PRIOR AUTHORIZATION METRICS - CALENDAR YEAR 2025

In accordance with federal reporting requirements under 42 CFR 438.210(f) and Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 26-008, San Bernardino County Behavioral Health is required to publicly report annual prior authorization metrics. These metrics reflect the County's commitment to transparency, accountability, and timely access to care for Medi-Cal beneficiaries.

SPECIALTY MENTAL HEALTH SERVICES

DAY REHABILITATION · DAY TREATMENT INTENSIVE · INTENSIVE HOME BASED SERVICES · THERAPEUTIC BEHAVIORAL SERVICES · THERAPEUTIC FOSTER CARE

Metrics	Standard	Expedited
Total prior authorization requests received	1,018	18
Percentage approved in the calendar year	99.2%	100%
Percentage denied in the calendar year	0.8%	0%
Percentage approved in the calendar year after appeal	N/A	N/A
Averate time elapsed between request submission and payor determination	2.2 days	1.3 days
Median response time elapsed between request submission and payor determination	2 days	1 day
Percentage of requests where the timeframe was extended and approved	N/A	N/A

SUBSTANCE USE DISORDER SERVICES

RESIDENTIAL TREATMENT · WITHDRAWAL MANAGEMENT

Metrics	Standard	Expedited
Total prior authorization requests received	1,727	0
Percentage approved in the calendar year	100%	N/A
Percentage denied in the calendar year	0%	N/A
Percentage approved in the calendar year after appeal	0%	N/A
Averate time elapsed between request submission and payor determination	<1 day	N/A
Median response time elapsed between request submission and payor determination	<1 day	N/A
Percentage of requests where the timeframe was extended and approved	0%	N/A