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	10/30/2017	10/22/2017	10/28/2017

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 Timely Processing 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	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
2017-10-15 - 2017-10-21	99%	100%	134	60	135	60
2017-10-22 - 2017-10-28	100%	100%	117	43	117	43

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	10/30/2017	10/22/2017	10/28/2017

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	
2017-10-15 - 2017-10-21	0	0	
2017-10-22 - 2017-10-28	0	0	

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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	10/30/2017	10/22/2017	10/28/2017

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/D*100 = %)	# ofTimely 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 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	3	3
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
2017-10-15 - 2017-10-21	100%	7	7	0	N/A	N/A	N/A	N/A	4	3
2017-10-22 - 2017-10-28	100%	6	6	0	N/A	N/A	N/A	N/A	5	1

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	10/30/2017	10/22/2017	10/28/2017

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
2017-10-15 - 2017-10-21	51%	48%	69	29	135	60
2017-10-22 - 2017-10-28	60%	58%	70	25	117	43

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	10/30/2017	10/22/2017	10/28/2017

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 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
2017-10-15 - 2017-10-21	49%	52%	66	31	135	60	0	0	31	0	0
2017-10-22 - 2017-10-28	40%	42%	47	18	117	43	0	0	18	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	10/30/2017	10/22/2017	10/28/2017

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
2017-10-22 - 2017-10-28					NEURONTIN CAP 100MG	Age 18+	No	0	0	1	0	0
2017-10-22 - 2017-10-28					INVEGA SUST INJ 156MG/ML	Age 18+	Yes	0	0	1	0	0
2017-10-22 - 2017-10-28					VYVANSE CAP 30MG	Age 18+	No	0	0	1	0	0
2017-10-22 - 2017-10-28					PALIPERIDONE TAB ER 1.5MG	Age 18+	No	0	0	1	0	0
2017-10-22 - 2017-10-28					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					ESZOPICLONE TAB 3MG	Age 18+	No	0	0	1	0	0
2017-10-22 - 2017-10-28					ARIPIPRAZOLE TAB 5MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					CLONIDINE TAB 0.1MG ER	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					VYVANSE CAP 50MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					FOCALIN XR CAP 20MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					ARIPIPRAZOLE TAB 5MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					LATUDA TAB 60MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					VENLAFAXINE CAP 150MG ER	Age 18+	No	0	0	1	0	0
2017-10-22 - 2017-10-28					INVEGA TRINZ INJ 819MG	Age 18+	Yes	0	0	1	0	0
2017-10-22 - 2017-10-28					VYVANSE CAP 30MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					STRATTERA CAP 10MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					STRATTERA CAP 18MG	Age 0-17	No	0	0	1	0	0
2017-10-22 - 2017-10-28					STRATTERA CAP 25MG	Age 0-17	No	0	0	1	0	0

MCO Name	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	10/30/2017	10/22/2017	10/28/2017	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.	Grievance & Appeals spoke with providers office, advised the complaint was that the medication was not approved. Office was advised that an appeal could be requested and COC was put in, Office contact advised that she would ask the provider how she would like to proceed. To date we have not received an appeal request or a consent form from the member. Grievance & Appeals will reachout again to provide assistance.	9/12/2017-10/30/2017
			9/12/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Upheld on appeal on 10/11/17.	9/12/2017
			9/12/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	New information supplied and overturned on appeal	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. Provider is out of the country. Have spoken with office, they are looking into how the provider would like to proceed.	9/29/2017
			10/2/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	New information supplied and overturned on appeal	10/2/2017
			10/11/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Appeal is pending.	10/12/2017
			10/24/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	New information supplied and overturned on appeal	10/24/2017
			10/24/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	After additonal information was received by Envolve, medication has been approved.	10/24/2017
			10/26/2017	Pharmacy	Peer to Peer reviewer	Denial of medication. Disagreement of determination.	Case has been sent to appeals. COC was put in.	10/26/2017