MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-A	Severe Mental Illness Drug Prior Authorization - A: PA Process Rate	4/10/2018	3/1/2018	3/31/2018

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 Timely Processing 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
February/2018	95.56%	97.22%	237	35	248	36
March/2018	95.29%	100.00%	182	24	191	24

MCO 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	4/10/2018	3/1/2018	3/31/2018

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)
February/2018	1	1	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 decision made timely. Sat to verify prescriber fax number prior to notification.
March/2018	0	0	

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-C	Severe Mental Illness Drug Prior	4/10/2018	3/1/2018	3/31/2018

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 = %)	# 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
February/2018	0	0	0	0	0	0	0	0	0	0
March/2018	0%	0	1	1	1	0	0	0	0	0

MCO Name	Reporting Reference	Report Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHDRUGPA.01-D	Severe Mental Illness Drug Prior Authorization- D: PA Approval Rate	4/10/2018	3/1/2018	3/31/2018

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
February/2018	56.85%	66.67%	141	24	248	36
March/2018	58.64%	83.33%	112	20	191	24

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	4/10/2018	3/1/2018	3/31/2018

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 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
February/2018	43.15%	33.33%	107	12	248	36			12		
March/2018	41.36%	16.67%	79	4	191	24			4		

MCO Name	Reporting Reference	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	4/10/2018	3/1/2018	3/31/2018

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)
February/2018	[redacted]				DESVENLAFAXINE SUC	Adult				X		
February/2018					TRINTELLIX 10 MG TA	Adult				X		
February/2018					ARIPIPRAZOLE 2 MG T	Child				X		
February/2018					LYRICA 100 MG CAPSU	Adult				X		
February/2018					DEXMETHYLPHENIDAT	Child				X		
February/2018					LAMOTRIGINE ER 50 M	Adult				X		
February/2018					CONCERTA ER 36 MG	Child				X		
February/2018					DESVENLAFAXINE SUC	Child				X		
February/2018					MODAFINIL 100 MG T	adult				X		
February/2018					CLONIDINE HCL 0.2 M	Child				X		
February/2018					RISPERDAL 1 MG TABL	Child				X		
February/2018					RISPERDAL 1 MG TABL	Child				X		
March/2018					ADDERALL XR 25 MG C	Child				X		
March/2018					PALIPERIDONE ER 3 M	Adult				X		
March/2018					VIGABATRIN 500 MG E	Child				X		
March/2018					ATOMOXETINE HCL 40	Adult				X		

MCO Name	Reporting	Report Name	Submission Date	Data Period Start	Data Period End	
Well Sense	DRUGPA.0	Severe and Mental Illness Drug Prior Authorization- G CMHC Provider	4/10/2018	3/1/2018	3/31/2018	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.

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
[redacted]	[redacted]	[redacted]	3/12/2018	Peer-to-Peer	Wellsense	I'm wondering if someone can call me regarding a patient. I called about Friday to schedule a peer to peer? I don't believe I was able to successfully schedule the review and was told someone would either call me back Friday afternoon, or the peer to peer COULD just happen to take place during one of the time slots I provided. Nothing had been confirmed 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 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 hold for this call on 3/9 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 times and I was not able to leave any type of voicemail.	The Plan outreached to X to resolve the peer to peer issue. On the call, X provided additional clinical information which was provided to a Pharmacist to re-review. The re-review resulted in an approved request. The approval notice was sent to X The peer-to-peer request was cancelled.	12-Mar-18
[redacted]	[redacted]	[redacted]	3/20/2018	Pharmacy PA	Wellsense	Hello, I am wondering if you have the responses to a couple of prior authorizations that I had submitted a last week. I would also like to file a formal complaint because this seems to be a recurring problem for a few weeks now that has yet to be resolved. The 2 most recent cases are for client X, DOB X, Well Sense ID X, for her X The other is client X, DOB X, Well Sense ID X for her X (which I found out through the pharmacy it was approved). We have not had any problems receiving faxes from 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 being sent over initially. It should not be a problem of not verifying the fax, as we have been doing this for quite some time now and the fax has been verified for each provider. I have also never received any phone calls from anyone trying to verify the fax number, and my direct phone number is listed on each PA request that is sent.	Upon review of the PA cases, it was confirmed that the fax numbers used for the notifications were previously verified and that the fax notices were sent. We could not determine root cause as to why the notices were not received. The Plan provided the feedback to the PBM and will continue to monitor cases. The plan refaxed the approval letters to X in addition to providing the decision on the email response.	3/20/2018

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
			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 X 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 mail 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 X and said his X termed in January 2017. He does have a new X plan that became effective in January 2018, and it is Medicare plan, as confirmed by the X staff. I am not sure how to get this resolved. The last thing they said at Envision was to try to call X about it, and X said there was nothing they could do because it looked fine on their end and they could see the claim. I 3-way called the pharmacy with Envision on the phone so they could confirm that it was going through X even though the Envision rep could not see it. She just kept insisting they were primary and that was that. This is a very sensitive patient who has become very upset over this and cannot pay his X copay even though it is a seemingly small amount to us.	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.	3/27/2018