



ParityManager™ NQTL Analysis

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Benefit Plan	Medicaid
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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 (Medical/Surgical)	✓				
Amputations--outpatient			✓		
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Audiology Services (hearing loss assessment and treatment)			✓		
Autism: adult life planning		✓			
Autism: Environmental accessibility adaption		✓			
Autism: Family leave (retainer day)		✓			
Autism: family training		✓			
Autism: Intensive individual support services		✓			
Autism: Residential habilitation (regular and intensive)		✓			
Autism: Respite care		✓			
Autism: Therapeutic integration (regular and intensive)		✓			
Brain Injury: Day habilitation		✓			
Brain injury: Individual support services		✓			

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			✓		
Group therapy--outpatient			✓		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	✓				
Intensive outpatient (IOP)			✓		

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud		R	R		
Demand for services			R		
Excessive utilization	R	R	R		
Health plan accreditation standards for quality assurance		R			
High levels of variation in length of stay	R				
Lack of clinical efficiency of treatment or service	R				
Medicare/Medicaid program participation eligibility		R			
Not Applicable					R
Quality and performance measures (including customer feedback)		R			
Safety risks		R			
Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)		R			
Service type	R	R	R		

- R - Relied On

- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical indications and/or evidence			R		
clinical indications and/or evidence		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	R		
Not Applicable		R			R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	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. Claim types with high percentage of fraud		Internal claims analysis			
			Evidentiary standards, including any 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		
2. Demand for services			Evidentiary standards, including any 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. 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		
		Internal claims analysis	Internal claims analysis		
4. Health plan accreditation standards for quality assurance		National accreditation standards			
5. 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				

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	NQTL to benefits				
7. Medicare/Medicaid program participation eligibility	State and Federal requirements				
8. Quality and performance measures (including customer feedback)	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
9. Safety risks	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
10. Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
	State and Federal requirements				
11. 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	Evidentiary standards, including any 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

Sources


MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications and/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		
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		

 Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications and/or evidence			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
Average length of stay authorized per episode of care	✓				
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	✓	✓			
How the health plan verifies credentials of its staff conducting medical management/utilization review	✓				
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	✓	✓	✓		
Number of days or visits authorized per review	✓				
Services not provided for 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	✓	✓	✓		

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	✓	✓	✓		
Services not provided for 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

Prescription Drugs

 Comparative Analysis for Prescription Drugs 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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

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

- R - Relied On
- C - Considered but not Relied On

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		

Sources

MH/SUD

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

Evidentiary Standards

Med/Surg

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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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
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		✓			


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 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
FFS M/S drug					✓
MCO administered prescription drug					✓
Not Applicable	✓	✓	✓		

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Safety risks					R
tiered drug formulary					R

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R
Not Applicable					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. Safety risks					Evidentiary standards, including any 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. tiered drug formulary					Evidentiary standards, including any 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

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
					Internal claims analysis
					State and Federal requirements



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.

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
Availability of less intensive level of care when fail-first NQTL is imposed					✓
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					✓
Tiered Drug Formulary					✓
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

Medical necessity

 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
(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;		✓			
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(5) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(6) Restorative services (filings, crowns, etc.) - OP OR/ASC;		✓			
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		

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
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Biofeedback			✓		
Buprenorphine guest dosing			✓		
Discharge Day	✓				
Drug Testing		✓			
Electroconvulsive therapy (ECT)--inpatient	✓				
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family therapy--inpatient	✓				
Family Therapy--outpatient			✓		

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)

- R - Relied On

- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud			R		
Current and projected demand for services		R			
Excessive utilization	R	R	R		R
High levels of variation in length of stay	R				
High variability in cost per episode of care			R		
Lack of adherence to quality standards			R		
Lack of clinical efficiency of treatment or service	R	R	R		R
Medicare/Medicaid program participation eligibility		R			
Provider discretion in determining diagnosis		R	R		
Quality and performance measures (including customer feedback)			R		
Relative reimbursement rates			R		
Safety risks					R
Service type	R	R	R		
Severity or chronicity of an illness		R			

- R - Relied On

- C - Considered but not Relied On

Factor	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Fiscal Responsibility					R
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	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		R	
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	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. 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	
	Internal claims analysis				
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				
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			Evidentiary standards, including any 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. Safety risks				Evidentiary standards, including any 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. Service type	Internal claims analysis				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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		
2. 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		
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			
4. Not Applicable		Not Applicable			
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		
	Medical expert reviews				
7. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	Evidentiary standards, including any 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. 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.		
2. 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.		
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.			
4. Not Applicable		Not Applicable			
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.	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
Average length of stay authorized per episode of care	✓				
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 potential treatments are reviewed to determined whether they are experimental and investigational		✓			
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	✓	✓	✓		✓
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		✓
Number of days or visits authorized per review	✓	✓			✓
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.		✓	✓		✓
tracking of denial of plans of service that do not meet medical necessity		✓			
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 nqtI_analysis.xlsx file included with this document. Reference "Section 4-4"

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				✓	
Services not provided for 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					✓

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

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
(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;		✓			
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(5) Restorative services (filings, crowns, etc) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;		✓			
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		

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			✓		
Biofeedback			✓		
Drug Testing		✓			
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual Psycho-Educational Therapy			✓		
Individual therapy--outpatient			✓		

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)

- R - Relied On

- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud		R	R		R
Excessive utilization	R	R	R		
High dollar claim review for claims over \$150,000.00	R				
High levels of variation in length of stay	R				
High variability in cost per episode of care			R		
Lack of clinical efficiency of treatment or service	R				
Relative reimbursement rates			R		
Safety risks		R			
Service type	R	R	R	R	
Variability in quality		R			

- R - Relied On
- C - Considered but not Relied On

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	R		
Least restrictive appropriate level of care	R	R	R		
Not Applicable				R	R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	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. Claim types with high percentage of fraud		Internal claims analysis	Internal claims analysis		Internal claims analysis

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Internal claims analysis		
		Internal claims analysis			
3. High dollar claim review for claims over \$150,000.00	Internal claims analysis				
4. 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				
5. 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		
			Internal claims analysis		
6. 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				

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
8. Safety risks		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
9. 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			
10. Variability in 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			

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		
	Internal claims analysis				
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. Not Applicable				Not Applicable	Not Applicable
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 quality	Evidentiary standards, including any published standards as well as internal plan				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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		
	Internal claims analysis				

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Claim types with high percentage of fraud	Not Applicable				
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.				
	Utilization is two standard deviations above average utilization per episode of care.				
3. Safety risks	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
4. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
5. 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.				
	Utilization is two standard deviations above average utilization per episode of care.				

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.	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. Not Applicable				Not Applicable	Not Applicable
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.	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
audits tracker (monthly)			✓		
Degree of discretion exercised by utilization review staff	✓				
Dollar spend trends		✓	✓		
duplicate records (monthly)			✓		
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				✓	
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria				✓	
Number of days or visits authorized per review	✓				
provider financial analysis (monthly)			✓		
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.				✓	
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews				✓	
Utilization trends	✓	✓	✓		

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		✓			
Outlier Management Data			✓		

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;			✓		
(5) Restorative services (filings, crowns, etc) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;		✓			
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		✓			
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(10) Periodontal services (scaling, full mouth debridement, 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	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
FFS MH Drug					✓
FFS SUD Drug					✓
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	✓				

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)

- R - Relied On
- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud		R	R		
clinical appropriateness/medical necessity					R
Current and projected demand for services	R				
Demand for services			R		
Elasticity of demand		R			
Excessive utilization	R	R	R		R
fail first protocol					R
High variability in cost per episode of care			R		
Lack of clinical efficiency of treatment or service					R
Medicare/Medicaid program participation eligibility	R	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
Quality and performance measures (including customer feedback)		R			
Recent medical cost escalation					R
Relative reimbursement rates			R		

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

- R - Relied On
- C - Considered but not Relied On

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
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
Service type		R	R		
Severity or chronicity of an illness	R	R	R		R
Variability in quality			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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Claim types with high percentage of fraud		Internal claims analysis	Evidentiary standards, including any 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		
2. Current and projected demand for services	Evidentiary standards, including any 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. Demand for services			Evidentiary standards, including any 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. Elasticity of demand		Evidentiary standards, including any 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			
5. Excessive					

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
utilization	Internal claims analysis	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
		Internal claims analysis	Internal claims analysis		
6. 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		
			Internal claims analysis		
7. Medicare/Medicaid program participation eligibility	State and Federal requirements	State and Federal requirements			
8. Quality and performance measures (including customer feedback)		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
9. Relative reimbursement rates			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Sources


Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
10. 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		
		State and Federal requirements			

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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		
2. 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				
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		
4. Not Applicable		Not Applicable			
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		
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 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		

 Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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.		
2. 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.				
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.		
4. 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.		
5. 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.		
6. 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.		

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					✓
Degree of discretion exercised by utilization review staff	✓	✓			
Dollar spend trends					✓
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
For tiered networks (e.g., a preferred provider tier and a participating provider tier), assessment of whether application of requirements for the tiering (e.g., that a provider have staff privileges at a local hospital) results in few or no mental health or substance use disorder providers being eligible to be placed in a tier					✓
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	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Number of days or visits authorized per review	✓	✓			
services preauthorized not received (monthly)			✓		
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
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	✓	✓	✓		
Services not provided for 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


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

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;			✓		
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(5) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(11) Prosthodontics (dentures, etc.) - Clinic;			✓		
(13) Oral and Maxillofacial surgery services (extractions, 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
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Intensive outpatient (IOP)			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			✓		

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

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

- R - Relied On
- C - Considered but not Relied On

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		✓			
Services not provided for this classification			✓		

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		✓			

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


Tiering

 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
FFS MH Drug					✓
FFS SUD Drug					✓

Step Two

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

 Med/Surg factors used missing

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Fiscal Responsibility					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


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	MH/SUD			
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Prescription Benefits 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				✓
Services not provided for 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

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Appendix

Factor Definitions

Claim types with high percentage of fraud

claims with codes that are flagged by the special investigations unit and/or reported to the fraud and abuse committee.

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 and/or evidence

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

clinical indications and/or evidence

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

Current and projected demand for services

look back claims review to determine CPT codes done outpatient vs inpatient

Demand for services

frequency of procedure in a specific setting

Elasticity of demand

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

Excessive utilization

Utilization of services greater than industry standards based on CPT codes per InterQual guidelines;

fail first protocol

fail first protocol

Fiscal Responsibility

Fiscal Responsibility

Health plan accreditation standards for quality assurance

state and or federal standards that must be met by the health plan in order to obtain and maintain accreditation

High dollar claim review for claims over \$150,000.00

A claim for hospital services that exceeds the total dollar amount of \$150,000.00 for the entire length of stay.

High levels of variation in length of stay

Individuals with the same illness having different courses of improvement. Lengths of stay outside of national benchmark for evidence based criteria based on InterQual guidelines.

High variability in cost per episode of care

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

Lack of adherence to quality standards

Provider deviations from the accepted protocols when providing treatment

Lack of clinical efficiency of treatment or service

treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.

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.

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

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

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

Not Applicable

NQTL does not apply for this classification

Provider discretion in determining diagnosis

Allowing the treating physician to determine member diagnosis

Quality and performance measures (including customer feedback)

HEDIS and CAHPS measures as defined by NCQA

Recent medical cost escalation

recent medical cost escalation use of brand name vs generic medication

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 safety risks considered so as not to impose a barrier to emergent medical care

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 state and federal requirements

Service type

Services with various levels of intensity, including frequency and expected duration; CPT code based grouping of medical/surgical care

Severity or chronicity of an illness

Level of current symptoms and presence of symptoms over time.

tiered drug formulary

A drug formulary that consists of groupings of drug and drug category levels based on utilization or step therapy.

Variability in quality

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