

ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS Medstar 09132020

September 15, 2021



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)	0

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

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

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

Annual/Lifetime Dollar Limits

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

	Parity Flag
Lifetime Dollar Limits	0
Annual Dollar Limits	0

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

	Missing Information
Lifetime Dollar Limits	Y
Annual Dollar Limits	Y

Benefit Identification and Classification

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

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

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

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

Financial Requirements

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

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

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

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

Quantitative Treatment Limitations (QTLs) Requirements

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

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

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

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

Identification of Nonquantitative Treatment Limitations (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	0	0	0
Prescription Drugs	0	0	0

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

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

Universal Application of NQTL

Classification: Inpatient NQTL: 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
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Safety risks
- Service type
- Severity or chronicity of an illness

Mental Health/Substance Use Disorder

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

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** 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. 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
- Medical expert reviews
- Not Applicable

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
- Medical expert reviews
- Not Applicable

3. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

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

Source

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

2. High levels of variation in length of stay

Evidentiary Standard

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

Source

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

4. Not Applicable

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
- Not Applicable

5. Provider discretion in determining diagnosis

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
- Not Applicable

6. Provider discretion in determining type or length of treatment

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
- Not Applicable

7. Recent medical cost escalation

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
- Not Applicable

8. 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
- Not Applicable

9. 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

- 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
- Not Applicable

3. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

4. Not Applicable

Evidentiary Standard

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

Source

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

5. Service type

Evidentiary Standard

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

Source

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

6. Severity or chronicity of an illness

Evidentiary Standard

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

Source

- Not Applicable

10. Severity or chronicity of an illness

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
- Not Applicable

- 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
- Not Applicable

7. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

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

Mental Health/Substance Use Disorder

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

References

- IRR Report.pdf
- 1.IRR Analysis.pdf
- 1.Auth Stats for June 2020.xlsx
- Sample monthly FWA report - Standard Template - MD.xlsx
- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- 1.PEER COMPARISON_FACILITY_20191120 ER.pdf
- Retrospective Review ER review monitoring.xlsx

Classification: Inpatient NQTL: Service Limitations

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

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

Definitions

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

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

Operations Measures

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

References

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

Classification: Inpatient NQLT: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

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

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. 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
- 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 NQLT to benefits
- Medical expert reviews

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 denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- 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

- Authorization Denial Rates for MH/SUD
- 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

- 1.IRR Analysis.pdf
- IRR Report.pdf
- Auth Stats for June 2020.xlsx
- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf
- 1.Type and Level of Documentation- S10Q2.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- Frequency of Reviews Discretion of Reviewers.pdf
- Evolent MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx
- Policy 301; Member Appeals; July 2020.pdf
- 1.Evolent MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx

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

Definitions

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

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

Operations Measures

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

References

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

Classification: Inpatient NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Lack of clinical efficiency of treatment or service

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

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

Medical/Surgical

1. **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

Mental Health/Substance Use Disorder

1. **Not Applicable**

Evidentiary Standard

Source

Operations Measures

Medical/Surgical

- Availability of less intensive level of care when fail-first NQTL is imposed
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews

Mental Health/Substance Use Disorder

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

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf
- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Type and Level of Documentation- S10Q2.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- Coumadin Clinic and Step Therapy.pdf

Classification: Inpatient NQLT: 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

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
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews

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
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews

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
- 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 NQLT to benefits
- Medical expert reviews

3. Service type

Evidentiary Standard

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

Source

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

4. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

5. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- days per 1000 and LOS per facility per month
- number of days or visits denied 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

References

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- 1.Average denial rates for medical necessity S10Q2.pdf
- Evolent MNRR-46_Inpatient Denial Tracking Log by Facility Report_NEW.xlsx
- 1.Evolent MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx

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

- nationally recognized guidelines

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. nationally recognized guidelines

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
- State and Federal requirements

Mental Health/Substance Use Disorder

1. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

2. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- Addressing workforce shortage issues
- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review

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

- Requirements for the qualifications of provider staff involved in reviews
- 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
- Whether and how discretion is allowed in applying each NQTL

References

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- 1.Type and Level of Documentation- S10Q2.pdf
- 1.Policy 301; Member Appeals; July 2020.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- 1.Discretion in NQTL application.pdf
- 1.Average denial rates for medical necessity S10Q2.pdf
- COVID UM Updates.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
- High variability in cost per episode of care
- Not Applicable
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Service type
- Severity or chronicity of an illness
- 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

Source

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

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
- Medical expert reviews
- Not Applicable

3. High variability in cost per episode of care

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

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

Source

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

2. High 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

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

4. Not Applicable

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
- Not Applicable

5. Provider discretion in determining diagnosis

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
- Not Applicable

6. Provider discretion in determining type or length of treatment

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
- Not Applicable

7. Recent medical cost escalation

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
- Not Applicable

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
- Medical expert reviews
- Not Applicable

9. Severity or chronicity of an illness

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
- Not Applicable

the factors triggering the application of an NQTL to benefits

3. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

4. Service type

Evidentiary Standard

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

Source

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

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

6. Variability in quality

Evidentiary Standard

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

Source

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

10. Variability in quality

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
- Not Applicable

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Dollar spend trends
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends

Mental Health/Substance Use Disorder

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

References

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- Auth Stats for June 2020 - Sample.xlsx
- PACE Quality Measure Testing_HPMS Memo_4 21 15.pdf
- Medstar IRR Report.pdf
- Provider Cost Per Visit Outpatient.pdf
- 1.PEER COMPARISON_FACILITY_20191120 ER.pdf
- Retrospective Review ER review monitoring.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">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable• Service type |
|---|--|

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. Not Applicable</p> <p>Evidentiary Standard</p> <p>Source</p> |
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- | |
|--|
| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable</p> <p>Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits◦ Not Applicable <p>2. Service type</p> <p>Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits◦ Not Applicable |
|--|

Operations Measures

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

References

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- 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

- Excessive utilization

Mental Health/Substance Use Disorder

- Clinical indications and/or evidence
- 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

- **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.
- **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. **Excessive utilization**
Evidentiary Standard
Source

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

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. 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 denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- 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

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

- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis

References

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- 1.Auth Stats for June 2020.xlsx
- Frequency of Reviews Discretion of Reviewers.pdf
- 1.Type and Level of Documentation- S10Q2.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf
- Policy 301; Member Appeals; July 2020.pdf
- Average denial rates for medical necessity S10Q2.pdf
- POS Evaluation_08JUL20.xlsx

Classification: Outpatient - Other

NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- Not Applicable

Medical/Surgical

- Not Applicable

Mental Health/Substance Use Disorder

Definitions

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

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

Medical/Surgical

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

Mental Health/Substance Use Disorder

Operations Measures

- NQTL does not apply to any services in this classification

Medical/Surgical

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

Mental Health/Substance Use Disorder

References

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

Classification: Outpatient - Other

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

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

Definitions

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

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> | <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> |
|--|--|

Operations Measures

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Degree of discretion exercised by utilization review staff | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification |
|---|---|

References

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

Classification: Outpatient - Other

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- High levels of variation in length of stay
- Lack of adherence to quality standards
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- 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
- 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.
- **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. 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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

2. 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
- Internal market and competitive analysis
- Medical expert reviews

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
- 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.

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

- National accreditation standards
- State and Federal requirements

3. 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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

4. 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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

5. 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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

6. Lack of adherence to quality standards

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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

7. Provider discretion in determining diagnosis

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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

8. Provider discretion in determining type or length of treatment

Evidentiary Standard

Source

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
- Not Applicable

4. Not Applicable

Evidentiary Standard

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

Source

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

5. Service type

Evidentiary Standard

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

Source

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

6. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

7. Variability in quality

Evidentiary Standard

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

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

- 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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

9. 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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

10. Severity or chronicity of an illness

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
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Quality Metrics/HEDIS

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

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- Medstar IRR Report.pdf
- Medstar IRR Analysis.pdf
- 1.Average denial rates for medical necessity S10Q2.pdf
- HEDIS 2019 Comprehensive Report.xlsx

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
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Quality and performance measures (including customer feedback)
- Recent medical cost escalation
- Service type
- Severity or chronicity of an illness

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

2. 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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

3. Elasticity of demand

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

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

4. 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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

5. 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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

6. 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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

7. Not Applicable

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

8. Provider discretion in determining diagnosis

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

9. Provider discretion in determining type or length of treatment

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

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

10. **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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

11. **Recent medical cost escalation**

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

12. **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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

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

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
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Complaint tracking (enrollees and providers)
- Dollar spend 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

- Exception processes available for each NQTL requirement and when they may be applied.
- 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
- Requirements for the qualifications of provider staff involved in reviews
- 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
- Whether and how discretion is allowed in applying each NQTL
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

References

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- HH Cert and Plan of Care 485 Form example.pdf
- 1.Type and Level of Documentation- S10Q2.pdf
- Policy 301; Member Appeals; July 2020.pdf
- Medstar IRR Report.pdf
- MFC Authorization Grid.xlsx
- 1.Utilization Trends.pdf
- Dollar Spend trends.pdf
- Discretion in NQTL application.pdf
- Average denial rates for medical necessity S10Q2.pdf
- Complaints and Grievances REPORT 06 2020.xlsx
- POS Evaluation_08JUL20.xlsx

Classification: Outpatient - Office Based

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Excessive utilization
- High variability in cost per episode of care
- Not Applicable
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Relative reimbursement rates
- Service type
- Severity or chronicity of an illness

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

3. High variability in cost per episode of care

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

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

4. Not Applicable

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

5. Provider discretion in determining diagnosis

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

6. Provider discretion in determining type or length of treatment

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

7. Recent medical cost escalation

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

8. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

9. Service type

the factors triggering the application of an NQTL to benefits

3. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

4. Service type

Evidentiary Standard

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

Source

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

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

6. Variability in quality

Evidentiary Standard

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

Source

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

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

10. Severity or chronicity of an illness

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Dollar spend trends
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends
- audits tracker (monthly)
- duplicate records (monthly)
- provider financial analysis

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

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- PACE Quality Measure Testing_HPMS Memo_4 21 15.pdf
- Medstar IRR Report.pdf
- Urgent Care examples outliers.xlsx
- Costs by Provider Office.pdf
- MD Professional High Dollar 08.07.20.xlsx
- Retrospective Review ER review monitoring.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

Medical/Surgical

- regulator imposed limitations

Mental Health/Substance Use Disorder

- Service type

Definitions

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

Medical/Surgical

1. regulator imposed limitations

Evidentiary Standard

Source

- State and Federal requirements

Mental Health/Substance Use Disorder

1. 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

Operations Measures

Medical/Surgical

- EPSDT Payment Policy

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

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- EPSDT Payment Policy 4.23.2020.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

- Excessive utilization

Mental Health/Substance Use Disorder

- Clinical indications and/or evidence
- 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

- **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.
- **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. 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
- Medical expert reviews

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.
- Not Applicable

Source

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

2. High levels of variation in length of stay

Evidentiary Standard

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

Source

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

3. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

4. Not Applicable

Evidentiary Standard

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

Source

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

5. Service type

Evidentiary Standard

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

Source

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

6. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

7. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

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

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- Frequency of Reviews DIscretion of Reviewers.pdf
- Type and Level of Documentation- S10Q2.pdf
- Medstar IRR Analysis.pdf
- Medstar IRR Report.pdf
- Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf
- Policy 301; Member Appeals; July 2020.pdf
- Average denial rates for medical necessity S10Q2.pdf
- POS Evaluation_08JUL20.xlsx

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

Definitions

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

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

Operations Measures

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

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- 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
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- Provider discretion in determining type or length of treatment
- 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
- 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
- Medical expert reviews
- State and Federal requirements

2. 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
- Medical expert reviews
- State and Federal requirements

3. 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

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

- Medical expert reviews
- State and Federal requirements

4. 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
- State and Federal requirements

5. Provider discretion in determining type or length of treatment

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
- 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
- Medical expert reviews
- State and Federal requirements

7. Severity or chronicity of an illness

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
- State and Federal requirements

- 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

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Quality Metrics/HEDIS
- duplicate restorations (quarterly)

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- 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

- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Auth Stats for June 2020.xlsx
- Medstar IRR Report.pdf
- Average denial rates for medical necessity S10Q2.pdf
- HEDIS 2019 Comprehensive Report.xlsx

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
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Lack of clinical efficiency of treatment or service
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- 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. 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
- Medical expert reviews
- State and Federal requirements

2. 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
- Medical expert reviews
- State and Federal requirements

3. Elasticity of demand

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 Applicable

Source

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

2. Least restrictive appropriate level of care

Evidentiary Standard

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

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

- 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
- State and Federal requirements

4. 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
- State and Federal requirements

5. 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
- Medical expert reviews
- State and Federal requirements

6. 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
- State and Federal requirements

7. Provider discretion in determining diagnosis

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
- State and Federal requirements

8. Provider discretion in determining type or length of treatment

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
- State and Federal requirements

9. 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
- State and Federal requirements

- 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

10. Severity or chronicity of an illness

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
- State and Federal requirements

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Exception processes available for each NQTL requirement and when they may be applied.
- Frequency that authorization requirements are waived
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- 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
- Whether and how discretion is allowed in applying each NQTL

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- 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

- IRR Report.pdf
- 1.IRR Analysis.pdf
- Auth Stats for June 2020.xlsx
- #8- 2019 IRR Reports and Analysis 20.01.02.pdf
- Type and Level of Documentation- S10Q2.pdf
- Policy 301; Member Appeals; July 2020.pdf
- Medstar IRR Report.pdf
- MFC Authorization Grid.xlsx
- Utilization Trends.pdf
- Discretion in NQTL application.pdf
- Average denial rates for medical necessity S10Q2.pdf

Classification: Emergency Benefits NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Excessive utilization
- High variability in cost per episode of care
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Severity or chronicity of an illness

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

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

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

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

Mental Health/Substance Use Disorder

1. **Not Applicable**

Evidentiary Standard

Source

- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

4. **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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

5. **Not Applicable**

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

6. **Provider discretion in determining diagnosis**

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

7. **Provider discretion in determining type or length of treatment**

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

8. **Recent medical cost escalation**

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

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

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

- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Dollar spend trends
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends

Mental Health/Substance Use Disorder

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

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- Medstar IRR Report.pdf
- MNRR-368_Doctor ER Productivity.xlsx
- 452-99285 ER Outlier.pdf
- Costs by Provider ER.pdf

Classification: Prescription Drugs

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining diagnosis
- Quality and performance measures (including customer feedback)
- Recent medical cost escalation
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

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

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

2. **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

Mental Health/Substance Use Disorder

1. **Not Applicable**

Evidentiary Standard

- Not Applicable

Source

- Not Applicable

- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

3. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

4. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

5. Lack of adherence to quality standards

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

6. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

7. Not Applicable

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

8. Provider discretion in determining diagnosis

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

- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

9. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

10. Recent medical cost escalation

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

11. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

12. Severity or chronicity of an illness

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

13. Clinical appropriateness/medical necessity

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

14. fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

15. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Dollar spend trends
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- We DO NOT apply any NQTLs to the Emergency and Pharmacy Benefits.docx
- Medstar IRR Report.pdf
- COTVITI PHARMACY RULES.pdf
- RX CSII without medical service_20200301-20200531.pdf
- Top Pharmacy cost by member.xlsx
- Plan Performance MSFC MD 2005_2020.xls

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

- Lack of clinical efficiency of treatment or service
- Not Applicable
- fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Safety risks
- Service type
- Severity or chronicity of an illness
- Site visit requirements
- fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Site visit requirements:** If the Applicant is not accredited by an agency recognized by the Credentialing Entity in, a site visit of the organization is required and results must be found to be satisfactory with a passing score of 85% or higher.
- **fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug:** fail first protocol
- **medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee:** a drug's classification within the PDL which is a list of the department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendation made by the P&T cmte

Medical/Surgical

1. 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
- Not Applicable

2. Not Applicable

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. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Not Applicable

3. fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug

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
- Not Applicable

- 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. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

3. Service type

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

4. Severity or chronicity of an illness

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

5. Site visit requirements

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

6. fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

7. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

Operations Measures

Medical/Surgical

- Availability of less intensive level of care when fail-first NQTL is imposed
- Dollar spend trends
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews

Mental Health/Substance Use Disorder

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

References

- MDH MMPP Brand Preferred Over Generics List.pdf
- November_2019_Minutes.pdf
- Maryland_PDL_7.1.20.pdf
- Tier 2 and NPD Clinical Criteria.pdf
- PA Review Process 7 27 20 DB.docx
- Type and Level of Documentation- S10Q2.pdf
- Medstar IRR Report.pdf
- Top Drugs May 2020.xlsx
- Policy 210; DRAFT; Step Therapy Policy; July 2020.pdf
- Redirected Medications.xlsx

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

- Claim types with high percentage of fraud
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- Provider discretion in determining type or length of treatment
- Safety risks
- waste of Medicaid funds

Mental Health/Substance Use Disorder

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **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 participants medical status, placement of the treatment option on the PDL and the treatment options clinical criteria
- **fiscal responsibility/cost effectiveness:** examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Dept while still maintaining the accessibility of care to participants
- **medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee:** a drug's classification within the PDL which is a list of the department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendation made by the P&T cmte

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
- Medical expert reviews
- State and Federal requirements

2. 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

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

3. 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
- Medical expert reviews
- State and Federal requirements

4. 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
- State and Federal requirements

5. Provider discretion in determining type or length of treatment

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
- 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
- Medical expert reviews
- State and Federal requirements

7. waste of Medicaid funds

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
- State and Federal requirements

the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- State and Federal requirements

2. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

3. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

4. Severity or chronicity of an illness

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

5. clinical appropriateness/medical necessity

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

6. fiscal responsibility/cost effectiveness

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

7. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- clinical criteria applied based on FDA labeling and requirements and official compendium
- clinical criteria applied based on FDA labeling and requirements and official compendium
- internal auditing 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

References

- MDH MMPP Brand Preferred Over Generics List.pdf
- Maryland_PDL_7.1.20.pdf
- Tier 2 and NPD Clinical Criteria.pdf
- November_2019_Minutes.pdf
- P & T SOP Revised 02.10.2020 FINAL.docx
- PA Review Process 7 27 20 DB.docx
- 1.IRR Analysis.pdf
- Evolent MNRR-32_A-DETAILED_Referral Event Management Report.xlsx
- Average denial rates for medical necessity S10Q2.pdf

Classification: Prescription Drugs

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining type or length of treatment
- Quality and performance measures (including customer feedback)
- Recent medical cost escalation
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Licensure, certification, accreditation and/or experience requirements for providers to join provider network
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug
- fiscal responsibility/cost effectiveness
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Licensure, certification, accreditation and/or experience requirements for providers to join provider network:** Providers must have a current, valid, unrestricted license to practice in all states where care is provided. Specialists must be Board Certified, Board Eligible/Board Qualified, or fall under one of the Individual Review categories regarding specialty Credentialing (see Adverse Action and Individual Review policy). Allied Health Professionals must be certified in their respective specialty. Advanced practice nurses, under Maryland State law, are only required to have an approved attestation on file with the licensing board that the Nurse Practitioner has an agreement for collaboration and consulting with a licensed physician, and will refer to and consult with physicians and other healthcare Practitioners as needed.
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **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 participants medical status, placement of the treatment option on the PDL and the treatment options clinical criteria
- **fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug:** fail first protocol
- **fiscal responsibility/cost effectiveness:** examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Dept while still maintaining the accessibility of care to participants
- **medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee:** a drug's classification within the PDL which is a list of the department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendation made by the P&T cmte

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

2. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

3. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

4. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

5. Lack of adherence to quality standards

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

6. 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
- Internal market and competitive analysis
- Medical expert reviews

Mental Health/Substance Use Disorder

1. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- National accreditation standards
- State and Federal requirements

2. Licensure, certification, accreditation and/or experience requirements for providers to join provider network

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- National accreditation standards
- State and Federal requirements

3. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- National accreditation standards
- State and Federal requirements

4. Severity or chronicity of an illness

- Not Applicable

7. Not Applicable

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

8. Provider discretion in determining type or length of treatment

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

9. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

10. Recent medical cost escalation

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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

11. 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
- Internal market and competitive analysis
- Medical expert reviews
- Not Applicable

12. Severity or chronicity of an illness

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
- Internal market and competitive analysis

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- National accreditation standards
- State and Federal requirements

5. clinical appropriateness/medical necessity

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- National accreditation standards
- State and Federal requirements

6. fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- National accreditation standards
- State and Federal requirements

7. fiscal responsibility/cost effectiveness

Evidentiary Standard

- o Medical expert reviews
- o Not Applicable

13. Clinical appropriateness/medical necessity

Evidentiary Standard

Source

- o 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
- o Internal claims analysis
- o Internal market and competitive analysis
- o Medical expert reviews
- o Not Applicable

14. fail first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug

Evidentiary Standard

Source

- o 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
- o Internal claims analysis
- o Internal market and competitive analysis
- o Medical expert reviews
- o Not Applicable

15. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Evidentiary Standard

Source

- o 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
- o Internal claims analysis
- o Internal market and competitive analysis
- o Medical expert reviews
- o Not Applicable

- o A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o FDA Prescribing information and official compendium
- o process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- o 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
- o Internal claims analysis
- o National accreditation standards
- o State and Federal requirements

8. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Evidentiary Standard

- o A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o FDA Prescribing information and official compendium
- o process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

- o 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
- o Internal claims analysis
- o National accreditation standards
- o State and Federal requirements

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Complaint tracking (enrollees and providers)
- Dollar spend trends
- Frequency potential treatments are reviewed to determined whether they are experimental and investigational
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- Whether and how discretion is allowed in applying each NQTL

Mental Health/Substance Use Disorder

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- clinical criteria applied based on FDA labeling and requirements and official compendium
- clinical criteria applied based on FDA labeling and requirements and official compendium
- internal auditing 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

References

- Maryland_PDL_7.1.20.pdf
- Tier 2 and NPD Clinical Criteria.pdf
- November_2019_Minutes.pdf
- PA Review Process 7 27 20 DB.docx

- MDH MMPP Brand Preferred Over Generics List.pdf
- Type and Level of Documentation- S10Q2.pdf
- Utilization Trends.pdf
- Dollar Spend trends.pdf
- Discretion in NQTL application.pdf
- Average denial rates for medical necessity S10Q2.pdf
- Frequency review Experimental and Investigational.pdf
- Complaints and Grievances REPORT 06 2020.xlsx

Classification: Prescription Drugs

NQTL: tiered drug formulary

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Lack of clinical efficiency of treatment or service
- Safety risks
- absence of formulary alternative or failure to respond to formulary medication
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Mental Health/Substance Use Disorder

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Safety risks
- Service type
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **Service type:** Type of service being requested.
- **clinical appropriateness/medical necessity:** identified measures in place to determine the most appropriate treatment option for participants based on the participants medical status, placement of the treatment option on the PDL and the treatment options clinical criteria
- **fiscal responsibility/cost effectiveness:** examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Dept while still maintaining the accessibility of care to participants
- **medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee:** a drug's classification within the PDL which is a list of the department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendation made by the P&T cmte

Medical/Surgical

1. 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
- Medical expert reviews

2. 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

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

3. absence of formulary alternative or failure to respond to formulary medication

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

4. clinical appropriateness/medical necessity

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

5. fiscal responsibility/cost effectiveness

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

6. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

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

the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- State and Federal requirements

2. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

3. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

4. Service type

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

5. clinical appropriateness/medical necessity

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

6. fiscal responsibility/cost effectiveness

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

7. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Source

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

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Exception processes available for each NQTL requirement and when they may be applied.
 - Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
 - Utilization trends
 - 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
 - clinical criteria applied based on FDA labeling and requirements and official compendium
 - clinical criteria applied based on FDA labeling and requirements and official compendium
 - internal auditing 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

References

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- MDH MMPP Brand Preferred Over Generics List.pdf
- 1.Type and Level of Documentation- S10Q2.pdf
- Policy 205; Non-Formulary Policy; July 2020.pdf