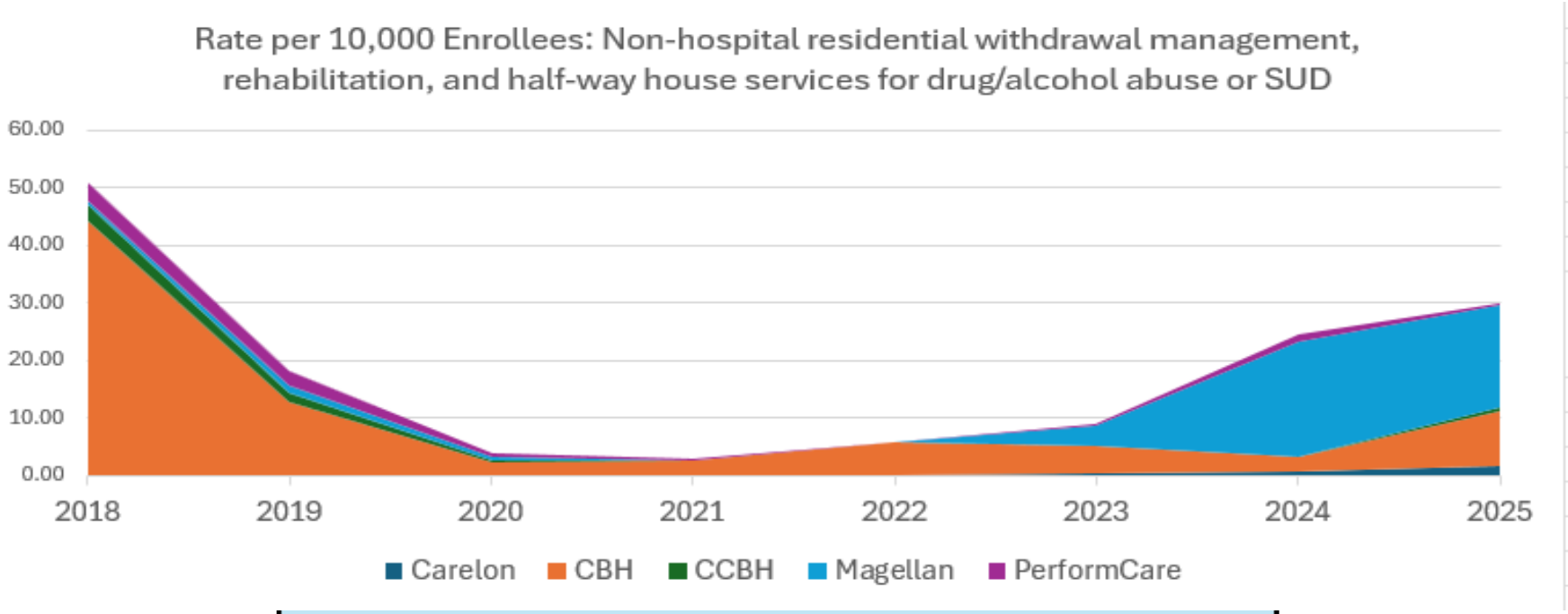

Rate per 10,000 Enrollees: Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or SUD

BH-MCO	2018	2019	2020	2021	2022	2023	2024	2025
Carelon	0.10	0.23	0.03	0.00	0.00	0.37	0.63	1.64
CBH	44.24	12.69	2.49	2.66	5.78	4.88	2.63	9.68
CCBH	2.55	1.48	0.21	0.06	0.03	0.02	0.13	0.39
Magellan	0.92	1.30	0.42	0.02	0.02	3.35	20.02	17.74
PerformCare	3.15	2.37	0.76	0.28	0.17	0.48	0.98	0.59
Statewide Rate	**12.10**	**4.03**	**0.80**	**0.65**	**1.30**	**1.65**	**3.48**	**5.14**

SUD Denial Grievances

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BH-MCO	Rate- 2024	Rate- 2025
Carelon	10%	31%
CBH	3%	30%
CCBH	7%	30%
Magellan	16%	20%
PerformCare	13%	13%
Grand Total	**10%**	**25%**

These rates reflect Non-hospital residential withdrawal management, rehabilitation, and halfway house services for drug/alcohol abuse or SUD.

MH Denial Rates by BH-MCO

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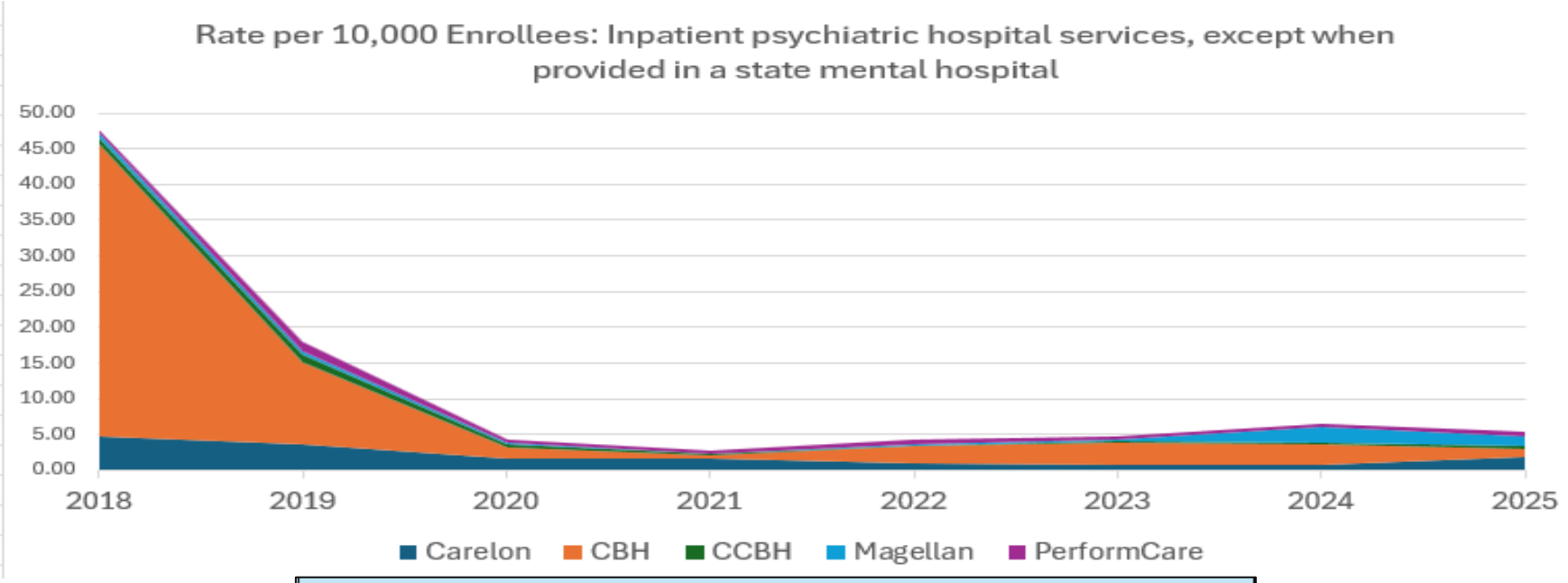

Rate per 10,000 Enrollees: Inpatient psychiatric hospital services, except when provided in a state mental hospital								
BH-MCO	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Carelon	4.64	3.58	1.69	1.57	0.95	0.68	0.76	1.87
CBH	40.90	11.57	1.56	0.55	2.45	3.21	2.81	1.03
CCBH	0.92	1.09	0.45	0.09	0.03	0.09	0.21	0.48
Magellan	0.79	0.38	0.11	0.16	0.30	0.43	2.35	1.30
PerformCare	0.31	1.41	0.49	0.32	0.47	0.37	0.33	0.63
Statewide Rate	**12.10**	**4.03**	**0.80**	**0.65**	**1.30**	**1.65**	**3.48**	**0.89**

Prior Authorization Metrics

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		Standard Authorizations			Expedited Prior Authorizations		
BH-MCO	Prior Authorization Requests	Percent Approved	Percent Denied	Average Time to Decision (in days)	Percent Approved	Percent Denied	Average Time to Decision (in hours)
Carelon	100,830	98.6%	1.4%	<1	98.9%	1.1%	5.8
CBH	59,842	93.2%	6.8%	1.8	99.5%	0.5%	3.6
CCBH	149,349	99.5%	0.5%	2.7	99.9%	0.1%	33.6
Magellan	66,980	98.0%	2.0%	1.5	98.4%	1.6%	3
PerformCare	27,521	99.8%	0.2%	<1	99.9%	0.1%	3.3

As of March 31st, 2026, these metrics can be found on each Managed Care Organization's website