

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	3/1/2018	2/1/2018	2/28/2018

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 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

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	3/1/2018	2/1/2018	2/28/2018

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

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	3/1/2018	2/1/2018	2/28/2018

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	56%	61%	198	53	355	87

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 Dental Log	3/1/2018	2/1/2018	2/28/2018

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

Reporting 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)
2018-02-01 - 2018-02-28					SEROQUEL XR TAB 50MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					PALIPERIDONE TAB ER 3MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					VYVANSE CAP 40MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					LYRICA CAP 50MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					INVEGA TAB 1.5MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ABILIFY TAB 2MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE SOL 1MG/ML	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 2MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					VRAYLAR CAP 1.5MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					LATUDA TAB 60MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					IMIPRAM PAM CAP 150MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 10MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 15MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					INVEGA TAB 3MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					STRATTERA CAP 60MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					LATUDA TAB 40MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 10MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					LATUDA TAB 120MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					FOCALIN XR CAP 15MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					VYVANSE CAP 10MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					METHYLIN SOL 5MG/5ML	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					METHYLIN SOL 5MG/5ML	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					VYVANSE CAP 40MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					QUILLICHEW CHW 20MG ER	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					FOCALIN XR CAP 5MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					FOCALIN XR CAP 5MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 2MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 2MG	Age 0-17	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					ARIPRAZOLE TAB 5MG	Age 18+	No	0	0	1	0	0
2018-02-01 - 2018-02-28					REXULTI TAB 0.25MG	Age 18+	No	0	0	1	0	0

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End	This is a rolling 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.
NH Healthy Families	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log	3/1/2018	2/1/2018	2/28/2018	

NPI Number	Provider Name	Provider CMHC	Date Received	Complaint/Appeal Category as defined by MCO	Complaint/Appeal Against	Complaint/Appeal Description	Action/Response Taken	Date Action/Response Taken