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	9/18/2017	9/10/2017	9/17/2017

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 Timely Processing 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	95%	100%	74	31	78	31
2017-09-10 - 2017-09-16	99%	99%	134	71	136	72

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	9/18/2017	9/10/2017	9/17/2017

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)	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 affected staffing levels and one PA was roughly 25-hour Turnaround Time

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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	9/18/2017	9/10/2017	9/17/2017

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)	Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day (N/D*100 = %)	# ofTimely 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	
2017-09-10 - 2017-09-16	100%	12	12	0	N/A	N/A	N/A	N/A	5 Denials Upheld and 7 Overturned (1 Overturned on Appeal)

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	9/18/2017	9/10/2017	9/17/2017

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	45%	42%	35	13	78	31
2017-09-10 - 2017-09-16	44%	43%	60	31	136	72

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	9/18/2017	9/10/2017	9/17/2017

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 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	0
2017-09-10 - 2017-09-16	56%	57%	76	41	136	72	0	0	41	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	9/18/2017	9/10/2017	9/17/2017

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 Provider	Other
2017-09-10 - 2017-09-16					ARIPIPRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					QUETIAPINE TAB 400MG ER	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					REXULTI TAB 2MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					FANAPT TAB 6MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					FETZIMA CAP 120MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					LORAZEPAM TAB 0.5MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					VRAYLAR CAP 1.5MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					PALIPERIDONE TAB ER 3MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					ZOLPIDEM ER TAB 6.25MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					REXULTI TAB 0.5MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					RESTORIL CAP 15MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					ABILIFY TAB 10MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					DEXMETHYLPH CAP 15MG ER	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					RITALIN TAB 20MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					RITALIN LA CAP 30MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					VYVANSE CAP 50MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					REXULTI TAB 4MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					LATUDA TAB 80MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					QUETIAPINE TAB 300MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					LATUDA TAB 80MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					RITALIN LA CAP 20MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					RITALIN LA CAP 40MG	Age 18+	No	0	0	1	0	0
2017-09-10 - 2017-09-16					CONCERTA TAB 36MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					FOCALIN XR CAP 15MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					DEXMETHYLPH TAB 2.5MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					ABILIFY MAIN INJ 400MG	Age 18+	Yes	0	0	1	0	0
2017-09-10 - 2017-09-16					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					FOCALIN XR CAP 25MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					FOCALIN XR CAP 25MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					ESCITALOPRAM SOL 5MG/5ML	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					VYVANSE CAP 20MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					GUANFACINE TAB 2MG ER	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-09-10 - 2017-09-16					QUETIAPINE TAB 400MG ER	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	9/17/2017	9/10/2017	9/16/2017

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
			9/11/2017	Coverage benefits	Peer to Peer reviewer	Denial of medication. Patient has been doing well and has remained stable.	Case was sent to appeal and complaint is being reserched.	9/12/2017
			9/12/2017	Coverage benefits	Peer to Peer reviewer	Denial of medication. Disagrement of determination.	Case was sent to appeal and complaint is being reserched.	9/12/2017
			9/12/2017	Coverage benefits	Peer to Peer reviewer	Denial of medication. Disagrement of determination.	Case was sent to appeal and complaint is being reserched.	9/12/2017
			9/14/2017	Coverage benefits	Peer to Peer reviewer	Denial of medication. Disagrement of determination.	Case was sent to appeal and complaint is being reserched.	9/14/2017