

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	7/10/2019	6/1/2019	6/30/2019

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)
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	
April/2018	0	0	
May/2018	0	0	
June/2018	0	0	
July/2018	0	0	
August/2018	0	0	
September/2018	0	0	
October/2018	1	1	
November/2018	0	0	
December/2018	0	0	
January/2019	0	0	
February/2019	0	0	
March/2019	0	0	
April/2019	0	0	
May/2019	0	0	
June/2019	0	0	

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	7/10/2019	6/1/2019	6/30/2019

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)	
					DESVENLAFAXINE SUC	Adult				X			
					TRINTELIX 10 MG TAB	Adult				X			
					ARIPRAZOLE 2 MG T	Child				X			
					LYRICA 100 MG CAPSU	Adult				X			
					DEXMETHYLPHENIDA	Child				X			
					LAMOTRIGINE ER 50 M	Adult				X			
					CONCERTA ER 36 MG	Child				X			
					DESVENLAFAXINE SUC	Child				X			
					MODAFINIL 100 MG T	adult				X			
					CLOPIDINE HCL 0.2 M	Child				X			
					RISPERDAL 1 MG TABL	Child				X			
					RISPERDAL 1 MG TABL	Child				X			
					ADDERALL XR 25 MG C	Child				X			
					PALIPERIDONE ER 3 M	Adult				X			
					VIGABATRIN 500 MG P	Child				X			
					ATOMOXETINE HCL 40	Adult				X			
					LAMOTRIGINE ODT 25	Child				X			
					LATUDA 20 MG TABLE	Child				X			
					ATOMOXETINE HCL 10	Adult				X			
					LITHIUM CARBONATE	Adult				X			
					LATUDA 20 MG TABLE	Child				X			
					LATUDA 40 MG TABLE	Child				X			
					LATUDA 20 MG TABLE	Child				X			
					LATUDA 20 MG TABLE	Child				X			
					BUPROPION HCL XL 1	Adult				X			
					ZOLOFT 25 MG TABLE	Child				X			
					CLOPIDINE HCL ER 0.1	Child				X			
					STRATTERA 40 MG CA	Adult				X			
					LAMOTRIGINE ER 25 M	Adult				X			
					QUETIAPINE FUMARA	Adult				X			
					KAPVAY ER 0.1 MG TA	Child				X			
					LYRICA 50 MG CAPSUL	Adult				X			
					MODAFINIL 100 MG T	Adult				X			
					LYRICA 75 MG CAPSUL	Adult				X			
					REXULTI 1 MG TABLET	Adult				X			
					LATUDA 20 MG TABLE	Child				X			
					LATUDA 60 MG TABLE	Adult				X			
					LATUDA 20 MG TABLE	Child				X			
					METHYLPHENIDATE S	Child				X			
					LYRICA 50 MG CAPSUL	Adult				X			
					DESVENLAFAXINE SUC	Adult				X			
					LATUDA 20 MG TABLE	Adult				X			
					MIRTAZAPINE 30 MG T	Adult				X			
					FOCALIN XR 10 MG CA	Child				X			
					CLOPIDINE HCL ER 0.3	Child				X			
					LATUDA 20 MG TABLE	Adult				X			
					ATOMOXETINE HCL 25	Adult				X			
					ATOMOXETINE HCL 10	Adult				X			
					METHYLPHENIDATE ER	Adult				X			
					QUETIAPINE ER 150 M	Adult				X			
					ARMODAFINIL 250 MG	Child				X			
					STRATTERA 60 MG CA	Adult				X			

MCO Name	Reporting Reference #	Report Name	Submission Date	Data Period Start	Data Period End	
Well Sense	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log	7/10/2019	6/1/2019	6/30/2019	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	Complaint/Appeal Against	Complaint/Appeal Description	Action/Response Taken	Date Action/Response Taken
			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 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 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.	3/12/2018
			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 Trintellix. The other is client X, DOB X, Well Sense ID X for her Trintellix (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	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	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 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 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 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 was to try to call Cigna about it, and Cigna 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	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
			4/16/2018	Pharmacy PA	Well Sense	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 be looked into. This was a few weeks ago, and I have yet to receive any follow-up information.	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 outreach to and a voicemail 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 faxes can be	4/16/2018
			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 to peer or appeal still take place? I am not sure what to do from here. There is plenty of information that was provided explaining why	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

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
			6/22/2018	Pharmacy PA	Well Sense	X told X has been attempting to get a PA since the 1st 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 she called X. Can someone please contact X ASAP at X	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 were identified.	6/22/2018
			8/1/2018	Pharmacy PA	Well Sense	8/1/2018 - Complaint submitted by X on behalf of provider: Good Morning! Yesterday afternoon I submitted 2 prior authorization requests for a patient. She takes X HCL X tablets and X tablets. I specifically noted on the cover sheet that there were two Prior Authorizations and they needed to be processed together as this is the full dose for the patient. I was told by a rep that X was a Tier 1 medication and that once the PA was received for both dosages there should be no problem. I got a denial back from Envision RX stating that you needed more information, but it was only for the X strength. I asked about the X strength when I called this morning to get information on how to send additional information and was told there was nothing on file for the X strength. This medication helps my patient with her X. I am very concerned that if this	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
			6/20/2019	Pharmacy PA	Well Sense	6/20/2019 - Complaint submitted by nurse X on behalf of provider to Margaret Clifford at DHHS. Use Ferrand forwarded the email to X on 6/24: Hi, My name is X. I am a nurse from X in Concord, NH. I am having difficulty being able to obtain an injection for one of my clients. This client receives X injection every 3 weeks. He is a very ill client that is on the ACT team, has a guardian, has had multiple incarcerations, and multiple admissions to NHH due to his mental illness. He requires the X every 3 weeks instead of the usual every 4 weeks because, due to his mental illness and increased metabolism, he has breakthrough symptoms at 3 weeks and frequently ends up re hospitalized or in jail prior to the usual time the injection is due at 4 weeks. He has been on the injection every 3 weeks for quite some time now. Currently, Envision/Wellsense is stating he cannot have the injection at every 3 weeks, but, when the pharmacy tries to initiate a prior authorization for us, they are saying that we are unable to initiate a PA and that a PA cannot be done. We called the insurance company. One person said that the clients plan "does not allow for PAs". The supervisor stated that Envision only services Boston, but, this is a NH client, so, this does not make sense. We were also told that there was "no one in the medical or clinical dept for us to talk to" and that they "didn't have pharmacists". The supervisor then stated "for THIS client we are unable to allow you to do a PA", when asked if he was being discriminatory against the	Lise Farrand from DHHS emailed Plan on 6/24/2019 asking someone to contact X to get member specific information and take care of matter. Lise wanted update by COB Tuesday, 6/25. 6/24 plan contacted Cheryl and informed her PA request was approved this morning, and we are working with PBM to identify gaps and retrain appropriately. Lise wanted us to make sure to include on complaint log, which we confirmed it will be on log.	6/20/2019