



# OMHSAS Update

## Behavioral Health HealthChoices Data: Denials, Grievances, and Complaints January 2022 through September 2024

MAAC Meeting April 24, 2025



- **Denials**

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.

- **Grievances**

A grievance is when a Member or their representative, including their provider, asks the BH-MCO to review a decision about whether a service is necessary, appropriate, or effective for the Member's care.

- **Complaints**

A complaint is a formal expression of dissatisfaction with any aspect of the operations, activities, or behavior of a Medicaid Managed Care plan or its providers regardless of whether remedial action is requested.



# Denial Data



## **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.



# Grievances Data



## **What if I disagree with the decision to deny my request for services?**

A Member, their representative, or their provider may file a grievance within 60 days of the BH-MCO decision.

## **What is a Grievance?**

A Grievance is when a Member, their representative, or their provider, asks the BH-MCO to review a decision about whether a service is necessary, appropriate, or effective for the Member's care.

## **How do I file a Grievance and what happens after I file?**

You can file a grievance by calling or writing a letter to your BH-MCO. The BH-MCO will hold a meeting within 30 days of the filing. You may attend the meeting in person, by telephone, or via video conference. You may also bring a family member, friend, or lawyer to help you during the meeting. A committee of 3 or more people, which includes a licensed doctor or licensed psychologist, and at least one person who does not work for the BH-MCO, will meet to decide your Grievance. This is called the "Grievance review". The BH-MCO staff members on the committee were not involved and do not work for someone involved in the issue you filed your Grievance about.

# Service Denials for CY 2022-2024



## Volume of Service Type Denials for CY 2022 through 2024

	2022	2023	2024
Crisis intervention services			<11
Family-based mental health services for children and adolescents	19	13	23
IBHS for children and adolescents with mental health or substance use disorders	399	530	523
Inpatient drug and alcohol rehabilitation	<11	14	29
Inpatient drug and alcohol withdrawal management	18	<11	<11
Inpatient psychiatric hospital services, except when provided in a state mental hospital	256	200	290
Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or substance use disorders	448	391	711
Other	63	81	89
Outpatient drug and alcohol Services, including Intensive Outpatient and Methadone Maintenance Clinic	<11		<11
Peer support services			<11
Psychiatric outpatient clinic services	63	56	158
Psychiatric partial hospitalization services	<11	13	13
Residential treatment services for children and adolescents	249	181	189
Targeted mental health case management (including blended case management, intensive case management, and resource coordination)	<11	<11	<11

Total by BH-MCO	2022	2023	2024
Carelon	380	434	274
CBH	716	562	577
CCBH	223	213	332
Magellan	157	231	819
PerformCare	64	47	50
<b>Grand Total</b>	<b>1540</b>	<b>1487</b>	<b>2052</b>

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

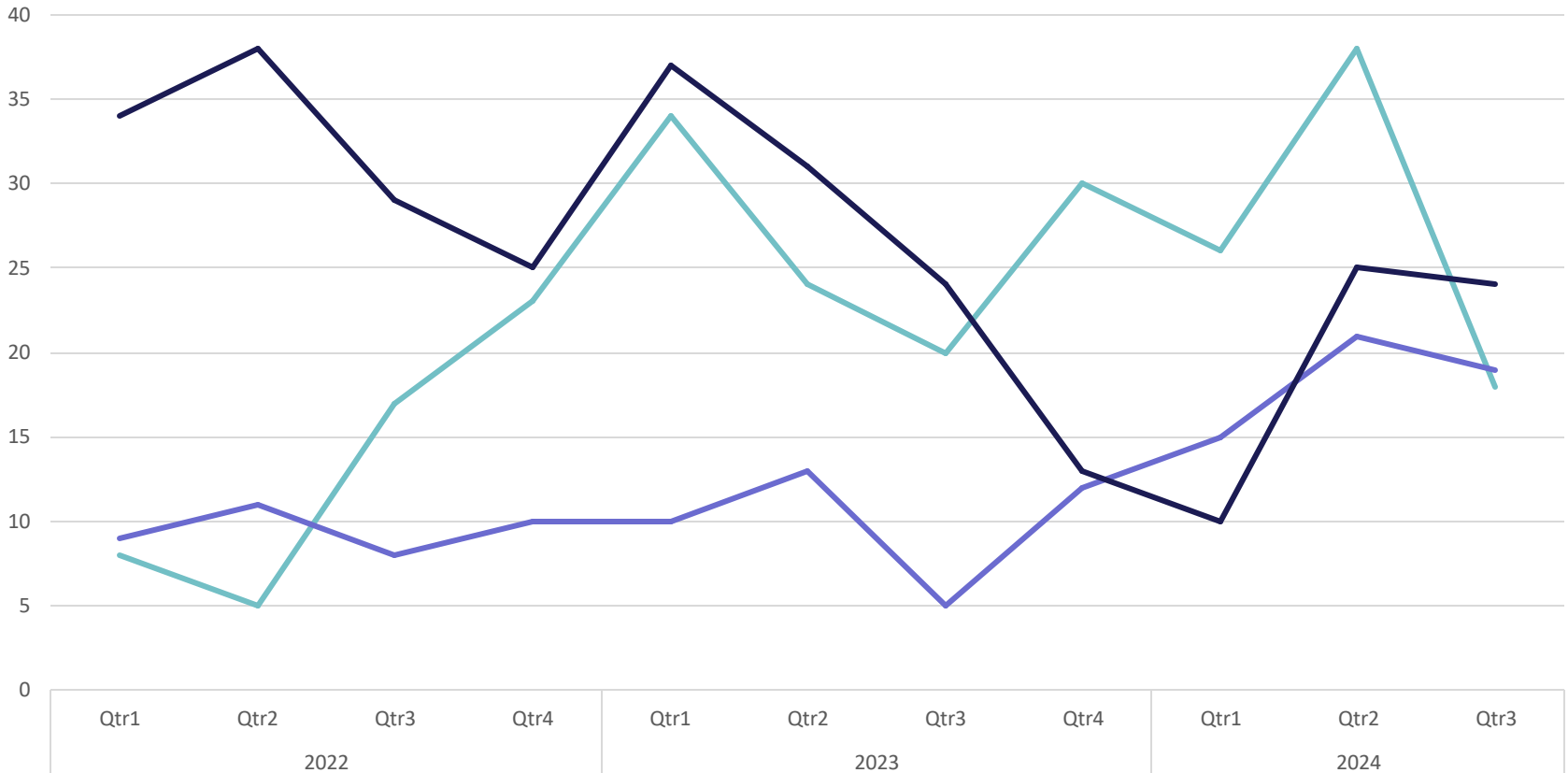
# Grievances by Service Group



<b>MH and SUD Grievances by Service Group</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Crisis intervention services (MH)			<11
Family-based mental health services for children and adolescents (MH)	<11	<11	<11
IBHS for children and adolescents with mental health (MH)	47	91	72
Inpatient drug and alcohol rehabilitation (SUD)		<11	27
Inpatient drug and alcohol withdrawal management (SUD)	<11		<11
Inpatient psychiatric hospital services, except when provided in a state mental hospital (MH)	31	37	44
Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or substance use disorders (SUD)	27	47	90
Other	11	24	<11
Psychiatric outpatient clinic services (MH)	<11		<11
Psychiatric partial hospitalization services (MH)	<11	<11	
Residential treatment services for children and adolescents (MH)	118	91	55

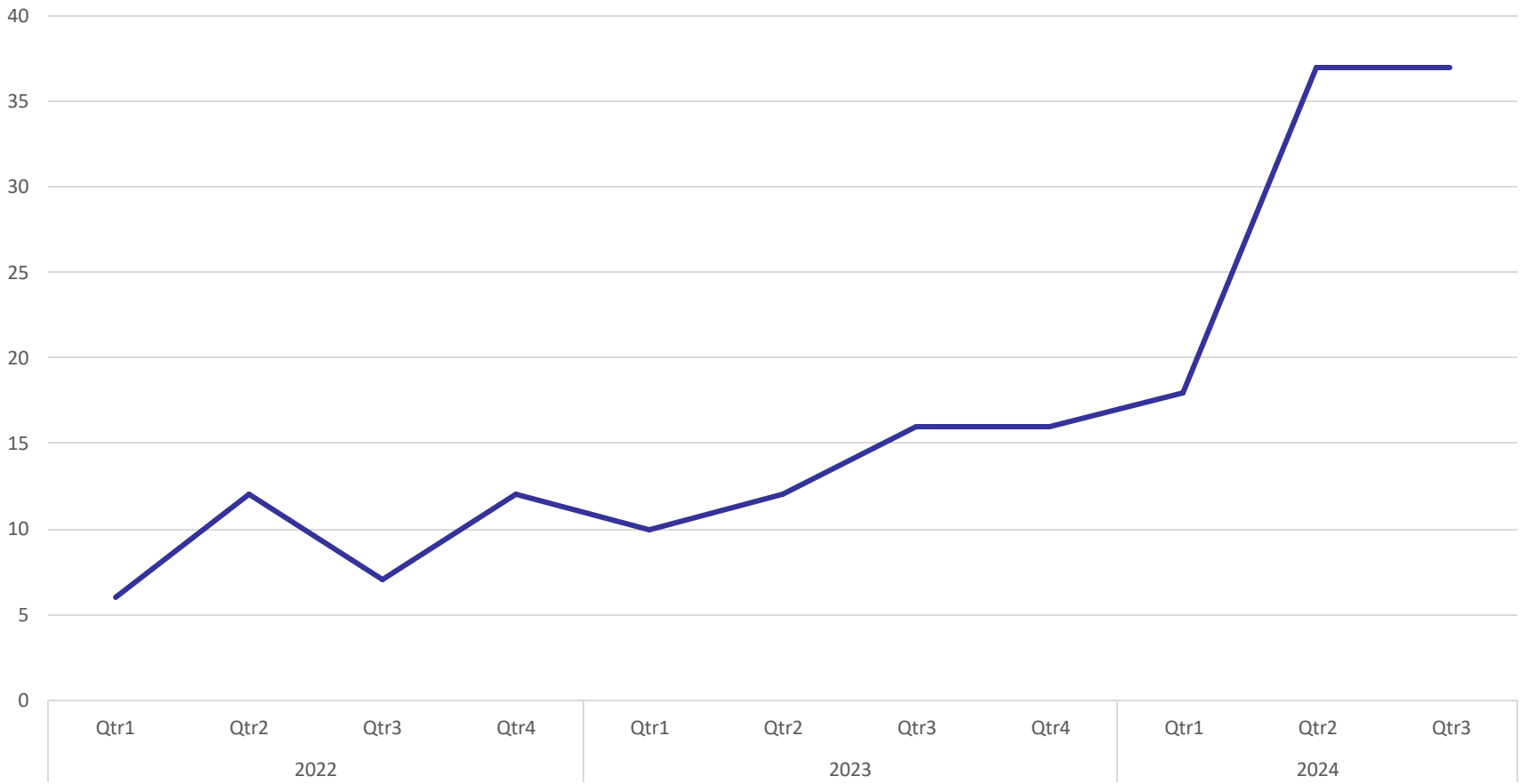


# MH Grievances by Service Group



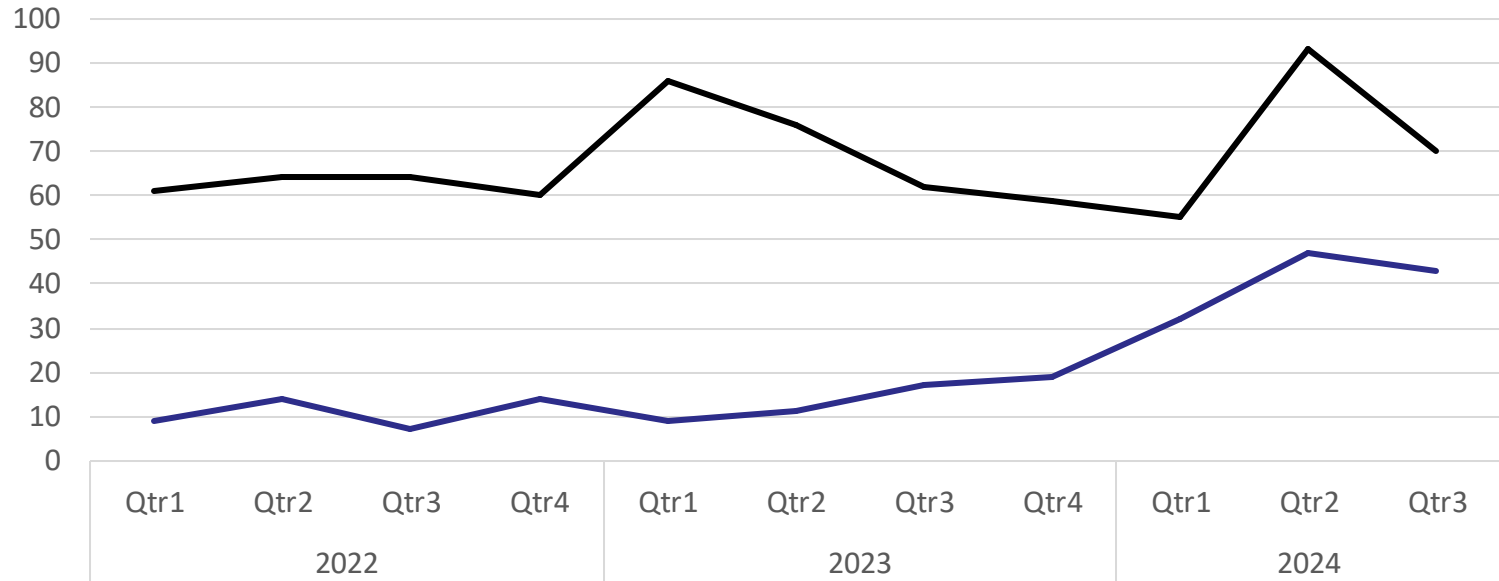
- IBHS for children and adolescents with mental health or substance use disorders
- Inpatient psychiatric hospital services, except when provided in a state mental hospital
- Residential treatment services for children and adolescents (JCAHO)

# SUD Grievances by Service Group



— Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or substance use disorders

# Grievances by Primary Nature of Dispute



— (MH) BH-MCO related to a reduction, suspension, or termination of a previously authorized service  
 — (SUD) BH-MCO related to a reduction, suspension, or termination of a previously authorized service

Grievance Dispute Reasons	2022				2023				2024		
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3
(MH) BH-MCO related to a reduction, suspension, or termination of a previously authorized service	61	64	64	60	86	76	62	59	55	93	70
(SUD) BH-MCO related to a reduction, suspension, or termination of a previously authorized service	9	14	7	14	9	11	17	19	32	47	43



# Complaints Data



## What is a Complaint?

A complaint is a formal expression of dissatisfaction with any aspect of the operations, activities, or behavior of a Medicaid Managed Care plan, or its providers, regardless of whether remedial action is requested.

## What are the levels of Complaints?

- Level 1 Complaints – All complaints are initially reported as a level 1 complaint and investigated by the BH-MCO.
- Level 2 Complaints – A level 1 complaint for which a member is not satisfied with the outcome can become a level 2 complaint. Level 2 complaints are reviewed by a 2<sup>nd</sup> level Complaint Review Committee of 3 or more individuals.
- External Review Complaints – Complaints made to the Pennsylvania Department of Insurance (PID).

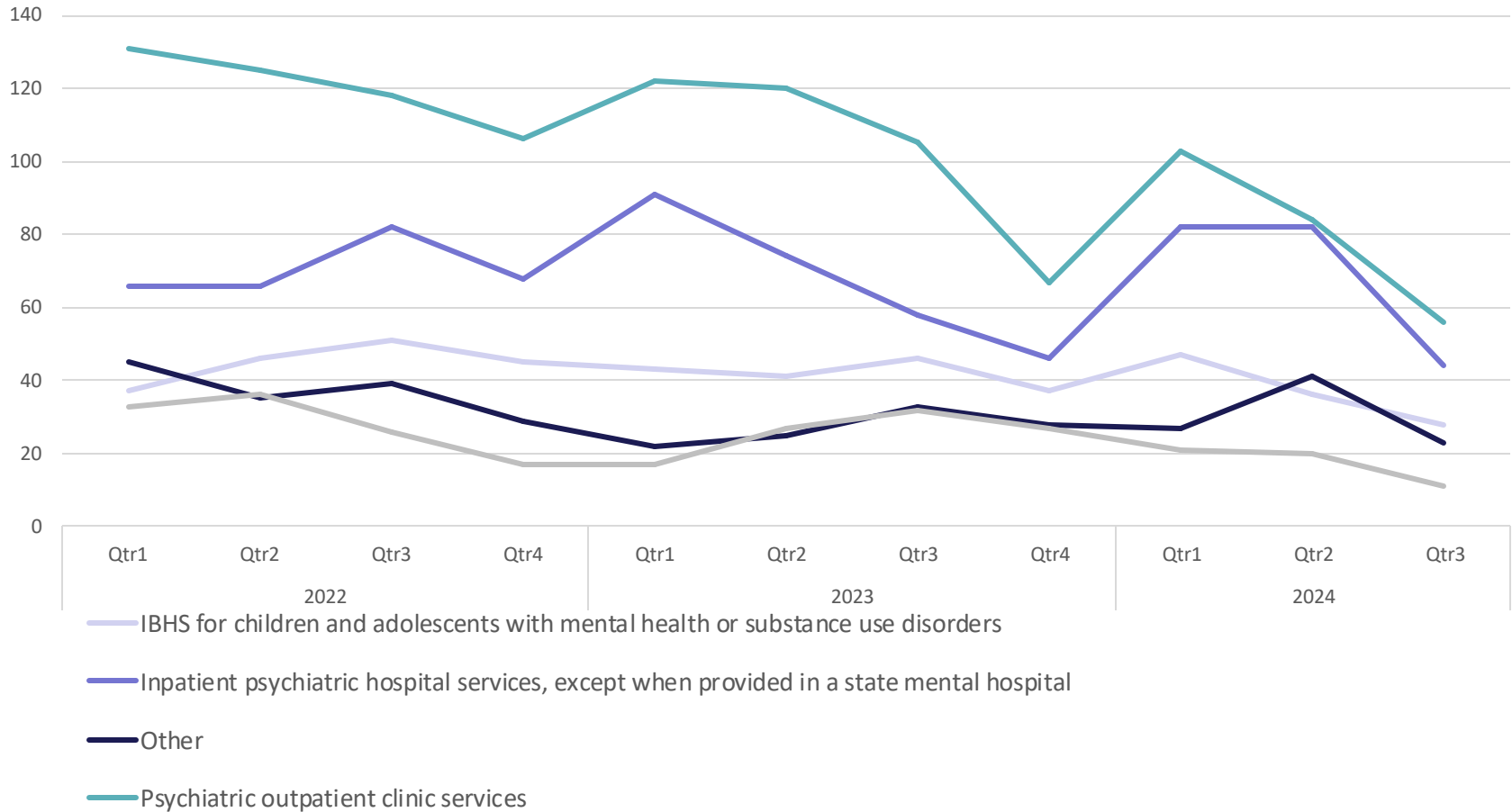
**NOTE: Complaints can be expedited when an Individual's health and safety may be in jeopardy.**

# Complaints by Service Group



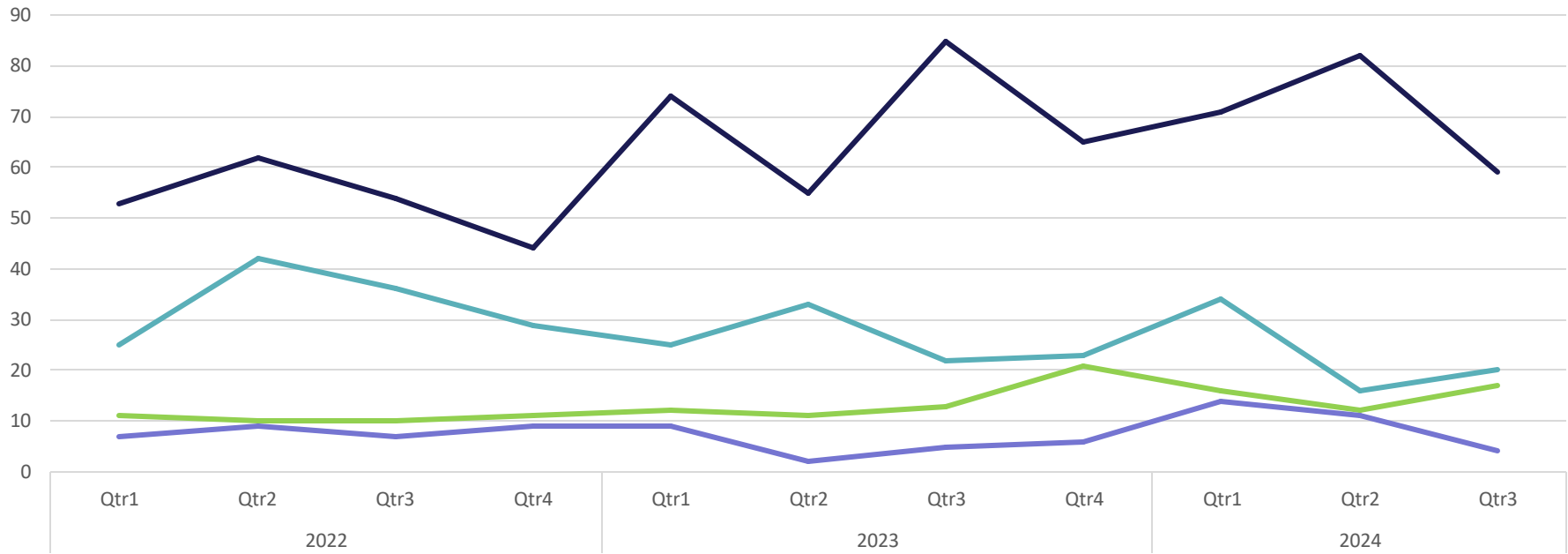
Complaints by Service Group	2022				2023				2024		
	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4	Qtr1	Qtr2	Qtr3
Crisis intervention services	13	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11
Family-based mental health services for children and adolescents	<11	12	<11	<11	<11	<11	13	<11	<11	<11	<11
IBHS for children and adolescents with mental health (MH)	35	45	46	40	41	43	47	37	48	35	29
Inpatient drug and alcohol rehabilitation	11	<11	<11	11	11	<11	14	21	16	12	17
Inpatient drug and alcohol withdrawal management	<11	<11	<11	<11	<11	<11	<11	<11	13	11	<11
Inpatient psychiatric hospital services, except when provided in a state mental hospital (MH)	65	63	81	67	86	72	55	46	80	76	43
Methadone & other narcotic/opioid dependency medication therapies as contractually defined					<11		<11	<11	<11		<11
Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or substance use disorders (SUD)	51	63	55	44	70	55	79	63	70	78	59
Other	37	31	27	20	22	16	35	22	27	40	22
Outpatient drug and alcohol Services, including Intensive Outpatient and Methadone Maintenance Clinic	25	40	36	26	25	31	17	23	33	15	20
Peer support services		<11		<11	<11	<11		<11	<11		
Psychiatric outpatient clinic services	123	119	110	105	117	114	97	58	100	82	54
Psychiatric partial hospitalization services	<11	<11	12	<11	<11	<11	<11	<11	<11	<11	<11
Psychiatric rehabilitation services	<11	<11				<11	<11	<11	<11	<11	<11
Residential treatment services for children and adolescents (MH)	13	17	<11	<11	<11	<11	<11	14	13	16	11
Targeted mental health case management (including blended case management, intensive case management, and resource coordination)	30	32	23	17	15	24	29	23	18	19	11

# MH Complaints by Service Group



NOTE: Groups with 10 or fewer complaints are not able to be reported.

# SUD Complaints by Service Group



— Inpatient drug and alcohol rehabilitation

— Inpatient drug and alcohol withdrawal management

— Non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or substance use disorders

— Outpatient drug and alcohol Services, including Intensive Outpatient and Methadone Maintenance Clinic



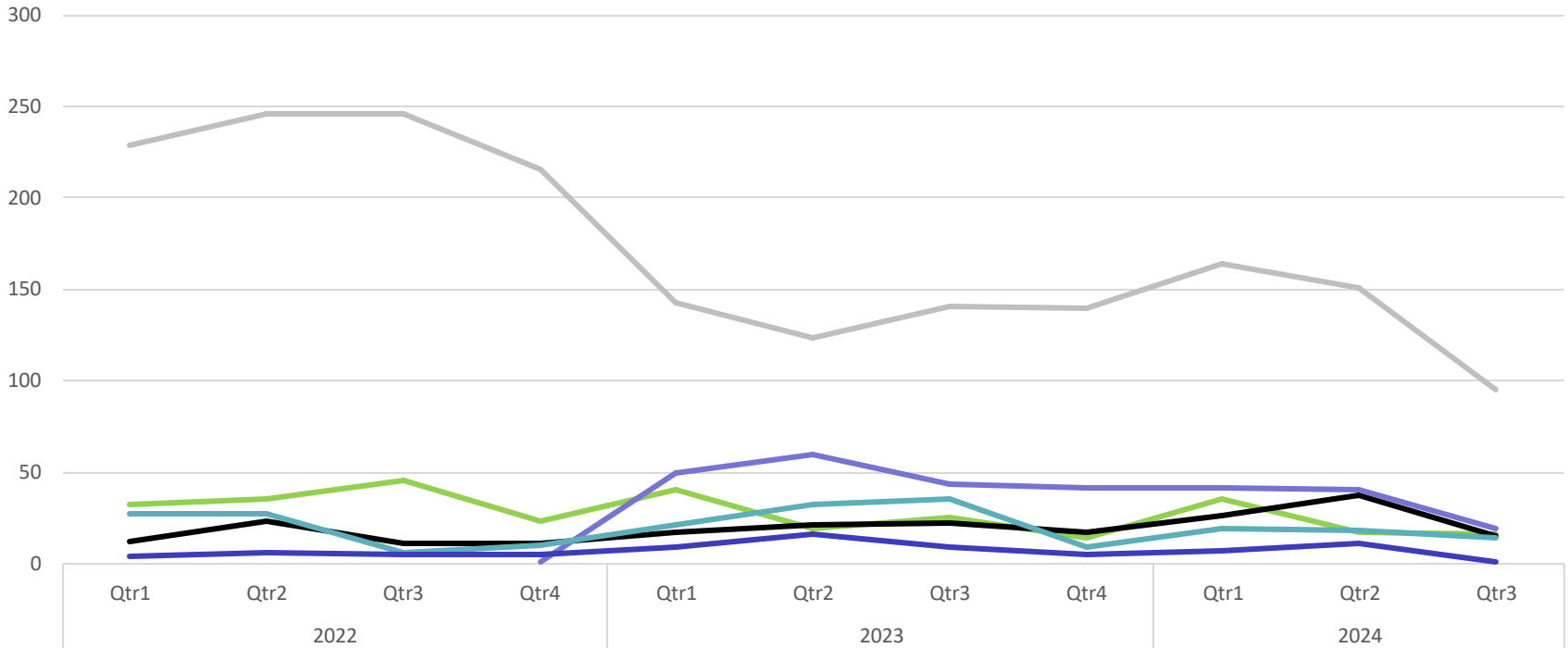
# Complaints by Primary Dispute Reason



MH and SUD Complaints by Primary Dispute Reason	2022	2023	2024
A denial of an authorization for a service not yet rendered or limited authorized of a service	<11	<11	<11
A denial of payment after a service has been delivered because the service is not a covered benefit		<11	
Access to care about finding qualified Providers, excessive travel, wait times, or other access issues	123	104	70
BH-MCO denial of an enrollee's request to exercise their right to obtain services outside the network (only applicable to residents of rural areas with only one BH-MCO)	<11		<11
Complaint related to abuse, neglect, or exploitation		<11	<11
Complaint related to BH-MCO communications and accessibility of enrollee materials	<11	<11	<11
Complaint related to BH-MCO denied request for an expedited appeal		<11	
Complaint related to BH-MCO or Provider customer service	68	91	111
Complaint related to BH-MCO/ Provider care management/case management		<11	<11
Complaint related to lack of culture competency	57	26	13
Complaint related to office/site quality		11	<11
Complaint related to quality of care	<11	294	131
Complaint related to suspected fraud to include financial/payment perpetuated by a Provider or BH-MCO	<11	15	12
Dispute financial liability or payment/billing issues	24	12	<11
Dissatisfied with Treatment Received — treatment not helpful	84	129	79
Provider refused to treat Member	<11	33	11
Provider services confidentiality breached	<11	12	<11
Provider services unethical, inappropriate behavior	13	73	40
Requested service is not a covered benefit	<11	<11	<11
Service/clinical	1207	683	583
The failure of the BH-MCO to meet the required timeframes for providing a service	<11	<11	<11
Treatment Delayed — unavailable within required time standards	21	28	13
Treatment inappropriate	37	51	34

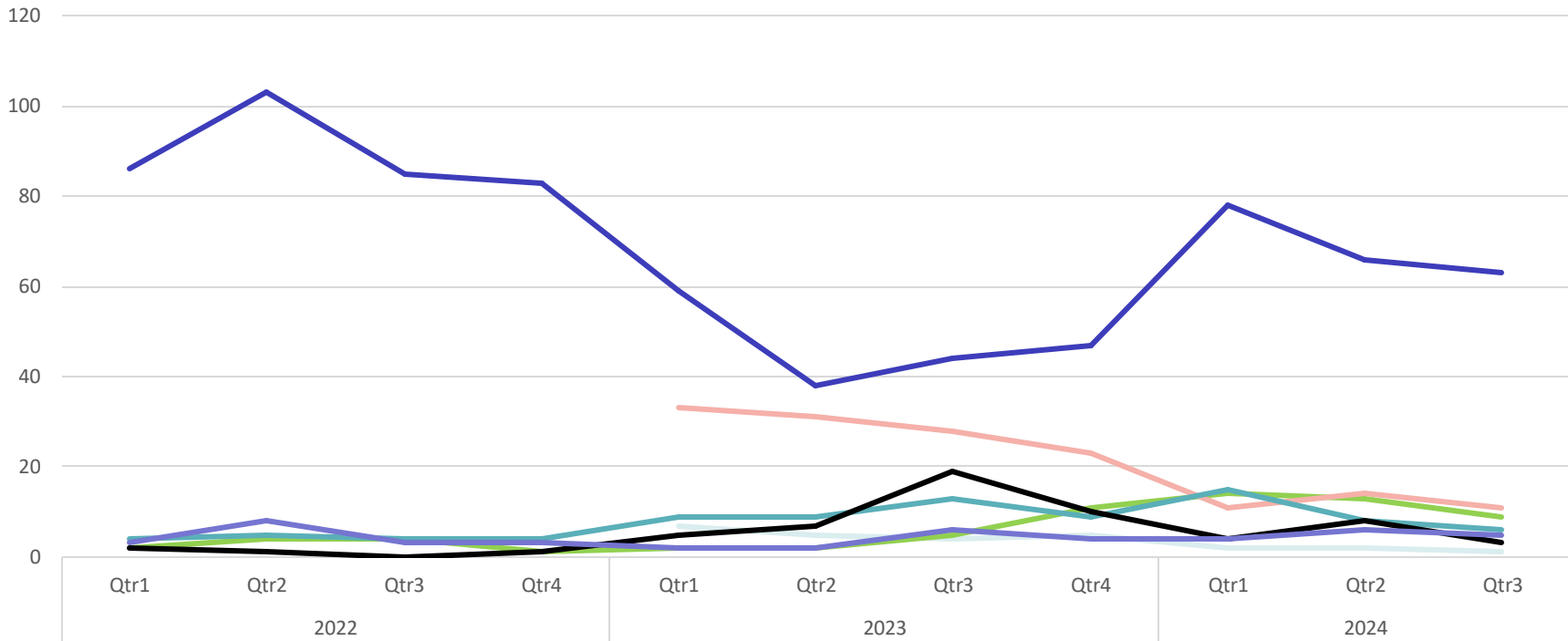
NOTE: CY 2024 data reflects Q1-Q3 only.

# MH Complaints by Primary Dispute



- Access to care about finding qualified Providers, excessive travel, wait times, or other access issues
- Complaint related to BH-MCO or Provider customer service
- Complaint related to quality of care
- Dissatisfied with Treatment Received — treatment not helpful
- Service/clinical
- Treatment inappropriate

# SUD Complaints by Primary Dispute



- Access to care about finding qualified Providers, excessive travel, wait times, or other access issues
- Complaint related to BH-MCO or Provider customer service
- Complaint related to quality of care
- Dissatisfied with Treatment Received — treatment not helpful
- Provider services unethical, inappropriate behavior
- Service/clinical
- Treatment inappropriate