

MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA.01-A	Severe Mental Illness Drug Prior Authorization - A: PA Process Rate	2/5/2018	1/28/2018	2/3/2018

Report Frequency: Weekly	Lag Time: 3- Business Days	First Report Due Date: 9/13/2017
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Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Severe Mental Illness Drug Timely Processing Rate (N/D*100 = %)		Severe Mental Illness Drug PA: Numerator (N)		Severe Mental Illness Drug PA: Denominator (D)	
	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs
e.g. 09/03/2017						
2017-09-03 - 2017-09-09	95%	100%	74	31	78	31
2017-09-10 - 2017-09-16	99%	99%	134	71	136	72
2017-09-17 - 2017-09-23	89%	95%	167	91	188	96
2017-09-24 - 2017-09-30	88%	92%	188	108	214	118
2017-10-01 - 2017-10-07	85%	89%	137	67	161	75
2017-10-08 - 2017-10-14	85%	100%	163	83	192	83
2017-10-15 - 2017-10-21	99%	100%	134	60	135	60
2017-10-22 - 2017-10-28	100%	100%	117	43	117	43
2017-10-29 - 2017-11-04	100%	100%	29	12	29	12
2017-11-03 - 2017-11-11	98%	100%	86	22	88	22
2017-11-12 - 2017-11-18	99%	100%	89	35	97	35
2017-11-19 - 2017-11-25	100%	100%	54	16	54	16
2017-11-26 - 2017-12-02	100%	100%	87	22	87	22
2017-12-03 - 2017-12-09	100%	100%	76	27	76	27
2017-12-10 - 2017-12-16	100%	100%	86	25	86	25
2017-12-17 - 2017-12-23	100%	100%	79	24	79	24
2017-12-24 - 2017-12-30	100%	100%	52	18	52	18
2017-12-31 - 2018-01-06	100%	100%	69	18	69	18
2018-01-07 - 2018-01-13	100%	100%	95	25	95	25
2018-01-14 - 2018-01-20	100%	100%	91	19	91	19
2018-01-21 - 2018-01-27	100%	100%	95	23	95	23
2018-01-28 - 2018-02-03	100%	100%	88	15	88	15

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA.01-B	Severe Mental Illness Drug Prior Authorization- B: CMHC Late PA	2/5/2018	1/28/2018	2/3/2018

<b>This report is specific to CMHCs.</b>		
<b>Report Frequency: Weekly</b>	<b>Lag Time: 3- Business Days</b>	<b>First Report Due Date: 9/13/2017</b>

Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Total # of PAs not processed timely.	Total # PAs automatically approved because MCO did not process timely.	Provide Reason why time line was not met (narrative)
2017-09-03 - 2017-09-09	0	0	
2017-09-10 - 2017-09-16	1	1	Hurricane Irma displaced some reviewers
2017-09-17 - 2017-09-23	5	5	Staffing issue over the weekend at the PBM
2017-09-24 - 2017-09-30	10	10	Missed turnaround time by less than an hour.
2017-10-01 - 2017-10-07	8	8	Missed turnaround time by less than an hour.
2017-10-08 - 2017-10-14	0	0	
2017-10-15 - 2017-10-21	0	0	
2017-10-22 - 2017-10-28	0	0	
2017-10-29 - 2017-11-04	0	0	
2017-11-03 - 2017-11-11	0	0	
2017-11-12 - 2017-11-18	0	0	
2017-11-19 - 2017-11-25	0	0	
2017-11-26 - 2017-12-02	0	0	
2017-12-03 - 2017-12-09	0	0	
2017-12-10 - 2017-12-16	0	0	
2017-12-17 - 2017-12-23	0	0	
2017-12-24 - 2017-12-30	0	0	
2017-12-31 - 2018-01-06	0	0	
2018-01-07 - 2018-01-13	0	0	
2018-01-14 - 2018-01-20	0	0	
2018-01-21 - 2018-01-27	0	0	
2018-01-28 - 2018-02-03	0	0	

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA.01-C	Severe Mental Illness Drug Prior Authorization C: Peer-To-Peer	2/5/2018	1/28/2018	2/3/2018

<b>This report is specific to CMHCs.</b>			
Report Frequency: Weekly	Lag Time: 3-Business Days	First Report Due Date: 9/13/2017	

Reporting Week: month/week (1st day of reporting wk./year (Rolling week))	Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day (N/D * 100 = %)	# of Timely Requested Peer-to-Peer Reviews Completed by End of Next Business Day (N)	# of Timely Peer-to- Peer Reviews Requested (D)	# of Timely Requested Peer-to-Peer Reviews Not Completed By End of Next Business Day	Reason Timely Requested Peer-to-Peer Review was Not Completed By End of Next Business Day		Total # of PAs Automatically approved because the MCO was not available to complete the Timely Requested Peer-to-Peer Review by the End of the next business day	Total # of Timely Requested Peer- to-Peer Reviews that were scheduled for a time after the end of next business day.	Outcome of Peer-to-Peer Review	
					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available			# Upheld	# Overturned
2017-09-03 - 2017-09-09	100%	6	6	0	N/A	N/A	N/A	N/A	3	3
2017-09-10 - 2017-09-16	100%	12	12	0	N/A	N/A	N/A	N/A	5	7
2017-09-17 - 2017-09-23	100%	9	9	0	N/A	N/A	N/A	N/A	7	2
2017-09-24 - 2017-09-30	100%	14	14	0	N/A	N/A	N/A	N/A	7	7
2017-10-01 - 2017-10-07	100%	7	7	0	N/A	N/A	N/A	N/A	4	3
2017-10-08 - 2017-10-14	100%	3	3	0	N/A	N/A	N/A	N/A	1	2
2017-10-15 - 2017-10-21	100%	7	7	0	N/A	N/A	N/A	N/A	4	3
2017-10-22 - 2017-10-28	100%	6	6	0	N/A	N/A	N/A	N/A	5	1
2017-10-29 - 2017-11-02	100%	3	3	0	N/A	N/A	N/A	N/A	1	2
2017-11-03 - 2017-11-11	100%	2	2	0	N/A	N/A	N/A	N/A	1	1
2017-11-12 - 2017-11-18	100%	1	1	0	N/A	N/A	N/A	N/A	0	1
2017-11-19 - 2017-11-25	100%	2	2	0	N/A	N/A	N/A	N/A	1	1
2017-11-26 - 2017-12-02	100%	1	1	0	N/A	N/A	N/A	N/A	0	1
2017-12-03 - 2017-12-09	100%	0	0	0	N/A	N/A	N/A	N/A	0	0
2017-12-10 - 2017-12-16	100%	1	1	0	N/A	N/A	N/A	N/A	0	1
2017-12-17 - 2017-12-23	100%	1	1	0	N/A	N/A	N/A	N/A	0	1
2017-12-24 - 2017-12-30	100%	0	0	0	N/A	N/A	N/A	N/A	0	0
2017-12-31 - 2018-01-06	100%	0	0	0	N/A	N/A	N/A	N/A	0	0
2018-01-07 - 2018-01-13	100%	2	2	0	N/A	N/A	N/A	N/A	2	0
2018-01-14 - 2018-01-20	100%	0	0	0	N/A	N/A	N/A	N/A	0	0
2018-01-21 - 2018-01-27	100%	2	2	0	N/A	N/A	N/A	N/A	2	0
2018-01-28 - 2018-02-03	100%	0	0	0	N/A	N/A	N/A	N/A	0	0

MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA.01-D	Severe Mental Illness Drug Prior Authorization- D: PA Approval Rate	2/5/2018	1/28/2018	2/3/2018

Report Frequency: Weekly		Lag Time: 3- Business Days		First Report Due Date: 9/13/2017		
Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Severe Mental Illness Drug PA Approval Rate (N/D*100 = %)		Severe Mental Illness Drug PA: Numerator (N)		Severe Mental Illness Drug PA: Denominator (D)	
e.g. 09/03/2017	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs
2017-09-03 - 2017-09-09	45%	42%	35	13	78	31
2017-09-10 - 2017-09-16	44%	43%	60	31	136	72
2017-09-17 - 2017-09-23	47%	52%	89	50	188	96
2017-09-24 - 2017-09-30	55%	53%	117	62	214	118
2017-10-01 - 2017-10-07	61%	60%	99	45	161	75
2017-10-08 - 2017-10-14	57%	55%	110	46	192	83
2017-10-15 - 2017-10-21	51%	48%	69	29	135	60
2017-10-22 - 2017-10-28	60%	58%	70	25	117	43
2017-10-29 - 2017-11-04	59%	67%	17	8	29	12
2017-11-03 - 2017-11-11	50%	59%	44	13	88	22
2017-11-12 - 2017-11-18	49%	44%	50	15	97	35
2017-11-19 - 2017-11-25	63%	56%	34	9	54	16
2017-11-26 - 2017-12-02	54%	55%	47	12	87	22
2017-12-03 - 2017-12-09	50%	44%	38	12	76	27
2017-12-10 - 2017-12-16	45%	36%	39	9	86	25
2017-12-17 - 2017-12-23	54%	58%	43	14	79	24
2017-12-24 - 2017-12-30	60%	61%	31	11	52	18
2017-12-31 - 2018-01-06	61%	78%	42	14	69	18
2018-01-07 - 2018-01-13	45%	48%	43	12	95	25
2018-01-14 - 2018-01-20	51%	32%	46	6	91	19
2018-01-21 - 2018-01-27	53%	48%	50	11	95	23
2018-01-28 - 2018-02-03	56%	53%	49	8	88	15

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA.01-E	Severe Mental Illness Drug Prior Authorization- E: PA Denial Rate	2/5/2018	1/28/2018	2/3/2018

Report Frequency: Weekly	Lag Time: 3- Business Days	First Report Due Date: 9/13/2017
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Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Severe Mental Illness Drug PA Denial Rate (N/D*100 = %)		Severe Mental Illness Drug PA: Numerator (N)		Severe Mental Illness Drug PA: Denominator (D)		Reason for Denial- ONLY FOR CMHCs Each denial should only be placed in 1 category (pick the most appropriate)				
	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs	PA Form Incomplete or Illegible	Member Eligibility Issue	Prior Authorization Criteria Not Met	Prescribing Provider not Network Provider	Other
	2017-09-03 - 2017-09-09	55%	58%	43	18	78	31	0	0	18	0
2017-09-10 - 2017-09-16	56%	57%	76	41	136	72	0	0	41	0	0
2017-09-17 - 2017-09-23	53%	48%	99	46	188	96	0	0	46	0	0
2017-09-24 - 2017-09-30	45%	47%	97	56	214	118	0	0	56	0	0
2017-10-01 - 2017-10-07	39%	40%	62	30	161	75	0	0	30	0	0
2017-10-08 - 2017-10-14	43%	45%	82	37	192	83	0	0	37	0	0
2017-10-15 - 2017-10-21	49%	52%	66	31	135	60	0	0	31	0	0
2017-10-22 - 2017-10-28	40%	42%	47	18	117	43	0	0	18	0	0
2017-10-29 - 2017-11-04	41%	33%	12	4	29	12	0	0	4	0	0
2017-11-03 - 2017-11-11	50%	41%	44	9	88	22	0	0	9	0	0
2017-11-12 - 2017-11-18	48%	57%	47	20	97	35	0	0	20	0	0
2017-11-19 - 2017-11-25	37%	44%	20	7	54	16	0	0	7	0	0
2017-11-26 - 2017-12-02	46%	45%	40	10	87	22	0	0	10	0	0
2017-12-03 - 2017-12-09	50%	56%	38	15	76	27	0	0	15	0	0
2017-12-10 - 2017-12-16	55%	64%	47	16	86	25	0	0	16	0	0
2017-12-17 - 2017-12-23	46%	42%	36	10	79	24	0	0	10	0	0
2017-12-24 - 2017-12-30	40%	39%	21	7	52	18	0	0	7	0	0
2017-12-31 - 2018-01-06	39%	22%	27	4	69	18	0	0	4	0	0
2018-01-07 - 2018-01-13	55%	52%	52	13	95	25	0	0	13	0	0
2018-01-14 - 2018-01-20	49%	68%	45	13	91	19	0	0	13	0	0
2018-01-21 - 2018-01-27	47%	52%	45	12	95	23	0	0	12	0	0
2018-01-28 - 2018-02-03	44%	47%	39	7	88	15	0	0	7	0	0

MCO Name	Reporting Ref	Reporting Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA.01-F	Severe and Mental Illness Drug Prior Authorization- F: CMHC Denial Log	2/5/2018	1/28/2018	2/3/2018

This report is specific to CMHCs		
Report Frequency: Weekly	Lag Time: 3- Business Days	First Report Due Date:

Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Medicaid ID	Member Last Name	Member First Name	Prescribing Provider Name	Drug Name	Child/Adult	Injectable Antipsychotic	Reason for Denial- ONLY FOR CMHCs Each denial should only be placed in 1 category (pick the most appropriate)				
								PA Form Incomplete or Ineligible	Member Eligibility Issue	Prior Authorization Criteria Not Met	Prescribing Provider not Network Provider	Other
2018-01-28 - 2018-02-03					RISPERDAL INJ 50MG	Age 18+	No	0	0	1	0	0
2018-01-28 - 2018-02-03					IMIPRAM PAM CAP 150MG	Age 18+	No	0	0	1	0	0
2018-01-28 - 2018-02-03					ARIPIRAZOLE TAB 15MG	Age 18+	No	0	0	1	0	0
2018-01-28 - 2018-02-03					ADDERALL XR CAP 20MG	Age 0-17	No	0	0	1	0	0
2018-01-28 - 2018-02-03					ESZOPICLONE TAB 3MG	Age 18+	No	0	0	1	0	0
2018-01-28 - 2018-02-03					QUILICHEW CHW 20MG ER	Age 0-17	No	0	0	1	0	0
2018-01-28 - 2018-02-03					ARIPIRAZOLE TAB 2MG	Age 0-17	No	0	0	1	0	0

MCO Name	Reference #	Report Name	Submission Date	Data Period Start	Data Period End	
NH Healthy Families	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log	2/5/2018	1/28/2018	2/3/2018	This is a running log that also includes information from the past reports to allow for review of specific items/information that may have been "in process" when previous report was submitted.

NPI Number	Provider Name	Provider CMHC	Date Received	Complaint/Appeal Category as defined by	Who is Complaint/Appeal	Complaint/Appeal Description	Action/Response Taken	Date Action/Response Taken
			9/11/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Patient has been doing well and has remained stable.	Grievance & Appeals spoke with providers office, advised the complaint was that the medication was not approved. Office was advised that an appeal could be requested and COC was put in, Office contact advised that she would ask the provider how she would like to proceed. To date we have not received an appeal request or a consent form from the member. Grievance & Appeals will reachout again to provide assistance.	9/12/2017-10/30/2017
			9/12/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Upheld on appeal on 10/11/17.	9/12/2017
			9/12/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Overturned on appeal	9/12/2017
			9/14/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Case was sent to appeal and has been approved	9/14/2017
			9/22/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Left multiple messages with office. Provider is out of the country, have spoken with office, they are looking into how the provider would like to proceed.	9/29/2017
			10/2/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Overturned on appeal	10/2/2017
			10/11/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Appeal is pending.	10/12/2017
			10/24/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Overturned on appeal	10/24/2017
			10/24/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	After additional information was received by Envolve, medication has been approved.	10/24/2017
			10/26/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of	Case has been sent to appeals. COC was put in.	10/26/2017
			11/4/2017	Pharmacy	Reviewer	Denial of medication.	Case has been sent to appeals. COC was put in.	11/6/2017
			11/4/2017	Pharmacy	Reviewer	Denial of medication. Disagreement of determination.	Original complaint from 9/12/2017. Provider disagreed with resolution.	11/9/2017
			11/10/2017	Pharmacy	Reviewer	Denial of medication. Disagreement of	Case has been sent to appeals. COC was put in.	11/10/2017
			11/16/2017	Pharmacy	Reviewer	Denial of medication.	We have reviewed this with PBM and they will be training staff to ensure this does not happen in the future.	11/17/2017
			12/4/2017	Pharmacy	PA Policy	Medication	This was a programing issue with safety edits. Issue resolved as of the afternoon of 12/06/2017	12/6/2017
			12/8/2017	Pharmacy	PA Policy	Medication	This was a programing issue with safety edits. Issue resolved as of the afternoon of 12/06/2017	12/8/2017