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	3/10/2018	2/1/2018	2/28/2018

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 Timely Processing 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	95.56%	97.22%	237	35	248	36

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	3/10/2018	2/1/2018	2/28/2018

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.

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	3/10/2018	2/1/2018	2/28/2018

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*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

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	3/10/2018	2/1/2018	2/28/2018

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*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
February/2018	0	0	0	0	0	0	0	0	0	0

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	3/10/2018	2/1/2018	2/28/2018

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 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		

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	3/10/2018	2/1/2018	2/28/2018

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)
February/2018	[redacted]				DESVENLAFAXINE SUC ER 50 MG T	Adult				X		
February/2018					TRINTELLIX 10 MG TABLET	Adult				X		
February/2018					ARIPIPRAZOLE 2 MG TABLET	Child				X		
February/2018					LYRICA 100 MG CAPSULE	Adult				X		
February/2018					DEXMETHYLPHENIDATE ER 20 MG	Child				X		
February/2018					LAMOTRIGINE ER 50 MG TABLET	Adult				X		
February/2018					CONCERTA ER 36 MG TABLET	Child				X		
February/2018					DESVENLAFAXINE SUC ER 25 MG T	Child				X		
February/2018					MODAFINIL 100 MG TABLET	adult				X		
February/2018					CLONIDINE HCL 0.2 MG TABLET	Child				X		
February/2018					RISPERDAL 1 MG TABLET	Child				X		
February/2018					RISPERDAL 1 MG TABLET	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	3/10/2018	2/1/2018	2/28/2018	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