Appendix E. NQTL In-Operation Comparability and Stringency Measures Crosswalk (Standard 10)

Appendix E1. Measures Used to Monitor NQTLs In-Operation, by Delivery System

The tables in this appendix present detailed information on the measures the ASO, MCOs, and FFS Program report using to monitor NQTLs inoperation, by benefits classification.

Appendix E2. Supporting Documentation Reported for Measures Used to Monitor NQTLs In-Operation, by Delivery System

The tables in this appendix present detailed information on the supporting documentation for the measures used to monitor the NQTLs inoperation as reported by the ASO, MCOs, and FFS Program.

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

	Aetna	Amerigroup	Jai	Kaiser	MPC	Medstar	Priority	UHC	UMHP	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent layperson Utilization Trends	-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Requirements for the qualifications of provider staff involved in reviews The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	-		Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	necessity for mental health and substance use disorder benefits, and medical/surgical	ER Access	-		-	-
Outlier Management	Utilization Trends	Utilization trends	Utilization Trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Requirements for the qualifications of provider staff involved in reviews The expertise of the persons who make denial determinations and whether such decision—makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determination 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	necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Dollar spend trends Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied. Utilization trends	Monthly Activities Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting	-	-	-		
Prior Authorization/ Preauthorization	-	-	-	-		-	Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	-	-	-	-	-	-
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix E1

Standard 10 Comparative Analysis of NQTLs "In Operation" for Inpatient Benefits Appendix E1 - Page 2

	Aetna	Amerigroup	Jai	Kaiser	MPC	Medstar	Priority	UHC	UMHP	ASO - MH	ASO - SUD	FFS - LTSS
Concurrent Review	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers How the health plan verifies credentials of its staff conducting medical management/utilization reviewInternal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends	lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. How the health plan verifies credentials of its staff conducting medical management/utilization review. Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria. Average length of stay authorized per episode of care. Number of days or visits authorized per review.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	substance use disorder reviewers Average length of stay authorized	Concurrent UM Determination Report	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	Number of days or visits authorized per review Degree of discretion exercised utilization review staff Frequency that authorization requirements are waived Frequency with which reviews conducted
ata Collection	-	-	-	-	-	Utilization trends -	-	-	-	-	-	-
Fail First	-	-	Inter-rater reliability surveys for	-	-	Availability of less intensive level of care when fail-first	t -	-	-	-	-	-
rall First Requirements/ Step Therapy			medical/surgical, mental health and substance use disorder reviewers Utilization trends			NQTL is imposed Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews						
Medical Necessity Criteria	Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use discreder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Number of days or visits denied per review Days per 1000 and LOS per facility per month	plans, etc.) the health plan requires	medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and	Report Concurrent UM Determination	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	Frequency with which reviews conducted Degree of discretion exercised utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Outlier Management	Utilization Trends	for medical/surgical benefits. Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Utilization trends	Utilization trends Dollar spend trends Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits	Utilization trends Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied.	and Investigation Compliance Reporting	Concurrent UM Determination Report Daily Census	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Frequency with which reviews conducted Degree of discretion exercised utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Prior Authorization/ Preauthorization	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends Assessments of provider directory accuracy	Inter-rater reliability surveys for medical/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity for medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Type and level of documentation (e.g., chart notes, lab results treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Whether and how discretion is allowed in applying each NQTL The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable	substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied		Pre-Service UM Determination Report	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	Frequency with which reviews conducted Degree of discretion exercised utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
						expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Addressing workforce shortage issues						

Appendix E1 2

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

	Aetna	Amerigroup	Jai	Kaiser	MPC	Medstar	Priority	UHC	UMHP	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Concurrent Review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Internal audit findings related to coverage	Inter-rater reliability surveys for	Requirements for the qualifications of provider staff involved in reviews	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan	Frequency with which reviews are conducted	Number of days or visits authorized per review	Inter-rater reliability surveys for medical/surgical, mental health and	Pre-Service UM Determination Report	Inter-rater reliability surveys for medical/surgical, mental health	Inter-rater reliability surveys for	Frequency with which reviews are conducted	-
	Utilization trends	determination consistency with the plan	and substance use disorder	Inter-rater reliability surveys for	requires from providers during reviews	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers	Inter-rater reliability surveys for	substance use disorder reviewers		and substance use disorder reviewers	medical/surgical, mental health and substance use	Degree of discretion exercised by	
	Authorization/Denial Rates,	s medical necessity criteria	Utilization trends	medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	during reviews	medical/surgical, mental health and substance use disorder reviewers	Medical claim review accuracy		Authorization Denial Rates for	disorder reviewers	utilization review staff	
	Assessment of Provider Directory Accuracy	Utilization trends			Internal audit findings related to coverage	Degree of discretion exercised by utilization review staff	Exception processes available for each			MH/SUD	Authorization Denial Rates for MH/SUD	Evaluation of annual concurrent reviews and prior authorization	
	Average appointment wait times			decision-makers with	determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	NQTL requirement and when they may be applied			Internal audits	Internal audits	reviews completed on a quarterly basis	
	Complaint tracking (enrollees and providers)				Utilization trends	Number of days or visits authorized per review							
	Compliance with self-imposed, customer, or regulator-imposed			have comparable expertise	1	The expertise of the persons who make denial determinations							
	network adequacy standards.				A .	and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have							
	Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers				A .	comparable expertise.							
	Member satisfaction/consumer survey results				1	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.							
	Provider-to-enrollee ratios				A .								
	Results of secret shopper surveys to determine that network providers are actually accepting new patients				A .								
	Time and distance to network providers				1								
	Turnaround time to get clinicians with approved credentials				1								
	loaded in the payment system				1								
	Turnaround time to get submitted credentials reviewed, processed and approved or denied				1								
Oata Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/	-	-	Inter-rater reliability surveys for medical/surgical, mental health		-	Availability of less intensive level of care when fail-first NQTL is imposed	-	Average denial rates for medical necessity for mental health and	-	-	-	Degree of discretion exercised by utilization review staff	-
Step Therapy			and substance use disorder reviewers			Inter-rater reliability surveys for medical/surgical, mental health		substance use disorder benefits, and medical/surgical benefits.				dilization review stair	
			Utilization trends			and substance use disorder reviewers		medicarsurgical benefits.					
			Cunzation a criad			Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers							
						during reviews							
Medical Necessity Criteria	Utilization Trends	Inter-rater reliability surveys for		Requirements for the qualifications of provider staff involved in reviews	Frequency with which reviews are conducted	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Type and level of documentation (e.g., chart notes, lab results, treatment plans,	Inter-rater reliability surveys for medical/surgical, mental health and	Pre-Service UM Determination Report	Inter-rater reliability surveys for medical/surgical, mental health	Inter-rater reliability surveys for	Degree of discretion exercised by utilization review staff	Duplicate Restorations (quar
•	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	medical/surgical reviewers	and substance use disorder reviewers	Inter-rater reliability surveys for	Degree of discretion exercised by utilization review staff	Average denial rates for medical necessity for mental health and	etc.) the health plan requires from providers during reviews	substance use disorder reviewers	Concurrent UM Determination	and substance use disorder	medical/surgical, mental	Internal audit findings related to	
	consistency with the plan's medical necessity differia	Utilization trends	Utilization trends	medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical,	substance use disorder benefits, and medical/surgical benefits.	Exception processes available for each	Average denial rates for medical necessity for mental health and	Report	Authorization Denial Rates for	disorder reviewers	coverage determination consistency with the plan's	
				The expertise of the persons who make	mental health and substance use disorder reviewers	Quality Metrics/HEDIS	NQTL requirement and when they may be applied.	substance use disorder benefits, and medical/surgical benefits.	HEDIS Stats	MH/SUD	Authorization Denial Rates for MH/SUD	medical necessity criteria	
				denial determinations and whether such	Internal audit findings related to coverage determination consistency with the plan's medical		Inter-rater reliability surveys for	Practice Guideline review & approval		Internal audits	Internal audits	Tracking of denial of plans of service that do not meet medical	
				health, substance use disorder and medical/surgical benefits have	necessity criteria		medical/surgical, mental health and substance use disorder reviewers	by Provider Advisory Committee				necessity	
				comparable expertise	Number of days or visits authorized per review								
					Frequency potential treatments are reviewed to determined whether they are experimental and								
					investigational								
					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								
Outlier Management	Utilization Trends	Internal audit findings	Utilization Trends	Requirements for the qualifications of	comparable expertise. Utilization trends	Utilization trends	Utilization trends	Fraud, Waste and Abuse Referrals	Pre-Service UM Determination	Outlier Management Data	Outlier Management Data	Frequency with which reviews	Provider Financial Analysis
Juliier Mariagement		related to coverage determination consistence	y	provider staff involved in reviews	Dollar spend trends	Dollar spend trends	Inter-rater reliability surveys for	and Investigation Compliance Reporting	Report	Inter-rater reliability surveys for	Inter-rater reliability	are conducted	(monthly) Audits Tracker (monthly)
		with the plan's medical necessity criteria		Inter-rater reliability surveys for medical/surgical, mental health and	1	Inter-rater reliability surveys for medical/surgical, mental health	medical/surgical, mental health and substance use disorder reviewers	Fraud, Waste and Abuse Program		medical/surgical, mental health and substance use disorder	medical/surgical, mental		Duplicate Records (monthly)
		Utilization trends		substance use disorder reviewers	A .	and substance use disorder reviewers	Exception processes available for each	Monthly Performance		reviewers	health and substance use disorder reviewers		
				The expertise of the persons who make denial determinations and whether such	1	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits	NQTL requirement and when they may be applie	Fraud, Waste and Abuse Monthly Activities		Authorization Denial Rates for MH/SUD	Authorization Denial		
				decisionmakers with respect to mental health, substance use disorder and	1			Medical Claim Review Accuracy		Internal audits	Rates for MH/SUD		
				medical/surgical benefits have	4						Internal audits		
				comparable expertise.									
Prior Authorization/	Inter-rater reliability surveys for medical/surgical, mental health		Inter-rater reliability surveys for	comparable expertise. Requirements for the qualifications of		Type and level of documentation (e.g., chart notes, lab results,	Inter-rater reliability surveys for	Utilization trends	Pre-Service UM Determination	Inter-rater reliability surveys for		Frequency with which reviews	Services Preauthorized Not
	and substance use disorder reviewers	surveys for medical/surgical	medical/surgical, mental health and substance use disorder	comparable expertise. Requirements for the qualifications of provider staff involved in reviews	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Average denial rates for medical	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder	surveys for medical/surgical, mental	are conducted	Services Preauthorized Not Received (monthly)
	and substance use disorder reviewers Utilization trends	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical,	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers	surveys for medical/surgical, mental health and substance use		
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates,	surveys for medical/surgical	medical/surgical, mental health and substance use disorder	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews	medical/surgical, mental health and substance use disorder reviewers	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial	are conducted Degree of discretion exercised by utilization review staff Number of days or visits	
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rate 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	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review	
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization	Received (monthly)
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers)	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent	Received (monthly)
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criterial Utilization trends	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Frequency that authorization requirements are waived Utilization trends Dollar spend trends	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization	Received (monthly)
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Frequency that authorization requirements are waived Utilization trends	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization	Received (monthly)
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Documentation of the steps taken to improve access by	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Frequency that authorization requirements are waived Utilization trends Dollar spend trends Exception processes available for each NQTL requirement and	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization	Received (monthly)
	and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers	surveys for medical/surgical reviewers	medical/surgical, mental health and substance use disorder reviewers	comparable expertise. Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits	lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	treatment plans, etc.) the health plan requires from providers during reviews. Requirements for the qualifications of provider staff involved in reviews. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. Frequency that authorization requirements are waived. Utilization trends. Dollar spend trends. Exception processes available for each NQTL requirement and when they may be applied. Whether and how discretion is allowed in applying each NQTL. The expertise of the persons who make denial determinations	medical/surgical, mental health and substance use disorder reviewers Exception processes available for each	Average denial rates for medical necessity for mental health and substance use disorder benefits, and	Pre-Service UM Determination Report	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization	Received (monthly)
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Appendix E1 3

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

	Aetna	Amerigroup	Jai	Kaiser	MPC	Medstar	Priority	UHC	UMHP	FFS-MH	FFS-SUD	FFS-M/S
Concurrent Review	-		-	Frequency with which reviews are conducted	-	-	-	-	-	-	-	-
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy	Exception processes available for each NQTL requirement and when they may be applied.	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Utilization Trends	Frequency with which reviews are conducted Utilization trends Consequences or penalties that apply to benefits when an NOTL requirement is not met. Compliance with self-imposed, customer, or regulator-imposed network a	Availability of less intensive level of care when fail-first NQTL is imposed Tiered drug formulary	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Dollar spend trends Availability of less intensive level of care when fail-first NQTL is imposed	requirement and when they may be applied.	reviews are conducted Availability of less intensive level of care when fail-first NQTL is imposed	Prior authorization statistics	from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans		g., chart notes, lab results, treatmen plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on
Medical Necessity Criteria	may be applied. Design of benefit plan Inter-rater reliability surveys for medical/surgical, mental	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers)	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends		Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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. Number of days or visits authorized per review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied.	reviews are conducted Average denial rates for medical necessity for mental health and substance use disorder	Prior authorization statistics PA Criteria	plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans	Type and level of documentation (e. g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official 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	g., chart notes, lab results, treatmen plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labelling 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
Outlier	Utilization Trends	Addressing workforce shortage issues -	Utilization trends	Dollar spend trends	Utilization trends	Dollar spend trends	-	Assessments of whether	-	-	-	-
Management				Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends	Dollar spend trends	Utilization trends Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		network providers are actually submitting claims Compliance with self- imposed, customer, or regulator-imposed network adequacy standards.				
Prior Authorization/ Preauthorization	requirement and when they may be applied. Utilization trends Dollar spend trends Compliance with self-imposed, customer, or	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Frequency with which reviews are conducted Utilization trends Consequences or penalties that apply to benefits when	Dollar spend trends For tiered networks (e.g., a preferred provider tier and a participating provider tier), assessment of whether application of requirements for the tiering (e.g., that a provider have staff privileges at a local hospital) results in few or no mental health or substance use disorder providers being eligible to be placed in a tier	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Dollar spend trends Whether and how discretion is allowed in applying each NOTL Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Frequency potential treatments are reviewed to determined whether they are experimental and investigational Complaint tracking (enrollees and providers)	inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Utilization trends Dollar spend trends Prior authorization statistics Policies & Procedures	g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans	Type and level of documentation (e. g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compilance of treatment/service plans for drug efficacy based on concurrent review of treatment plans service usage, and drug utilization	g., chart notes, lab results, treatmen plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labelling 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
Tiered Drug Formulary	Generic drug use Specialty pharmacy data	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Utilization Trends	Utilization trends Dollar spend trends Compliance with self- imposed, customer, or regulator-imposed network adequacy standards	Availability of less intensive level of care when failfirst NQTL is imposed		Review of Claims Activity per formulary design	Dollar spend trends Frequency with which reviews are conducted	Prior authorization statistics Policies & Procedures P&T Minutes Drug Monographs	plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans	Type and level of documentation (e. g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official 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	g., chart notes, lab results, treatmen plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans

Appendix E1

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

	Aetna	Amerigroup	Jai	Kaiser	MPC	Medstar	Priority	UHC	UMHP	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent Layperson for sudden and serious.pdf ED utilization.pdf		Inter-rater Reliability Study 2019.pdf 2019 Physician Inter- Rater Reliability Audit.pdf PCP follow up 1st qtr 2020-Barb.pdf 3rd Qtr 2005 - 2019.pdf Copy of Copy of High ER Utilizers 4th Q 2019.xlsx QA Study-4th Quarter 2019 High ER Utilization 2019.pdf Q1 2020 High ER Iist.pdf	Medical Necessity_8.12.2020_Final.pdf 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_JD UMMDs.pdf UM 01 Scope and Periodic Review of UM Criteria_Approved_4. 23.2020.pdf UM Policy 8 Apply UM Criteria_Approved_2.25.2020.pdf UM Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Policy 11.2 MDHC Adverse UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	-	-	policy_20150-UM47.pdf policy_20142-UM05.pdf UM62.pdf	Copy of UHC 1Q20 Preservice Denial Report v 4.28.20rr.xlsx Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	UMHA.HS.UM. 121 Emergency Services_km_cw_ adb.pdf	-	-	-	-
Outlier Management		QNMC UM2019EvalPM.	, , , , , , , , , , , , , , , , , , ,	04_2019 IRR Analysis Report_ Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_JD UMMDs.pdf UM 01 Scope and Periodic Review of UM Criteria_Approved_4. 23.2020.pdf UM Policy 8 Apply UM Criteria_Approved_2.25.2020.pdf UM Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination Revision Approved 6.24.2020.pdf	7000.10 Inter-rater Reliability_FINAL_March2020. pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March202 0.pdf APL_03_Coverage_of_Emerge ncy_Services_FINAL_April2020 .pdf 7100.05 Prior Authorization_FINAL_March202 0.pdf 7200.05 Concurrent Review _FINAL_March2020.pdf	IRR Analysis.pdf MNRR-368_Doctor ER Productivity.xlsx MNRR-368_Nurse ER	UM45.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	S10_Outlier_Management_Com pliance_Committee_ Deck_ MD. pdf S10_Outlier_Management_CC R_MD_2020.xlsx S10_Outlier_Management_FW A_Scorecard_CNS_Maryland_A pril_2020.xlsx 2019 UHCCP UM Evaluation_MD_Final v.pdf		-	-	-	-
Prior Authorization/ Preauthorization	-	-	-	-	-	-	UM62.pdf policy_20142-UM05.pdf	-	-	-	-	-	-
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Appendix E2 1

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

	Aetna	Amerigroup	Jai	Kaiser	MPC	Medstar	Priority	UHC	UMHP	ASO - MH	ASO - SUD	FFS - LTSS
Concurrent Review	UM ABH. MD for August 13 MOR and slie 2 QBR, MD for August 13 MOR and slie 2 QBR, pdf UM ABH. MD for August 13 MOR and slie 2 QBR, pdf UM ABH. MD for August 13 MOR and slie 2 QBR, pdf	Inter-Rater Reliability IRR Assessments.pdf	Inter-rater Reliability Study 2019. pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 2019.pdf	02. Regional Utilization Management Committee pdf 03. RUMC_6. 3. 2020. Meeting Minutes_Quarterly Mtg_01_2020.pdf 04_2019 IRR Analysis Report_Final.pdf - 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_JD UMMDs.pdf UM 01 Scope and Periodic Review of UM Criteria. Approved_4.23.2020.pdf UM Policy 8 Apply UM Criteria. Approved_2.25.2020.pdf UM Policy 11.2 MDHC Referend UM Morty Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 14.2 MDHC Adverse Determination. Revision. Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchole.pdf UM Medical Necessity Workflow Diagram pdf Concurrent_8.12.2020_Final.pdf UM Policy 41 UM Documentation_Approved_9. 26.2019.pdf	Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf	Evolent MNRR-13a, BY FACILITY Days per 1000 without SNF and Rehab.xixx. IRR Report.pdf Policy 115, DRAFT; Utilization Management Criteria; July 2020.pdf IRR Report.pdf Prequency of Reviews Discretion of Reviewers.pdf Policy 115, DRAFT; Utilization Management Criteria; July 2020.pdf Policy 315, DRAFT; Utilization Management Criteria; July 2020.pdf Policy 301; Member Appeals; July 2020.pdf Type and Level of Documentation- \$1002.pdf 1. Evolent MNRR-13a, BY FACILITY Days per 1000 without SNF and Rehab.xlsx	UM58.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Copy of MD TMR R1 06_2020.xlsx	UM Determination Report_2020Aug_ U MHP_ConcurrentRe views.xlsx	Auth Stats for June 2020 xisx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT Contract - ASO PBHS 20-18319 (1)	2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf
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Fail First Requirements/ Step Therapy	-	-	Inter-rater Reliability Study 2019. pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf		-	Coumadin Clinic and Step Therapy.pdf RR Report.pdf IRR Analysis.pdf Type and Level of Documentation-S10Q2.pdf Availability of Less Intensive level of care.pdf	-			-		
Medical Necessity Criteria	Medical Necessity MCG Milliman sample, pdf Operational metrics on utilization, pdfA-MD 7000.10 Inter rater Reliability.pdf	Inter-rater reliability surveys for medical/surgical reviewers Supporting Document IRR Assessments.pdf Medical/surgical reviewers Inter-Ruer Reación UMPD/2020mod.pdf UMPD/2020m	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents inter-rater Reliability Study 2019. 2019 Physician Inter-Rater Reliability Audit pdf Utilization trends Supporting Documents 3rd Odr 2005 - 2019. pdf Appeals Timeliness Report.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Supporting Documents 32 PUMC 6.3.2020 Meeting Minutes, Quarterly Mtg_01_2020.pdf 33 PUMC 6.3.2020 Meeting Minutes, Quarterly Mtg_01_2020.pdf 34 PUMC 6.3.2020 Meeting Minutes, Quarterly Mtg_01_2020.pdf 35 JUMC 6.3.2020 Meeting Minutes, Quarterly Mtg_01_2020.pdf 36 JUMC 9.3.2020 Meeting Minutes, Quarterly Mtg_01_2020.pdf 37 JUMC 9.3.2020 Meeting Minutes, Quarterly Mtg_01_2020.pdf 38 JUMC 9.3.2020.pdf 39 JUMC 9.3.2020.pdf 39 JUMC 9.3.2020.pdf 39 JUMC 9.3.2020.pdf 39 JUMC 9.3.2020.pdf 30 JUMC 9.3.2020.pdf 31 JUMC 9.3.2020.pdf 32 JUMC 9.3.2020.pdf 33 JUMC 9.3.2020.pdf 34 JUMC 9.3.2020.pdf 35 JUMC 9.3.2020.pdf 36 JUMC 9.3.2020.pdf 37 JUMC 9.3.2020.pdf 38 JUMC 9.3.2020.pdf 39 JUMC 9.3.2020.pdf 30 JUMC 9.3.2020.pdf 30 JUMC 9.3.2020.pdf 31 JUMC 9.3.2020.pdf 32 JUMC 9.3.2020.pdf 33 JUMC 9.3.2020.pdf 34 JUMC 9.3.2020.pdf 35 JUMC 9.3.2020.pdf 36 JUMC 9.3.2020.pdf 37 JUMC 9.3.2020.pdf 38 JUMC 9.3.2020.pdf 39 JUMC 9.3.2020.pdf 30 JUMC 9.3.	Average length of stay authorized per episode of care Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Degree of discretion severage by utilization review staff Supporting Documents—FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use discorder reviewes Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical supporting Documents 7000.5 Concurrent Review_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits. Supporting Documents. Supporting Documents and Average denial sales or medical necessity \$1002.pd inter-rater reliability surveys for medical/surgical, inter-rater reliability surveys for medical/surgical, reviewers. Supporting Documents IRR Report, Decuments IRR Report, Decuments IRR Report, Decuments Evolution of the Supporting Documents Evolution MinR-46 inpatient Denial Tracking Log by Facility Report, NEW xisx Days per 1000 and LOS per facility per month Supporting Documents Evolent MinR-13a, BY FACILITY Days per 1000 without SNF and Rehab.xisx-	medical/surgical, mental health and substance use disorder reviewers	substance use disorder reviewers Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	Concurrent UM Determination Reporting Supporting Supporting Dupments MIND Elemination Report 20/20Aug U MIHP_ConcurrentRe views_visx Pre-Service UM Determination Report Supporting Documents UM Determination Report Report Supporting Documents UM Determination Report 20/20Aug U MIHP_Freservice.	Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP	Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xisx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 88 per per visit of the per visit of t
Outlier Management	Retro Review-1.pdf Retrospective review-2.pdf	Inter-Rater Reliability IRR Assessments.pdf	Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf CAP Overutilizersv3.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supported the surveys of medical/surgical, mental health and substance use disorder reviewers Supporting Documents Supporting Documents Supporting Documents Office of the qualifications of provider staff involved in reviews Supporting Documents Supporting Documents Office of Supporting Documents Office of Supporting Documents Office of Supporting Documents Office of Supporting Office	Utilization Trends Supporting Documents RGA-MIPC - Kickoff Call.pdf	Dollar spend trends Supporting Documents MD FAC High Dollar Report Check Run 08142020. XI Milliazidan trends Supporting Documents PEER COMPARISON, FACILITY_20191120 ER.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report pdf IRR Analysis.pdf Average denal rates for medical necessity for mental health and substance use disorder reviewers Supporting Documents IRR Report pdf IRR Analysis.pdf Average denal rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx	Supporting Documents policy_20142-UM05.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents	Fraud, Waste and Abuse Monthly Adiivities Supporting Documents Stropporting Documents	Census_UMHP_052 120-052620.xlsx UMHP Summary YTD_2019_12_23 12_27.xlsx Concurrent UM Determination Report Supporting Documents UM Determination	Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.Msx Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xls "Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xls "Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO	Data Supporting Documents 1. Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xls "Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xls xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7)	Frequency that authorization requirements are waived Supporting Documents NHD 2014-18-18-18-18-18-18-18-18-18-18-18-18-18-
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Supporting Documents HCM Minutes3.2020.UMTAT.pdf Average length of stay authorized per episode of can expensive for a supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_06032020UM.IRR.QU_v3-signed.pdf.	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Regional Utilization Management Committee.pdf 03. RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRRA nahysis Report_Final.pdf The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Prior Authoization_8.12.2020_Drianl.pdf	Degree of discretion exercised by utilization review staff Supporting Documents 7000.10 inter-rater Reliability_FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7000.10 inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7000.10 inter-rater Reliability_FINAL_March2020.pdf 7100.0 5 Prior Authorization_FINAL_March2020.pdf 7100.0 25 MM Staff Quality Review. FINAL_March2020.pdf 7100.2 5M MS Staff Quality Review. 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Supporting Documents Copy of UHC 1020 Preservice Denial Report v 4.28.20r.xlsx Utilization trends Supporting Documents Utilization trends Supporting Documents Utilization Management Reporting HQUM June Q1 2020. 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Appendix E2 2

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

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Concurrent Review	monthy report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims repartiless of prior authorization status Dollar spend trends weekly, monthly and quarterly cost analyses capture total costs regardless of prior authorization status Compliance with self-imposed, customer, or regulator-imposed network adequacy standards quarterly Geo Access report captures network adequacy by detailed to the design of the control of the contro	Services.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	medical/surgical, mental health and substance use disorder reviewers Supporting Documents PCP follow up 1st qtr 2020-Barb.pdf Inter-rater Reliability Study 2019.pdf	health and substance used disorder reviewers Supporting Documents Q- Regional Utilization Management Committee.pdf 03 RUMC 6.3.2020 Meeting Minutes Quarterly Mtg. Q1.2020 Hospital Report_Final.pdf 04.2019 IRR Analysis Report_Final.pdf Pequirements for the qualifications of provider staff Requirements for the qualifications of provider staff Supporting Documents 05. Job Descriptions Non-Physician UM Reviewers.pdf 06. JD UMMDs.pdf UM 01 Scope and Periodic Review of UM Criteria.Approved_4.23.2020.pdf UM Policy 14.2 MDHC Referral Mgmt.Approved_6. 24.2020.pdf UM Policy 11.2 MDHC Referral Mgmt.Approved_6. 24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adversed_6.24.2020.pdf Determination. Review of Policy Policy Reviews With respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals pdf Work Flow Diagram for MD Healthchoice.pdf UM M Medical Necessity Workflow Diagram.pdf Concurrent_8.12.2020_Final.pdf	mental health and substance use disorder revelwers Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity critical enters of the plant of the p	luse disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity \$10.02.pdf Degree of discretion exercised by utilization review staff Supporting Documents IRR Analysis, and IRR Analysis, pdf Frequency of Reviews Discretion of Reviewers.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers IRR Report pdf IRR Analysis, pdf IRR very or visits authorized per review	review Supporting Documents policy_20142-UM05.pdf policy_20150-UM47.pdf Exception processes available for each NOT1. requirement and when they may be applied. Documents policy_20150-UM47.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pd	medical/surgical, mental health and substance use disorder reviewers Supporting Documents Copy of \$10_MetNecessity_IRR Scores_Mayland.xixx Medical claim review accuracy Supporting Documents 2019 UHCCP UM Evaluation_MD_Final v.pdf*	Report_2020Aug_UMHP_ConcurrentReviews.xlsx	IMH/SUD Documents Supporting Documents Auth Stats for June 2020 xlsx MDH ASO REP OPASS 20- 18319 11.29-18 (7) ATTACHMENT M Contract ASO PBHS 20-18319 (1)	xisx MDH ASO RFP OPASS 20-18319 11.29 18 (7) ATTACHMENT M Contract - ASO PBHS 20-18519 (1)	Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf Guidelines for Completing the PDN Assessment	
Data Collection	-	-	Inter-rater Reliability Study 2019.pdf	-	-	- Coumadin Clinic and Step Therapy.pdf	-	- Copy of UHC 1Q20 Preservice Denia	-	-	-	DME - DMS Audiology Review Procedures	-
Fail First Requirements/ Step Therapy			2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf			RR Report.pdf IRR Analysis.pdf Type and Level of Documentation- S10Q2.pdf		Report v 4.28.20rr.xlsx				(8.04.2020).docx	
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Standard 10 Comparative Analysis of NQTLs "In Operation" for Prescription Drug Benefits Appendix E2 - Page 4

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