

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	9/25/2017	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)	Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day (N/O*100 = %)	# of Timely Requested Peer-to-Peer Reviews Completed by End of Next Business Day (N)	# of Timely Peer-to- Peer Reviews Requested (O)	# 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		
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	5	1

3 Pending Decision

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	9/25/2017	9/17/2017	9/23/2017

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
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
NH Healthy Families	BHDRUGPA.01-E	Severe Mental Illness Drug Prior Authorization- E: PA Denial Rate	9/25/2017	9/17/2017	9/23/2017

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%	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
2017-09-17 - 2017-09-23	53%	48%	99	46	188	96	0	0	46	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	9/25/2017	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))	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
2017-09-17 - 2017-09-23					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					REXULTI TAB 2MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ZYPREXA TAB 7.5MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					SEROQUEL XR TAB 400MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					SAPHRS SUB 10MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2017-09-17 - 2017-09-23					VRAYLAR CAP 3MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ARIPRAZOLE TAB 20MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					OLANZAPINE TAB 20MG ODT	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					SEROQUEL XR TAB 400MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 40MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					VYVANSE CAP 60MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 40MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					REXULTI TAB 2MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					QUETIAPINE TAB 300MG ER	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					INVEGA SUST INJ 234/1.5	Age 18+	Yes	0	0	1	0	0
2017-09-17 - 2017-09-23					CLOMIPRAMINE CAP 25MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					VYVANSE CAP 70MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					REXULTI TAB 3MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 80MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					DULOXETINE CAP 60MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					DULOXETINE CAP 60MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ESCTALOPRAM SOL 5MG/5M	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 20MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ARIPRAZOLE TAB 2MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					AMPHET/DEXTR CAP 20MG E	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					FOCALIN XR CAP 5MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					STRATTERA CAP 10MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					GUANFACINE TAB 3MG ER	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					INVEGA TAB 6MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 20MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 60MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-09-17 - 2017-09-23					ROZEREM TAB 8MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					LATUDA TAB 120MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					QUILLVANT SUS 25MG/5ML	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					METHYLPHENID CAP 30MG E	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ESCTALOPRAM SOL 5MG/5M	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					FOCALIN XR CAP 15MG	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					AMPHET/DEXTR CAP 10MG E	Age 0-17	No	0	0	1	0	0
2017-09-17 - 2017-09-23					VYVANSE CAP 60MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					VYVANSE CAP 70MG	Age 18+	No	0	0	1	0	0
2017-09-17 - 2017-09-23					ABILIFY MAIN INJ 400MG	Age 18+	Yes	0	0	1	0	0

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End	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.
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	

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
			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	Peer to Peer reviewer	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	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/14/2017