

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	10/2/2017	9/24/2017	9/30/2017

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	95%	100%	74	31	78	31
2017-09-10 - 2017-09-16	99%	99%	134	71	136	72
2017-09-17 - 2017-09-23	89%	95%	167	91	188	96
2017-09-24 - 2017-09-30	88%	92%	188	108	214	118

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NH Healthy Families	BHDRUGPA.01-A	Severe Mental Illness Drug Prior Authorization - A: PA Process Rate	10/2/2017	9/24/2017	9/30/2017

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						

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	10/2/2017	9/24/2017	9/30/2017

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	Hurrican Irma displaced some reviewers
2017-09-17 - 2017-09-23	5	5	Staffing issue over the weekend at the PBM
2017-09-24 - 2017-09-30	3	3	Missed turnaround time by less than an hour.

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NH Healthy Families	BHDRUGPA.01-B	Severe Mental illness Drug Prior Authorization- B: CMHC Late PA	10/2/2017	9/24/2017	9/30/2017

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)

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	10/2/2017	9/24/2017	9/30/2017

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
2017-09-24 - 2017-09-30	55%	53%	117	62	214	118

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	10/2/2017	9/24/2017	9/30/2017

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
2017-09-24 - 2017-09-30	45%	47%	97	56	214	118	0	0	56	0	0

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	10/2/2017	9/24/2017	9/30/2017

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- <i>ONLY FOR CMHCs</i> 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

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	10/2/2017	9/24/2017	9/30/2017

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 IRegible	Member Eligibility Issue	Prior Authorization Criteria Not Met	Prescribing Provider not Network Provider	Other
2017-09-24 - 2017-09-30					ADDERALL TAB 20MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					SAPHRIS SUB 5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VENLAFAXINE TAB 150MG ER	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					FETZIMA CAP 40MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					LATUDA TAB 20MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VENLAFAXINE CAP 150MG ER	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					AMBIEN CR TAB 12.5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VENLAFAXINE CAP 150MG ER	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 70MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-09-24 - 2017-09-30					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 2MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					FOCALIN XR CAP 30MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 70MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					DEPAKOTE SPR CAP 125MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					REXULTI TAB 1MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ATIVAN TAB 2MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					QUETIAPINE TAB 200MG ER	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 40MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 2MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 20MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 40MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					REXULTI TAB 1MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ADDERALL XR CAP 20MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 60MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					QUETIAPINE TAB 400MG ER	Age 18+	No	0	0	2	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 5MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					DULOXETINE CAP 60MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					SEROQUEL XR TAB 200MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ZYPREXA ZYDI TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					FOCALIN XR CAP 15MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					DULOXETINE CAP 60MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					REXULTI TAB 1MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					DEXMETHYLPHEN CAP 10MG ER	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 40MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 15MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ADDERALL XR CAP 20MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ZOLPIDEM ER TAB 6.25MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					VYVANSE CAP 40MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30					ARIPIRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0

2017-09-24 - 2017-09-30				SEROQUEL XR TAB 300MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30				QUETIAPINE TAB 300MG ER	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30				ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30				ABILIFY SOL 1MG/ML	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30				LATUDA TAB 60MG	Age 18+	No	0	0	1	0	0
2017-09-24 - 2017-09-30				AMPHET/DEXTR CAP 30MG ER	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30				FOCALIN XR CAP 15MG	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30				DEXMETHYL PHE CAP 10MG ER	Age 0-17	No	0	0	1	0	0
2017-09-24 - 2017-09-30				FOCALIN XR CAP 15MG	Age 0-17	No	0	0	1	0	0

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start
NH Healthy Families	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization-G.CMHC Provider Complaint Log	10/2/2017	9/24/2017

NPI Number	Provider Name	Provider CMHC	Date Received	Complaint/Appeal Category as defined by MCO	Who is Complaint/Appeal Against
			9/11/2017	Coverage benefits	Peer to Peer reviewer
			9/12/2017	Coverage benefits	Peer to Peer reviewer
			9/12/2017	Coverage benefits	Peer to Peer reviewer
			9/14/2017	Coverage benefits	Peer to Peer reviewer
			9/22/2017	Coverage benefits	Envolve reviewer

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.
9/30/2017	

Complaint/Appeal Description	Action/Response Taken	Date Action/Response Taken
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
Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/12/2017
Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/12/2017
Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	9/14/2017
Denial of medication. Disagreement of determination.	Left multiple messages with office. Have not been able to connect with office.	9/29/2017