

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	10/16/2017	10/8/2017	10/14/2017

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
2017-10-01 - 2017-10-07	85%	89%	137	67	161	75
2017-10-08 - 2017-10-14	85%	100%	163	83	192	83

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHDRUGPA01-B	Severe Mental Illness Drug Prior Authorization- B: CMHC Late PA	10/16/2017	10/8/2017	10/14/2017

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.
2017-10-01 - 2017-10-07	8	8	Missed turnaround time by less than an hour.
2017-10-08 - 2017-10-14	0	0	

MCD 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	10/16/2017	10/9/2017	10/14/2017

This report is specific to CMCs.	
Report Frequency: Weekly	Lag Time: 3- Business Days First Report Due Date: 9/15/2017

Reporting Week: month/week (1st day of reporting w.k./year (Rolling week))	Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day (N/(D*100 = %))	# of Timely 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 MCD 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	# Reversed
2017-09-05 - 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	7	2
2017-09-24 - 2017-09-30	100%	14	14	0	N/A	N/A	N/A	N/A	7	7
2017-10-01 - 2017-10-07	100%	7	7	0	N/A	N/A	N/A	N/A	4	3
2017-10-08 - 2017-10-14	100%	3	3	0	N/A	N/A	N/A	N/A	1	2

MCD 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	10/16/2017	10/8/2017	10/14/2017

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	
2017-10-08 - 2017-10-14	57%	55%	110	46	192	83	

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	10/16/2017	10/8/2017	10/14/2017			

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
2017-10-08 - 2017-10-14	43%	45%	82	37	192	83	0	0	37	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	10/16/2017	10/9/2017	10/14/2017

This report is specific to CMHCs		
Report Frequency: Weekly	Log 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
2017-10-08 - 2017-10-14					DEKMETHYLPH CAP 10MG ER	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					LATUDA TAB 40MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 20MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					CLOMIPRAMINE CAP 50MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					SEROQUEL XR TAB 50MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 2MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 2MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ABILIFY MAIN INJ 400MG	Age 18+	Yes	0	0	1	0	0
2017-10-08 - 2017-10-14					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-10-08 - 2017-10-14					ABILIFY MAIN INJ 300MG	Age 18+	Yes	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 20MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 2MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 5MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 5MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ABILIFY TAB 2MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ZOLPIDEM TAB 10MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					AMPHET/DEXTR CAP 30MG ER	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					VYVANSE CAP 70MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					LATUDA TAB 40MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					VENLAFAXINE CAP 150MG ER	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ADDERALL XR CAP 10MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					AMPHET/DEXTR CAP 20MG ER	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					LAMOTRIGINE TAB 300MG ER	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					VYVANSE CAP 70MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					BHTUNIV TAB 1MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					VYVANSE CAP 40MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					QUETIAPINE TAB 50MG ER	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					DIAZEPAM TAB 2MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					PALIPERIDONE TAB ER 9MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					TEMAZEPAM CAP 15MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					SEROQUEL XR TAB 200MG	Age 18+	No	0	0	1	0	0
2017-10-08 - 2017-10-14					VYVANSE CAP 50MG	Age 0-17	No	0	0	1	0	0
2017-10-08 - 2017-10-14					ARIPRAZOLE TAB 2MG	Age 18+	No	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	10/16/2017	10/8/2017	10/14/2017	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 Lori from his office. Dr. Turnbull is in Africa.	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
			10/13/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Appeals department is out reaching to provider.	10/13/2017