

ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS Jai 9142020

September 15, 2021

3

Parity Flags

Executive Summary

The table below displays a count of parity flags for each Standard.

	Parity Flag
Annual/Lifetime Dollar Limits	0
Financial Requirements	0
Quantitative Treatment Limitations (QTLs) Requirements	0
Identification of Nonquantitative Treatment Limitations (NQTLs)	3

The table below displays a list of Standards missing information and need additional input.

	Missing Information
Annual/Lifetime Dollar Limits	Yes
Financial Requirements	Yes
Quantitative Treatment Limitations (QTLs) Requirements	Yes
Comparative Analysis "In Operation"	Yes

The URAC ParityManager™ facilitates the processes that a modern parity compliance program needs to have but, as a document management and communications software solution, ParityManager™ does not in and of itself automatically result in parity compliant operations.

Annual/Lifetime Dollar Limits

The number of flags per classification and limit type combination is shown.

	Parity Flag
Lifetime Dollar Limits	0
Annual Dollar Limits	0

If either section is considered incomplete, it is reported in the table below.

	Missing Information
Lifetime Dollar Limits	Y
Annual Dollar Limits	Y

Benefit Identification and Classification

The number of flags per classification and category combination shown below.

	Parity Flag		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	0	0	0
Outpatient - Other	0	0	0
Outpatient - Office Based	0	0	0
Emergency Benefits	0	0	0
Prescription Drugs	0	0	0

Any classification/category combination considered incomplete is reported in the table below.

	Missing Information		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	-	-	-
Outpatient - Other	-	-	-
Outpatient - Office Based	-	-	-
Emergency Benefits	-	-	-
Prescription Drugs	-	-	-

Financial Requirements

The number of flags per classification and limit type combination is shown.

	Parity Flag			
	Deductible	Copay	Coinsurance	Out-of-pocket maximum
Inpatient	0	0	0	0
Outpatient - Other	0	0	0	0
Outpatient - Office Based	0	0	0	0
Emergency Benefits	0	0	0	0
Prescription Drugs	0	0	0	0

Any classification/limit type combination considered incomplete is reported in the table below.

	Missing Information			
	Deductible	Copay	Coinsurance	Out-of-pocket maximum
Inpatient	Y	Y	Y	Y
Outpatient - Other	Y	Y	Y	Y
Outpatient - Office Based	Y	Y	Y	Y
Emergency Benefits	Y	Y	Y	Y
Prescription Drugs	Y	Y	Y	Y

Quantitative Treatment Limitations (QTLs) Requirements

The number of flags per classification and limit type combination is shown.

	Parity Flag		
	Day Limits	Hour Limits	Visit Limits
Inpatient	0	0	0
Outpatient - Other	0	0	0
Outpatient - Office Based	0	0	0
Emergency Benefits	0	0	0
Prescription Drugs	0	0	0

Any classification/limit type combination considered incomplete is reported in the table below.

	Missing Information		
	Day Limits	Hour Limits	Visit Limits
Inpatient	Y	Y	Y
Outpatient - Other	Y	Y	Y
Outpatient - Office Based	Y	Y	Y
Emergency Benefits	Y	Y	Y
Prescription Drugs	Y	Y	Y

Identification of Nonquantitative Treatment Limitations (NQTs)

The number of flags per classification and category combination shown below.

	Parity Flag		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	0	1	0
Outpatient - Other	1	1	0
Outpatient - Office Based	0	0	0
Emergency Benefits	0	0	0
Prescription Drugs	0	0	0

Any classification/category/NQTL combination considered incomplete is reported in the table below.

	Missing Information		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	-	-	-
Outpatient - Other	-	-	-
Outpatient - Office Based	-	-	-
Emergency Benefits	-	-	-
Prescription Drugs	-	-	-

Universal Application of NQTL

Classification: Inpatient

NQTL: Fail first policies or step therapy protocols

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** does not apply

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx

Classification: Inpatient NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Fiscal Responsibility
- Safety risks

Mental Health/Substance Use Disorder

- Excessive utilization
- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** does not apply
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. **Excessive utilization**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Safety risks**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Excessive utilization**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not Applicable
 - Utilization is two standard deviations above average utilization per episode of care.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
2. **High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not Applicable
 - Utilization is two standard deviations above average utilization per episode of care.Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. **Least restrictive appropriate level of care**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. **Not Applicable**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. **Service type**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. **Severity or chronicity of an illness**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. **Variability in quality**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of

care such as ASAM criteria or APA treatment guidelines.

- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Number of days or visits authorized per review
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Outlier Management Data

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020 - Sample.xlsx
- Sample monthly FWA report - Standard Template - MD.xlsx
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- MDS3.0 NC_Comp_v1.0 Nov 2009.pdf
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- CAP Overutilizersv3.pdf

Classification: Inpatient NQLT: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Excessive utilization
- Fiscal Responsibility
- Industry Standards
- Medical Necessity
- Not Applicable
- Patient Safety
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Appropriateness of utilization

Evidentiary Standard

Source

2. Excessive utilization

Evidentiary Standard

Source

3. Fiscal Responsibility

Evidentiary Standard

Source

4. Industry Standards

Evidentiary Standard

Source

5. Medical Necessity

Evidentiary Standard

Source

6. Not Applicable

Evidentiary Standard

Source

7. Patient Safety

Evidentiary Standard

Source

8. Service type

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits

3. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

4. **Severity or chronicity of an illness**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

5. **Variability in quality**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- Inter-rater Reliability Study 2019.pdf
- 2019 Physician Inter-Rater Reliability Audit.pdf

Classification: Inpatient NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- Not Applicable

Medical/Surgical

- Not Applicable

Mental Health/Substance Use Disorder

Definitions

- **Not Applicable:** does not apply

- 1. **Not Applicable**
Evidentiary Standard
Source

Medical/Surgical

- 1. **Not Applicable**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

Operations Measures

- NQTL does not apply to any services in this classification

Medical/Surgical

- NQTL does not apply to any services in this classification
- NQTL does not apply to any services in this classification

Mental Health/Substance Use Disorder

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Inpatient NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Excessive utilization
- Fiscal Responsibility
- Industry Standards
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. **Appropriateness of utilization**

Evidentiary Standard
Source

2. **Excessive utilization**

Evidentiary Standard
Source

3. **Fiscal Responsibility**

Evidentiary Standard
Source

4. **Industry Standards**

Evidentiary Standard
Source

5. **Service type**

Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **High levels of variation in length of stay**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

2. **Least restrictive appropriate level of care**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

3. **Service type**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

4. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

5. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- 3871B form rev 01132016.pdf
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- Inter-rater Reliability Study 2019.pdf
- Appeals Timeliness Report.pdf

Classification: Inpatient

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Excessive utilization
- Fiscal Responsibility
- Industry Standards
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Patient Safety
- Service type

Mental Health/Substance Use Disorder

- Least restrictive appropriate level of care
- Severity or chronicity of an illness

Definitions

- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness

Medical/Surgical

1. **Claim types with high percentage of fraud**
Evidentiary Standard
Source
2. **Excessive utilization**
Evidentiary Standard
Source
3. **Fiscal Responsibility**
Evidentiary Standard
Source
4. **Industry Standards**
Evidentiary Standard
Source
5. **Medicare/Medicaid program participation eligibility**
Evidentiary Standard
Source
6. **Not Applicable**
Evidentiary Standard
Source
7. **Patient Safety**
Evidentiary Standard
Source
8. **Service type**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Least restrictive appropriate level of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
2. **Severity or chronicity of an illness**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- Inter-rater Reliability Study 2019.pdf
- PCP follow up 1st qtr 2020-Barb.pdf

Classification: Outpatient - Other

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Fiscal Responsibility
- Industry Standards
- Not Applicable
- Safety risks
- Service type

Mental Health/Substance Use Disorder

- Excessive utilization
- High variability in cost per episode of care
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High variability in cost per episode of care:** High cost of care relative to similar therapies. This is the cost relative to cost of care with similar drugs used for the same diagnosis and condition based on scientific evidence, standards of practice, and relevant findings of government agencies, medical associations, national commissions, peer-reviewed journals, and authoritative compendia.
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. **Excessive utilization**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Industry Standards**
Evidentiary Standard
Source
4. **Not Applicable**
Evidentiary Standard
Source
5. **Safety risks**
Evidentiary Standard
Source
6. **Service type**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Excessive utilization**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Utilization is two standard deviations above average utilization per episode of care.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
2. **High variability in cost per episode of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Utilization is two standard deviations above average utilization per episode of care.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
3. **Least restrictive appropriate level of care**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

4. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

5. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

6. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Frequency with which reviews are conducted
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Outlier Management Data

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020 - Sample.xlsx
- 1.Sample monthly FWA report - Standard Template - MD.xlsx

- Auth Stats for June 2020.xlsx
- PACE Quality Measure Testing_HPMS Memo_4 21 15.pdf
- CAP Overutilizersv3.pdf

Classification: Outpatient - Other

NQTL: Service Limitations

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Not Applicable
- Service type

Definitions

- **Not Applicable:** does not apply
- **Service type:** Type of service being requested.

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. **Service type**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

- NQTL does not apply to any services in this classification

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- DO NOT APPLY NQTLS to OP -Other SUD v2.0.docx

Classification: Outpatient - Other NQLT: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Excessive utilization
- Fiscal Responsibility
- Health plan accreditation standards for quality assurance
- Medical Necessity
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Patient Safety
- Quality and performance measures (including customer feedback)
- Safety risks
- Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- clinical indications or evidence

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** does not apply
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **clinical indications or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Medical/Surgical

- 1. Appropriateness of utilization**
Evidentiary Standard
Source
- 2. Excessive utilization**
Evidentiary Standard
Source
- 3. Fiscal Responsibility**
Evidentiary Standard
Source
- 4. Health plan accreditation standards for quality assurance**
Evidentiary Standard
Source
- 5. Medical Necessity**
Evidentiary Standard
Source
- 6. Medicare/Medicaid program participation eligibility**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

- 1. High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits
- 2. Least restrictive appropriate level of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits

- 7. **Not Applicable**
Evidentiary Standard
Source
- 8. **Patient Safety**
Evidentiary Standard
Source
- 9. **Quality and performance measures (including customer feedback)**
Evidentiary Standard
Source
- 10. **Safety risks**
Evidentiary Standard
Source
- 11. **Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)**
Evidentiary Standard
Source
- 12. **Service type**
Evidentiary Standard
Source

- 3. **Not Applicable**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- 4. **Service type**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- 5. **Severity or chronicity of an illness**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- 6. **Clinical indications or evidence**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- HH Cert and Plan of Care 485 Form example.pdf
- DME - DMS Audiology Review Procedures (8.04.2020).docx
- Inter-rater Reliability Study 2019.pdf
- 2.3rd Qtr 2005 - 2019.pdf
- POS Evaluation_08JUL20.xlsx

Classification: Outpatient - Other NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- Not Applicable

Medical/Surgical

- Not Applicable

Mental Health/Substance Use Disorder

Definitions

- **Not Applicable:** does not apply

- 1. **Not Applicable**
Evidentiary Standard
Source
 - Not Applicable

Medical/Surgical

- 1. **Not Applicable**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

Operations Measures

- NQTL does not apply to any services in this classification

Medical/Surgical

- NQTL does not apply to any services in this classification

Mental Health/Substance Use Disorder

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Other NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Fiscal Responsibility
- Industry Standards
- Medical Necessity

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** does not apply

Medical/Surgical

1. **Appropriateness of utilization**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Industry Standards**
Evidentiary Standard
Source
4. **Medical Necessity**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- DME - DMS Audiology Review Procedures (8.04.2020).docx

Classification: Outpatient - Other

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Excessive utilization
- High variability in cost per episode of care
- Industry Standards
- Lack of clinical efficiency of treatment or service
- Medical Necessity
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** lowest level of care the individual can be safely and effectively treated.
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Appropriateness of utilization

Evidentiary Standard

Source

2. Excessive utilization

Evidentiary Standard

Source

3. High variability in cost per episode of care

Evidentiary Standard

Source

4. Industry Standards

Evidentiary Standard

Source

5. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Source

6. Medical Necessity

Evidentiary Standard

Source

7. Relative reimbursement rates

Evidentiary Standard

Source

8. Service type

Evidentiary Standard

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

3. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

4. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

5. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

6. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Utilization trends
- tracking of denial of plans of service that do not meet medical necessity

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- Inter-rater Reliability Study 2019.pdf

Classification: Outpatient - Other

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Elasticity of demand
- Excessive utilization
- Fiscal Responsibility
- Industry Standards
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Patient Safety

Mental Health/Substance Use Disorder

- Not Applicable
- Service type
- Severity or chronicity of an illness

Definitions

- **Not Applicable:** does not apply
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness

Medical/Surgical

1. **Elasticity of demand**
Evidentiary Standard
Source
2. **Excessive utilization**
Evidentiary Standard
Source
3. **Fiscal Responsibility**
Evidentiary Standard
Source
4. **Industry Standards**
Evidentiary Standard
Source
5. **Medicare/Medicaid program participation eligibility**
Evidentiary Standard
Source
6. **Not Applicable**
Evidentiary Standard
Source
7. **Patient Safety**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
2. **Service type**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
3. **Severity or chronicity of an illness**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- Utilization trends
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx

Classification: Outpatient - Office Based

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Fiscal Responsibility
- High variability in cost per episode of care
- Industry Standards
- Not Applicable
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

- Excessive utilization
- High levels of variation in length of stay
- High variability in cost per episode of care
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High levels of variation in length of stay:** this is an error and should not be listed
- **High variability in cost per episode of care:** High cost of care relative to similar therapies. This is the cost relative to cost of care with similar drugs used for the same diagnosis and condition based on scientific evidence, standards of practice, and relevant findings of government agencies, medical associations, national commissions, peer-reviewed journals, and authoritative compendia.
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** does not apply
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. **Excessive utilization**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **High variability in cost per episode of care**
Evidentiary Standard
Source
4. **Industry Standards**
Evidentiary Standard
Source
5. **Not Applicable**
Evidentiary Standard
Source
6. **Relative reimbursement rates**
Evidentiary Standard
Source
7. **Service type**

Mental Health/Substance Use Disorder

1. **Excessive utilization**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not Applicable
 - Utilization is two standard deviations above average utilization per episode of care.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
2. **High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not Applicable

- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. High variability in cost per episode of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

8. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Frequency with which reviews are conducted
- Utilization trends
- audits tracker (monthly)
- duplicate records (monthly)
- provider financial analysis (monthly)

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Outlier Management Data

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- Auth Stats for June 2020.xlsx
- PACE Quality Measure Testing_HPMS Memo_4 21 15.pdf
- CAP Overutilizersv3.pdf

Classification: Outpatient - Office Based

NQTL: Service Limitations

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Service type |
|---|---|

Definitions

- **Service type:** Type of service being requested.

- | |
|--|
| <p><u>Medical/Surgical</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> |
|--|

- | |
|--|
| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Service type
Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits |
|--|

Operations Measures

- | | |
|---|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Authorization Denial Rates for MH/SUD• Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers• Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria |
|---|--|

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Office Based

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Fiscal Responsibility
- Medical Necessity
- Patient Safety

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality
- clinical indications or evidence

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Least restrictive appropriate level of care:** lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.
- **clinical indications or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Medical/Surgical

1. Appropriateness of utilization

Evidentiary Standard
Source

2. Fiscal Responsibility

Evidentiary Standard
Source

3. Medical Necessity

Evidentiary Standard
Source

4. Patient Safety

Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

3. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

4. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

5. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

6. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

7. Clinical indications or evidence

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- Inter-rater Reliability Study 2019.pdf
- 3rd Qtr 2005 - 2019.pdf

Classification: Outpatient - Office Based

NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- Not Applicable

Medical/Surgical

- Not Applicable

Mental Health/Substance Use Disorder

Definitions

- **Not Applicable:** does not apply

- 1. **Not Applicable**
Evidentiary Standard
Source

Medical/Surgical

- 1. **Not Applicable**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

Operations Measures

- NQTL does not apply to any services in this classification

Medical/Surgical

- NQTL does not apply to any services in this classification
- NQTL does not apply to any services in this classification

Mental Health/Substance Use Disorder

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Office Based

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable |
|---|---|

Definitions

- **Not Applicable:** does not apply

- | | |
|---|--|
| <p><u>Medical/Surgical</u></p> <ol style="list-style-type: none">1. Not Applicable
Evidentiary Standard
Source | <p><u>Mental Health/Substance Use Disorder</u></p> <ol style="list-style-type: none">1. Not Applicable
Evidentiary Standard<ul style="list-style-type: none">◦ Not ApplicableSource<ul style="list-style-type: none">◦ Not Applicable |
|---|--|

Operations Measures

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers• Utilization trends | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification• NQTL does not apply to any services in this classification |
|--|--|

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Inter-rater Reliability Study 2019.pdf
- 3rd Qtr 2005 - 2019.pdf

Classification: Outpatient - Office Based

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Excessive utilization
- High variability in cost per episode of care
- Industry Standards
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Medical Necessity
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

- 1. Appropriateness of utilization**
Evidentiary Standard
Source
- 2. Excessive utilization**
Evidentiary Standard
Source
- 3. High variability in cost per episode of care**
Evidentiary Standard
Source
- 4. Industry Standards**
Evidentiary Standard
Source
- 5. Lack of adherence to quality standards**
Evidentiary Standard
Source
- 6. Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
- 7. Medical Necessity**
Evidentiary Standard
Source
- 8. Relative reimbursement rates**
Evidentiary Standard

Mental Health/Substance Use Disorder

- 1. High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- 2. Least restrictive appropriate level of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- 3. Service type**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

9. **Service type**

Evidentiary Standard

Source

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

4. **Severity or chronicity of an illness**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

5. **Variability in quality**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends
- duplicate restorations (quarterly)

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Inter-rater Reliability Study 2019.pdf
- Copy of TopPayee - 2020-07-31.pdf
- PCP follow up 1st qtr 2020-Barb.pdf

Classification: Outpatient - Office Based

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Excessive utilization
- Fiscal Responsibility
- High variability in cost per episode of care
- Industry Standards
- Medical Necessity
- Not Applicable
- Patient Safety
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** does not apply
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. **Claim types with high percentage of fraud**
Evidentiary Standard
Source
2. **Excessive utilization**
Evidentiary Standard
Source
3. **Fiscal Responsibility**
Evidentiary Standard
Source
4. **High variability in cost per episode of care**
Evidentiary Standard
Source
5. **Industry Standards**
Evidentiary Standard
Source
6. **Medical Necessity**
Evidentiary Standard
Source
7. **Not Applicable**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not ApplicableSource
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
2. **Least restrictive appropriate level of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not ApplicableSource
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

8. **Patient Safety**

Evidentiary Standard

Source

9. **Relative reimbursement rates**

Evidentiary Standard

Source

10. **Service type**

Evidentiary Standard

Source

- Not Applicable

3. **Not Applicable**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. **Service type**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. **Severity or chronicity of an illness**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. **Variability in quality**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends
- services preauthorized not received (monthly)

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf

Classification: Emergency Benefits NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Fiscal Responsibility
- Industry Standards

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** does not apply

Medical/Surgical

1. **Fiscal Responsibility**
Evidentiary Standard
Source
2. **Industry Standards**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

- Utilization trends

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Copy of Copy of High ER Utilizers 4th Q 2019.xlsx

Classification: Emergency Benefits NQLT: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Fiscal Responsibility
- Industry Standards
- Medical Necessity
- Patient Safety

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** does not apply

Medical/Surgical

1. **Claim types with high percentage of fraud**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Industry Standards**
Evidentiary Standard
Source
4. **Medical Necessity**
Evidentiary Standard
Source
5. **Patient Safety**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends

Mental Health/Substance Use Disorder

- NQLT does not apply to any services in this classification

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Inter-rater Reliability Study 2019.pdf
- 2019 Physician Inter-Rater Reliability Audit.pdf
- Copy of Copy of High ER Utilizers 4th Q 2019.xlsx

Classification: Prescription Drugs

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Fiscal Responsibility
- Industry Standards

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** does not apply

Medical/Surgical

1. **Fiscal Responsibility**
Evidentiary Standard
Source
2. **Industry Standards**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
 - Not ApplicableSource
 - Not Applicable

Operations Measures

Medical/Surgical

- Utilization trends

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- We DO NOT apply any NQTLs to the Emergency and Pharmacy Benefits.docx
- CAP underut hedis 5.20.pdf

Classification: Prescription Drugs

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Fiscal Responsibility
- Industry Standards
- Medical Necessity
- Not Applicable
- Patient Safety

Mental Health/Substance Use Disorder

- Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation
- Lack of clinical efficiency of treatment or service
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Not Applicable
- Safety risks
- Service type
- Severity or chronicity of an illness
- Site visit requirements
- fail first protocol

Definitions

- **Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation:** Process review activities to review a participant's course and efficacy of treatment to determine the approval or renewal of a prior authorization for their drug.
- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non- Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee
- **Not Applicable:** does not apply
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Site visit requirements:** If the Applicant is not accredited by an agency recognized by the Credentialing Entity in, a site visit of the organization is required and results must be found to be satisfactory with a passing score of 85% or higher.
- **fail first protocol:** fail first protocol

Medical/Surgical

1. **Appropriateness of utilization**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Industry Standards**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation**
Evidentiary Standard
 - A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

4. Medical Necessity

Evidentiary Standard

Source

5. Not Applicable

Evidentiary Standard

Source

6. Patient Safety

Evidentiary Standard

Source

- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

2. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

4. Not Applicable

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

5. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

6. Service type

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable

- State and Federal requirements

7. Severity or chronicity of an illness

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

8. Site visit requirements

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

9. fail first protocol

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- Medical expert reviews
- Not Applicable
- State and Federal requirements

Operations Measures

Medical/Surgical

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Mental Health/Substance Use Disorder

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

References

- 01b - JAI PT Minutes 03.31.20 Draft.pdf

Classification: Prescription Drugs

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Appropriateness of utilization
- Fiscal Responsibility
- Industry Standards
- Medical Necessity
- Patient Safety

Mental Health/Substance Use Disorder

- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness

Definitions

- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non- Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee
- **clinical appropriateness/medical necessity:** Identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria.
- **fiscal responsibility/cost effectiveness:** Examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

Medical/Surgical

1. **Appropriateness of utilization**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Industry Standards**
Evidentiary Standard
Source
4. **Medical Necessity**
Evidentiary Standard
Source
5. **Patient Safety**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee**
Evidentiary Standard
 - A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - FDA Prescribing Information & Official Compendium
Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Internal claims analysis
 - Medical expert reviews
2. **clinical appropriateness/medical necessity**
Evidentiary Standard
 - A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of

care such as ASAM criteria or APA treatment guidelines.

- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews

3. **fiscal responsibility/cost effectiveness**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews

Operations Measures

Medical/Surgical

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Mental Health/Substance Use Disorder

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

References

- Tier 2 and NPD Clinical Criteria.pdf
- Inter-rater Reliability Study 2019.pdf
- 05Antihyperlipidemics - Fenofibrates Q4 2019 example trend report.pdf

Classification: Prescription Drugs

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Fiscal Responsibility
- Industry Standards
- Medical Necessity
- Not Applicable
- Patient Safety

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Not Applicable
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non- Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee
- **Not Applicable:** does not apply
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **clinical appropriateness/medical necessity:** Identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria.
- **fail first protocol:** fail first protocol

Medical/Surgical

1. **Claim types with high percentage of fraud**
Evidentiary Standard
Source
2. **Fiscal Responsibility**
Evidentiary Standard
Source
3. **Industry Standards**
Evidentiary Standard
Source
4. **Medical Necessity**
Evidentiary Standard
Source
5. **Not Applicable**
Evidentiary Standard
Source
6. **Patient Safety**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - FDA Prescribing Information & Official Compendium
 - Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorizationSource
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Medical expert reviews
2. **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee**
Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

3. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

4. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

5. clinical appropriateness/medical necessity

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

6. fail first protocol

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium

- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

Operations Measures

Medical/Surgical

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Mental Health/Substance Use Disorder

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Classification: Prescription Drugs

NQTL: tiered drug formulary

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Fiscal Responsibility
- Industry Standards

Mental Health/Substance Use Disorder

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Safety risks
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non- Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **clinical appropriateness/medical necessity:** Identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria.
- **fiscal responsibility/cost effectiveness:** Examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

Medical/Surgical

1. **Fiscal Responsibility**
Evidentiary Standard
Source
2. **Industry Standards**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Excessive utilization**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - FDA Prescribing Information & Official Compendium
Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Internal claims analysis
 - Medical expert reviews
2. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of

care such as ASAM criteria or APA treatment guidelines.

- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews

3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews

4. Safety risks

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews

5. clinical appropriateness/medical necessity

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews

6. fiscal responsibility/cost effectiveness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing Information & Official Compendium

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
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