|  |  |  |
| --- | --- | --- |
| **Quartz Individual – IL (1/1/2021 – 12/31/2021)** | | |
| Average Review Time – All | | 2.2 days |
|  | | **# of Requests** |
| **Total # of PA Requests** |  | 578 |
| **Determination** | Approved | 498 |
| Denied | 80 |
| **Submission Method** | Electronic | 179 |
| Other | 399 |
| **Denial Reasons** | Does Not Meet Medical Criteria | 42 |
| Facility/Provider Not in Network | 24 |
| Insufficient Information | 1 |
| Not a Covered Benefit | 4 |
| Not Medically Necessary | 9 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quartz Individual - IL (1/1/2021 – 12/31/2021)** | | | | | |
| **Type of Health Care Service** | **# of Requests for this Service** | **# of Denials for this Service** | **# of Denials Appealed** | **# Appeals Upheld** | **# Appeals Overturned** |
| Autism Services | 0 | 0 | 0 | 0 | 0 |
| Behavioral Health (BH) Outpatient | 5 | 3 | 0 | 0 | 0 |
| BH Inpatient | 3 | 0 | 0 | 0 | 0 |
| Dental | 0 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment (DME) | 80 | 11 | 2 | 1 | 1 |
| Genetic Testing | 32 | 14 | 1 | 0 | 1 |
| Home Health Care/ Home Infusion | 38 | 2 | 0 | 0 | 0 |
| Hospice | 4 | 0 | 0 | 0 | 0 |
| Hospital Inpatient | 157 | 0 | 0 | 0 | 0 |
| Out of Network Services | 35 | 24 | 5 | 3 | 2 |
| Clinically Administered Drugs | 50 | 11 | 0 | 0 | 0 |
| Procedure (outpatient) | 41 | 7 | 0 | 0 | 0 |
| Radiology Services | 119 | 8 | 3 | 3 | 0 |
| Skilled Nursing Facility | 2 | 0 | 0 | 0 | 0 |
| Substance Use Disorder | 7 | 0 | 0 | 0 | 0 |
| Transplant | 5 | 0 | 0 | 0 | 0 |

|  |  |  |
| --- | --- | --- |
| **Quartz Group HMO - IL (1/1/2021 – 12/31/2021)** | | |
| Average Review Time – All | | 1.5 days |
|  | | **# of Requests** |
| **Total # of PA Requests** |  | 211 |
| **Determination** | Approved | 192 |
| Denied | 19 |
| **Submission Method** | Electronic | 64 |
| Other | 147 |
| **Denial Reasons** | Does Not Meet Medical Criteria | 11 |
| Facility/Provider Not in Network | 3 |
| Insufficient Information | 1 |
| Not a Covered Benefit | 2 |
| Not Medically Necessary | 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quartz Group HMO - IL (1/1/2021 – 12/31/2021)** | | | | | |
| **Type of Health Care Service** | **# of Requests for this Service** | **# of Denials for this Service** | **# of Denials Appealed** | **# Appeals Upheld** | **# Appeals Overturned** |
| Autism Services | 0 | n/a | n/a | n/a | n/a |
| Behavioral Health (BH) Outpatient | 4 | 0 | n/a | n/a | n/a |
| BH Inpatient | 8 | 0 | n/a | n/a | n/a |
| Clinically Administered Drugs | 12 | 0 | n/a | n/a | n/a |
| Dental | 1 | 0 | n/a | n/a | n/a |
| Durable Medical Equipment (DME) | 40 | 5 | 1 | 0 | 1 |
| Genetic Testing | 2 | 0 | n/a | n/a | n/a |
| Home Health Care/ Home Infusion | 5 | 0 | n/a | n/a | n/a |
| Hospice | 0 | n/a | n/a | n/a | n/a |
| Hospital Inpatient | 63 | 0 | n/a | n/a | n/a |
| Out of Network Services | 12 | 2 | 1 | 1 | 0 |
| Palliative Care | 1 | 0 | n/a | n/a | n/a |
| Procedure (Outpatient)\* | 18 | 3 | 0 | 0 | 0 |
| Radiology Services | 44 | 3 | 0 | 0 | 0 |
| Skilled Nursing Facility (SNF) | 0 | n/a | n/a | n/a | n/a |
| Substance Use Disorder | 1 | 0 | n/a | n/a | n/a |
| Transplant | 0 | 0 | 0 | 0 | 0 |