

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

	Aetna	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
<b>Data Collection</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Medical Necessity Criteria</b>	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	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.	-	-	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	-	-	-	-	-
<b>Outlier Management</b>	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.	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. Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	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	Utilization trends	-	-	-	-
<b>Prior Authorization/ Preauthorization</b>	-	-	-	-	-	-	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	-	-	-	-	-	-
<b>Service limitations</b>	-	-	-	-	-	-	-	-	-	-	-	-	-



**Standard 10 Comparative Analysis of NQTLs "In Operation" for Outpatient Benefits  
Appendix E1 - Page 3**

	<b>Aetna</b>	<b>CareFirst</b>	<b>Jai</b>	<b>Kaiser</b>	<b>MPC</b>	<b>Medstar</b>	<b>Priority</b>	<b>UHC</b>	<b>Wellpoint</b>	<b>ASO - MH</b>	<b>ASO - SUD</b>	<b>FFS - LTSS</b>	<b>FFS - Dental</b>
<b>Concurrent Review</b>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>Authorization/Denial Rates, Assessment of Provider Directory Accuracy</p> <p>Average appointment wait times</p> <p>Complaint tracking (enrollees and providers)</p> <p>Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.</p> <p>Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers</p> <p>Member satisfaction/consumer survey results</p> <p>Provider-to-enrollee ratios</p> <p>Results of secret shopper surveys to determine that network providers are actually accepting new patients</p> <p>Time and distance to network providers</p> <p>Turnaround time to get clinicians with approved credentials loaded in the payment system</p> <p>Turnaround time to get submitted credentials reviewed, processed and approved or denied</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>PA Criteria</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p>	<p>Requirements for the qualifications of provider staff involved in reviews</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>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</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p> <p>Frequency with which reviews are conducted</p>	<p>Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>Utilization trends</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p> <p>Frequency with which reviews are conducted</p>	<p>Frequency with which reviews are conducted</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.</p> <p>Quality Metrics/HEDIS</p> <p>Degree of discretion exercised by utilization review staff</p>	<p>Number of days or visits authorized per review</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Exception processes available for each NQTL requirement and when they may be applied</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Medical claim review accuracy</p>	<p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>Utilization trends</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Frequency with which reviews are conducted</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p>	
<b>Data Collection</b>													
<b>Fail First Requirements/ Step Therapy</b>				<p>Degree of discretion exercised by utilization review staff</p>		<p>Availability of less intensive level of care when fail-first NQTL is imposed</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</p>		<p>Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.</p>				<p>Degree of discretion exercised by utilization review staff</p>	
<b>Medical Necessity Criteria</b>	<p>Utilization Trends</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>PA Criteria</p>	<p>duplicate restorations (quarterly)</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>tracking of denial of plans of service that do not meet medical necessity</p> <p>Utilization trends</p>	<p>Requirements for the qualifications of provider staff involved in reviews</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>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</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>Tracking of denial of plans of service that do not meet medical necessity</p> <p>Utilization Trends</p> <p>Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</p> <p>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</p> <p>Clinical criteria applied based on FDA labeling and requirements and Official</p>	<p>Frequency with which reviews are conducted</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>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.</p> <p>Utilization Trends</p> <p>Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</p> <p>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</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.</p> <p>Quality Metrics/HEDIS</p> <p>Degree of discretion exercised by utilization review staff</p>	<p>Exception processes available for each NQTL requirement and when they may be applied.</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p>	<p>Utilization trends</p> <p>Practice Guideline review &amp; approval by Provider Advisory Committee</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Degree of discretion exercised by utilization review staff</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>Tracking of denial of plans of service that do not meet medical necessity</p>	<p>Duplicate Restorations (quarterly)</p>	
<b>Outlier Management</b>	<p>Utilization Trends</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>PA Criteria</p>	<p>audits tracker (monthly)</p> <p>duplicate records (monthly)</p> <p>Frequency with which reviews are conducted</p> <p>provider financial analysis (monthly)</p> <p>Utilization Trends</p>	<p>Requirements for the qualifications of provider staff involved in reviews</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>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.</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Frequency with which reviews are conducted</p> <p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>Outlier management data</p>	<p>Utilization trends</p> <p>Dollar spend trends</p> <p>Audits tracker (monthly)</p> <p>Duplicate records (monthly)</p> <p>provider financial analysis (monthly)</p>	<p>Utilization trends</p> <p>Dollar spend trends</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits</p> <p>Frequency with which reviews are conducted</p>	<p>Utilization trends</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Exception processes available for each NQTL requirement and when they may be applied</p>	<p>Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting</p> <p>Fraud, Waste and Abuse Program Monthly Performance</p> <p>Fraud, Waste and Abuse Monthly Activities</p> <p>Medical Claim Review Accuracy</p>	<p>Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria</p> <p>Utilization trends</p>	<p>Outlier Management Data</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Outlier Management Data</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Frequency with which reviews are conducted</p> <p>Provider Financial Analysis (monthly)</p> <p>Audits Tracker (monthly)</p> <p>Duplicate Records (monthly)</p>	
<b>Prior Authorization/ Preauthorization</b>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>Authorization/Denial Rates, Assessment of Provider Directory Accuracy</p> <p>Average appointment wait times</p> <p>Complaint tracking (enrollees and providers)</p> <p>Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.</p> <p>Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers</p> <p>Member satisfaction/consumer survey results</p> <p>Provider-to-enrollee ratios</p> <p>Results of secret shopper surveys to determine that network providers are actually accepting new patients</p> <p>Time and distance to network providers</p> <p>Turnaround time to get clinicians with approved credentials loaded in the payment system</p> <p>Turnaround time to get submitted credentials reviewed, processed and approved or denied</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>PA Criteria</p>	<p>Degree of discretion exercised by utilization review staff</p> <p>evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p> <p>Frequency with which reviews are conducted</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Number of days or visits authorized per review</p> <p>services preauthorized not received (monthly)</p> <p>Utilization trends</p>	<p>Requirements for the qualifications of provider staff involved in reviews</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>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</p> <p>Number of days or visits authorized per review</p> <p>Frequency with which reviews are conducted</p> <p>Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p> <p>Degree of discretion exercised by utilization review staff</p>	<p>Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Utilization trends</p> <p>Service preauthorized not received (monthly)</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p> <p>Frequency with which reviews are conducted</p> <p>Number of days or visits authorized per review</p>	<p>Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews</p> <p>Requirements for the qualifications of provider staff involved in reviews</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Frequency that authorization requirements are waived</p> <p>Utilization trends</p> <p>Dollar spend trends</p> <p>Exception processes available for each NQTL requirement and when they may be applied.</p> <p>Whether and how discretion is allowed in applying each NQTL</p> <p>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.</p> <p>Complaint tracking (enrollees and providers)</p> <p>evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p> <p>Frequency that authorization requirements are waived</p> <p>Frequency with which reviews are conducted</p>	<p>Exception processes available for each NQTL requirement and when they may be applied</p>	<p>Utilization trends</p> <p>Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.</p> <p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder review</p>	<p>Utilization trends</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Frequency with which reviews are conducted</p> <p>Degree of discretion exercised by utilization review staff</p> <p>Number of days or visits authorized per review</p> <p>Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis</p>	<p>Services Preauthorized Not Received (monthly)</p>
<b>Service limitations</b>						<p>EPSDT Payment Policy</p>				<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>	<p>Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews</p> <p>Authorization Denial Rates for MHSUD</p> <p>Internal audits</p>		



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

	<b>Aetna</b>	<b>CareFirst</b>	<b>Jai</b>	<b>Kaiser</b>	<b>MPC</b>	<b>Medstar</b>	<b>Priority</b>	<b>UHC</b>	<b>Wellpoint</b>	<b>ASO - MH</b>	<b>ASO - SUD</b>	<b>FFS - LTSS</b>	<b>FFS - Dental</b>
<b>Data Collection</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Medical Necessity Criteria</b>	Prudent Layperson for sudden and serious.pdf ED utilization.pdf	UMHA.HS.UM.121 Emergency Services_km_cw_adb.pdf	Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf PCP follow up 1st qtr 2020-Barb.pdf 3rd Qtr 2005 - 2019.pdf Copy of Copy of High ER Utilizers 4th Q 2019.xlsx QA Study-4th Quarter 2019 High ER Utilization 2019.pdf Q1 2020 High ER list.pdf	Medical Necessity_8.12.2020_Final.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	-	-	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	-	-	-	-	-
<b>Outlier Management</b>	UM ABH_MD for August 13 MOR and slie 2 QBR.pdf	-	Copy of Copy of High ER Utilizers 4th Q 2019.xlsx QA Study-4th Quarter 2019 High ER Utilization 2019.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	PEER COMPARISON_FACILITY_20191120 ER.pdf 452-99285 ER Outlier.pdf Costs by Provider ER.pdf IRR Report.pdf IRR Analysis.pdf MNRR-368_Doctor ER Productivity.xlsx MNRR-368_Nurse ER Productivity 07 2020.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_FW A_Scorecard_CNS_Maryland_April_2020.xlsx 2019 UHC CP UM Evaluation_MD_Final v.pdf	QNMC UM2019EvalPM.pdf	-	-	-	
<b>Prior Authorization/ Preauthorization</b>	-	-	-	-	-	-	UM62.pdf policy_20142-UM05.pdf	-	-	-	-	-	-
<b>Service limitations</b>	-	-	-	-	-	-	-	-	-	-	-	-	-

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

	<b>Aetna</b>	<b>CareFirst</b>	<b>Jai</b>	<b>Kaiser</b>	<b>MPC</b>	<b>Medstar</b>	<b>Priority</b>	<b>UHC</b>	<b>Wellpoint</b>	<b>ASO - MH</b>	<b>ASO - SUD</b>	<b>FFS - LTSS</b>
<b>Concurrent Review</b>	UM ABH_MD for August 13 MOR and s1e 2 QBR.pdf UM ABH_MD for August 13 MOR and s1e 2 QBR.pdf UM ABH_MD for August 13 MOR and s1e 2 QBR.pdf	UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx	Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.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 Concurrent_8.12.2020_Final.pdf UM Policy 41 UM Documentation Approved_9.26.2019.pdf	7200.05 Concurrent Review_FINAL_March2020.pdf 7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf	Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx IRR Report.pdf Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf Type and Level of Documentation- S10Q2.pdf 1. Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx	UM58.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	Copy of S10_MedNecessity_IRR Assesments.pdf Copy of MD TMR R1 06_2020.xlsx	Inter-Rater Reliability IRR Assessments.pdf	Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf
<b>Data Collection</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Fail First Requirements/ Step Therapy</b>	-	-	Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf	-	-	Coumadin Clinic and Step Therapy.pdf RR Report.pdf IRR Analysis.pdf Type and Level of Documentation- S10Q2.pdf Availability of Less Intensive level of care.pdf	-	-	-	-	-	-
<b>Medical Necessity Criteria</b>	Medical Necessity MCG Millman sample.pdf Operational metrics on utilization.pdf-A-MD 7000.10 Inter-rater Reliability.pdf	Concurrent UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx Pre-Service UM Determination Report_2020Aug_CareFirst_Presevice.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf Appeals Timeliness Report.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.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 Policy 18.2 MDHC Adverse Determination_Revision Approved_6.24.2020.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Medical Necessity_8.12.2020_Final.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 Practice Guidelines_8.13.2020_Final.pdf	Average length of stay authorized per episode of care Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Degree of discretion exercised by utilization review staff Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Number of days or visits denied per review Supporting Documents Evolut MNRR-4E_Inpatient Denial Tracking Log by Facility Report_NEW.xlsx Days per 1000 and LOS per facility per month Supporting Documents Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents pp_provider_manual.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM62.pdf UM62.pdf policy_20142-UM05.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents HCM Minutes3.2020.UMdoc.pdf Average length of stay authorized per episode of care Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf	
<b>Outlier Management</b>	Retro Review-1.pdf Retrospective review-2.pdf	*Daily Census Supporting Documents Daily Census_CareFirst_052120-052620.xlsx CareFirst Summary YTD_2019_12_23_12_27.xlsx Concurrent UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx	Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf CAP Overutilizers3.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews Supporting Documents 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 Staff Qualifications and Responsibilities.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Utilization Trends Supporting Documents RGA-MPC - Kickoff Call.pdf	Dollar spend trends Supporting Documents MD FAC High Dollar Report Check Run 08142020.xlsx Utilization trends Supporting Documents PEER COMPARISON FACILITY_20191120 ER.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM50.pdf	Utilization trends Supporting Documents UM45.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM50.pdf	Fraud, Waste and Abuse Monthly Activities Supporting Documents S10_Outlier_Management_Compliance_Deck_MID.pdf Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Supporting Documents S10_Outlier_Management_CCR_MD_2020.xlsx Fraud, Waste and Abuse Program Monthly Performance Supporting Documents S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx Medical claim review accuracy Supporting Documents 2019 UHCCP UM Evaluation_MD_Final_v.pdf	Inter-Rater Reliability IRR Assessments.pdf	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx *Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx *Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
<b>Prior Authorization/ Preauthorization</b>	Average length of stay authorized per episode of care Supporting Documents Aetna Better Health UM Data.pdf Utilization trends Supporting Documents Aetna Better Health UM Data.pdf Number of days or visits authorized per review Supporting Documents Aetna Better Health UM Data.pdf Assessments of provider directory accuracy Supporting Documents Analysis of Member Experience - Final.pdf	UM Determination Report_2020Aug_CareFirst_Presevice.xlsx	Utilization trends Supporting Documents PCP follow up 1st qtr 2020-Barb.pdf 3rd Qtr 2005 - 2019.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 2019 Physician Inter-Rater Reliability Audit.pdf	Requirements for the qualifications of provider staff involved in reviews Supporting Documents 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 Policy 18.2 MDHC Adverse Determination_Revision Approved_6.24.2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Prior Authorization_8.12.2020_Final.pdf	Degree of discretion exercised by utilization review staff Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	*Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM58.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Reliability IRR Assessments.pdf Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
<b>Service limitations</b>	-	-	-	-	-	-	-	-	-	-	-	-

### Standard 10 Comparative Analysis of NQTLs "In Operation" for Outpatient Benefits Appendix E2 - Page 3

	Aetna	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	
<b>Concurrent Review</b>	Utilization trends monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless of prior authorization status Dollar spend trends weekly, monthly and quarterly cost analyses capture total costs regardless of prior authorization status Compliance with self-imposed, customer, or regulator-imposed network adequacy standards quarterly Geo Access report captures network adequacy by distance not by drug utilization	UM Determination Report_2020Aug_CareFirst_ConcurrenReviews.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. 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<b>Data Collection</b>														
<b>Fail First Requirements/ Step Therapy</b>														
<b>Medical Necessity Criteria</b>	Outpatient other- PT.pdf, Statistical Companion to Ambulatory Care, 24th Edition.xlsx, MD 7000.10 Inter-rater Reliability.pdf	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrenReviews.xlsx Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservic e.xlsx Hedis_Summary_Extract 081820 Baseline 072320.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents 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	02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents 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	Medical-Practice-Guidelines.pdf	HEDIS 2019 Comprehensive Report.xlsx	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents policy_20142-UM05.pdf UM62.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf UM62.pdf	S10_Outlier_Management_Compliance_Minutes_06.18.20 DRAFT.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents 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	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF-LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF-LOC.pdf 3871B form rev 01132016.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF-LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF-LOC.pdf 3871B form rev 01132016.pdf	Duplicate Restorations (quarterly)	
<b>Outlier Management</b>	(Aetna Better Health of Maryland)(2nd)(QTR)(2020) PreservicelistingReport.xlsx Authorization Detail Report CY 2020.xlsx	Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservic e.xlsx	CAP Overutilizers3.pdf CAP Underutilizers.pdf CAP underut hedis 5.20.pdf Score Tracker MY 2020.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Dollar spend trends Supporting Documents CMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf Utilization trends Supporting Documents CMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf	Utilization trends Supporting Documents Urgent Care examples outliers.xlsx New Patient Visit examples Outliers.xlsx Dollar spend trends Supporting Documents Costs by Provider Office.pdf MD Professional High Dollar 08.07.20.xlsx Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	Utilization trends Supporting Documents Urgent Care examples outliers.xlsx New Patient Visit examples Outliers.xlsx Dollar spend trends Supporting Documents Costs by Provider Office.pdf MD Professional High Dollar 08.07.20.xlsx Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	S10_Outlier_Management_Compliance_Minutes_06.18.20 DRAFT.pdf	Utilization trends Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)*	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)*	Frequency with which reviews are conducted Supporting Documents PACE Quality Measure Testing_HPMS Memo_4 21 15.pdf	Provider Financial Analysis (monthly) Audits Tracker (monthly) Duplicate Records (monthly)	
<b>Prior Authorization/ Preauthorization</b>	Utilization trends monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless of prior authorization status Dollar spend trends weekly, monthly and quarterly cost analyses capture total costs regardless of prior authorization status Compliance with self-imposed, customer, or regulator-imposed network adequacy standards quarterly Geo Access report captures network adequacy by distance not by drug utilization	UM Determination Report_2020Aug_CareFirst_Preservic e.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Prior Authorization_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Prior Authorization_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf Utilization trends Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents policy_20150-UM47.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents MFC Authorization Grid.xlsx Frequency that authorization requirements are waived Supporting Documents MFC Authorization Grid.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents policy_20150-UM47.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	Utilization trends Supporting Documents Clinical Health Services PAC Q1 2020.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Copy of UHC 1020 Preservice Denial Report v 4.28.20r.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting_Minutes_Quarterly_Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents POS Evaluation_08JUL20.xlsx Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf PAWZH INTAKE SHEET.docx	Services Preauthorized Not Received (monthly)	
<b>Service limitations</b>														

**Standard 10 Comparative Analysis of NQTLs "In Operation" for Prescription Drug Benefits  
Appendix E2 - Page 4**

	Aetna	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	FFS-MH	FFS-SUD	FFS-M/S
<b>Concurrent Review</b>	-	-	-	MCD_010.007_Procedures_MD HealthChoice_Drug Utilization Review Procedures_final_10.28.19.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_final_10.28.19.pdf	-	-	-	-	-	-	-	-
<b>Data Collection</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Fail First Requirements/ Step Therapy</b>	Aetna Medicaid PA guideline.pdf 2020.pdf	Prior authorization statistics Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 202007 Summary MONTHLY UNIVERSITY_OF_MARYLAND_HEALTH_PARTNERS_MCAID_STANDARD_PA_SUMMARIES_202007.xml	01b - JAI PT Minutes 03.31.20 Draft.pdf	Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf QUA_018.006_High Alert Medications_P&P_final_6.24.19.pdf Consequences or penalties that apply to benefits when an NQTL requirement is not met. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf Frequency with which reviews are conducted Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf Utilization trends Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf FormularyProcessGuide.pdf PT_Policy_3_FormularyEvaluationProcess.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf Tiered drug formulary Supporting Documents 7600.10_Formulary_FINAL_July2020.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents Average denial rates for medical necessity S10Q2.pdf MFC formulary.xlsx Policy 210; DRAFT; Step Therapy Policy; July 2020.pdf Redirected Medications.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Type and Level of Documentation- S10Q2.pdf Dollar spend trends Supporting Documents Top Drugs May 2020.xlsx	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents Tier 2 and NPD Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Tier 2 and NPD Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf	Standard 10_P1Q2 Responses. xlsx	Utilization trends Supporting Documents Tier 2 and NPD Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Tier 2 and NPD Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Substance Use Disorder Medication Clinical Criteria Final updated Aug2018. pdf SUBLOCADE.pdf Utilization trends Supporting Documents Substance Use Disorder Medication Clinical Criteria Final updated Aug2018. pdf SUBLOCADE.pdf	Clinical Criteria applied based on FDA labeling and requirements and Official Compendium Supporting Documents Maryland_PD_7.1.20.pdf Tier 2 and NPD Clinical Criteria.pdf Mental Health Formulary.pdf PRP Clinical Criteria Jan 9 2018 final.pdf FDA INDICATIONS - T1_T2_NP ANTIPSYCHOTICS NEW STATE LOGO 17-0811 (1).pdf MDH MMP Brand Preferred Over Generics List.pdf COMAR 10.09.03.12 Preferred Drug Program.docx COMAR 10.09.03.06 Preauthorization Requirements.docx MDM_PD_PA_Implementation_Schedule-20200701.pdf November_2019_Minutes.pdf Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf Spirinza and Zolgensma CC.docx 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 Supporting Documents PRP PA Audit Process Review 7 27 20 DB.docx PA Review Process 7 27 20 DB.docx Utilization trends Supporting Documents November_2019_Minutes.pdf P & T SOP Revised 02.10.2020 FINAL.docx
<b>Medical Necessity Criteria</b>	Aetna Medicaid PA guideline.pdf 2020.pdf A-MD 7000.10 Inter-rater Reliability.pdf	Prior authorization statistics Supporting Documents 1.202007 Summary MONTHLY UNIVERSITY_OF_MARYLAND_HEALTH_PARTNERS_MCAID_STANDARD_PA_SUMMARIES_202007.xml PA Criteria Supporting Documents Spornox oral capsules Ref# 260-A.pdf Prolopic Step Therapy Ref # MMT 177-F.pdf MMT Global Exception Ref# 569-A.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents 05Antihyperlipemics - Fenofibrates Q4 2019 example trend report.pdf 01b - JAI PT Minutes 03.31.20 Draft.pdf 01b - JAI PT Minutes 03.31.20 Draft.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents FormularyProcessGuide.pdf Frequency with which reviews are conducted Supporting Documents MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_final_10.28.19.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf Utilization trends Supporting Documents FormularyProcessGuide.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_final_10.28.19.pdf MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf FormularyProcessGuide.pdf	Degree of discretion exercised by utilization review staff Supporting Documents 7600.07_Pharmacy_Prior_Authorization_FINAL_April 2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7600.16_Inter-Rater_Reliability_Pharmacy_IRR_FINAL_April2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7000.25 MM Staff Quality Review_FINAL_March2020.pdf 7600.16_Inter-Rater_Reliability_Pharmacy_IRR_FINAL_April2020.pdf 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. Supporting Documents 7600.07_Pharmacy_Prior_Authorization_FINAL_April 2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Evolent MNRR-32_A-DETAILED_Referral Event Management Report.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf	Frequency with which reviews are conducted Supporting Documents Prior Auth TAT 2020.xlsx Productivity Report.xlsx 1020 Preserve Denial Report.xlsx	Standard 10_P1Q2 Responses. xlsx	Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMP Prior Authorization Auditing Process Review MMP PRP Prior Authorization Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMP Prior Authorization Auditing Process Review MMP PRP Prior Authorization Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMP Prior Authorization Auditing Process Review MMP PRP Prior Authorization Process Review
<b>Outlier Management</b>	Pharmacy MOR July_2020.pdf	-	01b - JAI PT Minutes 03.31.20 Draft.pdf CAP undernet hedis 5.20.pdf Score Tracker MY 2020.xlsx	FormularyProcessGuide.pdf MCD_010.007_Procedures_MD HealthChoice_Drug Utilization Review Procedures_final_10.28.19.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_final_10.28.19.pdf QUA_018.006_High Alert Medications_P&P_final_6.24.19.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_final_10.28.19.pdf	CMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf	Plan Performance MSFC MD 2005_2020.xls Top Pharmacy cost by member.xlsx RX CSI without medical service_20200301-20200531.pdf COTVIT PHARMACY RULES.pdf Retrospective Review ER review monitoring.xlsx IRR Report.pdf	-	Copy of MD Medicaid PBM Dashboard_June 2020.xlsx Termed Pharmacy Report.xlsx GeoAccess_Q1 2020.pdf	-	-	-	-
<b>Prior Authorization/ Preauthorization</b>	Aetna Medicaid PA guideline.pdf 2020.pdf	Utilization trends Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 2020 August CareFirst P&T Committee Presentation.pptx CareFirst Jan-Jun20 FINAL RxInsights_wREBATES_Medic aid_3375766.pdf Dollar spend trends Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 2020 August CareFirst P&T Committee Presentation.pptx CareFirst Jan-Jun20 FINAL RxInsights_wREBATES_Medic aid_3375766.pdf Prior authorization statistics Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 2020 August CareFirst P&T Committee Presentation.pptx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents 05Antihyperlipemics - Fenofibrates Q4 2019 example trend report.pdf 01b - JAI PT Minutes 03.31.20 Draft.pdf	Utilization trends Supporting Documents FormularyProcessGuide.pdf PT_Policy_3_FormularyEvaluationProcess.pdf Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf QUA_018.006_High Alert Medications_P&P_final_6.24.19.pdf Consequences or penalties that apply to benefits when an NQTL requirement is not met. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf Frequency with which reviews are conducted Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_final_2.12.20.doc.pdf	Dollar spend trends Supporting Documents 7600.30 Pharmacy and Therapeutics Committee_FINAL_Aug2019.pdf For tiered networks (e.g., a preferred provider tier and a participating provider tier), assessment of whether application of requirements for the tiering (e.g., that a provider have staff privileges at a local hospital) results in few or no mental health or substance use disorder providers being eligible to be placed in a tier Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Complaint tracking (enrollees and providers) Supporting Documents Complaints and Grievances REPORT 06 2020.xlsx Dollar spend trends Supporting Documents Dollar Spend trends.pdf Frequency potential treatments are reviewed to determine whether they are experimental and investigational Supporting Documents Frequency review Experimental and Investigational.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Type and Level of Documentation- S10Q2.pdf Utilization trends Supporting Documents Utilization Trends.pdf Whether and how discretion is allowed in applying each NQTL Discretion in NQTL application.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents UCMC WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents MD Prior Auth TAT 2020 PHARMACY.xlsx Copy of Prior Authorization Stats 2020 pharmacy .xlsx	Standard 10_P1Q2 Responses. xlsx	Utilization trends Supporting Documents Tier 2 and NPD Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents QI.pdf Substance Use Disorder Medication Clinical Criteria Final updated Aug2018. pdf SUBLOCADE.pdf VIVITROL.pdf Utilization trends Supporting Documents QI.pdf Substance Use Disorder Medication Clinical Criteria Final updated Aug2018. pdf SUBLOCADE.pdf VIVITROL.pdf	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Spirinza and Zolgensma CC.docx	
<b>Tiered Drug Formulary</b>	Joint Operation Meeting covers the following Geocess/Network Claims adjudication performance Drug recalls DUR Pharmacy cost trends Utilization by utilization, category, cost Specialty/Retail pharmacy Adherence data by condition Safety and Monitoring program Pharmacy Advisor Support/Gaps in Care	Prior authorization statistics	01b - JAI PT Minutes 03.31.20 Draft.pdf	FormularyProcessGuide.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents 7600.10_Formulary_FINAL_July2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Complaint tracking (enrollees and providers) Supporting Documents Complaints and Grievances REPORT 06 2020.xlsx Dollar spend trends Supporting Documents Dollar Spend trends.pdf Frequency potential treatments are reviewed to determine whether they are experimental and investigational Supporting Documents Frequency review Experimental and Investigational.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Type and Level of Documentation- S10Q2.pdf Utilization trends Supporting Documents Utilization Trends.pdf Whether and how discretion is allowed in applying each NQTL Discretion in NQTL application.pdf	Review of Claims Activity per formulary design Supporting Documents DOC Meeting report 2020 Q2_Redacted.pdf	Dollar spend trends Supporting Documents Top Drugs Report.xlsx Frequency with which reviews are conducted Supporting Documents Carrier Level Utilization Report.pdf	Standard 10_P1Q2 Responses. xlsx	Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMP Prior Authorization Auditing Process Review MMP PRP Prior Authorization Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMP Prior Authorization Auditing Process Review MMP PRP Prior Authorization Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NPD Clinical Criteria MMP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMP Prior Authorization Auditing Process Review MMP PRP Prior Authorization Process Review