





ParityManager™ NQTL Analysis

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Comparative Analysis of Identified NQTLs

Concurrent Review

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Audiology Services (hearing loss assessment and treatment)			✓		
Autism: adult life planning		✓			

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization	R	R	R		
Excessive utilization	R	R			
Fiscal Responsibility	R	R	R		
Health plan accreditation standards for quality assurance		R			
Industry Standards	R				
Medical Necessity		R	R		
Medical Necessity	R				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical indications or evidence		R	R		
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care			R		
Not Applicable		R			
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-2"

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications or evidence		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
3. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Least restrictive appropriate level of care			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
5. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
6. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
7. Variability in					

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-3S"



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical indications or evidence		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
3. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Least restrictive appropriate level of care			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
6. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
7. Variability in quality	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Number of days or visits authorized per review	✓				
Utilization trends	✓				

Full table for this section available in nqtI_analysis.xlsx file included with this document. Reference "Section 1-4"


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		


Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-4"

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

Data Collection

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	✓	✓	✓		

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	✓	✓	✓		

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	R	R	R		

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	R	R	R		

Step Three


Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL


Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				

 MH/SUD factors & sources missing

 Med/Surg factors & evidentiary standards missing

 MH/SUD factors & evidentiary standards missing

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification	✓	✓			
NQTL does not apply to any services in this classification			✓		


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification		✓	✓		
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification	✓		✓		


Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Step Six

Findings and Conclusions


 NQTL conclusion missing


Fail first policies or step therapy protocols

 NQTL associated with MH/SUD but not Med/Surg

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

 Med/Surg benefits applied to NQTL missing

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	✓				

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)



Med/Surg factors used missing

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	R				


Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

 MH/SUD factors & sources missing

 Med/Surg factors & evidentiary standards missing

 MH/SUD factors & evidentiary standards missing

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification	✓				

Step Five


Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient

 Comparative Analysis for Inpatient missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Fail first requirements/step therapy.

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 4-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug					✓
FFS SUD Drug					✓
Not Applicable		✓	✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 4-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization		R			R
Fiscal Responsibility		R			R
Industry Standards		R			R
Medical Necessity		R			
Medical Necessity					R
Not Applicable			R		R
Patient Safety					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 4-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R
Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					R
Lack of clinical efficiency of treatment or service					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable		R	R		R
Safety risks					R
Service type					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 4-2"

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
2. Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					Medical expert reviews
3. Lack of clinical efficiency of treatment or service					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews

Full table for this section available in nql_analysis.xlsx file included with this document. Reference "Section 4-3S"



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
2. Not Applicable			Not Applicable		Not Applicable

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Degree of discretion exercised by utilization review staff		✓			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers			✓		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓

MH/SUD

Measure	MH/SUD			
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official				✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization				✓
NQTL does not apply to any services in this classification		✓	✓	
NQTL does not apply to any services in this classification			✓	
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews				✓
Utilization trends				✓


Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

Medical necessity

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;			✓		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;			✓		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Anesthesia - Outpatient			✓		
Biofeedback			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization	R	R	R		R
Claim types with high percentage of fraud				R	
Excessive utilization	R	R	R		
Fiscal Responsibility	R				
Fiscal Responsibility				R	R
High variability in cost per episode of care		R	R		
Industry Standards	R	R	R	R	R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care		R			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable				R	

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-2"

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
2. fiscal responsibility/cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					Medical expert reviews
3. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
5. Least restrictive appropriate level of care		Evidentiary standards, including any published standards as well as internal plan or issuer standards,			

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	relied upon to define the factors triggering the application of an NQTL to benefits				
6. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Internal claims analysis
					Medical expert reviews

Full table for this section available in nql_analysis.xlsx file included with this document. Reference "Section 5-3S"



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
2. fiscal responsibility/cost effectiveness					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
3. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment				

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. Least restrictive appropriate level of care		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
6. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-3E"

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Degree of discretion exercised by utilization review staff duplicate restorations (quarterly)	✓	✓			
Frequency that authorization requirements are waived	✓		✓		
Frequency with which reviews are conducted	✓				
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers				✓	

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-4"

MH/SUD

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Clinical Criteria applied based on FDA labeling and requirements and Official					✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
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	✓	✓	✓		
NQTL does not apply to any services in this classification				✓	
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-4"

Step Five


Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient




Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Outlier Management

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(6) Restorative services (filings, crowns, etc.) - OP OR/ASC;		✓			
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		✓			
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;		✓			
(12) Prosthodontics (dentures, etc.) - OP OR/ASC;		✓			
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;		✓			

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Drug Testing		✓			
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
Fiscal Responsibility	R	R			R
Fiscal Responsibility			R	R	
High variability in cost per episode of care			R		
Industry Standards		R	R	R	R
Not Applicable		R	R		
Relative reimbursement rates			R		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
High levels of variation in length of stay	R		R		
High variability in cost per episode of care		R	R		
Least restrictive appropriate level of care	R	R	R		
Not Applicable	R		R	R	R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		

Full table for this section available in nqtI_analysis.xlsx file included with this document. Reference "Section 6-2"

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
3. High variability in cost per episode of care		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
5. Not Applicable	Not Applicable		Not Applicable		Not Applicable
6. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
7. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Full table for this section available in nql_analysis.xlsx file included with this document. Reference "Section 6-3S"



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.		
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
3. High variability in cost per episode of care		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. Not Applicable	Not Applicable		Not Applicable		Not Applicable
6. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-3E"

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
audits tracker (monthly)			✓		
Degree of discretion exercised by utilization review staff	✓				
duplicate records (monthly)			✓		
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓	✓		
Number of days or visits authorized per review	✓				
provider financial analysis (monthly)			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-4"

MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
NQTL does not apply to any services in this classification				✓	
NQTL does not apply to any services in this classification					✓
Outlier Management Data	✓	✓			
Outlier Management Data			✓		

Full table for this section available in nqtI_analysis.xlsx file included with this document. Reference "Section 6-4"

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Prior Authorization/Pre-Authorization

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
FFS MH Drug					✓

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud	R		R		R
Elasticity of demand		R			
Excessive utilization	R	R	R		
Fiscal Responsibility	R	R			R
Fiscal Responsibility			R		
High variability in cost per episode of care			R		
Industry Standards	R	R	R		R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fail first protocol					R
High levels of variation in length of stay			R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R				
Least restrictive appropriate level of care			R		
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-2"

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
2. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
3. High levels of variation in length of stay			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Lack of clinical efficiency of treatment or service					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
5. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
6. Least restrictive appropriate level of care			Evidentiary standards, including any published standards as well as internal		

Sources

MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
			plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
7. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Medical expert reviews

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-3S"



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
1. clinical appropriateness/medical necessity					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium
2. fail first protocol					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
3. High levels of variation in length of stay			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Lack of clinical efficiency of treatment or service					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-3E"

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-4"

MH/SUD


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Clinical Criteria applied based on FDA labeling and requirements and Official					✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-4"

Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions


 NQTL conclusion missing

Service limitations

 NQTL associated with MH/SUD but not Med/Surg

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 8-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 8-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable			R		

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable		R			
Service type		R	R		

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				
2. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				
2. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification			✓		

MH/SUD


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD		✓	✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria		✓	✓		
NQTL does not apply to any services in this classification		✓			

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing


Step Six
 Findings and Conclusions

 NQTL conclusion missing

tiered drug formulary.

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS M/S Drug					✓
MCO administered prescription drug					✓

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug					✓
FFS SUD Drug					✓

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Fiscal Responsibility					R
Industry Standards					R

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Excessive utilization					R
fiscal responsibility/cost effectiveness					R
Lack of clinical efficiency of treatment or service					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Safety risks					R

Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

 Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Outpatient				Prescription Drugs
	Inpatient	- Other	Office Based	Emergency Benefits	
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
2. Excessive utilization					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
3. fiscal responsibility/cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
4. Lack of clinical efficiency of treatment or service					Medical expert reviews

Full table for this section available in nqt_analysis.xlsx file included with this document. Reference "Section 9-3S"



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium
2. Excessive utilization					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium
3. fiscal responsibility/cost effectiveness					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. FDA Prescribing Information & Official Compendium
4. Lack of clinical efficiency of treatment or service					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 9-3E"

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official					✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

MH/SUD

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official					✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

Step Five


Comparability and Stringency Analysis as Written and in Operation by Classification

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Appendix

Factor Definitions

Appropriateness of utilization

Is this benefit typically utilized appropriately? Is this the most appropriate service for this member based on their history?
Is the patient receiving all the preventive services they need?

Claim types with high percentage of fraud

Procedures that are known to have a high percentage of fraud or which we have identified fraud.

clinical appropriateness/medical necessity

Identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria.

clinical indications or evidence

Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Elasticity of demand

The change in demand, ostensibly referring to the demand for services, based on other factors.

Excessive utilization

Overuse of a service based on industry standards (dental FFS);

fail first protocol

fail first protocol

Fiscal Responsibility

Are there medically equivalent options that would cost less? Are we utilizing State and Federal dollars appropriately if we don't pre-certify this service? Does this appropriately credentialed or accredited provider agree to accept our rates?

Fiscal Responsibility

Are there medically equivalent options that would cost less? Are we utilizing State and Federal dollars appropriately if we don't pre-certify this service? Does this appropriately credentialed or accredited provider agree to accept our rates?

fiscal responsibility/cost effectiveness

Examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

Health plan accreditation standards for quality assurance

Health Plans must use appropriately credentialed providers to treat their members. The health plan will not pass accreditation standards if they don't do this.

High levels of variation in length of stay

Individuals with the same illness having different courses of improvement.

High variability in cost per episode of care

Not Applicable. Did not select in Q P1Q2 and Q3.

Industry Standards

Is this a benefit for which the Department or other MCOs require precertification? Providers MUST be credentialed appropriately to treat members. Did MDH provide specific rules we must follow? Facilities must be accredited to treat members.

Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation

Process review activities to review a participant's course and efficacy of treatment to determine the approval or renewal of a prior authorization for their drug.

Lack of adherence to quality standards

Provider deviations from the accepted protocols when providing treatment

Lack of clinical efficiency of treatment or service

PAs used to approve drugs for participants after failing trials of other drugs or services

Least restrictive appropriate level of care

Lowest level of care the individual can be safely and effectively treated.

Least restrictive appropriate level of care

lowest level of care the individual can be safely and effectively treated.

Medical Necessity

Does the service meet InterQual criteria? Is this the safest, cheapest option of covered services available for this situation? Did the patient already have this service or a similar service? Does this patient have other factors (medical or social) that would make this service inappropriate or another service more appropriate? Do we need to go out of network to ensure the patient receives the care they need?

Medical Necessity

Does the service meet InterQual criteria? Is this the safest, cheapest option of covered services available for this situation? Did the patient already have this service or a similar service? Does this patient have other factors (medical or social) that would make this service inappropriate or another service more appropriate? Do we need to go out of network to ensure the patient receives the care they need?

Medicare/Medicaid program participation eligibility

Federal and State requirements for participation in the Medicare/Medicaid program, including those pertaining to medical, technical and financial eligibility

Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee

A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non- Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee

Not Applicable

does not apply

Patient Safety

Is this procedure the most appropriate and safest intervention available?

Quality and performance measures (including customer feedback)

These measures include most HEDIS measures and Hep C treatment.

Relative reimbursement rates

reimbursement rates that vary based on parameters such as place of service

Safety risks

risk of PA drug compared to other drugs considered

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

reimbursement to providers to ensure case management activities are completed in accordance with the state and federal requirements

Service type

Services with various levels of intensity, including frequency and expected duration;

Severity or chronicity of an illness

Level of current symptoms and presence of symptoms over time.

Site visit requirements

PAs used to determine compliance with site visit requirements associated with the clinical criteria of certain drugs

Variability in quality

is individual improving, or is there a need for a change in the treatment plan, monitoring appropriateness and efficacy of treatment.