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
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	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	•	-	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	-	-	-	-	-
Outlier Management	Utilization Trends	-	Utilization Trends	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		-	-	-
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	-	-	-	-	-	-

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	1	T	1	l	1	I	T=:	1	T			
Concurrent Review	Actna Average length of stay authorized per episode of care Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted Number of days or visits authorized per review Utilization trends	CareFirst Inter-rater reliability surveys for medical/surjical, mental health and substance use disorder reviewers Utilization trends PA Criteria	Jai Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted Number of days or visits authorized per review	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. Degree of discretion exercised by utilization review staff Frequency that authorization requirements are walved Frequency at which reviews are conducted Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Number of days or visits authorized per review	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 reviewinternal 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 that authorization requirements are waived Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Medstar 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 . 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 benefits, and medical/surgical benefits.	Priority 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	UHC Inter-rate reliability surveys for medical/surgical, mental health and substance use disorder reviewers Clinical Staffing Comparability	Wellpoint Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria		ASO - SUD Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	FFS - LISS 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	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			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., charl notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews			-	-	-	-
Medical Necessity Criteria	Number of days or visits authorized per review Frequency with which reviews are conducted Frequency that authorization requirements are waived Degree of discretion exercised by utilization review staff	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends PA Criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Degree of discretion exercised by utilization review staff	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 Frequency that authorization requirements are waived frequency with which reviews are conducted Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Number of days or visits authorized per review	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 Number of days or visits authorized per review Frequency with which reviews are conducted Frequency that authorization requirements are waived	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. Number of days or visits denied per review Number of days or visits authorized per review Days per 1000 and LOS per facility per month Degree of discretion exercised by utilization review staff Frequency that auythorization requirements are waiverd Frequency with which reviews are conducted	plans, etc.) the health plan requires	medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and	Internal audit findings related to coverage determination consistency with the plan's		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 Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted Number of days or visits authorized per review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends PA Criteria	coverage determination	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. Number of days or visits authorized per review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Frequency with which reviews are conducted Frequency that authorization requirements are walved Degree of discretion exercised by utilization review staff	Utilization trends Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted Number of days or visits authorized per review	Utilization trends Dollar spend trends	Utilization trends Inter-rater 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.	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	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	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 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	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends Assessments of provider directory accuracy Frequency that authorization requirements are waived Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends PA Criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Authorization Denial Rates for MH/SUD	Degree of discretion exercised by utilization review staff 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 Frequency that authorization requirements are waived Frequency with which reviews are conducted Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Number of days or visits authorized per review	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews. 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. Frequency that authorization requirements are waived Frequency with which reviews are conducted Number of days or visits authorized per review	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Whether and how discretion is allowed in applying each NQTL 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. Addressing workforce shortage issues Number of days or visits authorized per review Frequency that authorization requirements are waived Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff.	Inter-rater 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	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 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.		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						health and substance use disorder beenfits and medical surgical benefits.						

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

					App	oendix E1 - Page 3							
	Aetna	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD		FFS - Dental
Concurrent Review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder	Requirements for the qualifications of provider staff involved in reviews	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan	Frequency with which reviews are conducted	Number of days or visits authorized per review	Inter-rater reliability surveys for medical/surgical, mental health and	Internal audit findings related to coverage determination	Inter-rater reliability surveys for medical/surgical, mental health		Frequency with which reviews are conducted	-
	Utilization trends	and substance use disorder reviewers	reviewers	Inter-rater reliability surveys for medical/surgical, mental health and	requires from providers during reviews Inter-rater reliability surveys for medical/surgical,	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 Medical claim review accuracy	consistency with the plan's medical necessity criteria	and substance use disorder reviewers	medical/surgical, mental health and substance use disorder reviewers	Degree of discretion exercised by utilization review staff	
	Authorization/Denial Rates,	Utilization trends	Utilization trends	substance use disorder reviewers	mental health and substance use disorder reviewers	Degree of discretion exercised by utilization review staff	substance use disorder reviewers	,	Utilization trends	Authorization Denial Rates for MH/SUD	Authorization Denial	Evaluation of annual concurrent	
	Assessment of Provider Directory Accuracy Average appointment wait times	PA Criteria		denial determinations and whether such decision-makers with	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	Exception processes available for each NQTL requirement and when they may be applied			Internal audits	Rates for MH/SUD Internal audits	reviews and prior authorization reviews completed on a quarterly hasis	
	Complaint tracking (enrollees and providers)			respect to mental health, substance use disorder and medical/surgical benefits		Number of days or visits authorized per review							
	Compliance with self-imposed, customer, or regulator-imposed			have comparable expertise Degree of discretion exercised by	Degree of discretion exercised by utilization review	The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health.							
	network adequacy standards. Documentation of the steps taken to improve access by			utilization review staff	Evaluation of annual concurrent reviews and prior	substance use disorder and medical/surgical benefits have comparable expertise.							
	expanding networks, including outreach efforts to providers			and prior authorization reviews	authorization reviews completed on a quarterly basis	Average denial rates for medical necessity for mental health and							
	Member satisfaction/consumer survey results Provider-to-enrollee ratios			completed on a quarterly basis Frequency with which reviews are	Frequency with which reviews are conducted	substance use disorder benefits, and medical/surgical benefits. Evaluation of annual conncurrent reviews and prior authorization reviews completed on a quarterly basis.							
	Results of secret shopper surveys to determine that network			conducted		reviews completed on a quarterly basis.							
	providers are actually accepting new patients												
	Time and distance to network providers Turnaround time to get clinicians with approved credentials												
	loaded in the payment system												
	Turnaround time to get submitted credentials reviewed, processed and approved or denied												
Data Collection	-	-	Degree of discretion exercised	Degree of discretion exercised by		Availability of less intensive level of care when fail-first NQTL is	-	Average denial rates for medical	-	-	-	- Degree of discretion exercised by	-
Fail First Requirements/ Step Therapy			by utilization review staff	utilization review staff		imposed		necessity for mental health and substance use disorder benefits, and				utilization review staff	
Otop Thorapy			Inter-rater reliability surveys for medical/surgical, mental health			Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		medical/surgical benefits.					
			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							
			Utilization trends			during reviews							
Medical Necessity Criteria		Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder	duplicate restorations (quarterly)	Requirements for the qualifications of provider staff involved in reviews	Frequency with which reviews are conducted Degree of discretion exercised by utilization review	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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical reviewers	medical/surgical, mental health		Degree of discretion exercised by utilization review staff	Duplicate Restorations (quarterly)
	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	and substance use disorder reviewers	Degree of discretion exercised by utilization review staff	Inter-rater reliability surveys for medical/surgical, mental health and	staff	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	providers during reviews	Average denial rates for medical	Utilization trends	and substance use disorder reviewers	medical/surgical, mental health and substance use disorder reviewers	Internal audit findings related to coverage determination	
		Utilization trends	Inter-rater reliability surveys for	substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Quality Metrics/HEDIS	Exception processes available for each NQTL requirement and when they may be	necessity for mental health and substance use disorder benefits, and		Authorization Denial Rates for MH/SUD	Authorization Denial	consistency with the plan's medical necessity criteria	
		PA Criteria	medical/surgical, mental health and substance use disorder reviewers	The expertise of the persons who make denial determinations and whether such	Internal audit findings related to coverage determination consistency with the plan's medical	Degree of discretion exercised by utilization review staff	applied. Inter-rater reliability surveys for	medical/surgical benefits. Practice Guideline review & approval		Internal audits	Rates for MH/SUD	Tracking of denial of plans of service that do not meet medical	
			Internal audit findings related to	health, substance use disorder and medical/surgical benefits have	necessity criteria		medical/surgical, mental health and substance use disorder reviewers	by Provider Advisory Committee			Internal addits	necessity	
			coverage determination consistency with the plan's	comparable expertise	Number of days or visits authorized per review								
			medical necessity criteria tracking of denial of plans of	Degree of discretion exercised by utilization review staff	Frequency potential treatments are reviewed to determined whether they are experimental and investigational								
			service that do not meet medical necessity	Internal audit findings related to coverage determination consistency	The expertise of the persons who make denial								
			Utilization trends	with the plan's medical necessity criteria	determinations and whether such decision-makers with respect to mental health, substance use								
				Tracking of denial of plans of service that do not meet medical necessity	disorder and medical/surgical benefits have comparable expertise.								
					Utilization Trends								
					Type and level of documentation (e.g. chart notes, lab results, treatment plans, etc.,) the health plan								
					requires from providers during reviews								
					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								
					Clinical criteria applied based on FDA labeling and								
Outlier Management	Utilization Trends	Inter-rater reliability surveys for	audits tracker (monthly)	Requirements for the qualifications of	requirements and Official Utilization trends	Utilization trends	Utilization trends	Fraud, Waste and Abuse Referrals		Outlier Management Data	Outlier Management Data	Frequency with which reviews	Provider Financial Analysis
J		medical/surgical, mental health and substance use disorder reviewers	duplicate records (monthly)	provider staff involved in reviews Inter-rater reliability surveys for	Dollar spend trends	Dollar spend trends	Inter-rater reliability surveys for medical/surgical, mental health and	and Investigation Compliance Reporting	coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health	Inter-rater reliability surveys for	are conducted	Audits Tracker (monthly) Duplicate
		Utilization trends	Frequency with which reviews are conducted	medical/surgical, mental health and substance use disorder reviewers	Audits tracker (monthly)	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	substance use disorder reviewers	Fraud, Waste and Abuse Program Monthly Performance	Utilization trends	and substance use disorder reviewers	medical/surgical, mental health and substance use		Records (monthly)
		PA Criteria	provider financial analysis	The expertise of the persons who make denial determinations and whether such		Average denial rates for medical necessity for mental health and	Exception processes available for each NQTL requirement and when they may be	Fraud, Waste and Abuse Monthly Activities		Authorization Denial Rates for MH/SUD	disorder reviewers Authorization Denial		
			(montnly) Utilization Trends	decisionmakers with respect to mental health, substance use disorder and	provider financial analysis (monthly)	substance use disorder benefits, and medical/surgical benefits Frequency with which reviews are conducted	арріїе	Medical Claim Review Accuracy		Internal audits	Rates for MH/SUD		
				medical/surgical benefits have comparable expertise.				,			Internal audits		
				Degree of discretion exercised by									
				utilization review staff Frequency with which reviews are									
				conducted									
				Internal audit findings related to coverage determination consistency									
				with the plan's medical necessity criteria Outlier management data									
				uad									
Prior Authorization/	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health		Requirements for the qualifications of provider staff involved in reviews	lab results, treatment plans, etc.) the health plan	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers	Inter-rater reliability surveys for medical/surgical, mental health and	Utilization trends	Inter-rater reliability surveys for medical/surgical reviewers	medical/surgical, mental health	surveys for	Frequency with which reviews are conducted	Services Preauthorized Not Received (monthly)
Preauthorization	Utilization trends	and substance use disorder reviewers	evaluation of annual concurren reviews and prior authorization	t Inter-rater reliability surveys for medical/surgical, mental health and	requires from providers during reviews Inter-rater reliability surveys for medical/surgical.	during reviews Requirements for the qualifications of provider staff involved in	substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Utilization trends	and substance use disorder reviewers	medical/surgical, mental health and substance use	Degree of discretion exercised by utilization review staff	
	Authorization/Denial Rates,	Utilization trends	reviews and prior authorization reviews completed on a quarterly basis	substance use disorder reviewers	mental health and substance use disorder reviewers	reviews	NQTL requirement and when they may be applied	medical/surgical benefits.		Authorization Denial Rates for MH/SUD	Authorization Denial	Number of days or visits	
	Assessment of Provider Directory Accuracy	PA Criteria	Frequency with which reviews	denial determinations and whether such	Internal audit findings related to coverage determination consistency with the plan's medical	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		Inter-rater reliability surveys for medical/surgical, mental health and		Internal audits	Rates for MH/SUD	authorized per review	
	Average appointment wait times		are conducted	decision-makers with respect to mental health, substance use	necessity criteria	Frequency that authorization requirements are waived		substance use disorder review			Internal audits	Evaluation of annual concurrent reviews and prior authorization	
	Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed		Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder	disorder and medical/surgical benefits have comparable expertise	Utilization trends Serviced preauthorized not received (monthly)	Utilization trends						reviews completed on a quarterly basis	
	network adequacy standards.		reviewers	Number of days or visits authorized per review	Degree of discretion exercised by utilization review	Dollar spend trends							
	Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers		Number of days or visits authorized per review	Frequency with which reviews are	staff	Exception processes available for each NQTL requirement and when they may be applied.							
	Member satisfaction/consumer survey results		services preauthorized not received (monthly)	Evaluation of annual concurrent reviews	Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	Whether and how discretion is allowed in applying each NQTL							
	Provider-to-enrollee ratios		Utilization trends	Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	Frequency with which reviews are conducted	The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health,							
	Results of secret shopper surveys to determine that network providers are actually accepting new patients			Degree of discretion exercised by	Number of days or visits authorized per review	substance use disorder and medical/surgical benefits have comparable expertise.							
	Time and distance to network providers			utilization review staff		Average denial rates for medical necessity for mental health and							
	Turnaround time to get clinicians with approved credentials loaded in the payment system					substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers)							
	Turnaround time to get submitted credentials reviewed,					evaluation of annual concurrent reviews and prior authorization							
	processed and approved or denied					reviews completed on a quarterly basis Frequency that authorization requirements are waived							
Service limitations	-	-		-	-	Frequency with which reviews are conducted EPSDT Payment Policy	-	-	-	Inter-rater reliability surveys for medical/surgical, mental health	Inter-rater reliability	-	-
										medical/surgical, mental health and substance use disorder	surveys for medical/surgical, mental		
										reviewers	health and substance use		
										Authorization Denial Rates for	disorder reviewers		
											health and substance use disorder reviewers Authorization Denial Rates for MH/SUD		

Standard 10 Comparative Analysis of NQTLs "In Operation" for Prescription Drug Benefits Appendix E1 - Page 4

/	Aetna	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	FFS-MH	FFS-SUD	FFS-M/S
Concurrent Review		-	-	Frequency with which reviews are conducted	-	-	-	-	-	-	-	-
Data Collection		-	-	-	-	-	-	-	-	-	-	-
	Exception processes	Prior authorization statistics	Clinical Criteria applied	Frequency with which	Availability of less intensive level of care when	n Utilization Trends	Inter-rater reliability surveys	Frequency with which	Length of time afforded for each review	Type and level of documentation (e.	Type and level of documentation (e.	Type and level of documentation
re	wailable for each NQTL equirement and when they		based on FDA labeling and requirements and Official	reviews are conducted	fail-first NQTL is imposed	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the	for medical/surgical, mental health and substance use	reviews are conducted	Type and level of documentation (e.g., chart notes, lab	g., chart notes, lab results, treatment plans, etc.) the health plan requires		g., chart notes, lab results, treat plans, etc.) the health plan requ
toquii ciliciits/	nay be applied.		Compendium Internal	Utilization trends	Tiered drug formulary	health plan requires from providers during reviews	disorder reviewers	Availability of less intensive level of care when fail-first	results, treatment plans, etc.) the health plan requires from providers during reviews	from providers during reviews	from providers during reviews	from providers during reviews
Step Therapy				Consequences or penalties that apply to benefits when		Inter-rater reliability surveys for	Exception processes available for each NQTL	NQTL is imposed	Degree of discretion exercised by utilization review staff	Utilization trends	Utilization trends	Utilization trends Clinical Criteria applied based
1			compliance of treatment/service plans for	met.	Type and level of documentation (e.g. chart notes, lab results, treatment plans, etc.) the health plan requires from providers during	medical/surgical, mental health and substance use disorder reviewers	may be applied.		Inter-rater reliability surveys for medical/surgical reviewers	Clinical Criteria applied based on FDA labeling and requirements and Official	Clinical Criteria applied based on FDA labeling and requirements and Official	FDA labeling and requirements Official
1			drug efficacy based on concurrent review of treatment plans, service	Compliance with self- imposed, customer, or	reviews	Dollar spend trends			How the health plan verifies credentials of its staff conducting medical management/utilization review	Compendium internal monitoring of	Compendium internal monitoring of	Compendium internal monitorii
1			usage, and drug utilization	regulator-imposed network adequacy standards.	Compendium Internal monitoring of prior	Availability of less intensive level of care when fail-first NQTL is imposed			Internal audit findings related to coverage determination	prior authorizations to determine compliance of treatment/service	prior authorizations to determine	prior authorizations to determine compliance of treatment/service
			Type and level of documentation (e.g., chart		authorizations to determine compliance of treatment/service plans for drug efficacy				consistency with the plan's medical necessity criteria	plans for drug efficacy based on	plans for drug efficacy based on	plans for drug efficacy based of concurrent review of treatment
			notes, lab results, treatment plans, etc.) the health plan		based on concurrent review of treatment plans, service usage, and drug utilization				The expertise of the persons who make denial determinations and whether such decision-makers with	service usage, and drug utilization	service usage, and drug utilization	service usage, and drug utiliza
			requires from providers during reviews						respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.			
			Utilization Trends		Clinical Criteria applied based on FDA				Average denial rates for medical necessity for mental health and substance use disorder benefits, and			
					labeling and requirements and Official				medical/surgical benefits.			
									Complaint tracking (enrollees and providers)			
	Exception processes	Prior authorization statistics	Inter-rater reliability surveys	Frequency with which	Degree of discretion exercised by utilization	Inter-rater reliability surveys for	Inter-rater reliability surveys	Frequency with which	Addressing workforce shortage issues Length of time afforded for each review	Type and level of documentation (e.	Type and level of documentation (e.	Type and level of documentation
viedical necessity	wailable for each NQTL equirement and when they		for medical/surgical, mental health and substance use	reviews are conducted Internal audit findings	review staff	medical/surgical, mental health and substance use disorder reviewers	for medical/surgical, mental health and substance use	reviews are conducted	Type and level of documentation (e.g., chart notes, lab	g., chart notes, lab results, treatment	g., chart notes, lab results, treatment	g., chart notes, lab results, trea plans, etc.) the health plan req
	nay be applied.	Type and level of	disorder reviewers	related to coverage determination consistency	Inter-rater reliability surveys for medical/surgical, mental health and	Average denial rates for medical necessity for	disorder reviewers	Average denial rates for medical necessity for	results, treatment plans, etc.) the health plan requires from providers during reviews	from providers during reviews	from providers during reviews	from providers during reviews
	Design of benefit plan	documentation (e.g., chart notes, lab results, treatment	Type and level of documentation (e.g., chart	with the plan's medical necessity criteria	substance use disorder reviewers	mental health and substance use disorder benefits, and medical/surgical benefits.	Exception processes available for each NQTL	mental health and substance use disorder	Degree of discretion exercised by utilization review staff	Utilization trends	Utilization trends	Utilization trends
for	nter-rater reliability surveys or medical/surgical, mental	plans, etc.) the health plan requires from providers	notes, lab results, treatment plans, etc.) the health plan	Utilization trends	Internal audit findings related to coverage determination consistency with the plan's		requirement and when they may be applied.	benefits, and medical/surgical benefits	Inter-rater reliability surveys for medical/surgical reviewers	Clinical Criteria applied based on FDA labeling and requirements and	Clinical Criteria applied based on FDA labeling and requirements and	Clinical Criteria applied based FDA labeling and requirements
	nealth and substance use disorder reviewers;	during reviews Inter-rater reliability surveys	requires from providers during reviews	Exception processes available for each NQTL	medical necessity criteria The expertise of the persons who make denia	al l			How the health plan verifies credentials of its staff conducting medical management/utilization review	Official Compendium internal monitoring of	Official Compendium internal monitoring of	Official Compendium internal monitorir
		for medical/surgical, mental health and substance use	Utilization trends	requirement and when they may be applied.	determinations and whether such decision- makers with respect to mental health.				Internal audit findings related to coverage determination	prior authorizations to determine compliance of treatment/service		prior authorizations to determine compliance of treatment/service
		disorder reviewers		Dollar Spend Trends	substance use disorder and medical/surgical benefits have comparable expertise.				consistency with the plan's medical necessity criteria	plans for drug efficacy based on		plans for drug efficacy based o
					Number of days or visits authorized per				The expertise of the persons who make denial determinations and whether such decision-makers with	service usage, and drug utilization	service usage, and drug utilization	service usage, and drug utiliza
					review				respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.			
					Clinical criteria applied based on FDA labeling and requirements				Average denial rates for medical necessity for mental			
					Compendium Internal monitoring of prior				health and substance use disorder benefits, and medical/surgical benefits.			
					authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment				Complaint tracking (enrollees and providers)			
					plans, service usage, and drug utilization				Addressing workforce shortage issues			
					Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the							
					health plan requires from providers during reviews							
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Uillization trends Dollar spend trends Compliance with self- mposed, customer, or egulator-imposed network dequacy standards Review of Claims Activity err formulary design	Dollar spend trends Prior authorization statistics Policies & Procedures Type and level of documentation (e.g., chart notes, lab ressils, treatment requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Prior authorization statistics Policies & Procedures P&T Minutes Drug Monographs Type and level of documentation (e.g., chart notes, lab ressils, treatment requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental requires from providers uning reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use	based on FDA labeling and requirements and Official Compendium Internal monitoring of prior authorizations to determine treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization Inter-rater reliability surveys for medical/surgical, mental health and substance used disorder reviewers Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization Type and level of occurrentation (e.g., chart rotes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	Frequency with which reviews are conducted Utilization trends Consequences or penalties that apply to benefits when an NOTI requirement is not met. Compliance with self-imposed, customer, or regulator-imposed network adequacy standards Utilization trends Dollar spend trends Compliance with self-imposed, customer, or regulator-imposed network adequacy standards	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 floation hospital) results in few or no mental health onspital) results in few or no mental health oxistance use disorder providers being eligible to be placed in a tier. Utilization trends Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Clinical Criteria applied based on FDA labeling and requirements Availability of less intensive level of care wher	notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Dollar spend trends Whether and how discretion is allowed in applying each NQTL Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Frequency potential treatments are reviewed to determined whether they are experimental and investigational Complaint tracking (enrollees and providers) 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 NQTL requirement and when they may be applied. Clinical criteria applied based on FDA labeling and requirements and official compendium reviews of the plans for drug efficacy based on cuncurrent review of treatment plans, service usage, and drug utilization.	for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied Review of Claims Activity	medical necessity for mental health smental health	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 plans medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mertal health, substance used disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance used disorder benefits, and medical/surgical benefits have comparable expertise. Complaint tracking (enrollees and providers) Addressing workforce shortage issues 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 audit findings related to coverage determination consistency with the plans 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	g. chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of reatments/ervice plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization Type and level of documentation (e. g. chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Utilization trends Utilization trends Compendium internal monitoring of prior authorizations to determine compliance of reatments/service plans for drug efficacy based on compliance of reatments/service plans for drug efficacy based on concurrent review of treatment plans, second concurrent review of t	g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of reatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization Type and level of documentation (e. g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, vice concurrent reviews of the presence of the plant of the	g., chart notes, lab results, treat plans, etc.) the health plan reque from providers during reviews Utilization trends Clinical Criteria applied based of FDA labeling and requirements Official Compendium internal monitorin prior authorizations to determin compliance of treatment/service plans for drug efficacy based or concurrent review of treatment service usage, and drug utilizat Type and level of documentatio g., chart notes, lab results, treat plans, etc.) the health plan requirement providers during reviews Utilization trends Clinical Criteria applied based of FDA labeling and requirements Official Compendium internal monitorin prior authorizations to determin compliance of treatment/service plans for drug efficacy based or concurrent review of treatment compliance for drug efficacy based or concurrent review of treatments

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

	Aetna	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	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.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	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	-	-	-	-	
Outlier Management	UM ABH_MD for August 13 MOR and slie 2 QBR. pdf	-	Utilizers 4th Q 2019.xlsx QA Study-4th Quarter	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	7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March202 0.pdf APL_03_Coverage_of_Emerge ncy_Services_FINAL_April2020 .pdf 7100.05 Prior Authorization_FINAL_March202 0.pdf 7200.05 Concurrent Review FINAL_March2020.pdf	IRR Analysis.pdf MNRR-368_Doctor ER Productivity.xlsx MNRR-368_Nurse ER	UM45.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	S10_Outlier_Management_Compliance_Committee_Deck_MD.pdf S10_Outlier_Management_CC R_MD_2020.xisx S10_Outlier_Management_FW A_Scorecard_CNS_Maryland_April_2020.xlsx 2019_UHCCP_UM Evaluation_MD_Final_v.pdf	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

	Antna	CareFirst	Jai	Kaisar	MPC	Modetar	Priority	UHC	Wallpaint	ASO MH	ASO - SUD	EEC 1700
Concurrent Review	Aetna UM ABH_MD for August 13	UM Determination	Inter-rater Reliability Study 2019.	02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting	7200.05 Concurrent Review FINAL March2020.pdf 7000.10	Medstar Evolent MNRR-13a_BY FACILITY Days per 1000	Priority UM58.pdf policy_20150-UM47.pdf	Copy of S10_MedNecessity_IRR	Wellpoint Inter-Rater Reliability IRR	Auth Stats for June	Auth Stats for June	Number of days or visits authorized per review
	MOR and sile 2 QBR pdf UM ABH MD for August 13 MOR and sile 2 QBR pdf UM ABH MD for August 13 MOR and sile 2 QBR pdf	Report_2020Aug_CareFirst_Conc urrentReviews.xtsx	pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf	Minutes Quarterly Mtg Q1 2020.pdf 04 2019 IRR Analysis Report Final.pdf	Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf	without SNF and Rehab.xisx. IRR Report.pdf. Policy 115. DRAFT: Utilization Management Criteria; July 2020.pdf IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Frequency of Reviews Discretion of Reviewers.pdf. Policy 115. DRAFT; Utilization Management Criteria; July 2020.pdf Policy 301; Member Appeals; July 2020.pdf Policy 301; Member Appeals; July 2020.pdf 1. Evolent MNRR-13a_EY FACILITY Days per 1000 without SNF and Rehab.xisx.	policy_20142-UM05.pdf	Scores, Manyland.xlex: Copy of MD TMR RT 06_2020.xlsx		2020 xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Supporting Documents NHT #213-Hosp#200-MDC#81-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#81-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov.2009.pdf Frequency that authorizzation 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 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
Data Collection		-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy		-	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				-		
Medical Necessity Criteria	Medical Necessity MCG Milliman sample, pdf Operational metrics on utilization.pdfA-MD 7000.10 Inter rater Reliability.pdf	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Prese rvice.xlsx-	pdf 2019 Physician Inter-Rater Reliability Audit pdf Utilization trends Supporting Documents 3rd Oir 2025 - 2019 pdf Appeals Timeliness Report.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Q. 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 05. Job Descriptions Non-Physician UM Reviewers.pdf 05. Job Dy Experitions Non-Physician UM Criteria. Approved_4.23.2020.pdf UM Policy 8 Apply UM Criteria Approved_5.24.2020.pdf UM Policy 11.2 MDHC Referral Mgmt. Approved_6.24.2020.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 UM Policy 18.2 MDHC Adverse Determination. Revision. Approved_6.24.2020.pdf UM Policy 18.2 MDHC Adverse Determination. Revision. Approved_6.24.2020.pdf UM Policy 18.2 months 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 Recessity Workflow Diagram.pdf Medical Recessity Workflow Diagram.pdf Medical Recessity & 1.2.2020_Final.pdf02_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 05. Job Descriptions Non-Physician UM Reviewers.pdf 06_J.D UMMDs.pdf UM Policy 8 Apply UM Criteria, Approved_4.23.2020.pdf UM Policy 11.2 MDHC Referral Mgmt.Approved_6.24.2020.pdf UM Policy 11.2 MDHC Referral Mg	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 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 audif 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 \$10Q2.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 Evolent MINRR-46. Inpatient Denial Tracking Log by Facility Report, NEW.xisx Days per 1000 and LOS per facility per month Supporting Documents Evolent MINRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx-	medical/surgical, mental health and substance use disorder reviewers f Supporting Documents policy_20142-UM05.pdf Type and level of documentation (e. g., chart notes, lab results, treatment plans, etc.) the health	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Copy of \$10_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 Scorecard Med nec reviews.xlsx-	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Reliability IRR Assessments, pdf OMC UMEval/2019 UMPD2020mod. pdf Average denial rates for medical necessity for medical/surgical benefits. Supporting Documents HCM Minutes3.2020.UMTAT.pdf Average length of stay authorized per episode of care Supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plans medical necessity criteria Supporting Documents OMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf-	Rates for MH/SUD Supporting Documents Auth Stats for June	Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xisx 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 38718 form ev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 01132016.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 01132016.pdf NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form rev 01132016.pdf
Outlier Management		"Daily Census Supporting Documents Daily Census, CareFirst_052120-052620.xis. CareFirst Summary VTD_2019_12_23_12_27.xisx. Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xisx*	Utilization trends Supporting Documents 3rd Otr 2005 - 2019.pdf CAP Overutilizersv3.pdf*	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Q2. Regional Utilization Management Committee.pdf 03. RUMC_6.3.2020. Meeting Minutes, Quarterly Mtg01_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 05_Job Descriptions Non-Physician UM Reviewers.pdf 05_Job Descriptions Non-Physician UM Criteria_Approved_4.23.2020.pdf UM 01 Scope and Periodic Review of UM Criteria_Approved_4.23.2020.pdf UM O18 The Qualifications and Responsibilities.pdf UM Staff Qualifications and Responsibilities.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 Managment_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 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	medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Exception processes available for each NOTL requirement and when they may be applied. Supporting Documents UM50.pdf	Fraud, Waste and Abuse Monthly Activities Supporting Documents \$10_Outlier_Management_Compliar ce_Committee_Deck_MD.pdf Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Supporting Documents \$10_Outlier_Management_CCR_MC_2020.xlsx Fraud, Waste and Abuse Program Monthly Performance Supporting Documents \$10_Outlier_Management_FWA_Sc orecard_CNS_Maryland_April_2020.xlsx Maryland_April_2020.xlsx Medical claim review accuracy Supporting Documents 2019 UHCCP UM Evaluation_MD_Final v.pdf		Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xls "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 1819 (1)"	Data Supporting Documents 1.5ample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx Auth Stats for June 2020 xlsx Documents Auth Stats for June 2020.xlsx Pp Stats Stats For Authorization Denial Rate Authorization Denial Rate Authorization Denial Rate Authorization Denial Rate Rate Rate Rate Rate Rate Rate Rate	Frequency that authorization requirements are waived Supporting Documents Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 01132016.pdf Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 01132016.pdf NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form ev 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
Prior Authorization/ Preauthorization	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 Aetna Better Health UM Data, pdf 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_Prese rvice.xlsx	PCP follow up 1st qtr 2020-Barb. pdf 3rd Otr 2005 - 2019.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Inter-rater Reliability Study 2019. pdf 2019 Physician Inter-Rater Reliability Audit.pdf	Requirements for the qualifications of provider staff involved in reviews Supporting Documents 105 Job Descriptions Non-Physician UM Reviewers.pdf 05 Job Descriptions Non-Physician UM Reviewers.pdf 06 Job UMMDs.pdf UM Officeria Approved 2.25.2020, pdf UM of 105 Job UMMDs.pdf UM Officeria Approved 2.25.2020, pdf UM Policy 11.2 UM DHO (Review of UM Criteria Approved 6.24.2020, pdf UM Staff Qualifications and Responsibilities.pdf UM Staff Qualifications and Responsibilities.pdf UM Staff Qualifications and Responsibilities.pdf Um Policy 16.2 UM DHO (Adv. 2004) Experiment Umilization Management Committee.pdf 30.7 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 Authoization_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 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audif findings related to coverage determination consistency with the plan's medical necessity criteral reliability_FINAL_March2020.pdf 7100.00.10 Inter-rater Reliability_FINAL_March2020.pdf 7100.00.10 Inter-rater Reliability_FINAL_March2020.pdf 7100.00.25 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 NGTL 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 Copy of UHC 1020 Preservice Denial Report v 4.28.20 n.xisx Utilization trends Supporting Documents Copy of UHC 1020 Preservice Utilization Management Reporting HOUM June Q1 2020_FINAL_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	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Peliability IRR Assessments.pdf OMC UMEval2019 UMPD2020mod. Jeff Chemistry of the Chemistry of th	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June	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 Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-

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

					Appe	endix E2 - Page 3							
	Aetna		Jai	Kaiser	MPC	Medstar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD		FFS - Dental
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