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	11/8/2017	10/29/2017	11/4/2017

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 Timely Processing 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	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
10/1/2017	98.46%	92.86%	64	13	65	14
10/8/2017	94.55%	85.71%	52	12	55	14
10/15/2017	96.23%	100.00%	51	6	53	6
10/23/2017	100.00%	100.00%	30	3	30	3
10/29/2017	100.00%	100.00%	35	5	35	5

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	11/8/2017	10/29/2017	11/4/2017

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.
9/10/2017	3	3	The case was identified originally as PA not needed because of test claims that
9/17/2017	0	0	N/A
9/24/2017	3	3	The final notification on all 3 of the cases was processed more than 24 hours AFTER the receipt of the request.
10/1/2017	1	1	Decision was made on time. Verification of secure fax number at the prescriber office was needed, and caused 7 minute delay in faxing the approval notification.
10/8/2017	2	1	The first case was not set up correctly resulting in a delay in processes, but was approved based on clinical information. The second case resulted in timely decisions, but a delay in the notification. The second case was automatically approved.
10/15/2017	0	0	N/A
10/22/2017	0	0	N/A
10/29/2017	0	0	N/A

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	11/8/2017	10/29/2017	11/4/2017

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 = %)	# 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
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
10/1/2017	0	0	0	0	0	0	0	0	0	0
10/8/2017	0	0	0	0	0	0	0	0	0	0
10/15/2017	0	0	0	0	0	0	0	0	0	0
10/22/2017	0	0	0	0	0	0	0	0	0	0
10/29/2017	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	11/8/2017	10/29/2017	11/4/2017

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
10/1/2017	72.31%	78.57%	47	11	65	14
10/8/2017	70.91%	92.86%	39	13	55	14
10/15/2017	71.70%	100.00%	38	6	53	6
10/22/2017	60.00%	100.00%	18	3	30	3
10/29/2017	54.29%	60.00%	19	3	35	5

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	11/8/2017	10/29/2017	11/4/2017

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 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		
10/1/2017	27.69%	21.43%	18	3	65	14			3		
10/8/2017	29.09%	7.14%	16	1	55	14			1		
10/15/2017	28.30%	0.00%	15	0	53	6			0		
10/22/2017	40.00%	0.00%	12	0	30	3			0		
10/29/2017	45.71%	40.00%	16	2	35	5			2		

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	11/1/2017	10/29/2017	11/4/2017

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 (state reason)
9/5/2017	[redacted]				STRATTERA 10 MG CA	Child				X		
9/5/2017					ARIPIPRAZOLE 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					ARIPIPRAZOLE 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				
10/1/2017					VRAYLAR 1.5 MG CAPS	Adult				X		
10/1/2017					FOCALIN XR 10 MG CA	Child				X		
10/1/2017					SAPHRIS 5 MG TAB SL	Adult				X		
10/8/2017					QUETIAPINE ER 150 M	Child				X		
11/4/2017					FOCALIN XR 15 MG CA	Child				X		
11/4/2017					LATUDA 20 MG TABLE	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	11/8/2017	10/29/2017	11/4/2017	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
[redacted]	[redacted]	[redacted]	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	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
[redacted]	[redacted]	[redacted]	10/2/2017	Pharmacy	Well Sense	Good afternoon, I was wondering what the next step is regarding patient TW for the denial of her brand name only X. We scheduled a peer-to-peer review to happen Friday at 4:30 PM. One of our administrative staff members called the number we were instructed to, after not hearing from the reviewer's office in time. She was informed that they called our office twice and was not able to make contact and did not receive a call back. When our admin looked into this she said we did not have any voicemails from them or any information that would indicate we missed their call. I'm not exactly sure why that happened, but since we have now missed the 24 hour window for the peer to peer with a	X was informed that the medical director called at 4:30pm on Friday. He said that he was placed on hold and no one came back to the phone so he hung up. He called back and was immediately placed on hold and again no one came to the phone therefore he wasn't able to fulfill the peer to peer request. X was advised that the Provider has the option of a standard peer-to-peer request and provided the phone number to make the request. If the pharmacist/reviewer is unable to overturn the decision appeal would be the next option.	10/2/2017

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]	10/25/2017	Pharmacy	Well Sense	I'm having a problem with a pharmacy right now, and I feel like the issue might be with them, but the pharmacist insists it is the policy for Wellsense and I am just looking for some clarification. The patient initials are DM and his Medicaid ID is X. Dr. X prescribed him generic X. He takes one tablet in the morning and a half tablet at noon. The quantity they fill is 45 tablets per 30 days. Wellsense has a quantity limit of 60 tablets per 30 days, so this should be filled no problem. He last filled on 9/27 for #45. He is due for his refill, and typically for stimulants they can be refilled no more than 2 days before they are due to run out, in this case would be today. He has enough to get until 10/27 but the parent requested the refill to have that way if something were to happen and she couldn't make it to the pharmacy he would not have to go without his medication. The pharmacist, X at X onX in X NH is insisting that in order to fill this prescription now we would need to do a prior authorization because the quantity exceeds the allowable amount in a 30 day period. I really feel like this is incorrect and that	The system was set up for this medication without a refill tolerance that is usually allowed with most controlled substances. As a result, the system did not allow the claim to process a few days early as should have been the case. The coding was updated to include the appropriate refill threshold. The pharmacy was reached out to reprocess the claim and Seacoast was informed that the member is all set to pick up the medication	10/25/2017