County of Siskiyou

BHIN 26-008 – Required Authorization Reporting Metrics CY 2025

Required Metric	Type	Aggregation
1. List of all items and services that require prior authorization (medical services only, excluding drugs)	List	Catalog
MHP		
a. Intensive Home-Based Services (IHBS)		
b. Therapeutic Behavioral Services (TBS)		
c. Therapeutic Foster Care (TFC)		
d. Day Treatment Intensive (DTI)		
e. Day Rehabilitation (DTR)		
f. SUD Residential Treatment (DTR)		
g. Residential Treatment: Eating Disorder		
h. Day Treatment: Eating Disorder		
i. Electroconvulsive Therapy (ECT)		
j. Transcranial Magnetic Stimulation (TMS)		
k. Partial Hospitalization Program (PHP)		
l. Intensive Outpatient Treatment (IOP)		
DMC-ODS		
m. Residential Services		
n. Inpatient Services		
2. Total standard prior authorization requests received	Standard	2
3. Percentage of standard prior authorization requests approved	Standard	100%
4. Percentage of standard prior authorization requests denied	Standard	0%
5. Percentage of standard prior authorization requests approved after appeal	Standard	n/a
6. Percentage of standard prior authorization requests where review timeframe was extended *and then approved*	Standard (and/or) Expedited	n/a
7. Total expediated prior authorization requests received	Expedited	
8. Percentage of expedited prior authorization requests approved	Expedited	
9. Percentage of expedited prior authorization requests denied	Expedited	0%
10. Total standard + expedited prior authorization requests received	Combined	
11. The average and median time that elapsed between the submission of a request and a determination by the BHP for standard prior authorizations, aggregate for all items and services.	Standard	61 Days
12. The average and median time that elapsed between the submission of a request and a decision by the BHP for expedited prior authorizations, aggregated for all items and services	Expedited	