

Reporting ID	Report Name	Frequency	Report Lag	First Report Due Date
BHDRUGPA.01-A	Severe Mental Illness Drug Prior Authorization - A: PA Process Rate	Weekly	3-Business Days	9/13/2017
BHDRUGPA.01-B	Severe Mental Illness Drug Prior Authorization- B: CMHC Late PA	Weekly	3-Business Days	9/13/2017
BHDRUGPA.01-C	Severe Mental Illness Drug Prior Authorization- C: Peer-To-Peer	Weekly	3-Business Days	9/13/2017
BHDRUGPA.01-D	Severe Mental Illness Drug Prior Authorization- D: PA Approval Rate	Weekly	3-Business Days	9/13/2017
BHDRUGPA.01-E	Severe Mental Illness Drug Prior Authorization- E: PA Denial Rate	Weekly	3-Business Days	9/13/2017
BHDRUGPA.01-F	Severe Mental Illness Drug Prior Authorization- F: CMHC Denial Log	Weekly	3-Business Days	9/13/2017

First measurement period: Tuesday, September 5- Saturday, September 9, 2017. Report due Wednesday, September 13, 2017

Ongoing Measurement period: Sunday-Saturday. Report due Wednesday.

Report Naming Convention:

New Report: MCO Name.Report Reference Number.YYYY.MM.DD (Data Period End Date).V1

Example: NHHF_BHDRUG.01_2017_03_31_V1

Revised Report: MCO Name.Report Reference Number.YYYY.MM.DD. (Data Period End Date).V#

Example: NHHF_BHDRUG.01_2017_03_31_V2

NOTE: A revised report is a report that has been rejected by DHHS and the MCOs is required to resubmit.

All reports that do not meet the reporting criteria will be rejected. Rejected reports will be noted on the MCO Weekly Overdue and Revision Report Log and will require resubmission.

Report Submission:

Reports should be submitted to the DHHS SFTP site: <https://nhftp.nh.gov>. The specific folder is: Distribution/MCO Name/Ad Hoc Data

Term	Definition
Business Day	8:00 am - 5:00 pm Eastern Standard Time. This applies to CMHC PA processing timeframes for SMI drugs, CMHC requests for a peer-to-peer following a denial of SMI drugs, and MCO timeframes for conducting a peer-to-peer review for denied SMI drugs.
Severe Mental Illness (SMI) Drugs	The list of drugs and classes subject to the moratorium are listed in the tab "Severe Mental Illness Drugs."
Timely Processing of CMHC Prior Authorization Request SMI Drugs.	A prior authorization for an SMI drug requested by a CMHC that is processed within 24 hours from the time it is submitted to the MCO.
Timely Requests for a Peer-to-Peer	A Peer-to-Peer that is requested by the CMHC by the next Business Day following the denial of prior authorization for an SMI drug. For example, the MCO denies a PA for an SMI drug on Monday at 4 pm, the CMHC must request a Peer-to-Peer from the MCO by Tuesday 5 pm to be considered timely. NOTE: For denials that occur outside of the Business Day, the timeframes for a timely peer-to-peer request will begin during the start of the next Business Day. For example, the MCO denies a PA for an SMI drug on Monday at 7 pm, the CMHC must request a Peer-to-Peer from the MCO by Wednesday 5 pm to be considered timely.
Timely Completion of a Timely Requested Peer-To-Peer	A Peer-to-Peer that is completed by the next Business Day following a Timely Request for a Peer-to-Peer. For example, a Timely Request for a Peer-to-Peer is made on Monday at 4 pm, the MCO must complete the Peer-to-Peer by Tuesday 5 pm. For Timely Requests for a Peer-to-Peer that occur outside of the Business Day, the timeframes for completing the peer-to-peer will begin during the start of the next Business Day. For example, a Timely Request for a Peer-to-Peer is made on Monday at 7 am, the MCO must complete the Peer-to-Peer by Wednesday at 5 pm.

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	9/13/2017	9/5/2017	9/9/2017

Report Frequency: Weekly	Lag Time: 3- Business Days	First Report Due Date: 9/13/2017
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Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	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. 09/03/2017 9/5/2017	95.52%	95.83%	64	23	67	24

BHDRUGPA.01-A

Severe Mental Illness Drug Prior Authorization - A: PA Process Rate

This template will provide DHHS with a weekly report of Severe Mental Illness Drug Prior Authorizations for the Managed Care Management (MCM) Program and Total Community Mental Health Centers (CMHCs) for PAs requested during the measurement period.

Definitions:

Severe Mental Illness Drug- see "Severe Mental Illness Drug" tab for a list of classes and drugs requiring prior authorization. This list may not be all-inclusive. Other drugs that fall within the therapeutic class code of drugs on the list should also be included.

Rows 6 & 7:

Column A: "Reporting Week: month/week (1st day of reporting wk.)/year (rolling week)"

Document the reporting week of the Prior Authorization (PA) Review.

Record the month/week (first day of reporting week)/year (MM/DD/YYYY).

Each line is for one week. Place the most current information at the top of the template.

Column B: "Severe Mental Illness Drug PA Timely Processing Rate (N/D*100 = %): MCM Program"

Document the Severe Mental Illness Drug PA processing rate within 24 hours for the MCM program (including CMHCs), as a percentage for PA

Column C: "Severe Mental Illness Drug PA Timely Processing Rate (N/D*100 = %): Total CMHCs"

Document the Severe Mental Illness Drug PA timely processing rate for CMHCs, as a percentage for PAs requested during the measurement period

Column D: "Severe Mental Illness Drug PA: Numerator (N): MCM Program"

Document the number of Severe Mental Illness Drug PA requested during the measurement period that were processed within 24 hours for the MCM program

Column E: "Severe Mental Illness Drug PA: Numerator (N): Total CMHCs"

Document the number Severe Mental Illness Drug PAs request by CMHCs during the measurement period that were processed timely by the MCO. See definition of Timely Processing of CMHC Prior Authorization Request SMI Drugs.

Column F: "Behavioral Health Drug PA: Denominator (D): MCM Program"

Document the total number of Severe Mental Illness Drug PAs requested during the measurement period for the MCM program (including CMHCs)

Column G: "Severe Mental Illness Drug PA: Denominator (D): Total CMHCs"

Document the total number of Severe Mental Illness Drug PAs requested during the measurement period for CMHCs.

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Severe Mental Illness Drug Classes and Drugs

GPI_CODE	GPI_DESC
2725005000	Metformin HCl
3310004010	Propranolol HCl
3620101010	Clonidine HCl
3620102510	Guanfacine HCl
3620203010	Prazosin HCl
4150002010	Cyproheptadine HCl
5710	*Benzodiazepines**
5720	*Antianxiety Agents - Misc.**
5803	*Alpha-2 Receptor Antagonists (Tetracyclics)**
5810	*Monoamine Oxidase Inhibitors (MAOIs)**
5812	*Serotonin Modulators**
5816	*Selective Serotonin Reuptake Inhibitors (SSRIs)**
5818	*Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**
5820	*Tricyclic Agents**
5830	*Antidepressants - Misc.**
59	*ANTIPSYCHOTICS/ANTIMANIC AGENTS*
6010	*Barbiturate Hypnotics**
6020	*Non-Barbiturate Hypnotics**
6025	*Selective Melatonin Receptor Agonists**
6030	*Antihistamine Hypnotics**
6040	*Hypnotics - Tricyclic Agents**
6110	*Amphetamines**
6135	*Attention-Deficit/Hyperactivity Disorder (ADHD) Agents**
614000	*Stimulants - Misc.***
628020	*Alcohol Deterrents***
72	*ANTICONVULSANTS*
721000	*Anticonvulsants - Benzodiazepines***
7310001010	Benzotropine Mesylate
7310007010	Trihexyphenidyl HCl
93400030001920	Naltrexone For IM Extended Release Susp 380 MG

MCO Name	Reporting Reference	Reporting Name	Submission Date	Data Period Start	Data Period End
Well Sense	8HDRUGPA.01-B	Severe Mental Illness Drug Prior Authorization- B: CMHC Late PA	9/13/2017	9/5/2017	9/9/2017

This report is specific to CMHCs.		
Report Frequency: Weekly	Lag Time: 3- Business Days	First Report Due Date: 9/13/2017

Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	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)
9/5/2017	1	1	The case was originally not on the correct product and needed to be reprocessed in the PA Hub system.

BHDRUGPA.01-B

Severe Mental Illness Drug Prior Authorization- B: CMHC Late PA

This weekly template is specific for Community Mental Health Center (CMHC) data and will provide DHHS with the reasons why Severe Mental Illness Drug prior authorizations (PAs) requested during the measurement period were not completed timely.

- Row 7:**
- Column A: "Reporting Week: month/week (1st day of reporting wk.)/year (rolling week)"**
Document the reporting week of the Prior Authorization (PA) Review.
Record the month/week (first day of reporting week)/year (MM/DD/YYYY).
Each line is for one week. Place the most current information at the top of the template.
- Column B: "Total # of PAs not processed timely"**
Document the total number of Severe Mental Illness Drug PAs requested during the measurement period that were not processed timely. See definition "Timely Processing of CMHC Prior Authorization Request SMI Drugs."
- Column C: Total # PAs automatically approved because MCO did not process timely.**
Document the total number of Severe Mental Illness Drug PAs requested during the measurement period that were automatically approved because the MCO did not process the PA timely.
- Column D: "Provide Reason why one business day time line was not met (narrative)"**
Document the reason why the MCO did not meet the one business day time line. For example, the MCO was short staffed.

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	9/13/2017	9/5/2017	9/9/2017

This report is specific to CMHCs.		Lag Time: 3- Business Days	First Report Due Date: 9/13/2017
Report Frequency: Weekly			

Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	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.
					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available		
9/5/2017	100%	1	1	0	0	0	0	0

BHDRUGPA.01-C

Severe Mental Illness Drug Prior Authorization- C: Peer-To-Peer

This template is specific for Community Mental Health Center (CMHC) data and will provide DHHS with a weekly rate of timely requested peer-to-peer reviews for denied Severe Mental Illness Drug Prior Authorizations (PA) requested during the measurement period. See definition of "Timely Requests for a Peer-to-Peer."

Rows 7 & 8;

Column A: "Reporting Week: month/week (1st day of reporting wk.)/year (rolling week)"

Document the reporting week of the peer-to-peer review.

Record the month/week (first day of reporting week)/year (MM/DD/YYYY). For example, the 1st week of September would be reported as 09/03/2017.

Each line is for one week. Place the most current information at the top of the template.

Column B: "Timely Requested Peer-to-Peer Review Rate Completed by Close of Next Business Day (N/D*100 = %)"

Document the Timely Completion of a Timely Requested Peer-to-Peer review rate of Severe Mental Illness Drug PAs requested during the measurement period, as a percentage. See definition "Timely Completion of a Timely Requested Peer-To-Peer."

Column C: "# Timely Requested of Peer-to-Peer Reviews Completed by End of Next Business Day (N)"

Document the number peer-to-peer reviews of Severe Mental Illness Drug PAs timely requested during the measurement period that were completed timely by the MCO. See definition: "Timely Completion of a Timely Requested Peer-To-Peer."

Column D: "# of Timely Peer-to-Peer Reviews Requested (D)"

Document the number of Timely Requests for a Peer-to-Peer of Severe Mental Illness Drug PAs made during the measurement period that were originally denied. NOTE: Requests for a peer-to-peer can be made from other staff at a CMHC and do not have to be made by the prescribing provider.

Column E: "# of Timely Peer-to-Peer Reviews Not Completed By End of Next Business Day"

Document the number of Timely Requests for a Peer-to-Peer of Severe Mental Illness Drug PAs made during the measurement period that were not completed timely by the MCO. See definition: "Timely Completion of a Timely Requested Peer-To-Peer." Column E should equal the total of column F and G.

Column F: "Reason Timely Requested Peer-to-Peer Review was Not Completed by End of Next Business Day- Peer at MCO Wasn't Available"

Document the number of Timely Requests for a Peer-to-Peer review of Severe Mental Illness Drug PAs made during the measurement period that were not completed timely by the MCO, because a peer at the MCO wasn't available. See definition: "Timely Completion of a Timely Requested Peer-To-Peer."

Column G: "Reason Timely Requested Peer-to-Peer Review was Not Completed By End of Next Business Day- Peer at Provider Office Wasn't Available"

Document the number timely peer-to-peer review requests of Severe Mental Illness Drug PAs made during the measurement period that were not completed timely because peer at the provider office wasn't available. See definition: "Timely Completion of a Timely Requested Peer-To-Peer."

Column H: "Total # of PAs Automatically approved because Peer-to-Peer Review was not completed by close of end business day"

Document total number of PAs automatically approved because the Timely Request for a Peer-to-Peer Review was not completed timely by the MCO. See definition: "Timely Completion of a Timely Requested Peer-To-Peer."

Column I: "Total # of Timely Peer-to-Peer Reviews that were scheduled for a time after the close of next business day"

Document the total number of timely peer-to-peer requests that were scheduled for a time beyond the close of the next business day.

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	9/13/2017	9/5/2017	9/9/2017

Report Frequency: Weekly		Lag Time: 3- Business Days		First Report Due Date: 9/13/2017		
Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	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. 09/03/2017	MCM Program	CMHCs	MCM Program	CMHCs	MCM Program	CMHCs
9/5/2017	64.18%	83.33%	43	20	67	24

BHDRUGPA.01-D

Severe Mental Illness Drug Prior Authorization- D: PA Approval Rate Name of Report

This template will provide DHHS with a weekly report of Severe Mental Illness Drug Prior Authorizations for the MCM Program and Total Community Mental Health Centers (CMHCs) for the measurement period.

Definitions:

Severe Mental Illness Drug- see "Severe Mental Illness Drug" tab for a list of classes and drugs requiring prior authorization. This list may not be all-inclusive. Other drugs that fall within the therapeutic class code of drugs on the list should also be included.

Rows 6 & 7:

Column A: "Reporting Week: month/week (1st day of reporting wk.)/year (rolling week)"

Document the reporting week of the Prior Authorization (PA) Review.

Record the month/week (first day of reporting week)/year (MM/DD/YYYY).

Each line is for one week. Place the most current information at the top of the template.

Column B: "Severe Mental Illness Drug PA Approval Rate (N/D*100 = %): MCM Program"

Document the Severe Mental Illness Drug PA approval rate for the MCM program (including CMHCs), as a percentage for PAs requested during the measurement period.

Column C: "Severe Mental Illness Drug PA Approval Rate (N/D*100 = %): Total CMHCs"

Document the Severe Mental Illness Drug PA approval rate for CMHCs, as a percentage for PAs requested during the measurement period.

Column D: "Severe Mental Illness Drug PA: Numerator (N): MCM Program"

Document the number Severe Mental Illness Drug PAs requested during the measurement period that were approved for the MCM program (including CMHCs).

Column E: "Severe Mental Illness Drug PA: Numerator (N): Total CMHCs"

Document the number Severe Mental Illness Drug PAs requested during the measurement period that were approved for CMHCs.

Column F: "Severe Mental Illness Drug PA: Denominator (D): MCM Program"

Document the total number of Severe Mental Illness Drug PAs requested during the measurement period for the MCM program (including CMHCs).

Column G: "Severe Mental Illness Drug PA: Denominator (D): Total CMHCs"

Document the total number of Severe Mental Illness Drug PAs requested during the measurement period for CMHCs.

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	9/13/2017	9/5/2017	9/9/2017

Report Frequency: Weekly	Lag Time: 3- Business Days	First Report Due Date: 9/13/2017
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Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	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
9/5/2017	35.82%	16.67%	24	4	67	24			4		

BHDRUGPA.01-E

Severe Mental Illness Drug Prior Authorization- E: PA Denial Rate

This template will provide DHHS with a weekly summary of the number of severe mental illness drug prior authorizations (PAs) requested during the measurement period that were denied by the MCM program and total Community Mental Health Centers (CMHCs) and the number for each denial category for total CMHCs.

Row 7 & 8;

Column A: "Reporting Week: month/week (1st day of reporting wk.)/year (rolling week)"

Document the reporting week of the peer-to-peer review. Record the month/week (first day of reporting week)/year (MM/DD/YYYY). Each line is for one week. Place the most current information at the top of the template.

Column B: "Severe Mental Illness Drug PA Denial Rate (N/D*100 = %): MCM Program"

Document the Severe Mental Illness Drug PA denial rate during the measurement period for the MCM Program.

Column B: "Severe Mental Illness Drug PA Denial Rate (N/D*100 = %): Total CMHCs"

Document the Severe Mental Illness Drug PA denial rate during the measurement period for CMHCs.

Column C: "Severe Mental Illness Drug PA: Numerator (N): MCM Program"

Document the number of Severe Mental Illness Drug PAs during the measurement period that were denied for the MCM Program.

Column C: "Severe Mental Illness Drug PA: Numerator (N): Total CMHCs"

Document the number of Severe Mental Illness Drug PAs during the measurement period that were denied for CMHCs.

Column D: "Severe Mental Illness Drug PA: Denominator (D): MCM Program"

Document the number of Severe Mental Illness Drug PAs that were requested during the measurement period for the MCM Program.

Column D: "Severe Mental Illness Drug PA: Denominator (D): Total CMHCs"

Document the number of Severe Mental Illness Drug PAs that were requested during the measurement period for CMHCs.

Column E: "Reason for Denial- PA Form Incomplete or Illegible" ONLY INCLUDE CMHCs

For CMHCs, document the number of denials for PAs requested during the measurement period due to PA Form being incomplete or illegible.

For example, data fields being left blank on PA form.

Each denial should only be placed in 1 category (pick the most appropriate)

Column F: "Reason for Denial- Member Eligibility Issue" ONLY INCLUDE CMHCs

For CMHCs, document the number of denial due to member eligibility issue. For example, the member was not enrolled in NH Medicaid at the time of the PA request.

Each denial should only be placed in 1 category (pick the most appropriate)

Column G: "Reason for Denial- Prior Authorization Criteria Not Met" ONLY INCLUDE CMHCs

For CMHCs, document the number of denial due to PA criteria not being met. For example, diagnosis does not meet FDA approved indication.

Each denial should only be placed in 1 category (pick the most appropriate)

Column H: "Reason for Denial- Prescribing Provider not Network Provider" ONLY INCLUDE CMHCs

For CMHCs, document the number of denial due to the prescribing provider not being a network provider.

For example, the prescribing provider was not a provider for the MCO.

Each denial should only be placed in 1 category (pick the most appropriate)

Column I: "Reason for Denial- Other (please explain)" ONLY INCLUDE CMHCs

For CMHCs, document the number of denial due to another reason. Please state specific reason.

Each denial should only be placed in 1 category (pick the most appropriate)

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	9/13/2017	9/5/2017	9/9/2017

This report is specific to CMHCs		
Report Frequency: Weekly	Lag Time: 3-Business Days	First Report Due Date: 9/13/2017

Reporting Week: month/week (1st day of reporting wk.)/year (Rolling week)	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	
9/5/2017					STRATTERA 10 MG CA	Child				X			
9/5/2017					ARIPRAZOLE 30 MG	Adult				X			
9/5/2017					LYRICA 25 MG CAPSU	Adult				X			
9/5/2017					STRATTERA 40 MG CA	Adult				X			

BHDRUGPA.01-F
Severe and Mental Illness Drug Prior Authorization- F: CMHC Denial Log

THIS template will provide DHHS with a weekly summary of individual level information for severe and mental illness drug prior authorizations (PAs) requested by CMHCs during the measurement period that were denied by the MCM program.

Row 7;

Column A: "Medical ID"

Document the reporting week of the Prior Authorization (PA) Review. Record the month/week (first day of reporting week)/year (MM/DD/YYYY). Place the most current information at the top of the template.

Column B: "Medical ID"

Enter member's unique 11 character Medicaid Identification number.

Column C: "Member Last Name"

Enter Member's last name.

Column D: "Member First Name"

Enter Member's first name.

Column E: "Provider Name"

Document provider's full name. Enter last name, first name. For example: Smith, MD, Mary.

Column F: "Drug Name"

Enter name of drug being denied.

Column G: "Child/Adult"

Enter whether the client was a child or adult as of the end of the reporting period.

Child = under 18 years of age.

Adult = 18 years of age or older.

Column H: "Injectable Antipsychotics"

Enter and "X" when the PA denial is for an injectable antipsychotic. Please see "Injectable Drugs" tab for a list.

Column I: "Reason for Denial- PA Form Incomplete or Illegible" ONLY INCLUDE CMHCs

For CMHCs, document that the denial for the PA requested during the measurement period due to PA Form being incomplete or illegible.

For example, data fields being left blank on PA form.

Each denial should only be placed in 1 category (pick the most appropriate)

Column J: "Reason for Denial- Member Eligibility Issue" ONLY INCLUDE CMHCs

For CMHCs, document that the denial is due to member eligibility issue. For example, the member was not enrolled in NH Medicaid at the time of the PA request.

Each denial should only be placed in 1 category (pick the most appropriate)

Column K: "Reason for Denial- Prior Authorization Criteria Not Met" ONLY INCLUDE CMHCs

For CMHCs, document if the member's denial is due to PA criteria not being met. For example, diagnosis does not meet FDA approved indication.

Each denial should only be placed in 1 category (pick the most appropriate)

Column L: "Reason for Denial- Prescribing Provider not Network Provider" ONLY INCLUDE CMHCs

For CMHCs, document if the denial is due to the prescribing provider not being a network provider.

For example, the prescribing provider was not a provider for the MCO.

Each denial should only be placed in 1 category (pick the most appropriate)

Column M: "Reason for Denial- Other (please explain)" ONLY INCLUDE CMHCs

For CMHCs, document if the denial is due to another reason. Please state specific reason.

Each denial should only be placed in 1 category (pick the most appropriate)

Injectable Brand Name	Injectable Generic Name	J-Code
ABILIFY MAINTENA (INTRAMUSC.)	ARIPIPAZOLE (INTRAMUSC.)	J0401
ARISTADA (INTRAMUSC)	ARIPIPAZOLE LAUOXIL (INTRAMUSC.)	J1942
GEODON (INTRAMUSC)	ZIPRASIDONE (INTRAMUSC.)	J3486
INVEGA SUSTENNA (INTRAMUSC)	PALIPERIDONE (INTRAMUSC.)	J2426
INVEGA TRINZA (INTRAMUSC)	PALIPERIDONE (INTRAMUSC.)	Not Assigned
RISPERDAL CONSTA (INTRAMUSC.)	RISPERIDONE (INTRAMUSC.)	J2794
ZYPREXA (INTRAMUSC)	OLANZAPINE (INTRAMUSC)	J2358

