| 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 | 11/6/2017 | 10/29/2017 | 11/4/2017 |

| 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 |
| 2017-10-29 - 2017-11-04 | 100% | 100% | 29 | 12 | 29 | 12 |

| 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 | 11/6/2017 | 10/29/2017 | 11/4/2017 |

| 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 | |
| 2017-10-29 - 2017-11-04 | 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 | 11/6/2017 | 10/29/2017 | 11/4/2017 |

| 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 | |
| 2017-10-29 - 2017-11-02 | 100% | 3 | 3 | 0 | N/A | N/A | N/A | N/A | 0 | 2 | 1 Pending |

| 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 | 11/6/2017 | 10/29/2017 | 11/4/2017 |

| 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 |
| 2017-10-29 - 2017-11-04 | 59% | 67% | 17 | 8 | 29 | 12 |

| 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 | 11/6/2017 | 10/29/2017 | 11/4/2017 |

| 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 |
| 2017-10-29 - 2017-11-04 | 41% | 33% | 12 | 4 | 29 | 12 | 0 | 0 | 4 | 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 | 11/6/2017 | 10/29/2017 | 11/4/2017 |

| 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 |
| 2017-10-29 - 2017-11-04 | | | | | TRINTELLIX TAB 20MG | Age 18+ | No | 0 | 0 | 1 | 0 | 0 |
| 2017-10-29 - 2017-11-04 | | | | | ABILIFY TAB 5MG | Age 0-17 | No | 0 | 0 | 1 | 0 | 0 |
| 2017-10-29 - 2017-11-04 | | | | | ARIPIPRAZOLE TAB 15MG | Age 18+ | No | 0 | 0 | 1 | 0 | 0 |
| 2017-10-29 - 2017-11-04 | | | | | LATUDA TAB 60MG | 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 | HDRUGPA.01 | Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log | 11/6/2017 | 10/29/2017 | 11/4/2017 | 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 | 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 | Upheld on appeal on 10/11/17. | 9/12/2017 |
| | | | 9/12/2017 | Pharmacy | Peer to Peer reviewer | Denial of medication. Disagreement of | Overturned on appeal | 9/12/2017 |
| | | | 9/14/2017 | Pharmacy | Peer to Peer reviewer | Denial of medication. Disagreement of | 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 | Overturned on appeal | 10/2/2017 |
| | | | 10/11/2017 | Pharmacy | Peer to Peer reviewer | Denial of medication. Disagreement of | Appeal is pending. | 10/12/2017 |
| | | | 10/24/2017 | Pharmacy | Peer to Peer reviewer | Denial of medication. Disagreement of | Overturned on appeal | 10/24/2017 |
| | | | 10/24/2017 | Pharmacy | Peer to Peer reviewer | Denial of medication. Disagreement of | 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 | Case has been sent to appeals. COC was put in. | 10/26/2017 |
| | | | 11/4/2017 | Pharmacy | Denial of medication | Denial of medication. | Case has been sent to appeals. COC was put in. | 11/6/2017 |