

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	8/10/2019	7/1/2019	7/31/2019

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						
February/2018	95.56%	97.22%	237	35	248	36
March/2018	95.29%	100.00%	182	24	191	24
April/2018	95.93%	100.00%	212	16	221	16
May/2018	98.71%	100.00%	230	18	233	18
June/2018	100.00%	100.00%	195	15	195	15
July/2018	99.49%	100.00%	195	9	196	9
August/2018	99.20%	100.00%	248	22	250	22
September/2018	97.01%	100.00%	195	14	201	14
October/2018	98.81%	96.15%	249	25	252	26
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	46
February/2019	100.00%	100.00%	200	25	200	25
March/2019	100.00%	100.00%	177	22	177	22
April/2019	97.62%	100.00%	287	19	294	19
May/2019	98.42%	100.00%	249	20	253	20
June/2019	98.90%	100.00%	179	19	181	19
July/2019	99.56%	100.00%	227	20	228	20

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	8/10/2019	7/1/2019	7/31/2019

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	
July/2019	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 Authorization- C: Peer-To-Peer	8/10/2019	7/1/2019	7/31/2019

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)	Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day $(N/D \times 100 = \%)$	# 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
February/2018	0%	0	0	0	0	0	0	0	0	0
March/2018	0%	0	1	1	1	0	0	0	0	0
April/2018	100%	1	1	0	0	0	0	0	1	0
May/2018	0%	0	0	0	0	0	0	0	0	0
June/2018	0%	0	0	0	0	0	0	0	0	0
July/2018	0%	0	0	0	0	0	0	0	0	0
August/2018	0%	0	0	0	0	0	0	0	0	0
September/2018	0%	0	0	0	0	0	0	0	0	0
October/2018	0%	0	0	0	0	0	0	0	0	0
November/2018	0%	0	0	0	0	0	0	0	0	0
December/2018	0%	0	0	0	0	0	0	0	0	0
January/2019	0%	0	0	0	0	0	0	0	0	0
February/2019	0%	0	0	0	0	0	0	0	0	0
March/2019	0%	0	0	0	0	0	0	0	0	0
April/2019	0%	0	0	0	0	0	0	0	0	0
May/2019	0%	0	0	0	0	0	0	0	0	0
June/2019	0%	0	0	0	0	0	0	0	0	0
July/2019	0%	0	0	0	0	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	8/10/2019	7/1/2019	7/31/2019

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 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
April/2018	52.04%	75.00%	115	12	221	16
May/2018	60.52%	72.22%	141	13	233	18
June/2018	67.69%	80.00%	132	12	195	15
July/2018	63.27%	66.67%	124	6	196	9
August/2018	58.80%	86.36%	147	19	250	22
September/2018	60.20%	64.29%	121	9	201	14
October/2018	55.56%	53.85%	140	14	252	26
November/2018	58.75%	75.00%	151	18	257	24
December/2018	59.91%	76.92%	133	10	222	13
January/2019	63.05%	86.96%	157	40	249	46
February/2019	62.00%	80.00%	124	20	200	25
March/2019	65.54%	90.91%	116	20	177	22
April/2019	51.70%	68.42%	152	13	294	19
May/2019	50.99%	70.00%	129	14	253	20
June/2019	63.54%	94.74%	115	18	181	19
July/2019	60.96%	85.00%	139	17	228	20

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	8/10/2019	7/1/2019	7/31/2019

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 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
April/2018	47.96%	25.00%	106	4	221	16					4
May/2018	39.48%	27.78%	92	5	233	18					5
June/2018	32.31%	20.00%	63	3	195	15					3
July/2018	36.73%	33.33%	72	3	196	9					3
August/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%	112	12	252	26					12
November/2018	41.25%	25.00%	106	6	257	24					6
December/2018	40.09%	23.08%	89	3	222	13					3
January/2019	36.95%	13.04%	92	6	249	46					6
February/2019	38.00%	20.00%	76	5	200	25					5
March/2019	34.46%	9.09%	61	2	177	22					2
April/2019	48.30%	31.58%	142	6	294	19					6
May/2019	49.01%	30.00%	124	6	253	20					6
June/2019	36.46%	5.26%	66	1	181	19					1
July/2019	39.04%	15.00%	89	3	228	20					3

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	BHORUGPA.01-F	Severe and Mental Illness Drug Prior Authorization- F: CMHC Denial Log	8/10/2019	7/1/2019	7/31/2019

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 TA	Adult					X		
					ARIPRAZOLE 2 MG T	Child					X		
					LYRICA 100 MG CAPS	Adult					X		
					DESMETHYLPHENIDA	Child					X		
					LAMOTRIGINE ER 50 M	Adult					X		
					CONCERTA ER 36 MG	Child					X		
					DESVENLAFAXINE SUC	Child					X		
					MODAFINIL 100 MG T	adult					X		
					CLOMIDINE 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		
					VIGABATRIM 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		
					CLOMIDINE 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 5	Child					X		
					LYRICA 50 MG CAPSUL	Adult					X		
					DESVENLAFAXINE SUC	Adult					X		
					LATUDA 20 MG TABLE	Adult					X		
					MIRTAZAPINE 30 MG	Adult					X		
					FOCALIN XR 10 MG CA	Child					X		
					CLOMIDINE HCL ER 0.1	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		

STRATTERA 18 MG CA	Adult								X		
ARIPIPRAZOLE 5 MG T	Child								X		
INVEGA SUSTENNA 23	Adult								X		
ATOMOXETINE HCL 40	Child								X		
REKULTI 1 MG TABLET	Adult								X		
OXTELLAR XR 600 MG	Child								X		
LITHIUM CARBONATE	Adult								X		
DEXMETHYLPHENIDA	Child								X		
LAMOTRIGINE ER 100	Adult								X		
LAMOTRIGINE ER 50 M	Adult								X		
VIIBRYD 40 MG TABLET	Adult								X		
OXTELLAR XR 600 MG	Child								X		
TRINTELIX 20 MG TAB	Adult								X		
DESVENLAFAXINE SUC	Adult								X		
STRATTERA 18 MG CA	Child								X		
TRINTELIX 10 MG TAB	Adult								X		
EVEKEO 5 MG TABLET	Child								X		
FLUOXETINE DR 90 MG	Child								X		
DESVENLAFAXINE SUC	Adult								X		
YODIPRAMATE ER 200 M	Adult								X		
TRINTELIX 10 MG TAB	Adult								X		
VYVANSE 20 MG CAPS	Adult								X		
DESVENLAFAXINE SUC	Adult								X		
METHYLPHENIDATE 7	Adult								X		
FLUOXETINE HCL 60 M	Adult								X		
TRINTELIX 10 MG TA	Adult								X		
LATUDA 20 MG TABLET	Adult								X		
FLUOXETINE HCL 20 M	Adult								X		
METHYLPHENIDATE 7	Adult								X		
VIMPAT 10 MG/ML SO	Child								X		
DESVENLAFAXINE SUC	Adult								X		
ESCTALOPRAM 20 MG	Adult								X		
DESVENLAFAXINE SUC	Adult								X		
BUPROPION HCL XL 43	Adult								X		
METHYLPHENIDATE L	Child								X		
VIIBRYD 20 MG TABLET	Adult								X		
DESVENLAFAXINE SUC	Adult								X		

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.
Well Sense	BHDRUGPA.01-G	Severe and Mental Illness Drug Prior Authorization- G.CMHC Provider Complaint Log	8/10/2019	7/1/2019	7/31/2019	

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
			3/12/2018	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	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	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	<p>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 terminated 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</p>	<p>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.</p>	3/27/2018
			4/16/2018	Pharmacy PA	Well Sense	<p>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</p>	<p>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 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 sent out timely. Envision has confirmed the list was added to the PA system, and X at X was able to receive two test faxes. X also confirmed that she has seen minimal issues since this fix was implemented.</p>	4/16/2018

NPI Number	Provider Name	Provider CMHC	Date Received	Complaint/Appeal Category as defined by MCD	Who is Complaint/Appeal Against	Complaint/Appeal Description	Action/Response Taken	Date 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	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	X from X has been attempting to get a PA since 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	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. Appropriate refresher trainings were provided to the individuals supporting Well Sense pharmacy calls.	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	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

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
			6/20/2019	Pharmacy PA	Well Sense	<p>6/20/2019 - Complaint submitted by nurse X on behalf of provider to Margaret Clifford at DHHS. Lise Ferrand forwarded the email to X on 6/24:</p> <p>Hi,</p> <p>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.</p> <p>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</p>	<p>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.</p>	6/20/2019