

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	1/2/2019	12/1/2018	12/31/2018

Report Frequency: Monthly	Lag Time: 10 Calendar Days	First Report Due Date: 3/10/2018
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Reporting Month: month/year (Rolling month)	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. February/2018						
2018-02-01 - 2018-02-28	100%	100%	355	87	355	87
2018-03-01 - 2018-03-31	100%	100%	305	50	305	50
2018-04-01 - 2018-04-30	100%	100%	288	63	288	63
2018-05-01 - 2018-05-31	99%	100%	301	59	305	59
2018-06-01 - 2018-06-30	100%	100%	284	37	284	37
2018-07-01 - 2018-07-31	100%	100%	245	41	245	41
2018-08-01 - 2018-08-31	100%	100%	268	59	268	59
2018-09-01 - 2018-09-30	100%	100%	222	57	222	57
2018-10-01 - 2018-10-31	100%	100%	366	109	366	109
2018-11-01 - 2018-11-30	100%	100%	291	63	291	63
2018-12-01 - 2018-12-31	100%	100%	238	47	238	47

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
NH Healthy Families	BHRUGPA.01-C	Severe Mental Illness Drug Prior Authorization- C: Peer-To-Peer	1/2/2019	12/1/2018	12/31/2018

This report is specific to CMHCs.	
Report Frequency: Monthly	Lag Time: 10 calendar days First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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 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
2018-02-01 - 2018-02-28	100%	0	0	0	N/A	N/A	0	0	0	0
2018-03-01 - 2018-03-31	100%	3	3	0	N/A	N/A	0	0	2	1
2018-04-01 - 2018-04-30	100%	1	1	0	N/A	N/A	0	0	0	1
2018-05-01 - 2018-05-31	100%	1	1	0	N/A	N/A	0	0	0	1
2018-06-01 - 2018-06-30	100%	0	0	0	N/A	N/A	0	0	0	0
2018-07-01 - 2018-07-31	100%	0	0	0	N/A	N/A	0	0	0	0
2018-08-01 - 2018-08-31	100%	1	1	0	N/A	N/A	0	0	0	1
2018-09-01 - 2018-09-30	100%	0	0	0	N/A	N/A	0	0	0	0
2018-10-01 - 2018-10-31	100%	2	2	0	N/A	N/A	0	0	2	0
2018-11-01 - 2018-11-30	100%	2	2	0	N/A	N/A	0	0	1	1
2018-12-01 - 2018-12-31	100%	0	0	0	N/A	N/A	0	0	0	0

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	1/2/2019	12/1/2018	12/31/2018

Report Frequency: Monthly		Lag Time: 10 Calendar Days		First Report Due Date: 3/10/2018		
Reporting Month: month/year (Rolling month)	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. February/2018	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs
2018-02-01 - 2018-02-28	55.77%	60.92%	198	53	355	87
2018-03-01 - 2018-03-31	60.66%	72.00%	185	36	305	50
2018-04-01 - 2018-04-30	55.56%	65.08%	160	41	288	63
2018-05-01 - 2018-05-31	68.20%	74.58%	208	44	305	59
2018-06-01 - 2018-06-30	65.14%	72.97%	185	27	284	37
2018-07-01 - 2018-07-31	66.12%	73.17%	162	30	245	41
2018-08-01 - 2018-08-31	71.27%	71.19%	191	42	268	59
2018-09-01 - 2018-09-30	67.57%	80.70%	150	46	222	57
2018-10-01 - 2018-10-31	70.77%	73.39%	259	80	366	109
2018-11-01 - 2018-11-30	71.48%	74.60%	208	47	291	63
2018-12-01 - 2018-12-31	71.85%	74.47%	171	35	238	47

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	1/2/2019	12/1/2018	12/31/2018

This report is specific to CMHCs		
Report Frequency: Monthly	Lag Time: 10 calendar days	First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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 (state reason)
2018-12-01 - 2018-12-31					VRAYLAR CAP 1.5M	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					ALPRAZOLAM TAB 2	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					LATUDA TAB 20MG	Age 0-17	No	0	0	1	0	0
2018-12-01 - 2018-12-31					ADDERALL XR CAP 15	Age 0-17	No	0	0	1	0	0
2018-12-01 - 2018-12-31					AMPHET/DEXTR CAP	Age 0-17	No	0	0	1	0	0
2018-12-01 - 2018-12-31					DEXMETHYLPH TAB 5	Age 0-17	No	0	0	1	0	0
2018-12-01 - 2018-12-31					CLOMIPRAMINE CAP 1	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					ADDERALL XR CAP 20	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					VIBRYD TAB 10MG	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					QUETIAPINE TAB 200	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					VVANSE CAP 60M	Age 18+	No	0	0	1	0	0
2018-12-01 - 2018-12-31					AMPHET/DEXTR CAP	Age 0-17	No	0	0	1	0	0

