

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	10/9/2017	10/1/2017	10/7/2017

<b>Report Frequency:</b> Weekly	<b>Lag Time:</b> 3- Business Days	<b>First Report Due Date:</b> 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
2017-10-01 - 2017-10-07	85%	89%	137	67	161	75

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	10/9/2017	10/1/2017	10/7/2017

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
2017-09-24 - 2017-09-30	3	3	Missed turnaround time by less than an hour
2017-10-01 - 2017-10-07	8	8	Missed turnaround time by less than an hour.



MCD Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHRUGPA.D1-D	Severe Mental Illness Drug Prior Authorization- D: PA Approval Rate	10/9/2017	10/1/2017	10/7/2017

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
2017-10-01 - 2017-10-07	61%	60%	99	45	161	75

MCD 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	10/9/2017	10/1/2017	10/8/2017

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
2017-10-01 - 2017-10-07	39%	40%	62	30	161	75	0	0	30	0	0

MCO Name	Reporting Reference	Reporting Name	Submission Date	Date Period Start	Date Period End
NH Healthy Families	BHDRUGPA.01-F	Severe and Mental Illness Drug Prior Authorization- F: CMHC Denial Log	10/9/2017	10/1/2017	10/8/2017

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

Reporting Week: month/year (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 Missing	Member Eligibility Issue	Prior Authorization Criteria Not Met	Prescribing Provider not Network Provider	Other	
2017-10-01 - 2017-10-07					ESZOPICLONE TAB 3MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 5MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					STRATTERA CAP 80MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					LATUDA TAB 80MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					DISULFIRAM TAB 500MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ACAMPRO CAL TAB 333MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					LYRICA CAP 150MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					CLONIDINE DNS 0.2/24HR	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 30MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 5MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ABUJFY TAB 2MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					VYVANSE CAP 70MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					VYVANSE CAP 40MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					QUETIAPINE TAB 150MG ER	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ABUJFY MAIN INJ 400MG	Age 18+	Yes	0	0	0	1	0	0
2017-10-01 - 2017-10-07					VYVANSE CAP 60MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 2MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					DEXMETHYLPHNE CAP 10MG ER	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					DEXMETHYLPHNE CAP 10MG ER	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					DEXMETHYLPHNE CAP 10MG ER	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	0	1	0	0
2017-10-01 - 2017-10-07					DISULFIRAM TAB 500MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					SAPHNIS SUB 2.5MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					PALIPERIDONE TAB ER 3MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					VIIBRYD TAB 40MG	Age 18+	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					CONCERTA TAB 36MG	Age 0-17	No	0	0	0	1	0	0
2017-10-01 - 2017-10-07					DULOXETINE CAP 60MG	Age 18+	No	0	0	0	1	0	0

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End	
NH Healthy Families	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log	10/9/2017	10/1/2017	10/8/2017	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.

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	Pharmacy	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	Pharmacy	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	Pharmacy	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	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Case was sent to appeal and has been approved.	9/14/2017
			9/22/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Left multiple messages with office. Have not been able to connect with provider due to his vacation status.	9/29/2017
			10/2/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Case was sent to appeal and complaint is being researched.	10/2/2017