



PRIOR AUTHORIZATION METRICS FOR MEDICAL ITEMS AND SERVICES (EXCLUDING DRUGS)

Optum Tooele County must follow CMS rules. Every year, we put a report on our website.

This report shows which medical services need approval first. It also shows how many of these requests were approved and how many were denied last year.

We share this so people understand the process. It helps providers see how we are doing. It gives people a chance to compare health plans.

If you have questions about the data, email Optum Compliance at Tooelereviews@optum.com.

CMS gives us time limits to make decisions about services that need approval first.

Before January 1, 2026, those time limits were:

- Expedited (urgent) requests: 72 hours
- Standard (non-urgent) requests: 14 calendar days

Behavioral Health Services That Need Approval First



Mental Health services

- Inpatient (youth and adult)
- Residential Treatment (youth and adult)
- Day Treatment (youth and adult)
- Intensive Outpatient, IOP (youth and adult)
- Transcranial Magnetic Stimulation, TMS (adult only)
- Electroconvulsive Therapy, ECT (adults)
- Psychological/Neuropsychological Testing (youth and adult)

Substance Use Disorder Services

- Residential Treatment (ASAM Level of Care 3.5, 3.3 and 3.1)
 - Youth 3.5 and 3.1
 - Adult 3.5, 3.3 and 3.1
- Day Treatment (ASAM Level of Care 2.5)
 - Adult only
- Intensive Outpatient, IOP (ASAM level of Care 2.1)
 - Adult only



Standard Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	96	101	95%
Request denied	5	101	5%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	0	0	0%

Standard and Expedited Prior Authorization Requests	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	1	1	100%

Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	122	126	97%
Request denied	4	126	3%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	0	0	0%

*As noted on the first page of this template, it is **optional** to report this metric separately for standard prior authorizations and expedited prior authorizations.



Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests (response due to provider within 14 calendar days)	.841 days	0 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	.585 hours	.46 hours