			Submission Date	Data Period Start	Data Period End
MCO Name	Reporting Reference	Report Name			
		Severe Mental Illness Drug	9/25/2017	9/17/2017	9/23/2017
		Prior Authorization -			
NH Healthy Families	BHDRUGPA.01-A	A: PA Process Rate			

		First Report Due Date:
Report Frequency: Weekly	Lag Time: 3- Business Days	9/13/2017

Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Timely Pro	al Iliness Drug cessing Rate 100 = %)	Severe Mental Illness Drug PA: Numerator (N)		Severe Mental Illness Dr 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	
2017-09-10 - 2017-09-16	99%	99%	134	71	136	72
2017-09-17 - 2017-09-23	89%	95%	167	91	188	96

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
		Severe Mental Iliness Drug Prior			
NH Healthy Families	BHDRUGPA.01-B	Authorization-B: CMHC Late PA	9/25/20	9/17/2017	9/23/2017

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 displaced some reviewers
2017-09-17 - 2017-09-23	5	5	Staffing issue over the weekend at the PBM
		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·



MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
	BHDRUGPA.01-C	Severe Mental Ulness Drug Prior Authorization			F-3-1-07-90-909
NH Healthy Families		C: Feer-To-Peer	9/25/2017	9/17/2017	9/23/2017

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

³ eer	of Peer-to-Peer eview			Requested Peer-to-Peer		Reason Timely Requested	B of Timely Requested Peer-to-Peer Reviews Not Completed By End of Next Business Day	# of Timely Peer-to-	8 of Timely Requested Peer-to-Peer Reviews Completed by End of Next Business Day (N)	Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day (N/D*100 = %)	Reporting Week: nonth/week (1st day of reporting wk.)/year (Rolling week)
ned	# Overturned	# Upheld			Peer at Provider Office Wasn't Available	Peer at MCOWasn't Available					
			N/A			N/A			6	100%	17-09-03 - 2017-09-09
7		5	N/A			N/A		12	12	100%	17-09-10 - 2017-09-16
1 3 Pen	1	5	N/A	N/A	N/A	N/A	0	9	9	100%	17-09-17 - 2017-09-23
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MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
		Severe Mental Illness Drug			
		Prior Authorization-			
NH Healthy Families	BHDRUGPA.01-D	D: PA Approval Rate	9/25/2017	9/17/2017	9/23/2017

Report Frequency: Weekly			Lag Time: 3- B	usiness Days	First Report 9/13/	
Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	Severe Mental I Approvi	al Rate	Severe Menta PA Numera	:	Severe Mental Illness Drug I	
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

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
		Severe Mental Illness Drug Prior			
NH Healthy Families	BHDRUGPA.01-E	Authorization- E: PA Denial Rate	9/25/2017	9/17/2017	9/23/2017

		First Report Due Date:
Report Frequency: Weekly	Lag Time: 3- Business Days	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		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%		18	78	31	0	0	18	0	
2017-09-10 - 2017-09-16	56%	57%	76	41	136	72	0	0	41	. 0	
2017-09-17 - 2017-09-23	53%	48%	99	46	188	96	0	0	46	0	
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MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
	1				
1	ĺ	Severe and Mental Illness Drug Prior Authorization- F: CMHC			
NH Healthy Families	BHDRUGPA.01-F	Denial Log	9/25/2017	9/17/2017	9/23/2017

This report is specific to CMHCs

Report Frequency: Weekly Leg Time: 3- Business Days 9/13/2017

Reporting Week:				1		_			_			
month/week (1st day of					0							
reporting wk.}/year (Rolling week)	Medicaid ID	Member Lest Name	Member First Name	Prescribing Provider Name			Injectable			denial should only be:	placed in 1 cate	gory (pick
	(VICEOUSIUS IQ)	Internated Case Internat	handrings base begand	Prescribing Provider Name	Drug Harne	Child/Adult	Antipsychotic	the most appropriate)				
								PA Form Incomplete or Illegible	Member Eligibility	Prior Authorization Criterin Not Met	Prescribing Provider not Network Provider	
2017-09-17 - 2017-09-23					VYVANSE CAPBOMG	Age 0-17	No	To method		CITTETIN NOT INET		Other
2017-09-17 - 2017-09-23					REXULTI TAB 2MG	Age 18+	No			0	1 0	4-
2017-09-17 - 2017-09-23				<u> </u>	ZYPREXA TAB 7.5MG	Age 18+	No	-		01		4
2017-09-17 - 2017-09-23			1		SEROQUEL XR TAB 400MG	Age 18+	No				1) 0	_
2017-09-17 - 2017-09-23				_	SAPHRIS SUB 10MG	Age 18+	No	1 7		0	1	-
017-09-17 - 2017-09-23					INVEGA SUST INJ 234/1.5	Age 18+	Yes	 			., .	_
2017-09-17 - 2017-09-23					VRAYLAR CAP 3MG	Age 16+	No			-		_
017-09-17 - 2017-09-23					ARIPIPRAZOLE TAB 20MG	Age 18+	No	- 0				_
2017-09-17 - 2017-09-23					OLANZAPINE TAB 20MG OT		No	 		01	1 0	
2017-09-17 - 2017-09-23					SEROQUEL XR TAB 400MG	Age 18+	No			-	1 0	
1017-09-17 - 2017-09-23				-	LATUDA TAB 40MG	Age 18+	No			D :	-	
2017-09-17 - 2017-09-23					VYVANSE CAPSOMG	Age 18+	No			0 :		
2017-09-17 - 2017-09-23					LATUDA TAB 40MG			- (0 :		
2017-09-17 - 2017-09-23			-		REXULTI TAB 2MG	Age 18+	No			D :	1 0	-
2017-09-17 - 2017-09-23	_					Age 18+	No			0 1		
2017-09-17 - 2017-09-23			-	-[QUETIAPINE TAB 300MG EF		No			0 1	1) 0	<u>/</u>
2017-09-17 - 2017-09-23					INVEGA SUST INJ 234/1.5	Age 18+	Yes			0) :	1 0	
2017-09-17 - 2017-09-23					CLOMIPRAMINE CAP 25MG		No			ol	0	
017-09-17 - 2017-09-23					VYVANSE CAP 70MG	Age 0-17	No			0 :	0	
2017-09-17 - 2017-09-23				-	REXULTI TAB 3MG	Age 18+	No			0[0	1
2017-09-17 - 2017-09-23				-	LATUDA TAB BOMG	Age 18+	No			0 1	0	1
2017-09-17 - 2017-09-23					DULDXETINE CAP SOMG	Age 18+	No			0 1	0	
1017-09-17 - 2017-09-23				_	DULOXETINE CAP GOMG	Age 18+	No			1	0	
2017-09-17 - 2017-09-23					ESCITALOPRAM SOL 5MG/5N		No		-	3 1		
1017-09-17 - 2017-09-23					LATUDA TAB 20MG	Age 18+	No	0			0	0 (
2017-09-17 - 2017-09-23		<u> </u>			ARIPIPRAZOLE TAB 2MG	Age 0-17	Na)	3)	0	
					AMPHET/DEXTR CAP 20MG I		No		1) :	0	1
2017-09-17 - 2017-09-23				-	FOCALIN XR CAP SMG	Age 0-17	No	- 0) () 1	0	
2017-09-17 - 2017-09-23					STRATTERA CAP 10MG	Age 0-17	No) () 1	0	1
2017-09-17 - 2017-09-23					ARIPIPRAZOLE TAB 5MG	Age 18+	No) :	0	
2017-09-17 - 2017-09-23	_			<u> </u>	ARIPIPRAZOLE TAB SMG	Age 18+	No				0	
2017-09-17 - 2017-09-23					GUANFACINE TAB 3MG ER	Age 0-17	No	- 0) 1	0	
2017-09-17 - 2017-09-23			!		INVEGA TAB 6MG	Age 18+	No	0) 1	0	
2017-09-17 - 2017-09-23					LATUDA TAB 20MG	Age 18+	No	0	-	-	0	-
1017-09-17 - 2017-09-23					VYVANSE CAP 30MG	Age 0-17	No				1 7	-
017-09-17 - 2017-09-23					LATUDA TAB 60MG	Age 18+	No			1		_
017-09-17 - 2017-09-23					INVEGA SUST INJ 156MG/M		Yes	1			 	
017-09-17 - 2017-09-23				<u> </u>	ROZEREM TAB BMG	Age 18+	No	0				
017-09-17 - 2017-09-23				1	LATUDA TAB 220MG	Age 18+	No	- 0			-	
017-09-17 - 2017-09-23					QUILLIVANT SUS 25MG/5M		No	0				
017-09-17 - 2017-09-23					METHYLPHENID CAP 30MG E		No	1 0				,
017-09-17 - 2017-09-23					ESCITALOPRAM SOL 5MG/5A		No	- 0			<u> </u>	_
017-09-17 - 2017-09-23					FOCALIN XR CAP 15MG	Age 0-17	No	0				-
017-09-17 - 2017-09-23					AMPHET/DEXTR CAP 10MG E		No	- 0	1			-
017-09-17 - 2017-09-23					VYVANSE CAP SOMG	Age 18+	No	- 0				!
2017-09-17 - 2017-09-23					VVVANSE CAP 70MG	Age 18+	No					
017-09-17 - 2017-09-23		· ·			ABILITY MAIN INJ 400MG	Age 18+	Yes	-0		·		
				·	DWOOD I WALLE IN SOUNG	IVEE 194	1162	0	1	1	0	<u> </u>

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End	This is a running log that also includes information from
NH Healthy Families	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log	9/25/2017	9/17/2017	9/23/2017	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		Complaint/Appeal Category as defined by MCO		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 researched.	9/12/2017
	:		9/12/2017	Coverage benefits		Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/12/2017
			9/12/2017	Coverage benefits	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/12/2017
			9/14/2017	Coverage benefits		Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/14/2017