

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	9/11/2017	9/3/2017	9/10/2017

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	94.87%	100.00%	74	31	78	31

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	9/11/2017	9/3/2017	9/10/2017

<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	

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	9/11/2017	9/3/2017	9/10/2017

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

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 <b>(N/D*100 = %)</b>	# 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.
					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available		
2017-09-03 - 2017-09-09	100%	6	6	0	N/A	N/A	N/A	N/A

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	9/11/2017	9/3/2017	9/10/2017

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	44.87%	41.94%	35	13	78	31

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	9/11/2017	9/3/2017	9/10/2017

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	55.13%	58.06%	43	18	78	31	0	0	18	0	0

MCO Name	Reporting Reference	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	9/11/2017	9/3/2017	9/10/2017

This report is specific to CMHCs		
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)	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 Illegible	Member Eligibility Issue	Prior Authorization Criteria Not Met	Prescribing Provider not Network	Other
2017-09-03 - 2017-09-09					ESCITALOPRAM SOL 5	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					VYVANSE CAP 20M	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					SEROQUEL XR TAB 50	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ZOLPIDEM ER TAB 6.2	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ADDERALL XR CAP 20	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					LATUDA TAB 80MG	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ABILIFY TAB 20MG	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					AMPHET/DEXTR CAP 2	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ARIPRAZOLE TAB 2M	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					DEXMETHYLPH CAP 15	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					FOCALIN XR CAP 20M	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ARIPRAZOLE TAB 2M	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ABILIFY TAB 2MG	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					ABILIFY MAIN INI 400	Age 18+	Yes	0	0	1	0	0
2017-09-03 - 2017-09-09					ESCITALOPRAM SOL 5	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					BUPROPH HCL TAB 15	Age 18+	No	0	0	1	0	0
2017-09-03 - 2017-09-09					VYVANSE CAP 20M	Age 0-17	No	0	0	1	0	0
2017-09-03 - 2017-09-09					DULOXETINE CAP 60	Age 18+	No	0	0	1	0	0

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	PROVCOMPLAINT.01	Provider Complaint & Appeal Log	9/13/2017	3-Sep-17	9-Sep-17

This is a quarterly running log that also includes information from the past report to allow for review of specific items/information that may have been "in process" when previous report was submitted.

NPI Number	Provider Name	Provide Group (If applicable)	Date Received	Complaint/Appeal Category as defined by MCO	Who Complaint/Appeal Against	Complaint/Appeal Description	Action/Response Taken	Date Action/Response Taken

## PROVCOMPLAINT.01

## Provider Complaint &amp; Appeal Log

This template will provide DHHS with a quarterly report of all provider complaints and appeals in process during the quarter.

On a monthly basis, update the data in the appropriate columns. Keep provider on rolling list for 1 reporting period after the case is closed.

**A complaint is defined as a verbal or written expression by a provider which indicates dissatisfaction or dispute with the health plan's policies, procedures, or any other aspect of the health plan functions. Claims payments must first follow the Claim Dispute/Appeal process prior to filing a complaint. Do not document appeals filed on behalf of a member.**

Date of Current Version: 2017.8.18

Current Version First Due: 11/30/17 for data period 7/1-9/30/17

**Row 4:**

**Column A: "NPI Number"**

Document the unique 10-digit National Provider Identification Number.

**Column B: "Provider Name"**

Document provider's first and last name. For example: Mary Smith, MD.

**Column C: "Provider Group (If applicable)"**

Document name of provider group provider is affiliated with.

**Column D: "Date Received"**

Date the complaint/appeal is filed. For example: 9/9/17.

**Column E: "Complaint/Appeal Category as defined by MCO"**

Document complaint/appeal category as defined by MCO.

**Column F: "Who is the complaint/appeal against"**

Document who the complaint/appeal is filed against.

**Column G: "Complaint/Appeal Description"**

Provide a detailed description of the complaint/appeal filed by the provider. Include the name of the individual the complaint/appeal is in reference to if the provider is able to be that specific.

**Column H: "Action/Response Taken"**

Provide a detailed description of the resolution of the complaint/appeal.

**Column I: "Date Action/Response taken"**

Provide a date the complaint/appeal was resolved. For example: 9/9/17.