MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
		Severe Mental Illness Drug			
Well Sense		Prior Authorization -	ļ		
	BHDRUGPA.01-A	A: PA Process Rate	3/10/2019	2/1/2019	2/28/2019

THE PROPERTY OF THE PARTY OF TH		First Report Due Date:
Report Frequency: Monthly	Lag Time: 10 Calendar Days	3/10/2018

Reporting Month: month/year (Rolling month)	Timely Pro	al Illness Drug cessing Rate LOO = %)	Severe Mental II		Severe Mental Illness Drug PA: Denominator (D)		
e.g. February/2018	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs	
February/2018	95.56%	97.22%	237	35		3	
March/2018	95.29%	100.00%	182	24	191	2	
April/2018	95.93%	100.00%	212	16	221	1	
May/2018	98.71%	100.00%	230	18	233	1	
June/2018	100.00%	100.00%	195	15	195	1	
July/2018	99.49%	100.00%	195				
August/2018	99.20%	100.00%	248	22	250	2:	
September/2018	97.01%	100.00%	195	14	201	14	
October/2018	98.81%	96.15%	249	25	252	21	
November/2018	98.05%	100.00%	252	24	257	24	
December/2018	97.30%	100.00%	216	13	222	13	
January/2019	98.39%	100.00%	245	46	249	40	
February/2019	100.00%	100.00%	200	25	200	25	

MCO Name	Reporting Reference	Reporting Name	Submission Date		Data Period Start	Data Period End
Well Sense		Severe Mental Illness Drug Prior Authorization-B: CMHC Late PA		3/10/2019	2/1/2019	2/28/2019

This report is specific to CMHCs.

Report Frequency: Month Lag Time: 10 calendar days First Report Due Date: 3/10/2018

Reporting Month: month/year (Rolling month)	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)
			The case was originally identified as not needed due to paid test claims. However it is for a QL and therefore needed approval. Second case not notified timely, but
February/2018	1		decision made timely. Sat to verify prescriber fax number prior to notification.
March/2018	0		
April/2018	0	0	
May/2018	0	0	
June/2018	0		
July/2018	0	0	
August/2018	0		
September/2018	0	0	
October/2018	1	1	Case was not on the correct form from the ePA system originally. Delayed identification of CMHC.
November/2018	0		
December/2018	0		
lanuary/2019	0		
February/2019	0	0	
			
	T		

ICO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-B	Severe Mental Illness Drug Prior Authorization- B: CMHC Late PA	3/1	0/2019 2/1/201	9 2/28/2
This report is	specific to CMHCs.				
Report Fr	equency: Month	Lag Time: 10 calendar days	First Report Due Date: 3/10/2018		
Reporting Month: month/year (Rolling month)	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)		

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-C	Severe Mental Illness Drug Prior Authorization- C: Peer-To-Peer	3/10/2019	2/1/2019	2/28/2019

This report is specific to CMHCs.		
	Lag Time: 10 calendar	First Report Due
Report Frequency: Monthly	days	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 = %)	# ofTimely Requested	# of Timely Peer- to-Peer Reviews Requested (D)	# of Timely Requested Peer-to-Peer Reviews Not Completed By End of Next Business Day		pleted By End of Next	Total # of PAs Automatically approved because the MCO was not available to complete the Timely Requested Paer-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.		of Peer-to-Peer Review
February/2018					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available			# Upheld	# Overturned
	0%	0		<u>-</u>		0	0	0		0
March/2018	0%		1		1	0	0	0		0
April/2018	100%	1	1	0		0	0	0		1
May/2018	0%	0			0	0	0	0		ol
June/2018	0%		0	0	0	0	0	0		o
July/2018	0%	0		0	0	0	0	- 0		0
August/2018	0%	0	0	0	0	0		0		0
September/2018	0%	0.	0	0	0			0		
October/2018	0%	0	0	0	0					Ö
November/2018	0%	0	0	0	0					0
December/2018	0%	0	0	0	n	0		0	_	0
lanuary/2019	0%	0	0		0	0		0		_
February/2019	0%	0	0					0		0
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MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
Well Sense		Severe Mental Illness Drug Prior Authorization-			
well sense	BHDRUGPA.01-D	D: PA Approval Rate	3/10/2019	2/1/2019	2/28/2019

Report Frequency: Monthly			alendar Days	First Report Due Date: 3/10/2018			
Approve	al Rate	PA		Severe Mental I	-		
MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs		
56.85%	66.67%	141	24	248			
58.64%	83.33%	112	20	191	24		
52.04%	75.00%	115	12	221	16		
60.52%	72.22%	141	13	233	18		
67.69%	80.00%	132	12	195	15		
63.27%	66.67%	124	6	196	9		
58.80%	86.36%	147	19		22		
60.20%	64.29%	121	9		14		
55.56%	53.85%	140	14	252	26		
58.75%	75.00%	151	18	257	24		
59.91%	76.92%	133	10	222	13		
63.05%	86.96%	157	40	249	46		
62.00%	80.00%	124	20	200	25		
	Severe Mental I Approva (N/D*10 MCM Program 56.85% 58.64% 52.04% 60.52% 67.69% 63.27% 58.80% 60.20% 55.56% 58.75% 59.91% 63.05%	Severe Mental Illness Drug PA Approval Rate (N/D*100 = %) MCM Program CMHCs 56.85% 66.67% 58.64% 83.33% 52.04% 75.00% 60.52% 72.22% 67.69% 80.00% 63.27% 66.67% 58.80% 86.36% 60.20% 64.29% 55.56% 53.85% 75.00% 59.91% 76.92% 63.05% 86.96%	Severe Mental Illness Drug PA Approval Rate (N/D*100 = %) MCM Program 56.85% 66.67% 141 58.64% 83.33% 112 52.04% 75.00% 115 60.52% 72.22% 141 67.69% 80.00% 132 63.27% 66.67% 124 58.80% 86.36% 147 60.20% 64.29% 121 55.56% 53.85% 140 58.75% 75.00% 151 59.91% 76.92% 133 63.05% 86.96%	Severe Mental Illness Drug PA Approval Rate (N/D*100 = %) Numerator (N)	Severe Mental Illness Drug PA Approval Rate (N/D*100 = %) Numerator (N) Denominary		

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-E	Severe Mental Illness Drug Prior Authorization- E: PA Denial Rate	3/10/2019	2/1/2019	2/28/2019

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 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	Prior Authorization Criteria Not Met	Prescribing Provider not Network Provider	Other
ebruary/2018	43.15%			12	248				12		
March/2018	41.36%			-	191	24			4		
\pril/2018	47.96%	25.00%	106	4	221	16			4		
May/2018	39.48%	27.78%			233	18			5		
une/2018	32.31%				195	15			3		
uly/2018	36.73%	33.33%	72	3	196				3		
\ugust/2018	41.20%	13.64%	103	3	250	22			3		
September/2018	39.80%	35.71%	80	5	201	14			5		
October/2018	44.44%	46.15%		12	252	26			12		
November/2018	41.25%	25.00%			257	24			6		
December/2018	40.09%	23.08%			222	13		<u> </u>	3		
anuary/2019	36.95%	13.04%	92		249	46			- 3		
ebruary/2019	38.00%	20.00%	76		200	25		 			
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MCO Name	Reporting Referen	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-F	Severe and Mental Illness Drug Prior Authorization- F: CMHC Denial Log	3/10/2019	2/1/2019	2/28/2019

This report is specific to CMHCs

Lag Time: 10 calendar | 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 Antiosychotic	Reason for Den	nial- ONLY FOR C	MHCs Each de	enial should or	nly be pla
								PA Form Incomplete or Illegible		Prior Authorizatio n Criteria	Prescribing Provider not Network Provider	Other (state reason)
					DESVENLAFAXINE SUC			Ī		x		1
					TRINTELLIX 10 MG TA					х		1
					ARIPIPRAZOLE 2 MG T				-	х		1
					LYRICA 100 MG CAPSU					х		1
					DEXMETHYLPHENIDAT	Child				х		
					LAMOTRIGINE ER 50 N	Adult				х		1
					CONCERTA ER 36 MG	Child				x	i	$\overline{}$
					DESVENLAFAXINE SUC	Child		_	İ	x		$\overline{}$
					MODAFINIL 100 MG T	adult				х	i	1
					CLONIDINE HCL 0.2 M	Child				x	·	1
					RISPERDAL 1 MG TABL	Child	 			x		_
					RISPERDAL 1 MG TABL	Child			-	x		+
					ADDERALL XR 25 MG (Child			-	x	 	1
					PALIPERIDONE ER 3 M	Adult	1			х		1
					VIGABATRIN 500 MG F	Child				х		†
					ATOMOXETINE HCL 40	Adult	1			х		
					LAMOTRIGINE ODT 25	Child				x		
					LATUDA 20 MG TABLE	Child			i	x		1
					ATOMOXETINE HCL 10					X		
					LITHIUM CARBONATE		1	-	-	X	_	1-
					LATUDA 20 MG TABLE				-	Х		\vdash
					LATUDA 40 MG TABLE		-			X		+-
					LATUDA 20 MG TABLE					X	-	-
					LATUDA 20 MG TABLE					X		-
					BUPROPION HCL XL 1		 	_		X		┼──
					ZOLOFT 25 MG TABLE		 			X		
					CLONIDINE HCL ER 0.1		 		-	X		
					STRATTERA 40 MG CA				_	X	_	-
					LAMOTRIGINE ER 25 N					X		
					QUETIAPINE FUMARA			_	_	X	<u> </u>	\leftarrow
					KAPVAY ER 0.1 MG TA		 			X		
					LYRICA 50 MG CAPSUI			-		X	1	
					MODAFINIL 100 MG T			_		X		
					LYRICA 75 MG CAPSUL					X		├─
					REXULTI 1 MG TABLET		-			X		$\vdash \!$
					THE PROPERTY OF THE PARTY OF TH	rivett	I.			^		1

LATUDA 2 MG TABLE Child METHYPHPENDIATS 5 Child X LYNICA 5 MG CAPSULADHT DESVENIAPACHE SU CAUDH LATUDA 20 MG TABLE ADUT AX LATUDA 20 MG TABLE ADUT X MIRTRAPHE 30 MG CABLE FOCALIY XR 10 MG CABLE CONJUNE 10 MG CABLE AX ATOMOSETINE 10. C. 25 Aduth ARRODAPHIN 250 M CABLE ARRODAPHIN 250 M CABLE STRATTERA 5 MG ADUT ARRODAPHIN 250 M CABLE STRATTERA 5 MG ADUT ARRODAPHIN 250 M CABLE ARRODAPHIN 250 M CABLE STRATTERA 5 MG ADUT AX ARRODAPHIN 250 M CABLE ARRODAPHIN 250 M CABLE STRATTERA 5 MG ADUT AX ARRODAPHIN 250 M CABLE ARRODAPHIN 250 M CA			
METHYPHENIATES I CHIEF LYRICA SO MIC CARPULLATUR UNRICA SO MIC CARPULLATUR DESVENLAFAKINE SUC Adult LATUDA 20 MG TABLE Adult X LATUDA 20 MG TABLE Adult MIRTRAZPINES ON GAME FOCALIN XR 10 MG CA CHIEF COMMINER LET CARPULLATUR ATOMOMETINE HOLD (I CHIEF ATOMOMETINE HOLD (I	LATUDA 60 MG TABLE Adult		x
LYRICA SO MG CAPSUL Adult DESVENLARATINE SU MAUT LATUDA 20 MG TABLE MIRTAZAPHE 30 MG AGUR FOCALITY X1 DW AGUR FOCALITY X1 DW AGUR CLONIDINE HCL ER 0.3 Child LATUDA 20 MG TABLE Adult X CLONIDINE HCL ER 0.3 Child X ATOMOMETINE HCL 25 Adult ATOMOMETINE HCL 25 Adult ATOMOMETINE HCL 25 Adult ATOMOMETINE HCL 25 Adult ATOMOMETINE HCL 26 Adult X METHYLPHENDATE ER Adult ARHODARTHS BO MAUR			x
DESCRIPTION TO THE CARDIN TO T			x
LATUDA 20 MG TANLE Adult MIRTAZAPHIES ON GA AGUR MIRTAZAPHIES ON GA COMINE HCLER O. I. Choild CLOMINE HCLER O. I. Choild X LATUDA 20 MG TANLE Adult ATOMOXETINE HCL. 25 Adult ATOMOXETINE HCL. 25 Adult ATOMOXETINE HCL. 25 Adult X ATOMOXETINE HCL. 25 Adult X METHYLPHENIDATE EF Adult X METHYLPHENIDATE EF Adult X ARMODAPHIL 250 MG Child X STRATTERA BO MG CA Adult STRATTERA BO MG CA Adult ARIPPRAZOLE 5 MG T. Child X ARIPPRAZOLE 5 MG T. Child X ARIPPRAZOLE 5 MG T. Child X ATOMOXETINE HCL. 4C Child X ATOMOXETINE HCL. 4C Child X ATOMOXETINE HCL. 4C Child X COTTELLAR XR 600 MG (Child X VINERY 64 JUSTENIOL CHILD CH			x
MIRTAZAPINE 30 MG CA FOCALIVA R10 MG CA CLONIDINE HCL ER 0.1 Child X LATUDA 20 MG TABLE Adult ATOMOSETINE HCL 23 Adult ATOMOSETINE HCL 24 Adult X ATOMOSETINE HCL 24 Adult X ATOMOSETINE HCL 24 Adult X ATOMOSETINE HCL 25 Adult X AMEDIAPHNE ER 150 M Adult ABMODAPHNE ER 150 M Adult ABMODAPHNE BC 150 MG Child X STRATTERA 80 MG CA STRATTERA 18 MG CA Adult X ANIPPRAZOLE 5 MG TO HILD X ATOMOSETINE HCL 4C Child X ATOMOSETINE HCL 4C Child X ATOMOSETINE HCL 4C Child X COTELLAR X BO MG CA I CLITHUM CARBONATE Adult X ALITHUM CARBONATE Adult X COTELLAR X BO MG CA I CLITHUM CARBONATE Adult X COMELLAR X BO MG CA I CLITHUM CARBONATE Adult X COMELLAR X BO MG CA I CLITHUM CARBONATE Adult X COMELLAR X BO MG CA I CLITHUM CARBONATE Adult X COMELLAR X BO MG CA I CLITHUM CARBONATE Adult X COMELLAR X BO MG CA I CLITHUM CARBONATE ADULT X COMELLAR X BO MG CA I CLITHUM CARBONATE ADULT X COMELLAR X BO MG CA I CLITHUM CARBONATE ADULT X COMELLAR X BO MG CA I CLITHUM CARBONATE ADULT X COMELLAR X BO MG CA I CLITHUM CARBONATE ADULT X COMELLAR X BO MG TABLE ADULT X COMELLAR X COME X COMELLAR X BO MG TABLE ADULT X COMELLAR X COME X COME TABLE ADULT X COME TABLE A	DESVENLAFAXINE SUC Adult		x
FOCALIN XR 10 MIS CA Child CLONIDINE HOL 2 R 0.1 Child X X LATUDA 20 MG TABLE Adult ATOMOXETINE HICL 2 Adult ATOMOXETINE HICL 2 Adult X X ATOMOXETINE HICL 2 Adult X X METHYLPHENIDATE B Adult X X METHYLPHENIDATE B Adult X X METHYLPHENIDATE B Adult X X ARMODAFINIL 250 MG Child X X STRATTERA 60 MG CA Adult X X STRATTERA 18 MG CA Adult X X ARIPPRAZOLE 5 MG TI Child X X ARIPPRAZOLE 5 MG TI Child X X ATOMOXETINE HICL 4G Child X X ATOMOXETINE HICL 4G Child X X DEFINITION AS ADULT X X DESCRIPTION AS ADULT X X DESCRIP	LATUDA 20 MG TABLE Adult		x
CLONIDINE HCL ER 0.3 Lohid LATUDA 20 MG TABLE Adult ATOMOXETINE HCL 12 Adult X METHYPHENIDATE E HADULT ARMODAFINI 250 MC Child XX ARMODAFINI 250 MC Child XX STRATTERA 18 MG CA Adult XX ARMODAFINI 250 MC Child XX STRATTERA 18 MG CA Adult XX ARMODAFINI 250 MC Child XX CUTHULAR XR 600 MG CA Adult XX CUTHULAR RA 600 MG CA Adult XX CUTHULAR RA 600 MG CA Adult XX CUTHULAR SO ADULT ATOMOXETINE HCL 4C Child XX CUTHULAR SO ADULT ATOMOXETINE HCL 4C Child XX CUTHULAR SO ADULT ATOMOXETINE HCL ACCHILD XX CUTHULAR SO ADULT ATOMOXETINE HCL ACCHILD XX CUTHULAR SO ADULT XX CUTHULAR XR 600 MG CHILD XX CUTH	MIRTAZAPINE 30 MG Adult		x
LATUDA 20 MG TABLE Adult ATOMOXETINE HCL 12 Adult X ATOMOXETINE HCL 14 Adult X METHYLPHENIDATE ER IADUL QUETIAPINE ER I 150 M Adult X ARMODAFINI 250 MG Child X STRATTERA 50 MG CA Adult STRATTERA 50 MG CA Adult X STRATTERA 18 MG CA Adult X ARIPIPRAZOLE 5 MG T Child INVEGA SUSTENIA 23 Adult ATOMOXETINE HCL 4C Child REXULTI 1 MG TABLET Adult OXTELLAR XR 600 MG Child X UTHILIM CARBONATE Adult X DEMETHYLPHENIDAT Child X LAMOTRIGINE ER 10 Adult X LAMOTRIGINE ER 50 Adult X LAMOTRIGINE ER 50 Adult X VIERRY 40 MG TABLET Adult X VIERRY 40 MG TABLET Adult X COXTELLAR XR 600 MG Child X LAMOTRIGINE ER 10 Adult X LAMOTRIGINE ER 10 Adult X VIERRY 40 MG TABLET AD	FOCALIN XR 10 MG CA Child		x
ATOMOXETINE HCL 15 Adult X ATOMOXETINE HCL 16 Adult X ATOMOXETINE HCL 16 Adult X METHYLPHENIDATE E Adult X QUETIAPINE ET 150 M Adult X ARMODAFINIL 250 MC Child X STRATTERA 160 MG Child X STRATTERA 160 MG CA Adult X ARMODAFINIL 250 MG CA Adult X ARMODAFINIL 250 MG CA Adult X STRATTERA 18 MG CA Adult X ARMOPACULT 1 MG TABLET Adult X ARMOPACULT 1 MG TABLET Adult X ATOMOXETINE HCL 4C Child X CTELLAR XR 600 MG Child X CTELLAR XR 600 MG CA Adult X DEXMETHYLPHENIDAT Child X LAMOTRIGINE ER 100 Adult X LAMOTRIGINE ER 100 Adult X LAMOTRIGINE ER 100 Adult X V VIERYO 40 MG TABLE Adult X V VIERYO 40 MG TABLE Adult X V OXTELLAR XR 600 MG Child X V TRINTELLIX 20 MG TABLE Adult X V OXTELLAR XR 600 MG Child X V TRINTELLIX 20 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 20 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 20 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 20 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 10 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 10 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 10 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 10 MG TABLE Adult X COXTELLAR XR 600 MG Child X TRINTELLIX 10 MG TABLE Adult X COXTELLAR XR 600 MG Child X CHILDREN THE CONTRACT CHILD X CHILDREN THE C	CLONIDINE HCL ER 0.1 Child		x
ATOMOXETINE HCL IC Adult METHYPHENIDATE EL Adult METHYPHENIDATE EL Adult METHYPHENIDE EL Adult METHYPHOLET EL ADULT MADULT SO MG CAID ARMODAFINIL 250 MG CHID STRATTERA 18 MG CA Adult X STRATTERA 18 MG CA Adult X ARIPIPRAZOLE 5 MG T CHID INVEGA SUSTENNA 23 Adult ATOMOXETINE HCL 4C CHID REXULT 1 MG TABLET Adult X COXTELLAR XR 600 MG CHID LAMOTRIGINE ER 100 Adult X LITHIUM CARBONATE Adult DEMMETHYL PHENIDAT CHID LAMOTRIGINE ER 100 Adult X LIAMOTRIGINE ER 50 Adult X VIIRRY 0 AD MG TABLET Adult X VIIRRY 0 ADULT X TRINTELLIX 20 MG TAB Adult X DESVENIA XR 600 MG CHID X TRINTELLIX 20 MG TAB Adult X TRINTELLIX 20 MG TAB Adult X TRINTELLIX 10 MG TAB ADULT X TRINTELLIX 10 MG TAB ADULT X TRINTELLIX 10 MG TAB ADULT X VIIRRY 10 MG TABLET CHID X TRINTELLIX 10 MG TAB ADULT X TRINTELLIX 10 MG TABLET CHID X TRINTELLIX	LATUDA 20 MG TABLE Adult		x
METHYLPHENIDATE EI Adult QUETIAPINE ER 150 M Adult ARMODAFINIL 250 MQ Child X STRATTERA 60 MG CA Adult STRATTERA 18 MG CA Adult ARIPPRAZOLE 5 MG T Child X INVEGA SUSTENNA 23 Adult X ARIPPRAZOLE 5 MG T Child X INVEGA SUSTENNA 23 Adult X ARIPPRAZOLE 5 MG T Child X ARIPPRAZOLE 5 MG T Child X INVEGA SUSTENNA 23 Adult X ATOMORENIE HCL 4C Child X CXTELLAR XR 600 MG Child X UTHILM CARBONATE Adult X CATELLAR XR 600 MG Child X LAMOTRIGINE ER 100 Adult X LAMOTRIGINE ER 100 Adult X VIIBRY 40 MG TABLE Adult X OXTELLAR XR 600 MG Child X INVEGA SUSTENNA 23 Adult X INVEGA SUSTENNA 24 Adult X INVEGA SUSTENNA 25 Adult X INVEGA SUSTENNA	ATOMOXETINE HCL 2.5 Adult	<u> </u>	x
QUETIAPINE ER 150 M Adult ARMODAFINIL 250 MG Child STRATTERA 50 MG CA Adult STRATTERA 18 MG CA Adult ARIPIPRAZOLE 5 MG T Child REVEGA SUSTEMNA 23 Adult ARIPIPRAZOLE 5 MG T Child X ARIPIPRAZOLE 5 MG T Child X ATOMOXETINE HCL. 4C Child REXULTI 1 MG TABLET ADULT 1 MG TABLE ADULT ADULT 1 MG TABLET CHILD ADU	ATOMOXETINE HCL 11 Adult		x
ARMODAFINIL 250 MC CAI Adult STRATTERA 60 MG CAI Adult STRATTERA 18 MG CAI Adult ARIPIPRAZOLE 5 MG T Child X X ARIPIPRAZOLE 5 MG T Child X X ARIPIPRAZOLE 5 MG T Child X X ATOMOXETINE HCL 4C Child X X REXULTI 1 MG TABLET Adult X X OXTELLAR XR 600 MG Child X X CITHILM CARBONATE Adult X X DEMETHYL-PHENIDAT Child X X LAMOTRIGINE ER 100 Adult X X LAMOTRIGINE ER 50 N Adult X X UIBBRY 40 MG TABLE Adult X X OXTELLAR XR 600 MG Child X X CARBONATE ADULT X X CONTELLAR XR 600 MG Child X X CARBONATE ADULT X X CONTELLAR XR 600 MG Child X X CONTELAR XR 600 MG Child X X CONTELLAR XR 600 MG Child X X CONTELLA	METHYLPHENIDATE EI Adult	-	lx l
STRATTERA 18 MG CA Adult STRATTERA 18 MG CA Adult ARIPPRAZOLE S MG TO Child X ARIPPRAZOLE S MG TO CHILD INVEGA SUSTEMNA 23 Adult ATOMOXETINE HCL 4C Child X ATOMOXETINE HCL 4C Child X COXTELLAR XR 600 MG Child X LITHIUM CARBONATE DEXMETHYLPHENIDAT Child LAMOTRIGINE ER 100 LAMOTRIGINE ER 100 LAMOTRIGINE ER 100 Adult X VIIBRYD 40 MG TABLE Adult X VIIBRYD 40 MG TABLE ADULT TRINTELLIX 20 MG TAB Adult X DESVENLAFAXINE SUC Adult X TRINTELIX 20 MG TAB Adult X STRATTERA 18 MG CA Child X STRATTERA 18 MG CA TRINTELLIX 10 MG TAB Adult X EVEKEO 5 MG TABLEI CHILD X FLUOXETINE DR 90 MG Child X X FLUOXETINE DR 90 MG Child X X X X FLUOXETINE DR 90 MG Child X X X X X X X X X X X X X	QUETIAPINE ER 150 M Adult		x
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RHDPHGDA 01.C Authorization, C CREUC Provides	pecific
Well Sense BHDROGPA.01-G Authorization- G.CMHC Provider items/information that may have been "in	orocess" when
Complaint Log 3/10/2019 2/1/2019 2/28/2019 previous report was submitted	

				al Category as	Complaint/App			Action/Response
NPI Number	Provider Name	Provider CMHC	Date Received	defined by MCO	eal Against	Complaint/Appeal Description	Action/Response Taken	Taken
			3/12/2018	Peer-to-Peer	Wellsense	I'm wondering if someone can call me regarding	The Plan outreached to X to resolve the peer to	3/12/2018
						a patient. I called about Friday to schedule a	peer issue. On the call, X provided additional	
						peer to peer? I don't believe I was able to	clinical information which was provided to a	
						successfully schedule the review and was told	Pharmacist to re-review. The re-review	
						someone would either call me back Friday	resulted in an approved request. The approval	
						afternoon, or the peer to peer COULD just	notice was sent to X. The peer-to-peer request	
						happen to take place during one of the time	was cancelled.	
					!	slots I provided. Nothing had been confirmed		
					1	though, and I did not receive any calls. I'm trying		
						to find out what exactly is going to happen, if		
					anything at all. The patient's initials are X, DOB			
			ŀ	1	is X. Her Well Sense ID is X. Also, I'd like to note			
					that the total time I spent on the phone and on			
				ľ	hold for this call on X was about 35-40 minutes.			
						I called the plan just now and was transferred to		
						the plan's prior authorization department (not		
						EnvisionRx Options), but the phone rang several		
			3/20/2018	Pharmacy PA	Wellsense	Hello, I am wondering if you have the responses	Upon review of the PA cases, it was confirmed	3/20/2018
						to a couple of prior authorizations that I had	that the fax numbers used for the notifications	
						submitted a last week. I would also like to file a	were previously verified and that the fax	
						formal complaint because this seems to be a	notices were sent. We could not determine	
						recurring problem for a few weeks now that has	root cause as to why the notices were not	
					[yet to be resolved. The 2 most recent cases are	received. The Plan provided the feedback to	
						the PBM and will continue to monitor cases.		
							The plan refaxed the approval letters to X in	
						Sense ID X for her Trintellix (which I found out	addition to providing the decision on the email	
							response.	
						have not had any problems receiving faxes from		
					ĺ	anyone else, and every time I have emailed		
						about this I was able to get the response after		
						with no problem, but for some reason it is not		

NPI Number	Provider Name	Provider CMHC		al Category as defined by MCO	Complaint/App eal Against	Complaint/Appeal Description	Action/Response Taken	Action/Response
			3/27/2018	Pharmacy PA	Well Sense	I am hoping you can help me regarding our patient X, DOB X, Well Sense ID X, and his Latuda 120mg and 40mg prescriptions. Well Sense is not paying for the copay because it is saying it needs prior authorization. It was also rejecting saying that two 30 day fills need to be made at a retail pharmacy before a 90 day fill can be sent through mall order, however it is a retail pharmacy that is trying to process these for 30 day supplies. I have spent almost 2 hours on the phone with EnvisionRx Options trying to figure this out. They are saying that they are his primary over his Medicare. They said that they see his Medicare as being only part A and B. They said they cannot see that it had already been sent to his Cigna Healthspring and said his Cigna termed in January 2017. He does have a new Cigna plan that became effective in January 2018, and it is Medicare plan, as confirmed by the Cigna staff. I am not sure how to get this resolved. The last thing they said at Envision	Member is Medicare Part D eligible. Therefore in accordance with Medicaid requirements, Well Sense does not provide coverage for Part D drugs. The Provider was informed of these requirements.	
			4/16/2018	Pharmacy PA		04/16/2018: I submitted a PA request Thursday (04/12/2018) for patient X, DOB X, and his X I have yet to receive a response from Envision which is grounds for an automatic approval since it has been more than 24 hours. Could you please help with this? 04/17/2018: Thank you. Our office has not received a fax and we also did not get any voicemail. I also left my direct phone line to be contacted on for this reason, and nobody had called me. I checked with the front desk staff at both of our locations as well. Could you please confirm the fax number the denial was sent to and the phone number that was called? This has happened several times and the last time I mentioned this I was told the issue would	Response to 04/16: Member's PA request was received by Envision on 04/12/18 and was reviewed and denied on 04/13/2018. The providers office was also outreached to and a volcemail was left to verify fax number to send out notification. As the fax number couldn't be verified for PHI reasons', the notification letter was set to be mailed out. Response to 04/17/2018: Envision had left notes on the PA that a call was made to xxx-xxx-xxxx and a VM was left for the provider to call back. Envision was also provided with the feedback that the provider's office had no VM on their answering machine. As a solution, X was asked to provide a list of all providers and verified fax numbers to these providers to load in the provider roster so the need for Envision to call for verification is minimized and the	4/16/2018

				complaint/stype	AALIO 12			Date
NPI Number	Provider Name	Provider CMHC	Date Received	al Category as defined by MCO	Complaint/App eal Against	Complaint/Appeal Description	Action/Response Taken	Action/Response Taken
			5/8/2018	Pharmacy PA	Well Sense	05/08/2018- I submitted a PA request this morning for our patient X, DOB X, and ID X for her X I wanted to check and see if you can see the denial on your end? I received a response back from Envision stating that the quantity exceeds the limitation (which is why I was submitting this in the first place). It looks to me like they did not take into consideration any of the information I sent, and I did not receive a formal denial notice. This is a medication that was approved for her last year under the same circumstances after going through a couple different appeals, so I had sent in last year's responses from X to help them make their decision. If there is no formal denial, can a peer	05/08/2018- We will request Envision to provide details on the denial letter. 5/11/2018- Envision has looked into this. There is no PA in the system that has been received for this member. Could you send us (fax is fine) the denial you received so that we may research further? 05/17/2018- The request for X was denied. A letter was faxed. Please let me know if you didn't get a copy of the letter. I had another pharmacist review the request again and she said she's unable to overturn the denial. The recommendation for X is 24 weeks per lifetime. You may submit information for appeal to the Appeals Department at X.	05/08/2018 and 05/11/2018
			6/22/2018	Pharmacy PA	Well Sense	the 19th for X (DOB X). Original submission did not have the updated diagnosis. She has attempted to provide that and been told by Envision that it has to be the prescriber. The prescriber is now on vacation. Client needs med. She has been transferred back and forth between Envision and WS and also been placed on hold so long till she finally hung up. Finally	PA request was approved 6/22/2018 at 11:02am after Envision spoke with X. An outreach call was made to X to inform her of the approval. Call records pertaining to this request were obtained and reviewed. Opportunities to improve the customer service experience and clarification of the appropriate processes for receiving additional information	6/22/2018
			8/1/2018	Pharmacy PA		of provider: Good Morning! Yesterday afternoon I submitted 2 prior authorization	Plan contacted X on 8/1/2018 and clarified the coverage for X and the quantity limits. The doses prescribed for this member did not require prior authorization. No further action needed.	8/1/2018