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| **Quartz Select Individual - MN (1/1/2021 – 12/31/2021)** | **# of Requests** |
| **Total # of PA Requests** |  | 152 |
| **Determination** | Approved | 114 |
| Denied | 38 |
| **Submission Method** | Electronic | 51 |
| Other | 101 |
| **Denial Reasons** | Does Not Meet Medical Criteria | 5 |
| Facility/Provider Not in Network | 28 |
| Insufficient Information | 3 |
| Not a Covered Benefit | 2 |
| Not Medically Necessary | 0 |

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| **Quartz Select Individual HMO - MN (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 | 4 | 0 | 0 | 0 | 0 |
| BH Inpatient | 4 | 0 | 0 | 0 | 0 |
| Dental | 0 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment (DME) | 17 | 2 | 1 | 1 | 0 |
| Genetic Testing | 11 | 3 | 0 | 0 | 0 |
| Home Health Care/ Home Infusion | 1 | 0 | 0 | 0 | 0 |
| Hospice | 2 | 0 | 0 | 0 | 0 |
| Hospital Inpatient | 50 | 0 | 0 | 0 | 0 |
| Out of Network Services | 45 | 32 | 5 | 3 | 2 |
| Pain Management | 2 | 0 | 0 | 0 | 0 |
| Clinically Administered Drugs | 9 | 0 | 0 | 0 | 0 |
| Procedure (Outpatient)\* | 5 | 1 | 1 | 1 | 0 |
| **Quartz Select Individual HMO – MN (1/1/2021 – 12/31/2021)** |
| **Type of Health Care Service** | **# of Requests for this Service** | **# of Denials for this Service**  | **# of Denials Appealed** | **# of Appeals Upheld** | **# Appeals Overturned**  |
| Skilled Nursing Facility | 2 | 0 | 0 | 0 | 0 |
| Substance Use Disorder | 0 | 0 | 0 | 0 | 0 |
| Transplant | 0 | 0 | 0 | 0 | 0 |

\*Procedure (Outpatient) could include reduction mammaplasty, varicose vein surgery, rhinoplasty, etc.…

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| **Quartz Select Individual HMO – MN (1/1/2021-12/31/2021)****UTY25 & 26** **(ACA – individual on-exchange; ACA - individual off-exchange**  | **# of Requests** |
| **Total # of PA Requests for prescription drugs** |   | 68 |
| **Determination** | Approved | 44 |
| Denied | 24 |
| **Submission Method** | Electronic | 29 |
| Other | 39 |
| **Denial Reasons** | Not covered benefit | 10 |
| Not Medically Necessary, which includes PA criteria not met | 14 |

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| **Quartz Select Individual HMO – MN (1/1/2021-12/31/2021)****UTY25 & 26****(ACA – individual on-exchange; ACA - individual off-exchange** |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| ADALIMUMAB | HUMIRA PEN | 4 | 2 |   |   |   |
| ADAPALENE | ADAPALENE | 1 | 1 |   |   |   |
| ALPROSTADIL (VASODILATOR) | EDEX | 1 | 1 |   |   |   |
| BUDESONIDE | BUDESONIDE | 1 | 1 |   |   |   |
| BUDESONIDE-FORMOTEROL FUMARATE | BUDESONIDE-FORMOTEROL FUMARATE | 1 | 1 |   |   |   |
| CANDESARTAN CILEXETIL | CANDESARTAN CILEXETIL | 1 | 0 |   |   |   |
| CARIPRAZINE HCL | VRAYLAR | 1 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G6 RECEIVER | 1 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC RECEIVER | FREESTYLE LIBRE 2 READER | 1 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC SENSOR | FREESTYLE LIBRE 14 DAY SENSOR | 1 | 1 |   |   |   |
| CONTINUOUS BLOOD GLUC SENSOR | FREESTYLE LIBRE 2 SENSOR | 2 | 1 |   |   |   |
| CONTINUOUS BLOOD GLUC SENSOR | DEXCOM G6 SENSOR | 2 | 1 |   |   |   |
| CONTINUOUS BLOOD GLUC TRANSMIT | DEXCOM G6 TRANSMITTER | 1 | 0 |   |   |   |
| DIMETHYL FUMARATE | DIMETHYL FUMARATE | 1 | 0 |   |   |   |
| DULAGLUTIDE | TRULICITY | 7 | 0 |   |   |   |
| EMPAGLIFLOZIN | JARDIANCE | 1 | 1 |   |   |   |
| ERENUMAB-AOOE | AIMOVIG | 1 | 0 |   |   |   |
| ESTRADIOL VALERATE | DELESTROGEN | 1 | 1 |   |   |   |

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| **Quartz Select Individual HMO – MN (1/1/2021-12/31/2021)****UTY25 & 26****(ACA – individual on-exchange; ACA - individual off-exchange** |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| ESTRADIOL VALERATE | ESTRADIOL VALERATE | 1 | 0 |   |   |   |
| FLUTICASONE-SALMETEROL | FLUTICASONE-SALMETEROL | 1 | 1 |   |   |   |
| FROVATRIPTAN SUCCINATE | FROVATRIPTAN SUCCINATE | 1 | 1 |   |   |   |
| GALCANEZUMAB-GNLM | EMGALITY | 4 | 0 |   |   |   |
| GLYCOPYRRONIUM TOSYLATE | QBREXZA | 1 | 1 |   |   |   |
| ILOPERIDONE | FANAPT | 1 | 0 |   |   |   |
| INSULIN DEGLUDEC | TRESIBA FLEXTOUCH | 2 | 0 |   |   |   |
| INSULIN GLARGINE | LANTUS | 1 | 1 | 1 | 1 |   |
| INSULIN NPH HUMAN (ISOPHANE) | HUMULIN N KWIKPEN | 1 | 0 |   |   |   |
| LEUCOVORIN CALCIUM | LEUCOVORIN CALCIUM | 1 | 0 |   |   |   |
| LEVOCETIRIZINE DIHYDROCHLORIDE | LEVOCETIRIZINE DIHYDROCHLORIDE | 3 | 3 |   |   |   |
| LIDOCAINE HCL | LIDOCAINE VISCOUS HCL | 1 | 1 |   |   |   |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | 4 | 0 |   |   |   |
| LURASIDONE HCL | LATUDA | 1 | 0 |   |   |   |
| MODAFINIL | MODAFINIL | 1 | 1 |   |   |   |
| NA SULFATE-K SULFATE-MG SULF | SUPREP BOWEL PREP KIT | 1 | 0 |   |   |   |
| NICOTINE | NICOTROL | 2 | 1 |   |   |   |
| PALBOCICLIB | IBRANCE | 1 | 0 |   |   |   |

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| **Quartz Select Individual HMO – MN (1/1/2021-12/31/2021)****UTY25 & 26****(ACA – individual on-exchange; ACA - individual off-exchange** |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| PROGESTERONE | FIRST-PROGESTERONE VGS | 1 | 1 |   |   |   |
| RIMEGEPANT SULFATE | NURTEC | 1 | 0 |   |   |   |
| RISANKIZUMAB-RZAA | SKYRIZI (150 MG DOSE) | 2 | 0 |   |   |   |
| SEMAGLUTIDE | OZEMPIC (0.25 OR 0.5 MG/DOSE) | 1 | 1 |   |   |   |
| SILDENAFIL CITRATE | SILDENAFIL CITRATE | 2 | 1 |   |   |   |
| SOD PHOS MONO-SOD PHOS DIBASIC | OSMOPREP | 1 | 0 |   |   |   |
| TESTOSTERONE CYPIONATE | TESTOSTERONE CYPIONATE | 2 | 0 |   |   |   |
| TESTOSTERONE ENANTHATE | TESTOSTERONE ENANTHATE | 1 | 0 |   |   |   |

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| **Quartz Select Group HMO - MN (1/1/2021 – 12/31/2021)** | **# of Requests** |
| **Total # of PA Requests** |  | 83 |
| **Determination** | Approved | 72 |
| Denied | 11 |
| **Submission Method** | Electronic | 41 |
| Other | 42 |
| **Denial Reasons** | Does Not Meet Medical Criteria | 5 |
| Facility/Provider Not in Network | 3 |
| Insufficient Information | 1 |
| Not a Covered Benefit | 1 |
| Not Medically Necessary | 1 |

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| **Quartz Select Group HMO – MN (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 | 2 | 1 | 0 | 0 | 0 |
| BH Inpatient | 1 | 0 | 0 | 0 | 0 |
| Dental | 1 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment (DME) | 15 | 2 | 1 | 1 | 0 |
| Genetic Testing | 3 | 1 | 0 | 0 | 0 |
| Home Health Care/ Home Infusion | 4 | 1 | 0 | 0 | 0 |
| Hospice | 0 | 0 | 0 | 0 | 0 |
| Hospital Inpatient | 44 | 0 | 0 | 0 | 0 |
| Out of Network Services | 3 | 3 | 0 | 0 | 0 |
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| **Quartz Select Group HMO – MN (1/1/2021 – 12/31/2021)** |

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| **Type of Health Care Service** | **# of Requests for this Service** | **# of Denials for this Service** | **# of Denials Appealed** | **# Appeals Upheld** | **# Appeals Overturned** |
| Procedure (Outpatient)\* | 6 | 1 | 0 | 0 | 0 |
| Skilled Nursing Facility | 0 | 0 | 0 | 0 | 0 |
| Substance Use Disorder | 0 | 0 | 0 | 0 | 0 |
| Transplant | 0 | 0 | 0 | 0 | 0 |

\*Procedure (Outpatient) could include reduction mammaplasty, varicose vein surgery, rhinoplasty, etc.…

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| **Quartz Select Group- MN (1/1/2021-12/31/2021)****UTY10 & 14****(Commercial (small/large group) & ACA – small group off-exchange)**  | **# of Requests** |
| **Total # of PA Requests for prescription drugs** |   | 44 |
| **Determination** | Approved | 35 |
| Denied | 7 |
| **Submission Method** | Electronic | 29 |
| Other | 15 |
| **Denial Reasons** | Not Medically Necessary, which includes PA criteria not met | 7 |

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| **Quartz Select Group- MN (1/1/2021-12/31/2021)****UTY10 & 14****(Commercial (small/large group) & ACA – small group off-exchange)** |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# if Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G5 RECEIVER KIT | 1 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G6 RECEIVER | 2 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC RECEIVER | FREESTYLE LIBRE 2 READER | 1 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC SENSOR | DEXCOM G6 SENSOR | 4 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC SENSOR | FREESTYLE LIBRE 2 SENSOR | 1 | 0 |   |   |   |
| CONTINUOUS BLOOD GLUC TRANSMIT | DEXCOM G6 TRANSMITTER | 2 | 0 |   |   |   |
| DESONIDE | DESONIDE | 1 | 0 |   |   |   |
| DULAGLUTIDE | TRULICITY | 2 | 0 |   |   |   |
| DUPILUMAB | DUPIXENT | 1 | 0 |   |   |   |
| EMPAGLIFLOZIN | JARDIANCE | 2 | 2 |   |   |   |
| ERENUMAB-AOOE | AIMOVIG | 2 | 0 |   |   |   |
| EXENATIDE | BYDUREON | 1 | 0 |   |   |   |
| EXENATIDE | BYETTA 5 MCG PEN | 1 | 0 |   |   |   |
| GALCANEZUMAB-GNLM | EMGALITY | 2 | 0 |   |   |   |
| ICOSAPENT ETHYL | ICOSAPENT ETHYL | 2 | 1 |   |   |   |
| INSULIN DEGLUDEC | TRESIBA FLEXTOUCH | 1 | 0 |   |   |   |
| INSULIN GLARGINE | LANTUS SOLOSTAR | 1 | 1 |   |   |   |
| INSULIN GLARGINE | TOUJEO SOLOSTAR | 1 | 1 |   |   |   |

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| **Quartz Select Group- MN (1/1/2021-12/31/2021)****UTY10 & 14****(Commercial (small/large group) & ACA – small group off-exchange)** |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# if Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| IPRATROPIUM-ALBUTEROL | IPRATROPIUM-ALBUTEROL | 1 | 0 |   |   |   |
| IXEKIZUMAB | TALTZ | 1 | 0 |   |   |   |
| LANSOPRAZOLE | LANSOPRAZOLE | 1 | 0 |   |   |   |
| LIRAGLUTIDE | VICTOZA | 1 | 1 |   |   |   |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | 1 | 0 |   |   |   |
| MEPOLIZUMAB | NUCALA | 1 | 0 |   |   |   |
| NORETHINDRONE-ETH ESTRADIOL | VYFEMLA | 1 | 1 |   |   |   |
| RIMEGEPANT SULFATE | NURTEC | 1 | 0 |   |   |   |
| SECUKINUMAB | COSENTYX SENSOREADY (300 MG) | 2 | 0 |   |   |   |
| TACROLIMUS | ENVARSUS XR | 3 | 0 |   |   |   |
| TOLVAPTAN | JYNARQUE | 1 | 0 |   |   |   |
| UBROGEPANT | UBRELVY | 1 | 0 |   |   |   |
| VILAZODONE HCL | VIIBRYD | 1 | 0 |   |   |   |