| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 |

| 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 |
| 11/5/2017 | 96.15% | 100.00% | 50 | 9 | 52 | 9 |
| 11/12/2017 | 97.96% | 88.89% | 48 | 8 | 49 | 9 |
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| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 |

| 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 |
| 11/5/2017 | 0 | 0 | N/A |
| 11/12/2017 | 1 | 1 | Additional information received after initial decision. However, information was not processed and sent for review. |
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| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 |

| 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 |
| 11/5/2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11/12/2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 |

| 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 |
| 11/5/2017 | 51.92% | 77.78% | 27 | 7 | 52 | 9 |
| 11/12/2017 | 55.10% | 66.67% | 27 | 6 | 49 | 9 |
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| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 |

| 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 | | |
| 11/5/2017 | 48.08% | 22.22% | 25 | 2 | 52 | 9 | | | 2 | | |
| 11/12/2017 | 44.90% | 33.33% | 22 | 3 | 49 | 9 | | | 3 | | |

| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 |

| 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 CAP | 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 | | |
| 10/29/2017 | | | | | FOCALIN XR 15 MG CA | Child | | | | X | | |
| 10/29/2017 | | | | | LATUDA 20 MG TABLE | Adult | | | | X | | |
| 11/5/2017 | | | | | STRATTERA 10 MG CA | Child | | | | X | | |
| 11/5/2017 | | | | | ATOMOXETINE HCL 25 | Child | | | | X | | |
| 11/12/2017 | | | | | ARIPIPRAZOLE 5 MG T | Child | | | | X | | |
| 11/12/2017 | | | | | LATUDA 80 MG TABLE | Adult | | | | X | | |
| 11/12/2017 | | | | | LATUDA 20 MG TABLE | Adult | | | | X | | |
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| 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 | 11/22/2017 | 11/12/2017 | 11/18/2017 | **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] | | | 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 |
| | | | 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 psychiatrist, could we do a peer to peer review with a clinical pharmacist or should we move on to doing an appeal instead? | 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] | | | 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 there is some sort of grace period. I'm not sure what I should do, so I'm hoping someone can help me. | 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 |
| | | | | | | | | |