Standard 10 Comparative Analysis of NQTLs "In Operation" for Emergency Benefits Appendix E1 - Page 1

	Aetna	Amerigroup	CaroFiret	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Callaction	- Aetiia	Amengroup	-	Jai	-	IVIF C	-	- Friority	-	-	- -	L133	- Dentai
Data Collection Medical Necessity Criteria	Prudent layperson Utilization Trends	-	Prudent Layperson standard Utilization Trends Medical Claim Review Accuracy	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews The expertise of the persons	- -	-	Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	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	-	-	-	-
				_	who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.								
Outlier Management	Utilization Trends	Utilization trends	-	Utilization Trends	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.	consistency with the plan's medical necessity criteria	Dollar spend trends Utilization trends	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. Utilization trends	Fraud, Waste and Abuse Monthly Activities Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Medical claim review accuracy	-	-	-	-
Prior Authorization/ Preauthorization	-	-	-	-	-	-	-	Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	-	-	-	-	-
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

Standard 10 Comparative Analysis of NQTLs "In Operation" for Inpatient Benefits Appendix E1 - Page 2

	Appendix E1 - Page 2													
	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS		
Concurrent Review	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. 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.	Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review/Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends	Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during review Degree of discretion exercised by utilization review staff 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 person who makes denial determinations and whether such decision makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise Utilization Trends Average denial rates for medical necessity for mental health and substance use disorder mental health establishment of the properties of the person who makes denial determinations and whether such decision makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers State of the surveys	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average length of stay authorized per episode of care	Inter-rater reliability surveys for medical/surgical, mental health and substance use I disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Number of days or visits authorized per review Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted		
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-		
Fail First Requirements/ Step Therapy				Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends			Availability of less intensive level of care when fai 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 review				-			
Medical Necessity Criteria	Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity for medical/surgical benefits.	medical/surgical, mental health and substance use disorder		Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Degree of discretion exercised by utilization review staff inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care	mental health and 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 Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NCTL requirement and when they may be applied.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers 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 Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review		
Outlier Management	Utilization Trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Utilization trends	Utilization trends Dollar spend trends	Utilization trends 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.	Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Fraud, Waste and Abuse Monthly Activities Medical claim review accuracy	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and vsubstance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits		Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review		
Prior Authorization/ Preauthorization	care Number of days or visits	Inter-rater reliability surveys for medical/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity for medical/surgical benefits.	medical/surgical, mental health and substance use disorder		Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. The expertise of the persons who make denial determinations and whether such decisionmakers 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 Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	staff involved in reviews 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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends 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 Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review		
Service limitations	-	-	-	-	-	-	-	-	-	-	_	-		
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Appendix F1

	Aetna	Amerigrou	CaroFiret	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - 1 TSS	FFS - Dental
Concurrent Review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers Member satisfaction/consumer survey results Provider-to-enrollee ratios Results of secret shopper surveys to determine that network providers are actually accepting new patients Time and distance to network providers Turnaround time to get clinicians with approved credentials	p Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends		Requirements for the qualifications of provider staff involved in reviews inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. 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 inter-rater reliability surveys for medical/surgica mental health and substance use disorder reviewers internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews. Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and	Number of days or visits authorized per review Inter-rater reliability surveys for inter-cater reliability surveys for interioration processes available for each substance use disorder reviewers Exception processes available for each			Inter-rater reliability surveys for medical/surgical, mental	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	·
lata Collection ail First Requirements/ tep Therapy	loaded in the payment system		-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	-	-	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		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	-
Medical Necessity Criteria	Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-ater reliability surveys for medical/surgical reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rate reliability surveys for medical/sycla, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews inter-rater reliability surveys for medical/surgical, mental health adubstance use disorder reviewers. The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff inter-rater reliability surveys for medical/surgica mental health and substance use disorder reviewers internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Number of days or visits authorized per review Frequency potential treatments are reviewed to determined whether they are experimental and investigational The expertise of the persons who make denial determinations and whether such decisions makes with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Quality Metrics/HEDIS	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NOTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical	Inter-ater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	inter-ater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Degree of discretion exercised by utilization review staff Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Tracking of denial of plans of service that do not meet medical necessity	Duplicate Restorations (quarterly)
Outlier Management	Utilization Trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends		Requirements for the qualifications of provider staff involved in reviews for provider staff involved in reviews inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Utilization trends Dollar spend trends	substance use disorder benefits, and medical/surgical benefits	Exception processes available for each NQTL requirement and when they may be applie	Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Fraud, Waste and Abuse Monthly Activities Medical Claim Review Accuracy	disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted	Provider Financial Anal (monthly) Audits Tracker (monthly) Duplicate Records (monthly)
Prior Authorization/ Preauthorization	Inter-rate reliability surveys for modical/surgical, mental health and substance use disorder reviewers Utilization rends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Complaint tracking (enrollees and providers) Complaince with self-imposed, customer, or regulator-imposed network adequacy standards. Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers Member satisfaction/consumer survey results Provider-to-enrollee ratios Results of secret shopper surveys to determine that network providers are actually accepting new patients Time and distance to network providers Timaround time to get clinicians with approved credentials loaded in the payment system	Inter-rate reliability surveys for medical/surgical reviewers Utilization trends			Requirements for the qualifications of provider staff involved in revision for provider staff involved in revision inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. 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 Inter-rater reliability surveys for medical/surgica mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	during reviews Requirements for the qualifications of provider staff involved in reviews	Inter-rate reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NOTL requirement and when they may be applied	Utilization trends 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 review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	Services Preauthorized Received (monthly)

Appendix E1

Authorization Denial Rates for MH/SUD

	Appendix E1 - Page 4 Aetna Amerigroup CareFirst Jai Kaiser MPC Medstar Priority UHC FFS-MH FFS-SUD FFS-M/S													
	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	FFS-MH	FFS-SUD	FFS-M/S		
Concurrent Review	-		-	-	Frequency with which reviews are conducted	-	-	-	-	-	-	-		
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-		
Fail First Requirements/ Step Therapy	Exception processes available for each NGTL requirement and when they may be applied.	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audif indige related to coverage determination consistency with the plan's medical necessity criteria. The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Prior authorization statistics	Utilization Trends	Frequency with which reviews are conducted Utilization trends Consequences or penalties this apply to benefits when an NQTL requirement is not met. Compliance with self-imposed, customer, or regulator-imposenetwork adequacy standards.		Type and level of documentation (e.g., char notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews inter-rater reliability surveys for innedical/surgical, mental health and substance use disorder reviewers Dollar spend trends Availability of less intensive level of care when fail-first NQTL is imposed	surveys for	Frequency with which reviews are conducted Availability of less intensive level of care when fail-first NOTL is imposed	reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring prior authorizations to determine compliance of treatment/service	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 of Compendium internal monitoring or prior authorizations to determine compliance of treatment/service	reviews Utilization trends Clinical Criteria applied based FDA labeling and requirement and Official f Compendium internal monitor prior authorizations to determit complaince of treatment/sevin		
Medical	Exception processes	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues Length of time afforded for each review	Prior authorization statistics	Inter-rater reliability	Frequency with which reviews	Degree of discretion exercised by utilization		Inter-rater reliability	Frequency with which	plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization Type and level of documentation	plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization Type and level of documentation	plans for drug efficacy based concurrent review of treatment plans, service usage, and drug utilization Type and level of documentati		
Medical Necessity Criteria	available for each NOTL requirement and when they may be applied. Design of benefit plan 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 Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review internal audit findings related to coverage determination consistency with the plan's medical necessity criteria. The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	PA Criteria Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental healt and substance use disorder reviewers	r	are conducted Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends Exception processes available for each NQTL requirement an when they may be applied. Dollar Spend Trends	review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Number of days or visits authorized per review	medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	surveys for medical/surgical, mental health and substance used disorder reviewers Exception processes available for each NOTL requirement and when they may be applied.	reviews are conducted Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits	reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official	(e.g., chart notes, lab results, treatment plans, etc.) the health 3 plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official of Compendium internal monitoring or prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization	reviews Utilization trends Clinical Criteria applied based of FDA labelling and requirements and Official		
Outlier	Utilization Trends	-	-	Utilization trends	Dollar spend trends	Utilization trends	Dollar spend trends	-	Assessments of whether	-	-	-		
Management					Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends	Dollar spend trends	Utilization trends		network providers are actually submitting claims. Compliance with self- imposed, customer, or regulator-imposed networ adequacy standards.	k				
Prior	Exception processes available for each NQTL	Length of time afforded for each review	Utilization trends	Inter-rater reliability surveys for	Frequency with which reviews are conducted	Dollar spend trends	Type and level of documentation (e.g., char notes, lab results, treatment plans, etc.) the		Average denial rates for medical necessity for	Type and level of documentation (e.g., chart notes, lab results,	Type and level of documentation (e.g., chart notes, lab results,	Type and level of documentation (e.g., chart notes, lab results,		
Authorization/ Preauthorization	requirement and when they may be applied. Utilization trends Dollar spend trends Compliance with self- imposed, customer, or	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues Length of time afforded for each review	Dollar spend trends Prior authorization statistics Policies & Procedures Type and level of documentation (e.g., chart notes, lal results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rate rreliability surveys for medical/surgical, mental healt and substance use disorder reviewers	medical/surgical, mental health and substance use disorder reviewers Utilization trends	Utilization trends	For lisred networks (e.g., a preferred provider liter), assessment of whether application of it requirements for the tiering (e.g., that a provider have staff privileges at a local hospital) results in few or no mental health or substance use disorder providers being eligible to be placed in a tier. Availability of less intensive level of care	health plan requires from providers during reviews Utilization trends Dollar spend trends	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NOTL requirement and when they may be applied	mental health and substance use disorder benefits, and medical/surgical benefits.	treatment plans, etc.) the health plan requires from providers durin reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official	treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official off Compendium internal monitoring oprior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization	treatment plans, etc.) the health plan requires from providers du reviews Utilization trends Clinical Criteria applied based o FDA labeling and requirements and Official		
Tiered Drug Formulary	Generic drug use Specialty pharmacy data		Prior aumonization statistics Policies & Procedures P&T Minutes Drug Monographs Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		Dollar spend trends Compliance with self-imposed, customer, or regulator-imposenetwork adequacy standards	when failfirst NQTL is imposed	Type and sever of occumentation (e.g., char notes, lab result, freatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NOTL requirement and when they may be applied.		Lotal's spend trends Frequency with which reviews are conducted	(e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers durin reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official	lybe and sever of occumentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official of 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	(e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers du reviews Utilization trends Clinical Criteria applied based of FDA labeling and requirements and Official f Compendium internal monitorin		

Standard 10 Comparative Analysis of NQTLs "In Operation" for Emergency Benefits Operation Measures Appendix E2 - Page 1

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH		FFS - LTSS	FFS - Dental
Data Collection	-	-		-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent Layperson for sudden and serious.pdf ED utilization.pdf	-	UMHA.HS.UM.121 Emergency Services_km_cw_adb.rdf	2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf PCP follow up 1st qtr 2020- Barb.pdf 3rd Qtr 2005 - 2019.pdf	04_2019 IRR Analysis Report_ Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf		-	policy_20150-UM47.pdf policy_20142-UM05.pdf UM62.pdf	Copy of UHC 1Q20 Preservice Denial Report v 4.28.20rr.xlsx Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	-	-	-	-
Outlier Management	UM ABH_MD for August 13 MOR and slie 2 QBR.pdf	QNMC UM2019EvalPM.pdf	-		02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_JD UMMDs.pdf UM 01 Scope and Periodic Review of UM Criteria_Approved_4.23.2020.pdf UM Policy 8 Apply UM Criteria_Approved_2.25.2020.pdf UM Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf APL_03_Coverage_of_Emergency_Services_FINAL_April2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf 7200.05 Concurrent Review _FINAL_March2020.pdf	IRR Report.pdf IRR Analysis.pdf MNRR-368_Doctor ER Productivity.xlsx	UM45.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	S10_Outlier_Management_Compliance_Committee_Deck_MD.pdf S10_Outlier_Management_CCR_MD_2020.xlsx S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx 2019 UHCCP UM Evaluation_MD_Final v.pdf		-	-	-
Prior Authorization/ Preauthorization	-	-	-	-	-	-	-	UM62.pdf policy_20142-UM05.pdf	-	-	-	-	-
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

Standard 10 Comparative Analysis of NQTLs "In Operation" for Inpatient Benefits Operation Measures Appendix E2 - Page 2

	Appendix E2 - Page 2												
	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC		ASO - MH	SUD	FFS - LTSS
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