

| Mercy Care Illinois On Exchange QHP 2022 | | | | | | |
|---|----------------------------------|---------------|---------------------------------------|-------------------------|---------------|-------------------------|
| <u>Prior Authorization Item</u> | Total Number Requested Referrals | Number Denied | Reason Denied | # of this Denial Reason | Reason Denied | # of this Denial Reason |
| Specialist Consults | 115 | 6 | Service available in member's network | 6 | | |
| Abortion | 0 | | | | | |
| Arthroscopic Surgery: knee and shoulder | | | | | | |
| Autism Treatment and Therapy (Intensive and Non-Intensive ABA Therapy, OT, ST, PT). Network Consults for evaluation & diagnosis do not need PA | 0 | | | | | |
| Bariatric Surgery (Check your Certificate of Coverage for coverage information as this benefit is excluded for many plans) | 0 | | | | | |
| Behavior Health Residential Tx (MH and SUD) * (<u>Facility must notify MCHP of admission within 48 hours of admit. All admissions are reviewed for medical necessity.</u>) | 0 | | | | | |
| Behavioral Health: Inpatient, IOP**, PHP** (MH & SUD): (<u>Facility must notify MCHP of admission within 48 hours of admit. All admissions are reviewed for medical necessity.</u>) | 0 | | | | | |
| Biofeedback Tx: Covered for Torticollis, Urinary Incontinence, Urinary Dysfunction & Headaches only | 0 | | | | | |
| Cardiac Stress Testing: Only the Myocardial Perfusion Imaging or Nuclear Medicine Stress Tests | 0 | | | | | |
| Category III Procedure Codes | 0 | | | | | |

| Mercy Care Illinois On Exchange QHP 2022 | | | | | | |
|---|----------------------------------|---------------|-----------------------|-------------------------|---------------|-------------------------|
| <u>Prior Authorization Item</u> | Total Number Requested Referrals | Number Denied | Reason Denied | # of this Denial Reason | Reason Denied | # of this Denial Reason |
| Circumcision (Outpatient AND if member >30 days of age) | 0 | | | 1 | | |
| Cochlear Implants | 0 | | | | | |
| CT Scan: For EPIC/Tapestry users: A Referral order is created and the referral order must be processed. Tapestry will automatically pend for review any CT scans that must be reviewed for medical necessity. | 12 | 0 | | | | |
| Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP). | 13 | 1 | Not a covered benefit | 1 | | |
| Genetic Testing | 0 | | | | | |
| Home Health and Home Infusions (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP). | 1 | 0 | | | | |
| Hospice (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP). | 0 | | | | | |

| Mercy Care Illinois On Exchange QHP 2022 | | | | | | |
|--|----------------------------------|---------------|---|-------------------------|---------------|-------------------------|
| <u>Prior Authorization Item</u> | Total Number Requested Referrals | Number Denied | Reason Denied | # of this Denial Reason | Reason Denied | # of this Denial Reason |
| Hospital Services: <u>INPATIENT OR Observation: Elective scheduled admissions: Admitting MD submits PA. Unplanned or Emergent Admits: facility will PA directly with MCHP</u> | 12 | 0 | | | | |
| Hysterectomy or Hysteroscopy | 1 | 0 | | | | |
| Infertility/Reproductive Endocrinology Procedures | 0 | | | | | |
| Laser and Photo Dynamic Therapy | 0 | | | | | |
| MRI/MRA: EPIC/Tapestry will stop for review all non- emergent MRI scans ordered. | 1 | 1 | Does not meet criteria or schedule of benefits or polices used to make determination. | | | |
| Neuro Psych & Psychological Testing | 1 | 0 | | | | |
| Neurosurgery (any procedure) | 0 | | | | | |
| Oral Surgery: except impacted wisdom teeth (D7220, D7230, D7240) extraction & service is being provided by network provider at their clinic | 0 | | | | | |
| Pain Pump Implantable or Implantable Nerve Stimulator | 0 | | | | | |
| PET Scan | 0 | | | | | |

| Mercy Care Illinois On Exchange QHP 2022 | | | | | | |
|---|---|----------------------|---------------------------------------|--------------------------------|----------------------|--------------------------------|
| <u>Prior Authorization Item</u> | Total Number Requested Referrals | Number Denied | Reason Denied | # of this Denial Reason | Reason Denied | # of this Denial Reason |
| Reconstructive or Cosmetic Surgery: including but not limited to: breast surgery, blepharoplasty, Rhytidectomy; lipectomies; abdominoplasty; otoplasty; scar revision or treatment; any procedure considered cosmetic | 2 | 0 | | | | |
| Rhinoplasty or Septoplasty | 0 | | | | | |
| Skilled Nursing Facility Admission (facility will PA directly with MCHP) | 0 | | | | | |
| Spinal Surgeries | 0 | | | | | |
| Sterilization (male or female) | 0 | | | | | |
| TMJ: surgery, procedures, treatments, DME or supplies | 0 | | | | | |
| Total Joint Replacement: any joint | 0 | | | | | |
| Transplant evaluations and Transplants | 0 | | | | | |
| Unlisted Procedure/Service Codes (CPT or HCPC) | 0 | | | | | |
| Varicose Vein Surgery and/or Laser Tx and/or Injection for veins | 0 | | | | | |
| Out of Network Services | 24 | 6 | Service Available in member's network | | | |

| | | |
|---|------------|-----------|
| Total Number of Referrals (prior authorizations only) Mercy Care Illinois On Exchange QHP 2022 | 242 | |
| Number Denied | 9 | 4% |
| Medical Referrals Number | 234 | 3% |
| Medical Referrals Denied | 8 | |
| Mental Health Referrals | 8 | 13% |
| Mental Health Referrals Denied | 1 | |
| Substance Use Disorder Referrals | 0 | |
| Substance Use Disorder Referrals Denied | 0 | |
| Turn Around Time : Date Referral received to Notification | 1 | |
| Number of Denied requests that were appealed | 2 | |
| Number of appealed requests that upheld adverse determination | 1 | |
| Number of appealed requests that reversed the adverse determination | 1 | |