

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 in-operation, 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 in-operation 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	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent layperson Utilization Trends	-	Prudent Layperson standard Utilization Trends Medical Claim Review Accuracy	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Requirements for the qualifications of provider staff involved in reviews The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits 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	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	-	-	-	-
Outlier Management	Utilization Trends	Utilization trends	-	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 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	Average denial rates for medical 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	Fraud, Waste and Abuse Monthly Activities Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Medical claim review accuracy	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-	-	-

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

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	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	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 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 Utilization trends	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 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 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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average length of stay authorized per episode of care	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 Internal audits	Number of days or visits authorized per review Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy	-	-	-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	-	-	Availability of less intensive level of care when fail-first NQTL is imposed Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Type and level of documentation (e.g., 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 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 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	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 disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care	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	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.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers 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 Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Outlier Management	Utilization Trends	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	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.	Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Fraud, Waste and Abuse Monthly Activities Medical claim review accuracy	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	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Prior Authorization/ Preauthorization	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends Assessments of provider directory accuracy	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	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 expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Addressing workforce shortage issues	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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, 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 Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-

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

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Concurrent Review	Inter-rater reliability surveys for medical/surgical, mental health 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 Member satisfaction/consumer survey results Provider-to-enrollee ratios Results of secret shopper surveys to determine that network providers are actually accepting new patients Time and distance to network providers Turnaround time to get clinicians with approved credentials loaded in the payment system Turnaround time to get submitted credentials reviewed, processed	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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 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	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 Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Frequency with which reviews are conducted Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Number of days or visits authorized per review The expertise of the 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.	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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Medical claim review accuracy	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 Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy	-	-	-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	-	-	Availability of less intensive level of care when fail-first NQTL is imposed Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	-	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	-	-	Degree of discretion exercised by utilization review staff	-
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 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 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	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Number of days or visits authorized per review Frequency potential treatments are reviewed to determine 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 comparable expertise.	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. Quality Metrics/HEDIS	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Practice Guideline review & approval by Provider Advisory Committee	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 Internal audits	Degree of discretion exercised by utilization review staff Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Tracking of denial of plans of service that do not meet medical necessity	Duplicate Restorations (quarterly)
Outlier Management	Utilization Trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	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 Dollar spend 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	Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Fraud, Waste and Abuse Monthly Activities Medical Claim Review Accuracy	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	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted	Provider Financial Analysis (monthly) Audits Tracker (monthly) Duplicate Records (monthly)
Prior Authorization/ Preauthorization	Inter-rater reliability surveys for medical/surgical, mental health 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 Member satisfaction/consumer survey results Provider-to-enrollee ratios Results of secret shopper surveys to determine that network providers are actually accepting new patients Time and distance to network providers Turnaround time to get clinicians with approved credentials loaded in the payment system Turnaround time to get submitted credentials reviewed, processed	Inter-rater reliability surveys for medical/surgical reviewers 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 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	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 Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	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 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 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 Exception processes available for each NQTL requirement and when they may be applied	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 review	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 Internal audits	Frequency with which reviews 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 reviews completed on a quarterly basis	Services Preauthorized Not Received (monthly)
Service limitations	-	-	-	-	-	-	EPSDT Payment Policy	-	-	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 Internal audits	-	-

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

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	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. Design of benefit plan Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers;	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	Prior authorization statistics PA Criteria 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	Utilization Trends 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 an NQTL requirement is not met. Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.	Availability of less intensive level of care when fall-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 fall-first NQTL is imposed	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.	Frequency with which reviews are conducted Availability of less intensive level of care when fall-first NQTL is imposed	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	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	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
Medical Necessity Criteria	Exception processes available for each NQTL requirement and when they may be applied. Design of benefit plan Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers;	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	Prior authorization statistics PA Criteria 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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Frequency with which reviews are conducted Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends Exception processes available for each NQTL requirement and when they may be applied. Dollar Spend 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.	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 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	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	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
Outlier Management	Utilization Trends	-	-	Utilization trends	Dollar spend trends 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	Utilization trends Dollar spend 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	-	Assessments of whether network providers are actually submitting claims Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.	-	-	-
Prior Authorization/ Preauthorization	Exception processes available for each NQTL requirement and when they may be applied. Utilization trends Dollar spend trends Compliance with self-imposed, customer, or regulator-imposed network adequacy standards Review of Claims Activity per formulary design	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 Dollar spend trends Prior authorization statistics Policies & Procedures 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	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 an NQTL requirement is not met. Compliance with self-imposed, customer, or regulator-imposed network adequacy standards	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 NQTL Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Frequency potential treatments are reviewed to determine 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	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 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	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	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
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	Prior authorization statistics Policies & Procedures P&T Minutes Drug Monographs 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	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 fall-first NQTL is imposed	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NQTL requirement and when they may be applied.	Review of Claims Activity per formulary design	Dollar spend trends 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 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 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 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

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

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent Layperson for sudden and serious.pdf ED utilization.pdf	-	UMHA.HS.UM.121 Emergency Services_km_cw_adb.pdf	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 list.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 Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	-	-	policy_20150-UM47.pdf policy_20142-UM05.pdf UM62.pdf	Copy of UHC 1Q20 Preservice Denial Report v 4.28.20rr.xlsx Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	-	-	-	-
Outlier Management	UM ABH_MD for August 13 MOR and slie 2 QBR.pdf	QNMC UM2019EvalPM.pdf	-	Copy of Copy of High ER Utilizers 4th Q 2019.xlsx QA Study-4th Quarter 2019 High ER Utilization 2019.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 Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf APL_03_Coverage_of_Emergency_Services_FINAL_April2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf 7200.05 Concurrent Review_FINAL_March2020.pdf	PEER COMPARISON_FACILITY_2019 1120 ER.pdf 452-99285 ER Outlier.pdf Costs by Provider ER.pdf IRR Report.pdf IRR Analysis.pdf MNRR-368_Doctor ER Productivity.xlsx MNRR-368_Nurse ER Productivity 07 2020.xlsx	UM45.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	S10_Outlier_Management_Compliance_Committee_Deck_MD.pdf S10_Outlier_Management_CCR_MD_2020.xlsx S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx 2019 UHCCP UM Evaluation_MD_Final v.pdf	-	-	-	-
Prior Authorization/ Preauthorization	-	-	-	-	-	-	-	UM62.pdf policy_20142-UM05.pdf	-	-	-	-	-
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

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

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	CareFirst	ASO - MH	ASO - SUD	FFS - LTSS
Concurrent Review	UM ABH_MD for August 13 MOR and slide 2 QBR.pdf UM ABH_MD for August 13 MOR and slide 2 QBR.pdf UM ABH_MD for August 13 MOR and slide 2 QBR.pdf	Inter-Rater Reliability IRR Assessments.pdf	UM Determination Report_2020Aug_CareFirst_Concurr entReviews.xlsx	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_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 Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Concurrent_8.12.2020_Final.pdf UM Policy 41 UM Documentation_Approved_9.26.2019.pdf	7200.05 Concurrent Review_FINAL_March2020.pdf 7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf	Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx IRR Report.pdf Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf Policy 301; Member Appeals; July 2020.pdf Type and Level of Documentation- S10Q2.pdf 1.Evolut 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_CareFirst_Concurr entReviews.xlsx	Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 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
Data Collection													
Fail First Requirements/ Step Therapy				Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf			Coumadin Clinic and Step Therapy.pdf RR Report.pdf IRR Analysis.pdf Type and Level of Documentation- S10Q2.pdf Availability of Less Intensive level of care.pdf						
Medical Necessity Criteria	Medical Necessity MCG Millman sample.pdf Operational metrics on utilization.pdf A-MD 7000.10 Inter-rater Reliability.pdf	Inter-rater reliability surveys for medical/surgical reviews Supporting Documents Inter-Rater Reliability IRR Assessments.pdf QMC UMEval2019 UMPD2020mod.pdf Average denial rates for medical necessity for medical/surgical benefits. Supporting Documents HCM Minutes3.2020.UMTAT.pdf Average length of stay authorized per episode of care Supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf-	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Concurr entReviews.xlsx Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preserv ce.xlsx-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Inter-Rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf Appeals Timeliness Report.pdf-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews 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 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 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 Medical Necessity_8.12.2020_Final.pdf02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 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	Average length of stay authorized per episode of care Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Degree of discretion exercised by utilization review staff Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews 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 7200.05 Concurrent Review_FINAL_March2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf Number of days or visits denied per review Supporting Documents Evolut MNRR-46_Inpatient Denial Tracking Log by Facility Report_NEW.xlsx Days per 1000 and LOS per facility per month Supporting Documents Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents pp_provider_manual.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM62.pdf/UM62.pdf policy_20142-UM05.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents pp_provider_manual.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM62.pdf/UM62.pdf policy_20142-UM05.pdf	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preserv ce.xlsx-	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf-
Outlier Management	Retro Review-1.pdf Retrospective review-2.pdf	Inter-Rater Reliability IRR Assessments.pdf	'Daily Census Supporting Documents Daily Census_CareFirst_052120-052020.xlsx CareFirst Summary YTD_2019_12_23 12_27.xlsx Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Concurr entReviews.xlsx'	Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf CAP Overutilizers3.pdf'	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews 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 8 Apply UM Criteria_Approved_2.25.2020.pdf The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Utilization Trends Supporting Documents RGA-MPC - Kickoff Call.pdf	Dollar spend trends Supporting Documents MD FAC High Dollar Report Check Run 08142020.xlsx Utilization trends Supporting Documents PEER COMPARISON_FACILITY_20191120 ER.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx	Utilization trends Supporting Documents UM45.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents S10_Outlier_Management_CCR_MD_2020.xlsx NQTL requirement and when they may be applied. Supporting Documents UM50.pdf	Fraud, Waste and Abuse Monthly Activities Supporting Documents S10_Outlier_Management_Compliance Committee_Deck_MD.pdf Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Supporting Documents S10_Outlier_Management_CCR_MD_2020.xlsx Fraud, Waste and Abuse Program Monthly Performance Supporting Documents S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx Fraud claim review accuracy Supporting Documents 2019 UHC/CP UM Evaluation_MD_Final v.pdf	'Daily Census Supporting Documents Daily Census_CareFirst_052120-052020.xlsx CareFirst Summary YTD_2019_12_23 12_27.xlsx Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Concurr entReviews.xlsx'	Outlier Management 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.xlsx 'Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)'	Outlier Management 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.xlsx 'Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)'	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
Prior Authorization/ Preauthorization	Average length of stay authorized per episode of care Supporting Documents Aetna Better Health UM Data.pdf Utilization trends Supporting Documents Aetna Better Health UM Data.pdf Number of days or visits authorized per review Supporting Documents Aetna Better Health UM Data.pdf Assessments of provider directory accuracy Supporting Documents Analysis of Member Experience - Final.pdf	Inter-rater reliability surveys for medical/surgical reviews Supporting Documents Inter-Rater Reliability IRR Assessments.pdf QMC UMEval2019 UMPD2020mod.pdf Average denial rates for medical necessity for medical/surgical benefits. Supporting Documents HCM Minutes3.2020.UMTAT.pdf Average length of stay authorized per episode of care Supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf-	UM Determination Report_2020Aug_CareFirst_Preserv ce.xlsx	Utilization trends Supporting Documents PCP follow up 1st qtr 2020-Barb.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Inter-Rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf	Requirements for the qualifications of provider staff involved in reviews Supporting Documents 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 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 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 Authorization_8.12.2020_Final.pdf	Degree of discretion exercised by utilization review staff Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews 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 7100.05 Prior Authorization_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	'Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx'	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Copy of UHC 1020 Preservice Denial Report v4.28.20r.xlsx NQTL requirement and when they may be applied. Supporting Documents UM58.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Copy of UHC 1020 Preservice Denial Report v4.28.20r.xlsx Utilization trends Supporting Documents Utilization Management Reporting HQUIM June Q1 2020_FINAL.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	UM Determination Report_2020Aug_CareFirst_Preserv ce.xlsx	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)'	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)'	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
Service limitations													

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

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	CareFirst	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	
Concurrent Review	Utilization trends monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless 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 distance not by drug utilization	Utilization trends Supporting Documents Over Under-Utilization of Services.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents Inter-Rater Reliability IRR Assessments.pdf	UM Determination Report_2020Aug_CareFirst_Concurrent Reviews.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents PCF follow up 1st qtr 2020-Barb.pdf Inter-rater Reliability Study 2019.pdf Utilization trends Supporting Documents 3rd qtr 2020 - 2019.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Document_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Document_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Document_8.12.2020_Final.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S1002.pdf Degree of discretion exercised by utilization review staff Supporting Documents IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Frequency with which reviews are conducted Supporting Documents IRR Report.pdf Number of days or visits authorized per review Supporting Documents Policy 301; Member Appeals; July 2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf	Number of days or visits authorized per review Supporting Documents Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents IRR Report.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Medical claim review accuracy Supporting Documents 2019 UHC-CP UM Evaluation_MD_Final vpdf	UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf Guidelines for Completing the PDN Assessment Form Feb 09.pdf REM Nursing Assessment Form - blank.pdf MW Plan of care.pdf PAMT AccessAbility 2018.pdf FY2019 Audit Results.xlsx Community Pathways Waiver Performance Measure Report FY19 Final 5.30.19.docx Concurrent Review NF LOC Memo.pdf Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents POS Evaluation_08JUL20.xlsx Degree of discretion exercised by utilization review staff Supporting Documents DME - DMS Audiology Review Procedures (8.04.2020).docx Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents POS Evaluation_08JUL20.xlsx	-
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Fail First Requirements/ Step Therapy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Medical Necessity Criteria	Outpatient other- PT.pdf; Statistical Companion to Ambulatory Care, 24th Edition.xlsx; MD 7000.10 Inter Rater Reliability.pdf	Inter-rater reliability surveys for medical/surgical reviews Supporting Documents Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents Copy of TopPayee - 2020-07-31.pdf 2020 Home Care.pdf ATI Physical Therapy report.pdf DME - Verification of Services 2019.pdf DME Utilization March 2019-June 2019.pdf Internal Audit Report - Interventional Pain Institute.pdf MedRents2018Q3Q4.pdf	Concurrent UM Determination Report Supporting Documents Report_2020Aug_CareFirst_Concurrent Reviews.xlsx Pre-Service UM Determination Report_2020Aug_CareFirst_Preservice.xlsx; Summary, Extract (8/18/20) Baseline 072320.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents Copy of TopPayee - 2020-07-31.pdf 2020 Home Care.pdf ATI Physical Therapy report.pdf DME - Verification of Services 2019.pdf DME Utilization March 2019-June 2019.pdf Internal Audit Report - Interventional Pain Institute.pdf MedRents2018Q3Q4.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 Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	Medical-Practice-Guidelines.pdf	Utilization trends Supporting Documents URGENT Care examples outliers.xlsx New Patient Visit examples Outliers.xlsx Utilization trends Supporting Documents Costs by Provider Office.pdf MD Professional High Dollar 08.07.20.xlsx Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents IRR Report.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf	S10_Outlier_Management_Complican e_Committee_Deck_MD.pdf S10_Outlier_Management_CCR_MD_2020.xlsx S10_Outlier_Management_FWA_Scor ecard_CNS_Maryland_April_2020.xlsx 2019 UHC-CP UM Evaluation_MD_Final vpdf 2019 UHC-CP UM Evaluation_MD_Final vpdf	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx Pre-Service UM Determination Report_2020Aug_CareFirst_Preservice.xlsx; Summary, Extract (8/18/20) Baseline 072320.pdf	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf-	Duplicate Restorations (quarterly)	
Outlier Management	(Aetna Better Health of Maryland)(2nd)QTR(2020)PreserviceListingReport.xlsx Authorization Detail Report CY 2020.xlsx	Utilization trends Supporting Documents Over Under-Utilization of Services.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents Inter-Rater Reliability IRR Assessments.pdf	Pre-Service UM Determination Report Supporting Documents Report_2020Aug_CareFirst_Preservice.xlsx	CAP Overutilizersv3.pdf CAP Underutilizers.pdf CAP under hedis 5.20.pdf Score Tracker NY 2020.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews 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 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 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Dollar spend trends Supporting Documents CAP 05 Fraud Waste and Abuse_FINAL_May2020.pdf Utilization trends Supporting Documents CAP 05 Fraud Waste and Abuse_FINAL_May2020.pdf	Utilization trends Supporting Documents ULMC.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents ULMC.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents IRR Report.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf	S10_Outlier_Management_Complican e_Committee_Deck_MD.pdf S10_Outlier_Management_CCR_MD_2020.xlsx S10_Outlier_Management_FWA_Scor ecard_CNS_Maryland_April_2020.xlsx 2019 UHC-CP UM Evaluation_MD_Final vpdf 2019 UHC-CP UM Evaluation_MD_Final vpdf	Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Outlier Management Data Supporting Documents 1_Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Outlier Management Data Supporting Documents 1_Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Frequency with which reviews are conducted Supporting Documents PACB Quality Measure Testing_HPMS Memo_4_21_15.pdf	Provider Financial Analysis (monthly) Audits Tracker (monthly) Duplicate Records (monthly)	
Prior Authorization/ Preauthorization	Utilization trends monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless 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 distance not by drug utilization	Inter-rater reliability surveys for medical/surgical reviews Supporting Documents Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents Copy of TopPayee - 2020-07-31.pdf 2020 Home Care.pdf ATI Physical Therapy report.pdf DME - Verification of Services 2019.pdf DME Utilization March 2019-June 2019.pdf Internal Audit Report - Interventional Pain Institute.pdf MedRents2018Q3Q4.pdf	UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews 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 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 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. 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 Authorization_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 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 Requirements for the qualifications of provider staff involved in reviews 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 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 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. 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 Authorization_8.12.2020_Final.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S1002.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Frequency with which reviews are conducted Supporting Documents IRR Report.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents IRR Report.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf	Utilization trends Supporting Documents Clinical Health Services PAC Q1 2020.pdf Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents IRR Report.pdf	UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents POS Evaluation_08JUL20.xlsx Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf PAMT AccessAbility 2018.pdf	Services Preauthorized Not Received (monthly)		
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Standard 10 Comparative Analysis of NQTLs "In Operation" for Prescription Drug Benefits
Appendix E2 - Page 4

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	FFS-MH	FFS-SUD	FFS-M/S
Concurrent Review						MCD_010.007_Procedures_MD HealthChoice_Drug Utilization Review Procedures_Final_10.28.19.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_Final_10.28.19.pdf						
Data Collection												
Fail First Requirements/ Step Therapy	Aetna Medicaid PA guideline.pdf 2020.pdf	Standard 10_P1Q2 Responses.xlsx	Prior authorization statistics Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 202007 Summary MONTHLY UNIVERSITY OF MARYLAND HEALTH PARTNERS_MCAID_STANDARD_PA_SUMMARIES_202007.x ml	01b - JAI PT Minutes 03.31.20 Draft.pdf	Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf QUA_018.006_High Alert Medications_P&P_Final_6.24.19.pdf Consequences or penalties that apply to benefits when an NQTL requirement is not met. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf Frequency with which reviews are conducted Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf Utilization trends Supporting Documents FormularyProcessGuide.pdf PT_Policy_3_FormularyEvaluationProcess.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf tiered drug formulary Policy_210_DRAFT_Step Therapy Policy_July 2020.pdf Supporting Documents 7600.10_Formulary_FINAL_July2020.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Inter-Rater Reliability (IRR) Process for Prior Authorizations.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents IRR Report.pdf IRR Analysis.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Inter-Rater Reliability (IRR) Process for Prior Authorizations.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf SUBLOCADe.pdf Utilization trends Supporting Documents Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf SUBLOCADe.pdf	Clinical Criteria applied based on FDA labeling and requirements and Official Compendium Supporting Documents Maryland_PD_7_1.20.pdf Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf FDA INDICATIONS - T1_T2_NP ANTIPSYCHOTICS NEW STATE LOGO 17-0811 (1).pdf MDH MMPP Brand Preferred Over Generics List.pdf COMAR 10.09.03.12 Preferred Drug Program.docx COMAR 10.09.03.06 Preauthorization Requirements.docx MDL_PD_PA_Implementation_Schedule-20200701.pdf November_2019_Minutes.pdf Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf 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 Supporting Documents PRP PA Audit Process Review 7 27 20 DB.docx PA Review Process 7 27 20 DB.docx Utilization trends Supporting Documents November_2019_Minutes.pdf P & T SOP Revised 02.10.2020 FNAL.docx	
Medical Necessity Criteria	Aetna Medicaid PA guideline.pdf 2020.pdf+MD 7000.10 Inter-rater Reliability.pdf	Standard 10_P1Q2 Responses.xlsx	Prior authorization statistics Supporting Documents 1.202007 Summary MONTHLY UNIVERSITY OF MARYLAND HEALTH PARTNERS_MCAID_STANDARD_PA_SUMMARIES_202007.x ml PA Criteria Supporting Documents Sporox oral capsules Ref# 280-A.pdf Protax Step Therapy Ref # MMT 177-F.pdf MMT Global Exception Ref# 569-A.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder Supporting Documents 2019 Physician Inter-Rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf Supporting Documents 05AnalyzePediatrics - Fenofibrates 04 2019 example trend report.pdf 01b - JAI PT Minutes 03.31.20 Draft.pdf	Exception processes available for each NQTL when they may be applied. Supporting Documents FormularyProcessGuide.pdf Frequency with which reviews are conducted Support Documents MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_Final_10.28.19.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf Utilization trends Supporting Documents FormularyProcessGuide.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_Final_10.28.19.pdf MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf	Degree of discretion exercised by utilization reviewers Supporting Documents 7600.07_Pharmacy_Prior_Authorization_FINAL_April2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 7600.16_Inter-Rater_Reliability_Pharmacy_IRR_FINAL_April2020.pdf Evolent INER-32_A-DETAILED_Referral Event Management Report.xlsx	Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents 7000.25 Mill Staff Quality Review_FINAL_March2020.pdf 7600.16_Inter-Rater_Reliability_Pharmacy_IRR_FINAL_April2020.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 7600.07_Pharmacy_Prior_Authorization_FINAL_April2020.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Inter-Rater Reliability (IRR) Process for Prior Authorizations.pdf	Frequency with which reviews are conducted Supporting Documents Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf	Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMPP Prior Authorization Auditing Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMPP Prior Authorization Auditing Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMPP Prior Authorization Auditing Process Review
Outlier Management	Pharmacy MOR July_2020.pdf			01b - JAI PT Minutes 03.31.20 Draft.pdf CAP underutil hedis 5.20.pdf Score Tracker MY 2020.xlsx	FormularyProcessGuide.pdf MCD_010.007_Procedures_MD HealthChoice_Drug Utilization Review Procedures_Final_10.28.19.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_Final_10.28.19.pdf QUA_018.006_High Alert Medications_P&P_Final_6.24.19.pdf MCD_010.007_Policy_MD HealthChoice_Drug Utilization Review_PP_Final_10.28.19.pdf	CAMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf	Plan Performance MSFC MD 2005_2020.xls RX CSII without medical service_20200301-20200531.pdf COTVII PHARMACY RULES.pdfRespective Review ER review IRR Report.pdf		Copy of MD Medicaid PBM Dashboard_June 2020.xlsx Tiered Pharmacy Report.xlsx GeoAccess_Q1 2020.pdf			
Prior Authorization/ Preauthorization	Aetna Medicaid PA guideline.pdf 2020.pdf	Standard 10_P1Q2 Responses.xlsx	Utilization trends Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 2020 August CareFirst P&T Committee Presentation.pptx CareFirst Jan-Jun20 FNAL RdInsights_wREBATES_Medicaid_3375766.pdf Dollar spend trends Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 2020 August CareFirst P&T Committee Presentation.pptx CareFirst Jan-Jun20 FNAL RdInsights_wREBATES_Medicaid_3375766.pdf Prior authorization statistics Supporting Documents 2020 May CareFirst P&T Meeting Minutes.pdf 2020 August CareFirst P&T Committee Presentation.pptx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents 2019 Physician Inter-Rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf Supporting Documents 05AnalyzePediatrics - Fenofibrates 04 2019 example trend report.pdf 01b - JAI PT Minutes 03.31.20 Draft.pdf	Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf QUA_018.006_High Alert Medications_P&P_Final_6.24.19.pdf Consequences or penalties that apply to benefits when an NQTL requirement is not met. Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf Frequency with which reviews are conducted Supporting Documents MCD_008.010_MD HealthChoice_Pharmacy Service Authorization_Policy_PP_Final_2.12.20.doc.pdf	Dollar spend trends Supporting Documents 7600.30 Pharmacy and Therapeutics Committee_FINAL_Aug2019.pdf 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 fewer or no mental health or substance use disorder providers being eligible to be placed in a tier Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf	Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents 7000.25 Mill Staff Quality Review_FINAL_March2020.pdf 7600.16_Inter-Rater_Reliability_Pharmacy_IRR_FINAL_April2020.pdf Frequency potential treatments are reviewed to determine whether they are experimental and investigational Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviews Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UMCW WG Meeting Minutes_Redacted Final.pdf PHARM020 Pharmacy Prior Authorization, Quantity Limits, and Step Therapy.pdf	Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Tier 2 and NDP Clinical Criteria.pdf PRP Clinical Criteria Jan 9 2018 final.pdf	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf SUBLOCADe.pdf Utilization trends Supporting Documents QL.pdf Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf SUBLOCADe.pdf VVITROL .pdf	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Substance Use Disorder Medication Clinical Criteria Final updated Aug2018.pdf SUBLOCADe.pdf VVITROL .pdf	
Tiered Drug Formulary	Joint Operation Meeting covers the following Geoaccess/Network Claims adjudication performance Drug recalls DUR Pharmacy cost trends Utilization by utilization, category, cost Specialty/Retail pharmacy Adherence data by condition Safety and Monitoring program Pharmacy Advisor Support/Gaps in Care	Standard 10_P1Q2 Responses.xlsx	Prior authorization statistics	01b - JAI PT Minutes 03.31.20 Draft.pdf	FormularyProcessGuide.pdf	Availability of less intensive level of care when fail-first NQTL is imposed Supporting Documents 7600.10_Formulary_FINAL_July2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder reviews Supporting Documents 7000.25 Mill Staff Quality Review_FINAL_March2020.pdf 7600.16_Inter-Rater_Reliability_Pharmacy_IRR_FINAL_April2020.pdf Frequency potential treatments are reviewed to determine whether they are experimental and investigational Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf	Review of Claims Activity per formulary design Supporting Documents DOC Meeting report 2020 02_Redacted.pdf Complaints and Grievances REPORT 06 2020.xlsx Dollar spend trends Supporting Documents Dollar Spend trends.pdf Frequency potential treatments are reviewed to determine whether they are experimental and investigational Supporting Documents 7600.10_Formulary_FINAL_Aug2019.pdf	Dollar spend trends Supporting Documents Top Drugs Report.xlsx Frequency with which reviews are conducted Supporting Documents Carrier Level Utilization Report.pdf	Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMPP Prior Authorization Auditing Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMPP Prior Authorization Auditing Process Review	Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program Pharmacy & Therapeutics (P&T) Committee SOP P&T Committee Nov 2019 Meeting Minutes Preferred Drug List (PDL) 7/1/20 Tier 2 and NDP Clinical Criteria MMPP Brand Preferred over Generics List (for PDL) Most recent PDL Implementation List COMAR 10.09.03.06 Preauthorization Requirements COMAR 10.09.03.12 Preferred Drug Program MMPP Prior Authorization Auditing Process Review