

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	10/4/2017	9/24/2017	9/30/2017

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
9/10/2017	94.81%	91.43%	73	32	77	35
9/17/2017	98.88%	100.00%	88	36	89	36
9/24/2017	86.36%	78.57%	57	11	66	14

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Well Sense	BHDRUGPA.01-A	Severe Mental Illness Drug Prior Authorization - A: PA Process Rate	10/4/2017	9/24/2017	9/30/2017

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						

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	10/4/2017	9/24/2017	9/30/2017

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)

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	10/4/2017	9/24/2017	9/30/2017

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)	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.	Outcome of Peer-to-Peer Review	
					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available			# Upheld	# Overturned
9/5/2017	100%	1	1	0	0	0	0	0	0	1
9/10/2017	0	0	0	0	0	0	0	0	0	0
9/17/2017	0	0	0	0	0	0	0	0	0	0
9/24/2017	0	0	2	2	0	2	0	0	2	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	10/4/2017	9/24/2017	9/30/2017

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)	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.	Outcome of Peer-to-Peer Review	
					Peer at MCO Wasn't Available	Peer at Provider Office Wasn't Available			# Upheld	# Overturned

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	10/4/2017	9/24/2017	9/30/2017

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
9/10/2017	71.43%	82.86%	55	29	77	35
9/17/2017	71.91%	80.56%	64	29	89	36
9/24/2017	65.15%	85.71%	43	12	66	14

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	10/4/2017	9/24/2017	9/30/2017

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	
9/10/2017	28.57%	17.14%	22	6	77	35				6	
9/17/2017	28.09%	19.44%	25	7	89	36				7	
9/24/2017	34.85%	14.29%	23	2	66	14	1			1	

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	10/4/2017	9/24/2017	9/30/2017

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- <i>ONLY FOR CMHCs</i> 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

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	10/4/2017	9/24/2017	9/30/2017

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

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 (state reason)	
9/5/2017					STRATTERA 10 MG CA	Child				X			
9/5/2017					ARIPRAZOLE 30 MG	Adult				X			
9/5/2017					LYRICA 25 MG CAPSUL	Adult				X			
9/5/2017					STRATTERA 40 MG CA	Adult				X			
9/10/2017					DEXTROAMP-AMPHET	Adult				X			
9/10/2017					METHYLPHENIDATE ER	Child				X			
9/10/2017					ABILIFY 2 MG TABLET	Child				X			
9/10/2017					ADDERALL XR 20 MG C	Child				X			
9/10/2017					ADDERALL 10 MG TAB	Child				X			
9/10/2017					ADDERALL XR 10 MG C	Child				X			
9/17/2017					DEXMETHYLPHENIDAT	Child				X			
9/17/2017					DEXMETHYLPHENIDAT	Child				X			
9/17/2017					STRATTERA 10 MG CA	Child				X			
9/17/2017					DEXMETHYLPHENIDAT	Child				X			
9/17/2017					ARIPRAZOLE 2 MG T	Child				X			
9/17/2017					FOCALIN XR 25 MG CA	Child				X			
9/17/2017					PALIPERIDONE ER 3 M	Adult				X			
9/24/2017					LATUDA 20 MG TABLE	Adult				X			
9/24/2017					FOCALIN XR 10 MG CA	Child			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	10/4/2017	9/24/2017	9/30/2017	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
			9/19/2017	Pharmacy	Well Sense	Good afternoon, I was hoping someone could help me figure out if a patient's medication is approved or not. This is actually for a pair of brothers, MO and CO. MO is prescribed X. CO is prescribed X. I recently resubmitted both prior authorizations for brand name only, as they both had 1 month trials of the generic which was not fully effective, among others tried in the past. I received a denial for brand name for CO, and have not yet received a response for MO (which is ok, it was sent fairly recently). The mother was going to settle for the generic for the meantime while we were figuring out whether to appeal the denial or not, as this was better than having no medication at all. She was informed by the pharmacy last night that the brand, in fact, was covered. When she went to pick it up today she was told it was not covered. When she tried getting the generic it was saying she was refilling it too soon. Can you see which formulation is actually covered for them?	X was informed that one request was approved for the brand name and the other request was denied due to no documentation of the generic trial on the PA form. However a pharmacist reviewed the request with the additional information and claims history and overturned the denial. An approval letter was sent out to the provider.	9/19/2017