

# ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS MPC 09142020

September 27, 2021

4

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)	4

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
<b>Inpatient</b>	0	0	0
<b>Outpatient - Other</b>	0	0	0
<b>Outpatient - Office Based</b>	0	0	0
<b>Emergency Benefits</b>	0	0	0
<b>Prescription Drugs</b>	0	0	0

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

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

# Financial Requirements

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

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

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

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

# Identification of Nonquantitative Treatment Limitations (NQTLs)

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	1	1	0
Prescription Drugs	1	1	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: Outlier Management

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- Excessive utilization
- High dollar claim review for claims over \$150,000.00
- High levels of variation in length of stay
- Lack of clinical efficiency of treatment or service
- Service type

### Mental Health/Substance Use Disorder

- Excessive utilization
- 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

- **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.
- **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

- 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. High dollar claim review for claims over \$150,000.00

Evidentiary Standard

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. High levels of variation in length of stay

Evidentiary Standard

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. Lack of clinical efficiency of treatment or service

### 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
- Internal claims analysis

#### 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.
- 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
- Internal claims analysis

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

## Evidentiary Standard

### 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. Service type

### Evidentiary Standard

#### 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

## 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
- Internal claims analysis

## 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
- Internal claims analysis

## 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
- Internal claims analysis

## 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
- Internal claims analysis

## 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

# Classification: Inpatient NQLT: concurrent review

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- Excessive utilization
- High levels of variation in length of stay
- Lack of clinical efficiency of treatment or service
- 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. Excessive utilization

Evidentiary Standard

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. High levels of variation in length of stay

Evidentiary Standard

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. Lack of clinical efficiency of treatment or service

Evidentiary Standard

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

#### 4. Service type

Evidentiary Standard

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

### 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 NQLT 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

- Average length of stay authorized per episode of care
- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- How the health plan verifies credentials of its staff conducting medical management/utilization review
- 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
- Number of days or visits authorized per review
- 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

- 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

# Classification: Inpatient NQTL: data collection

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

## Definitions

- **Not Applicable:** NQTL does not apply for this classification

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

## Operations Measures

- |   |   |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none"><li>• NQTL does not apply to any services in this classification</li></ul> | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none"><li>• NQTL does not apply to any services in this classification</li></ul> |
|---|---|

### References

- 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

- Excessive utilization
- High levels of variation in length of stay
- Lack of clinical efficiency of treatment or service
- 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. Excessive utilization

Evidentiary Standard

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

#### 2. High levels of variation in length of stay

Evidentiary Standard

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

#### 3. Lack of clinical efficiency of treatment or service

Evidentiary Standard

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

#### 4. Service type

Evidentiary Standard

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

### 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

- Internal claims analysis

- 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

- Average length of stay authorized per episode of care
- 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
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review

### 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

# 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

- Current and projected demand for services
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- 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. Current and projected demand for services

Evidentiary Standard

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
- State and Federal requirements

##### 2. Excessive utilization

Evidentiary Standard

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
- State and Federal requirements

##### 3. Medicare/Medicaid program participation eligibility

Evidentiary Standard

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
- State and Federal requirements

##### 4. Service type

Evidentiary Standard

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

#### 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



- State and Federal requirements

## 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
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews

### 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

- 7000.10 Inter-rater Reliability\_FINAL\_March2020.pdf
- 7100.05 Prior Authorization\_FINAL\_March2020.pdf
- 7000.25 MM Staff Quality Review\_FINAL\_March2020 (5).pdf
- 7200.05 Concurrent Review\_FINAL\_March2020 (1).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

- Claim types with high percentage of fraud
- Excessive utilization
- Safety risks
- Service type
- Variability in quality

### Mental Health/Substance Use Disorder

- Excessive utilization
- 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

- **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.
- **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

- 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
- Internal claims analysis

#### 2. 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

### 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 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.
- 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

- Internal claims analysis

### 3. 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.
- 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
- Internal claims analysis

### 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
- 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
- Internal claims analysis

### 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.
- 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
- Internal claims analysis

- 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

- Dollar spend trends
- 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

- 1.Sample monthly FWA report - Standard Template - MD.xlsx

# Classification: Outpatient - Other

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

### Definitions

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

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| <p><u>Medical/Surgical</u></p> <p>1. <b>Not Applicable</b></p> <p>Evidentiary Standard</p> <p>Source</p> |
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| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. <b>Not Applicable</b></p> <p>Evidentiary Standard</p> <ul style="list-style-type: none"><li>◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.</li><li>◦ Not Applicable</li></ul> <p>Source</p> <ul style="list-style-type: none"><li>◦ 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</li><li>◦ Not Applicable</li></ul> <p>2. <b>Service type</b></p> <p>Evidentiary Standard</p> <ul style="list-style-type: none"><li>◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.</li><li>◦ Not Applicable</li></ul> <p>Source</p> <ul style="list-style-type: none"><li>◦ 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</li><li>◦ Not Applicable</li></ul> |
|--|

### Operations Measures

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

- NQTL does not apply to any services in this classification

#### References

- Auth Stats for June 2020.xlsx
- DO NOT APPLY NQTLs to OP -Other SUD v2.0.docx
- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.pdf

# Classification: Outpatient - Other

## NQTL: concurrent review

### 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
- Health plan accreditation standards for quality assurance
- Medicare/Medicaid program participation eligibility
- 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
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- clinical indications and/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.
- **Not Applicable:** NQTL does not apply for this classification
- **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 and/or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

#### Medical/Surgical

##### 1. Claim types with high percentage of fraud

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

##### 2. Excessive utilization

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

##### 3. Health plan accreditation standards for quality assurance

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

- 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
- National accreditation standards
- State and Federal requirements

#### 4. Medicare/Medicaid program participation eligibility

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

#### 5. Quality and performance measures (including customer feedback)

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

#### 6. Safety risks

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

#### 7. Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

#### 8. Service type

Evidentiary Standard

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
- National accreditation standards
- State and Federal requirements

- 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. 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

#### 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.

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. 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

#### 7. clinical indications and/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

### Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD

- Frequency with which reviews are conducted
- 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
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis
- 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



# 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:** NQTL does not apply for this classification

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

### Medical/Surgical

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

### 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

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.pdf

# 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

- Current and projected demand for services
- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Provider discretion in determining diagnosis
- Service type
- Severity or chronicity of an illness

#### 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:** NQTL does not apply for this classification
- **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. **Current and projected demand for services**  
Evidentiary Standard  
Source
2. **Excessive utilization**  
Evidentiary Standard  
Source
3. **Lack of clinical efficiency of treatment or service**  
Evidentiary Standard  
Source
4. **Medicare/Medicaid program participation eligibility**  
Evidentiary Standard  
Source
5. **Provider discretion in determining diagnosis**  
Evidentiary Standard  
Source
6. **Service type**  
Evidentiary Standard  
Source
7. **Severity or chronicity of an illness**  
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
  - 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

- Degree of discretion exercised by utilization review staff
- Frequency potential treatments are reviewed to determined whether they are experimental and investigational
- Frequency with which reviews are conducted
- 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
- Number of days or visits authorized per review
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health,

### 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

substance use disorder and medical/surgical benefits have comparable expertise.

- tracking of denial of plans of service that do not meet medical necessity

# 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

- Claim types with high percentage of fraud
- Elasticity of demand
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Quality and performance measures (including customer feedback)
- Service type

#### Mental Health/Substance Use Disorder

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

### Definitions

- **Not Applicable:** NQTL does not apply for this classification
- **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. Claim types with high percentage of fraud

Evidentiary Standard

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
- State and Federal requirements

##### 2. Elasticity of demand

Evidentiary Standard

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
- State and Federal requirements

##### 3. Excessive utilization

Evidentiary Standard

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
- State and Federal requirements

##### 4. Medicare/Medicaid program participation eligibility

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

- 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
- State and Federal requirements

the factors triggering the application of an NQTL to benefits

- Not Applicable

**5. Quality and performance measures (including customer feedback)**

Evidentiary Standard

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
- State and Federal requirements

**6. Service type**

Evidentiary Standard

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
- State and Federal requirements

## 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
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- 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

# 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

- Claim types with high percentage of fraud
- Excessive utilization
- High variability in cost per episode of care
- Relative reimbursement rates
- Service type

#### Mental Health/Substance Use Disorder

- Excessive utilization
- 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

- **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.
- **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

- 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
- State and Federal requirements

##### 2. Excessive utilization

Evidentiary Standard

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
- State and Federal requirements

##### 3. High variability in cost per episode of care

Evidentiary Standard

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
- State and Federal requirements

##### 4. Relative reimbursement rates

#### 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 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.
- 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

## Evidentiary Standard

### 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
- State and Federal requirements

## 5. Service type

### Evidentiary Standard

#### 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
- State and Federal requirements

- 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

- Dollar spend trends
- 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
- Outlier Management Data

## References

- 1. Sample monthly FWA report - Standard Template - MD.xlsx



# Classification: Outpatient - Office Based

## NQTL: Service Limitations

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

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

### Definitions

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

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

- |  |
|--|
| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. <b>Service type</b><br/>Evidentiary Standard</p> <ul style="list-style-type: none"><li>◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.</li></ul> <p>Source</p> <ul style="list-style-type: none"><li>◦ 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</li></ul> |
|--|

### Operations Measures

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

#### References

- 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

- Claim types with high percentage of fraud
- Demand for services
- Excessive utilization
- Service type

#### Mental Health/Substance Use Disorder

- Clinical indications and/or evidence
- 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

- **Clinical indications and/or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials
- **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. Claim types with high percentage of fraud

Evidentiary Standard

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

##### 2. Demand for services

Evidentiary Standard

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

##### 3. Excessive utilization

Evidentiary Standard

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

##### 4. Service type

Evidentiary Standard

#### Mental Health/Substance Use Disorder

##### 1. Clinical indications and/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

##### 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.

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
- Internal claims analysis

#### 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. **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

#### 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.

##### 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. **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

#### 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.

##### 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
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- 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

- 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
- Services not provided for this classification

# Classification: Outpatient - Office Based

## NQTL: data collection

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

### Definitions

- **Not Applicable:** NQTL does not apply for this classification

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

### Operations Measures

- |   |  |
|---|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none"><li>• NQTL does not apply to any services in this classification</li></ul> | <p><u>Mental Health/Substance Use Disorder</u></p> |
|---|--|

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.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

- Claim types with high percentage of fraud
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Provider discretion in determining diagnosis
- Quality and performance measures (including customer feedback)
- 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. **Claim types with high percentage of fraud**  
Evidentiary Standard  
Source
2. **Excessive utilization**  
Evidentiary Standard  
Source
3. **High variability in cost per episode of care**  
Evidentiary Standard  
Source
4. **Lack of adherence to quality standards**  
Evidentiary Standard  
Source
5. **Lack of clinical efficiency of treatment or service**  
Evidentiary Standard  
Source
6. **Provider discretion in determining diagnosis**  
Evidentiary Standard  
Source
7. **Quality and performance measures (including customer feedback)**  
Evidentiary Standard  
Source
8. **Relative reimbursement rates**

#### 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.

Evidentiary Standard  
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

- 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
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- 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
- Services not provided for this classification

# 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
- Demand for services
- Excessive utilization
- High variability in cost per episode of care
- 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. Claim types with high percentage of fraud

Evidentiary Standard

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

##### 2. Demand for services

Evidentiary Standard

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

##### 3. Excessive utilization

Evidentiary Standard

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

##### 4. High variability in cost per episode of care

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define

#### 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

- 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

#### 5. **Relative reimbursement rates**

Evidentiary Standard

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

#### 6. **Service type**

Evidentiary Standard

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

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
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- 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
- Services not provided for this classification



# Classification: Emergency Benefits NQTL: Outlier Management

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

## Definitions

- **Not Applicable:** NQTL does not apply for this classification

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

## Operations Measures

- |   |   |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none"><li>• Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers</li><li>• Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</li><li>• The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.</li><li>• Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</li></ul> | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none"><li>• NQTL does not apply to any services in this classification</li></ul> |
|---|---|

### References

- We DO NOT apply any NQTLs to the Emergency and Pharmacy Benefits.docx

# Classification: Emergency Benefits

## NQTL: medical necessity

### 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:** NQTL does not apply for this classification

#### 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
- Services not provided for this classification

#### References

- We DO NOT apply any NQTLs to the Emergency and Pharmacy Benefits.docx

# Classification: Prescription Drugs

## NQTL: Outlier Management

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

- |   |   |
|---|---|
| <u>Medical/Surgical</u>                     | <u>Mental Health/Substance Use Disorder</u> |
| • Claim types with high percentage of fraud | • Not Applicable                            |

### Definitions

- **Not Applicable:** NQTL does not apply for this classification

- |   |
|---|
| <u>Medical/Surgical</u>                             |
| 1. <b>Claim types with high percentage of fraud</b> |
| Evidentiary Standard                                |
| Source  |
| ◦ Internal claims analysis                          |

- |   |
|---|
| <u>Mental Health/Substance Use Disorder</u> |
| 1. <b>Not Applicable</b>                    |
| Evidentiary Standard                        |
| ◦ Not Applicable                            |
| Source                                      |
| ◦ Not Applicable                            |

### Operations Measures

#### Medical/Surgical

#### 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

# Classification: Prescription Drugs

## NQTL: Tiering

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

#### Mental Health/Substance Use Disorder

- Fiscal Responsibility
- 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

### Definitions

- **Fiscal Responsibility:** Fiscal Responsibility
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** 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:** 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.

#### Medical/Surgical

#### Mental Health/Substance Use Disorder

1. **Fiscal Responsibility**  
Evidentiary Standard  
Source
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  
Source
3. **clinical appropriateness/medical necessity**  
Evidentiary Standard  
Source

### Operations Measures

#### Medical/Surgical

#### 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
- Services not provided for this classification
- 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: concurrent review

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

### Definitions

- **Not Applicable:** NQTL does not apply for this classification

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

### Operations Measures

- |  |  |
|--|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none"><li>• Services not provided for this classification</li></ul> | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none"><li>• Services not provided for this classification</li></ul> |
|--|--|

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.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

- Safety risks
- tiered drug formulary

#### Mental Health/Substance Use Disorder

- Not Applicable
- fail first protocol

### Definitions

- **Not Applicable:** NQTL does not apply for this classification
- **fail first protocol:** fail first protocol

#### Medical/Surgical

##### 1. Safety risks

Evidentiary Standard

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. tiered drug formulary

Evidentiary Standard

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

#### Mental Health/Substance Use Disorder

##### 1. 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.

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
- State and Federal requirements

##### 2. 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.

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
- State and Federal requirements

### Operations Measures

#### Medical/Surgical

- Availability of less intensive level of care when fail-first NQTL is imposed
- 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
- Tiered Drug Formulary
- 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: medical necessity

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.pdf

### Factors

#### Medical/Surgical

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Safety risks

#### Mental Health/Substance Use Disorder

- Fiscal Responsibility
- 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

### Definitions

- **Fiscal Responsibility:** Fiscal Responsibility
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** 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:** 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.

#### Medical/Surgical

##### 1. Excessive utilization

Evidentiary Standard

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

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. Safety risks

Evidentiary Standard

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

#### Mental Health/Substance Use Disorder

##### 1. Fiscal Responsibility

Evidentiary Standard

Source

##### 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

Source

##### 3. clinical appropriateness/medical necessity

Evidentiary Standard

Source

## 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
- 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
- Number of days or visits authorized per review
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- 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: prior authorization/pre authorization

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- 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
- Not Applicable
- Recent medical cost escalation
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol

#### 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
- 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
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** 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:** NQTL does not apply for this classification
- **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. **Excessive utilization**  
Evidentiary Standard  
Source
2. **Lack of clinical efficiency of treatment or service**  
Evidentiary Standard  
Source
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  
Source
4. **Not Applicable**

#### Mental Health/Substance Use Disorder

1. **Lack of clinical efficiency of treatment or service**  
Evidentiary Standard  
Source
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  
Source
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

- Evidentiary Standard
- Source
- 5. **Recent medical cost escalation**
- Evidentiary Standard
- Source
- 6. **Severity or chronicity of an illness**
- Evidentiary Standard
- Source
- 7. **clinical appropriateness/medical necessity**
- Evidentiary Standard
- Source
- 8. **fail first protocol**
- Evidentiary Standard
- Source

- Source
- 4. **Not Applicable**
- Evidentiary Standard
- Source
- 5. **Severity or chronicity of an illness**
- Evidentiary Standard
- Source
- 6. **clinical appropriateness/medical necessity**
- Evidentiary Standard
- Source
- 7. **fail first protocol**
- Evidentiary Standard
- Source

## 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
- Dollar spend trends
- For tiered networks (e.g., a preferred provider tier and a participating provider tier), assessment of whether application of requirements for the tiering (e.g., that a provider have staff privileges at a local hospital) results in few or no mental health or substance use disorder providers being eligible to be placed in a tier
- 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