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	10/1/2018	9/1/2018	9/30/2018

Report Frequency: Monthly	Lag Time: 10 Calendar Days	First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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. February/2018	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs
2018-02-01 - 2018-02-28	100%	100%	355	87	355	87
2018-03-01 - 2018-03-31	100%	100%	305	50	305	50
2018-04-01 - 2018-04-30	100%	100%	288	63	288	63
2018-05-01 - 2018-05-31	99%	100%	301	59	305	59
2018-06-01 - 2018-06-30	100%	100%	284	37	284	37
2018-07-01 - 2018-07-31	100%	100%	245	41	245	41
2018-08-01 - 2018-08-31	100%	100%	268	59	268	59
2018-09-01 - 2018-09-30	100%	100%	222	57	222	57

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	10/1/2018	9/1/2018	9/30/2018

This report is specific to CMHCs.		
Report Frequency: Month	Lag Time: 10 calendar days	First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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)
2018-02-01 - 2018-02-28	0	0	
2018-03-01 - 2018-03-31	0	0	
2018-04-01 - 2018-04-30	0	0	
2018-05-01 - 2018-05-31	0	0	
2018-06-01 - 2018-06-30	0	0	
2018-07-01 - 2018-07-31	0	0	
2018-08-01 - 2018-08-31	0	0	
2018-09-01 - 2018-09-30	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	10/1/2018	9/1/2018	9/30/2018

This report is specific to CMHCs.		
Report Frequency: Monthly	Lag Time: 10 calendar days	First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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.	Outcome of Peer-to-Peer Review	
					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available			# Upheld	# Overturned
2018-02-01 - 2018-02-28	100%	0	0	0	N/A	N/A	0	0	0	0
2018-03-01 - 2018-03-31	100%	3	3	0	N/A	N/A	0	0	2	1
2018-04-01 - 2018-04-30	100%	1	1	0	N/A	N/A	0	0	0	1
2018-05-01 - 2018-05-31	100%	1	1	0	N/A	N/A	0	0	0	1
2018-06-01 - 2018-06-30	100%	0	0	0	N/A	N/A	0	0	0	0
2018-07-01 - 2018-07-31	100%	0	0	0	N/A	N/A	0	0	0	0
2018-08-01 - 2018-08-31	100%	1	1	0	N/A	N/A	0	0	0	1
2018-09-01 - 2018-09-30	100%	0	0	0	N/A	N/A	0	0	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	10/1/2018	9/1/2018	9/30/2018

Report Frequency: Monthly			Lag Time: 10 Calendar Days		First Report Due Date: 3/10/2018	
Reporting Month: month/year (Rolling month)	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. February/2018	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs
2018-02-01 - 2018-02-28	56%	61%	198	53	355	87
2018-03-01 - 2018-03-31	61%	72%	185	36	305	50
2018-04-01 - 2018-04-30	56%	65%	160	41	288	63
2018-05-01 - 2018-05-31	68%	75%	208	44	305	59
2018-06-01 - 2018-06-30	65%	73%	185	27	284	37
2018-07-01 - 2018-07-31	66%	73%	162	30	245	41
2018-08-01 - 2018-08-31	71%	71%	191	42	268	59
2018-09-01 - 2018-09-30	68%	81%	150	46	222	57

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	10/1/2018	9/1/2018	9/30/2018

Report Frequency: Monthly	Lag Time: 10 calendar days	First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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
2018-02-01 - 2018-02-28	44%	39%	157	34	355	87	0	0	34	0	0
2018-03-01 - 2018-03-31	39%	28%	120	14	305	50	0	0	14	0	0
2018-04-01 - 2018-04-30	44%	35%	128	22	288	63	0	0	22	0	0
2018-05-01 - 2018-05-31	32%	25%	97	15	305	59	0	0	15	0	0
2018-06-01 - 2018-06-30	35%	27%	99	10	284	37	0	0	10	0	0
2018-07-01 - 2018-07-31	34%	27%	83	11	245	41	0	0	11	0	0
2018-08-01 - 2018-08-31	29%	29%	77	17	268	59	0	0	17	0	0
2018-09-01 - 2018-09-30	32%	19%	72	11	222	57	0	0	11	0	0

MCO Name	Reporting Refe	Reporting Name	Submission D	Data Period Start	Data Period End
NH Healthy Fan	BHDRUGPA.01-I	Severe and Mental Illness Drug Prior Authorization- F: CMHC Denial Log	10/1/2018	9/1/2018	9/30/2018

This report is specific to CMHCs		
Report Frequency: Monthly	Lag Time: 10 calendar days	First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling	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 (state reason)
2018-09-01 - 2018-09-30					REXULTI TAB 1MG	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2018-09-01 - 2018-09-30					TRINTELLIX TAB 10MG	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					INVEGA TRINZ INJ 819MG	Age 18+	Yes	0	0	1	0	0
2018-09-01 - 2018-09-30					ALPRAZOLAM TAB 2MG ODT	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					TRINTELLIX TAB 5MG	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					PALIPERIDONE TAB ER 6MG	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					VYVANSE CAP 30MG	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					FLUOXETINE TAB 10MG	Age 0-17	No	0	0	1	0	0
2018-09-01 - 2018-09-30					VYVANSE CAP 40MG	Age 18+	No	0	0	1	0	0
2018-09-01 - 2018-09-30					LUNESTA TAB 2MG	Age 18+	No	0	0	1	0	0

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End	
l Healthy Famil	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization-G.CMHC Provider Complaint Log	10/1/2018	9/1/2018	9/30/2018	This is a rolling 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 MCO	Who is Complaint/Appeal Against	Complaint/Appeal Description	Action/Response Taken	Date Action/Response Taken