



ParityManager™ NQTL Analysis

Product Line Name	Merged Optum FFS Wellpoint 2023
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Benefit Plan	Medicaid
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Date	Sep 8, 2023

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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
1915c: nursing (private duty) (21+ years of age)		✓			
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
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)		✓			
Bariatric Surgery	✓				

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			✓		
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)			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		

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
Excessive utilization	R	R	R		
Health plan accreditation standards for quality assurance		R	R		
Medicare/Medicaid program participation eligibility		R	R		
Not Applicable		R	R		
Quality and performance measures (including customer feedback)		R	R		
Safety risks		R	R		
Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)		R	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 or evidence		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	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	State and Federal requirements	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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		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. Medicare/Medicaid program participation eligibility		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. 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	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. 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	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. 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	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		
8. Service type	State and Federal requirements	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 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. Not Applicable	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 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

Factor	Med/Surg				
	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.			
2. Health plan accreditation standards for quality assurance		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
3. Medicare/Medicaid program participation eligibility		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. Quality and performance measures (including customer feedback)		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
6. Safety risks		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
7. Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			

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. Not Applicable	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.		
		Utilization is two standard deviations above average utilization per episode of care.			

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 conducted on a quarterly basis		✓			
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Number of days or visits authorized per review	✓				
Utilization trends		✓	✓		

MH/SUD


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
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	✓	✓	✓		

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

 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)

 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
Not Applicable	R	R	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	✓	✓			
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 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					✓
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
Claim types with high percentage of fraud					R
Current and projected demand for services					R
Elasticity of demand					R
Excessive utilization					R
fail first protocol					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
Not Applicable	R	R	R		R
Provider discretion in determining diagnosis					R
Recent medical cost escalation					R
Recognition of accreditation by certain accrediting bodies					R
Safety risks					R
Severity or chronicity of an illness					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
internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					C
Lack of clinical efficiency of treatment or service					C
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					C
Not Applicable	R	R	R		
Safety risks					C
Service type					C
Severity or chronicity of an illness					C
Site visit requirements					C

Step Three

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

Sources

Med/Surg

Factor	Med/Surg				Prescription Drugs
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	
1. Claim types with high percentage of fraud					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 market and competitive analysis
					Medical expert reviews
					National accreditation standards
					State and Federal requirements
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
					Internal market and competitive analysis
					Medical expert reviews
					National accreditation standards
					State and Federal requirements
3. Elasticity of demand					Internal claims analysis
					Medical expert reviews
					National accreditation standards

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

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
2. internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					Internal claims analysis
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
					Internal claims analysis
					State and Federal requirements
4. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					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
7. 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
					State and Federal requirements
8. Severity or chronicity of an illness					Internal claims analysis

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



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 and 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. internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					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 and 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. Lack of clinical efficiency of treatment or service					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 and official compendium
					process review(s) for auditing claims data to ensure compliance of

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					participant's treatment and service plan in conjunction with their prior authorization
4. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the 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.
					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 and official compendium

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

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
Addressing workforce shortage issues					✓
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.					✓

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					✓
Complaint tracking (enrollees and providers)					✓
Degree of discretion exercised by utilization review staff		✓			✓
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					✓
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					✓
Length of time afforded for each review					✓
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification			✓		
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					✓

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


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					✓
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			✓		
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	✓				
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					✓

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


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

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;		✓			
(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	✓				
Ancillary Services-SUD	✓				
Anesthesia--Inpatient	✓				
Anesthesia - Outpatient			✓		
Biofeedback			✓		
Buprenorphine guest dosing			✓		
Discharge Day	✓				
Drug Testing		✓			
Educational Therapy			✓		
Electroconvulsive therapy (ECT)--inpatient	✓				
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaulation and Management-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

Med/Surg

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud					R
clinical appropriateness/medical necessity					R
Current and projected demand for services		R	R		
Elasticity of demand					R
Excessive utilization	R	R	R		R
fiscal responsibility/cost effectiveness					R
High variability in cost per episode of care		R	R		R
Lack of adherence to quality standards		R	R		R
Lack of clinical efficiency of treatment or service		R	R		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 P&T committee					R
Not Applicable		R		R	
Provider discretion in determining diagnosis					R
Provider discretion in determining type or length of treatment					R
Recent medical cost escalation					R

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

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

MH/SUD

Factor	MH/SUD				
	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		
Lack of clinical efficiency of treatment or service				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 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		

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

Sources

Med/Surg

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
1. Claim types with high percentage of fraud					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 market and competitive analysis
2. clinical appropriateness/medical necessity					State and Federal requirements
					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. Current and projected demand for services		Medical expert reviews	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
			Internal claims analysis		
			Internal market and competitive analysis		
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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					benefits
					Internal claims analysis
					Internal market and competitive analysis
5. Excessive utilization	State and Federal requirements	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
				Medical expert reviews	Internal market and competitive analysis
				State and Federal requirements	Medical expert reviews
					State and Federal requirements

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

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
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. 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	
5. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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. 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			
7. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					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
8. Not Applicable		Not Applicable			
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	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. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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				
11. 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	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 4-3S"

Evidentiary Standards

Med/Surg					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Current and projected demand for services			A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		
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.		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. High variability in cost per episode of care			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.		
4. Lack of adherence to quality standards			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. 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.		

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
6. Medicare/Medicaid program participation eligibility			A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		
			State regulatory standards for health plan network adequacy.		
7. Relative reimbursement rates			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
8. Service type	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		
9. Severity or chronicity of an illness			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.		

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. 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.	
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.		
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.		

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Addressing workforce shortage issues					✓
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	✓				✓
Average length of stay authorized per episode of care	✓				
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
Complaint tracking (enrollees and providers)					✓
Degree of discretion exercised by utilization review staff	✓	✓			✓
duplicate restorations (monthly)			✓		
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓				

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	✓	✓	✓		✓
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					✓
Length of time afforded for each review					✓
NQTL does not apply to any services in this classification				✓	
Number of days or visits authorized per review	✓				

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


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Authorization Denial Rates for MH/SUD		✓			
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
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	✓	✓	✓		
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				✓	
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
(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;		✓			
(17) Anesthesia - OP OR/ASC.		✓			
1915c: certified Nursing Assistant/Home Health Aide		✓			
1915c: nursing (private duty) (21+ years of age)		✓			
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--outpatient			✓		
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Autism: adult life planning		✓			

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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R	R	
High variability in cost per episode of care			R		
Not Applicable	R	R	R	R	
Relative reimbursement rates			R		
Safety risks	R	R	R		
Service type			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		
Least restrictive appropriate level of care	R				
Not Applicable	R	R	R	R	
Relative reimbursement rates			R		
Safety risks			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	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	
				State and Federal requirements	
2. 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		
3. Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
4. 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		
5. 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	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. Service type			Evidentiary standards, including any published standards as well as internal plan or issuer standards,		

Sources

Med/Surg

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		

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	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. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
6. 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

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
7. 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		
8. 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		
9. 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		
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	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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.			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.	
2. Not Applicable	Not Applicable			Not Applicable	
3. Safety risks	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.				

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.		
		Utilization is two standard deviations above average utilization per episode of care.			
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. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
6. Relative reimbursement rates			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
7. Safety risks			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
8. 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.		
9. 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.		
10. 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.		
					Utilization is two standard deviations above average utilization per episode of care.

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
audits tracker (monthly)			✓		
Degree of discretion exercised by utilization review staff	✓				
duplicate reports (monthly)			✓		
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Number of days or visits authorized per review	✓				
provider financial analysis (monthly)			✓		
Utilization trends	✓	✓	✓	✓	

MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓			
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				✓	
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

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

Med/Surg

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
Elasticity of demand		R	R		R
Excessive utilization	R	R	R		R
fail first protocol					R
High variability in cost per episode of care		R	R		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 P&T committee					R
Not Applicable	R	R	R		R
Provider discretion in determining diagnosis					R
Provider discretion in determining type or length of treatment					R
Recent medical cost escalation		R	R		R
Recognition of accreditation by certain accrediting bodies					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
an approval required from the department or its designee before a drug is dispensed					R
clinical appropriateness/medical necessity					R
fail first protocol					R
fiscal responsibility/cost effectiveness					C
High levels of variation in length of stay		R	R		
internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					C
Lack of clinical efficiency of treatment or service					C
Least restrictive appropriate level of care	R	R			
Least restrictive appropriate level of care			R		
Licensure, certification, accreditation and/or experience requirements for providers to join provider network					C
limitations on prescribing a drug based on the age of the participant					R
limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the participant					R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					C
Not Applicable	R	R	R		
Safety risks					C

Full table for this section available in nqtl_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	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 market and competitive analysis	
2. 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	
				Internal claims analysis	
				Internal market and competitive analysis	
				Medical expert reviews	
				National accreditation standards	
3. Current and projected demand for services				State and Federal requirements	
				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
Internal claims analysis					Internal market and competitive analysis
					Medical expert reviews
					National accreditation standards
					State and Federal requirements
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	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			Medical expert reviews
					National accreditation standards

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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient		Prescription Drugs
			- Office Based	Emergency Benefits	
1. an approval required from the department or its designee before a drug is dispensed					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
2. 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
					Internal claims analysis
					State and Federal requirements
3. 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
4. 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
					State and Federal requirements
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			

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		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. internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					Internal claims analysis
7. 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	
					Internal claims analysis

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.				
	Utilization is two standard deviations above average utilization per episode of care.				
2. Medicare/Medicaid program participation eligibility	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
3. Not Applicable	Not Applicable				
4. Service type	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 6-3E"

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. an approval required from the department or its designee before a drug is dispensed					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 and 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. 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 and 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. 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 and official compendium
					process review(s) for auditing claims data to ensure compliance of

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					participant's treatment and service plan in conjunction with their prior authorization
4. 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 and official compendium

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

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Addressing workforce shortage issues					✓
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	✓				✓
Average length of stay authorized per episode of care	✓				
clinical criteria applied based on FDA labeling and requirements and official compendium					✓

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Complaint tracking (enrollees and providers)					✓
Degree of discretion exercised by utilization review staff	✓				✓
evaluation of annual concurrent reviews and prior authorization reviews conducted 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	✓				✓
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					✓
Length of time afforded for each review					✓
Number of days or visits authorized per review	✓				

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

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Authorization Denial Rates for MH/SUD		✓	✓		
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
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	✓	✓	✓		
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					✓

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

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;			✓		
(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 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		
Service type	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			
Service type		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. Service type	State and Federal requirements				

Sources

MH/SUD

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Service type	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.				

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	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	✓				
NQTL does not apply to any services in this classification		✓			
Number of days or visits authorized per review			✓		
program review of the percentage of billing system edits that were functioning appropriately			✓		


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD		✓	✓		
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

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)

- 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
clinical appropriateness/medical necessity					R
Current and projected demand for services					R
Elasticity of demand					R
Excessive utilization					R
fiscal responsibility/cost effectiveness					R
Lack of adherence to quality standards					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 P&T committee					R
Provider discretion in determining diagnosis					R
Provider discretion in determining type or length of treatment					R
Recent medical cost escalation					R
Recognition of accreditation by certain accrediting bodies					R
Safety risks					R
Severity or chronicity of an illness					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 8-2"

- 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
Excessive utilization					R
fiscal responsibility/cost effectiveness					R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 8-2"

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					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
					Internal claims analysis
					Internal market and competitive analysis
					Medical expert reviews
					National accreditation standards
					State and Federal requirements
2. 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
					Internal claims analysis
					Internal market and competitive analysis
					Medical expert reviews
					National accreditation standards
					State and Federal requirements
3. Current and projected demand for services					Internal claims analysis
					Medical expert reviews
					National accreditation standards

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 8-3S"


Sources

MH/SUD

Factor	Inpatient	Outpatient			Prescription Drugs
		Outpatient - 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
					Internal market and competitive analysis
					Medical expert reviews
					Medicare physician fee schedules
					National accreditation standards
3. fiscal responsibility/cost effectiveness					State and Federal requirements
					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. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					Medical expert reviews
					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
					State and Federal requirements

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 8-3S"

 Med/Surg factors & evidentiary standards missing

 MH/SUD factors & evidentiary standards missing

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
Addressing workforce shortage issues					✓
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.					✓
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
Complaint tracking (enrollees and providers)					✓
Degree of discretion exercised by utilization review staff					✓
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					✓
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					✓
Length of time afforded for each review					✓
The expertise of the persons who make denial determinations and whether such decision-makers with					

Med/Surg


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	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

an approval required from the department or its designee before a drug is dispensed

approval required from the department or its designee before a drug is dispense

Claim types with high percentage of fraud

claim types that due to the nature of the service are more likely to result in fraud waste and abuse

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

Current and projected demand for services

consideration of prevalence of disease

Elasticity of demand

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

Excessive utilization

The Company facilitates the delivery of appropriate care and monitors the impact of its utilization management

fail first protocol

fail first protocol

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

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

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

high cost of care relative to alternative treatment

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

reviewed in order to prevent members from experiencing harm by using medications that have not proven to be clinically effective according to major scientific or medical peer reviewed journals

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.

Licensure, certification, accreditation and/or experience requirements for providers to join provider network

requirements pertaining to the licensing, certification, accreditation and/or experience of an entity or individual that aims to ensure that providers are capable of providing services authorized by the plan

limitations on prescribing a drug based on the age of the participant

limitations on prescribing drug based on the age of the participant

limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the participant

limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the patient

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 P&T committee

a drug's classification within the 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 P&T committee

Not Applicable

NQTL does not apply for this classification

Provider discretion in determining diagnosis

diagnosis according to acceptable gold standards and or clinical judgement using evidence based medicine

Provider discretion in determining type or length of treatment

according FDA label recommendations, acceptable gold standards and or clinical judgement using evidence based medicine

Quality and performance measures (including customer feedback)

measures intended to evaluate and improve the quality of services, including but not limited to: performance measures associated with waiver assurances, state regulations, national quality standards and pay for performance efforts.

Recent medical cost escalation

consideration of financial impact of therapy

Recognition of accreditation by certain accrediting bodies

in order to use evidentiary standards, including any published standards and treatment guidelines created by professional guild associations or other third party entities, publicly available or proprietary from consulting or other organizations

Relative reimbursement rates

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

Safety risks

reviewed in order to prevent members from experiencing harm by using medications for non FDA approved indications and or indications not medically accepted and to reduce risk of adverse events

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; a specific type of service, which may include details regarding the scope, amount, duration and/or frequency of that service All inpatient admissions require

preauthorization and/or ongoing authorization using approved clinical criteria to assess medical necessity and level of care appropriateness All inpatient admissions require preauthorization and/or ongoing authorization using approved clinical criteria to assess medical necessity and level of care appropriateness All inpatient admissions require preauthorization and/or ongoing authorization using approved clinical criteria to assess medical necessity and level of care appropriateness.

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