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

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

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

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

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

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											ASO -	FFS -	FFS -
	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	SUD	LTSS	Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity	Prudent layperson	-	Prudent Layperson standard	Inter-rater reliability surveys for	Inter-rater reliability surveys for medical/surgical, mental health	-	-	Exception processes available for each NQTL requirement and	Average denial rates for medical necessity for mental health and	-	-	-	-
Criteria	Utilization Trends		Utilization Trends Medical Claim Review Accuracy	medical/surgical, mental health and substance use disorder reviewers Utilization trends	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.			when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	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	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/	-	-	-	-	-	-	-	Exception processes available for	-	-	-	-	-
Preauthorization								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	-	-	-	-	-	-	-	-	-	-	-	-	-

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Appendix E1 - Page 2												
Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	
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 reviewInternal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends	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	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NOTL 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	
-	-	-	-	-	-	-	-	-	-	-	-	
			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						
Utilization Trends	Inter-rater reliability surveys for medical/surgical reviewers			Requirements for the qualifications of provider staff involved in reviews	Degree of discretion exercised by utilization review staff	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	chart notes, lab results, treatment	medical/surgical, mental health and	Inter-rater reliability surveys for	Inter-rater reliability surveys for	Frequency with which reviews are conducted	
Internal audit inidings related to coverage determination consistency with the plan's medical necessity criteria	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.	substance use disorder reviewers Utilization trends	substance use disorder reviewers Utilization trends	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	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	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Number of days or visits denied per review Days per 1000 and LOS per facility per month	plans, etc.) the heath 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.	substance use disporter reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD	Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived 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	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 heatth 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	
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, et.) 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	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 NOTL The expertise of the persons who make denial	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NOTL 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.		Rates for MH/SUD	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	
	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 Utilization Trends Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends Assessments of provider	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/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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 Internal audit findings related to coverage determination consistency with the plan's medical/surgical benefits. Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical/surgical benefits. Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care 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 length of stay authorized per episode of care Utilization trends Average length of stay authorized per episode of care Utilization trends Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity for Marcial necessity for medical faces for medical necessity for medical findings related to coverage determination consistency with the plan's medical necessity for medical/sur	Average length of stay authorized per episode of care 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 Inter-rater reliability surveys for medical surgical, mental health and substance use disorder reviewers Inter-rater reliability surveys for medical surgical reviewers Utilization trends Inter-rater reliability surveys for medical recessity criteria Average length of stay authorized per episode of care Utilization Trends Inter-rater reliability surveys for medical/surgical benefits. Inter-rater reliability surveys for medical/su	Average length of stay endotted per episodo of care under the control of per episodo of care under the control of per episodo of care under the control of t	Internal period stay survivals audit findings related to coverage deministration consistency with the plans and consistency	Accesses with a finite of any mander to increase and third from present and the finite of particular of of pa	The property of vice of the property of vice of the property of the property of vice of vice of the property of vice o	The property of the control of the property of	The state of the s	Process of the proces	And we want of the control of the co	

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	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
oncurrent 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) Complaint ewith 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 Rosults 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	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	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 discision-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	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	Number of days or visits authorized per review Inter-rater reliability surveys for medical/surgical, mental health and substance		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	·
ta Collection	•	-	-	-	-	-	-	-	-	-	-	-	-
ail First Requirements/ step Therapy	- Utilization Trends	totar-rate roll-hills surges		Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of	Frequency with which reviews are conducted	Availability of less intensive level of care when fail-first NQTL is imposed inter-tater 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 Inter-tater reliability surveys for medical/surgical, mental health and	Type and level of documentation (e.g., chart	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Inter-rater reliability surveys for	Inter-rate reliability currous	Degree of discretion exercised by utilization review staff	Dunliesta Destarations (nua
Medical Necessity Criteria		for medical/surgical reviewers Utilization trends	medical/surgical, mental health		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 Number of days or visits authorized per review	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	notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NQTL	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.	medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	for medical/surgical, mental health and substance use disorder reviewers	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	
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 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 applie	Monthly Performance	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 reviews. 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 Compliant 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	Inter-trate reliability surveys for medical/surgical reviewers Utilization trends	medical/surgical, mental health	medical/surgical, mental health and substance use disorder reviewers Utilization trends	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	results, treatment plans, etc.) the health plan requires from provides during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	treatment plans, etc.) the health plan requires from providers during reviews. Requirements for the qualifications of provider staff involved in reviews. Inter-rater reliability surveys for medical/surgical, mental health and	use disorder reviewers Exception processes available for each NOTL requirement and when they may be applied	Average denial rates for medical necessity for mental health and substance use disorder benefits, and		Inter-tate 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	Received (monthly)
Service limitations	Turnaround time to get submitted credentials reviewed, processed	-		-			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		-

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	FFS-MH	FFS-SUD	FFS-M/S
Concurrent Review	-		-	-	Frequency with which reviews are conducted	-		-	-		•	-
D . O !! .:	-			-	-	-	-	-		-	-	-
Data Collection Fail First Requirements/ Step Therapy	for each NOTL requirement and when they may be applied.	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plant's medical necessity criteria. The expensise 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 expension. 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		are conducted Utilization trends Consequences or penalties that apply to benefits when an NGTL requirement is not met Compliance with self- imposed, customer, or regulator-imposed network adequacy standards.	Availability of less intensive level of care when fail first NQTL is imposed Tiered drug formulary	notes, lab results, treatment plans, etc.) the healt plan requires from provides during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Dollar spend trends Availability of less intensive level of care when fail first NQTL is imposed	health and substance use disorder reviewers Exception processes available for each NOTL requirement and when they may be applied.	are conducted Availability of less intensive level of care when fail-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 sabeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of reatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization	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	chart notes, lab results, treatment, plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on Ft labeling and requirements and Offic Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plan for drug efficacy based on concurre review of treatment plans, service usage, and drug utilization
Medical Necessity Criteria	Exception processes available for each NGT: requirement and when they may be applied. Design of benefit plan Inter-rater reliability surveys for medicalizingical, 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 (errollees 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 durin 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	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 NOTL 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 medica 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-rate reliability surveys for medical/surgical, memeral health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. I Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied.	are conducted Average denial rates for medical necessity for mental	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 or 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	chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FD labeling and requirements and Offlici Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plan
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 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/	Exception processes available	Length of time afforded for each review	Utilization trends	Inter-rater reliability surveys	Utilization trends Frequency with which reviews	Dollar spend trends	Type and level of documentation (e.g., chart				Type and level of documentation (e.g.,	
Preauthorization	for each NGTL 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	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 (errollees and providers) Addressing workforce shortage issues	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	for medical/surgical, mental health and substance use disorder reviewers Utilization trends		For tiered networks (e.g., a preferred provider ties and a participating provider tier), assessment of whether application of requirements for the terring (e.g., that a provider have staff privileges at a local hospital is results in few or no mental health or substance use disorder providers being eligible to be placed in a tier	g Utilization trends	health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied		chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FDA tabeling 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/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization	chart notes, lab results, reatment 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 piot authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization	labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans
Tiered Drug Formulary	Generic drug use Specialty pharmacy data	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Prior authorization statistics Policies & Procedures P&T Minutes Drug Monographs Type and level of documentation (e.g., chart notes, lab results, treatment plars, etc.) the health plan requires from providers during reviews for medical surgical, mental health and substance use disorder reviewers		Utilization trends Dollar spend trends Compliance with self- imposed, customer, or regulator-imposed network adequacy standards	Availability of less intensive level of care when failfirst NQTL is imposed	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.		Dollar spend trends Frequency with which reviews are conducted	Type and level of documentation (e.g., chart notes, lab results, readment plans, etc.) the health plan requires from providers during reviews Utilization trends Utilization trends Clinical Criteria applied based on FDA labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine complance of readment/service plans for drug efficacy based on concurrent review 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, reatment plans, etc.) the health plan requires from providers during reviews Utilization trends 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	chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Clinical Criteria applied based on FD labeling and requirements and Official Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plan for treatment/service pl

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	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	-	Services_km_cw_adb.pdf	2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf PCP follow up 1st qtr 2020- Barb.pdf 3rd Qtr 2005 - 2019.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		-	-	
				Q1 2020 High ER list.pdf									
Outlier Management	UM ABH_MD for August 13 MOR and slie 2 QBR.pdf	QNMC UM2019EvalPM.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	7100.05 Prior Authorization_FINAL_March2020 .pdf APL_03_Coverage_of_Emergen cy_Services_FINAL_April2020.p df	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	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/	-	Ē	-	-	-	-	-	UM62.pdf policy_20142-UM05.pdf	-	-	-	-	-
Preauthorization								po					
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

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

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 slie 2 QBR_pdI UM ABH_MD for August 13 MOR and slie 2 QBR_pdI UM ABH_MD for August 13 MOR and slie 2 QBR_pdI	Inter-Rater Reliability IRR Assessments.pdf	UM Determination Report_2020Aug_CareFirst_Concurr entReviews.xlsx	2019 Physician Inter-Rater Reliability	02. Regional Utilization Management Committee.pdf 03, RUMC_6.3.2020_Meeting Minutes, Quarterly Mtg_0.1.2020.pdf 04, 2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Nort-Physician UM Reviewers.pdf 06_JUD IMMDs.pdf UM 01 Scope and Periodic Review of UM Criteria, Approved_4.23.2020.pdf UM Policy 91 Apply UM Criteria, Approved_2.23.2020.pdf UM Policy 112 MUHD Referral Migmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 112 MUHD Adverse Determination. Revision, Approved_6.24.2020.pdf General Rotes and Responsibilities of UM Licensed Professionals pdf Vfork Flow Dilagram for MD Healthchica.pdf UM Medical Necessity Worldfow Diagram.pdf Concurrert_6.12.2020_Final.pdf UM Folicy 14 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	Evolent MNRR-13a_BY FACILITY Days per 1000 withou SNF and Rehab.xts. IRR Report pdf Policy 115; DNAFT; Utilization Management Criteria; July 2020.pdf IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Polic 115; DRAFT; Utilization Management Criteria; July 2020.pdf Policy 301; Member Appeals; July 2020.pdf Type and Level of Documentation - 51002.pdf 1, Evolent MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xtsx	policy_20142-UM05.pdf	Copy of \$10, MedNecessity, IRR Scores, Maryland Jdsr. Copy of MD TMR R1 06_2020.xdsx	Report_2020Aug_Car eFirst_ConcurrentRevi	2020.xlsx i MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS	Auth Stats for June 2020.xisx 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 Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC. Comp. v1.0 Nov 2009.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC. Comp. v1.0 Nov 2009.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC. Comp. v1.0 Nov 2009.pdf MDS3.0 NC. Comp. v1.0 Nov 2009.pdf MDS3.0 NC. Comp. v1.0 Nov 2009.pdf
Data Collection		-	-	-	-	-	-	-	-		-	-	-
Fail First	-	-		Inter-rater Reliability Study 2019.pdf		-	Cournadin Clinic and Step Therapy.pdf	-					
Requirements/ Step Therapy				2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf			RR Report.pdf IRR Analysis.pdf Type and Level of Documentation- S10Q2.pdf Availability of Less Intensive level of care.pdf						
Medical Necessity Criteria	Medical Necessity MCG Milliman sample pdf Operational metrics on utilization.pdfA-MD 7000.10 inter rater Reliability.pdf	inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Supporting Documents Inter-Rater Reliability IRR Assessments.pdf QMC UMF-validation of UMPD-2020mod.pdf of CMC UMF-validation of UMPD-2020mod.pdf of CMC UMF-validation of UMPD-2020mod.pdf of CMC UMPD-validation of UMPD-2020mod.pdf of CMC UMPD-validation of UMPD-2020mod.pdf of CMC UMPD-validation of UMPD-validation of UMPD-validation of CMC UMPD-validation of CMC UMPD-validation of U	Supporting Documents UM Determination Report_2020Aug_CareFirst_Concur entReviews_Asy Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservi ce.xlsx.	medica/surgical, mental health and substance use disorder reviewers 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	Supporting Documents Oz Regional Uliziation Management Committee pdf 03. RUMC. 6.3.2020. Meeting Minutes. Quarterly Mtg. Q1, 2020.pdf 04. 2019 IRR Anaylis 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 Ot Scope and Perdoit. Review of UM Criteria, Approved_4.23.2020.pdf UM Ottoscope and Perdoit. Review of UM Criteria, Approved_4.23.2020.pdf UM Policy 18.9 by UM Criteria, Approved_5.24.2020.pdf UM Policy 19.2 MDHC Referral Mgmt. Approved_5.24.2020.pdf UM Policy 19.2 MDHC Adverse Determination, Revision. Approved_6.24.2020.pdf Work Flow Diagram for MD Health-choice.pdf Uvck Flow Diagram for MD Health-choice.pdf UM Medical Necessity Workflow Diagram.pdf Medical Necessity Workflow Diagram.pdf Medical Nacional Management Committee.pdf 03. PUMMC. 6.3.2020. Meeting Minutes_Quarterly Mtg., Q1, 2020.pdf 04. 2019 IRR Anaylsis Report. Final.pdf 05. Job Descriptions Non-Physician UM Reviewers.pdf 06. JUM Delicy 8 Apraylsis Report. Final.pdf 108. Job Descriptions Non-Physician UM Reviewers.pdf 109. Jud Descriptions Non-Physician UM Reviewers.pd	Average length of stay authorized per episode of care Supporting Documents Vizou Schorument Review FINAL_March2020.pdf Degree of discretion senercised by utilization review staff Supporting Documents Province FINAL_March2020.pdf vizourable of the province of the provinc	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 \$100.2 pdf Inter-arter reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report, Deff IRR Anaylais, pdf IRR Ana	policy_20142-UM05.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers. Supporting Documents Copy of Manyland Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Scorecard Med nec reviews.xtsx-	Supporting Documents UM Determination Report, 2020Aug, Car eFirst, ConcurrentRevi ews.sks: Pre-Service UM Determination Report Supporting Documents UM Determination Report, 2020Aug, Car eFirst, Preservice.xksx-	MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Rates for MH/SUD Supporting Documents Auth Stats for June 2020;4sx 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 38718 form rev 01132016.pdf Degree of discretion exercised by utilization review staff Degree of discretion exercised by utilization review staff 18718 form rev 01132016.pdf NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form rev 01132016.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 38718 form rev 01132016.pdf-
Outlier Management	Neuropecure (eview-2.pu)	Inter-Rater Reliability IRR Assessments.pdf	052620.xlsx CareFirst Surmary YTD_2019_12_2312_27.xlsx Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Concurr entReviews.xlsx*		Inter-rate reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02. Regional Ullization Management Committee pdf 03. RUMC, 63.2020, Meeting Minutee, 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 Descriptions Non-Physician UM Reviewers.pdf UM 01 Scope and Periodic Review of UM Criteria, Approved, 4.23.2020.pdf UM 518 Cope and Periodic Review of UM Criteria, Approved, 4.23.2020.pdf UM Staff Qualifications and Responsibilities pdf UM Staff Qualifications and Responsibilities.pdf Um Staff Qualifications and Responsibilities.pdf Ceneral Roles and Responsibilities. GUM Licensed Professionals.pdf Work Flow Diagram for MD Health-choice.pdf UM Medical Necessity Workflow Diagram pdf Outlier Managment, 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 Ultilization trends Supporting Documents Supporting Documents PEER COMPARISON, FACILITY_20191120 ER.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Average 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.pd Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy, 20142-UM05.pdf Exception processes available for each NOTI. requirement and when they may be applied. Supporting Documents UM50.pdf	Fraud, Waste and Abuse Program Monthly Performance Supporting Documents St10_cutiler, Management_FWA_Score ecard_CNS_Manyland_April_2020.xlsx Medical claim review accuracy Supporting Documents 2019 LHCCP_UM Evaluation_MD_Final v.pdf	Supporting Documents Daily Census_CareFirst_05 3 2120-052620.xlsx CareFirst Summary YTD_2019_12_23 12_27.xlsx Concurrent UM Determination Report Supporting Document Document Report_2020Aug_Car eFirst_ConcurrentRevi was xlsx	FWA report - Standard Template - MD also Standard Template - MD also Authorization Denial Rates for MH-SUD Supporting Documents Auth Stats for June 2020 als Auth Stats for June 2020 also Auth Stats for June 2020 also MDH ASO RP OPASS 20-18319 11-29-18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Data Supporting Documents Supporting Documents FWA report - Standard Template MD Jaks Authorization Denial Rates for MH/SUD Supporting Documents Auth Statis for June Auth Statis	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form ev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form ev 01132016.pdf Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form ev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form ev 01132016.pdf
Prior Authorization/ Preauthorization	Supporting Documents Aetra Better Health UM Data.pdf Utilization trends Supporting Documents Aetra Better Health UM Data.pdf Number of days or visits authorized per review Supporting Documents Aetra Better Health UM Data.pdf Aetra Better Health UM Data.pdf Assessments of provider directory accuracy Supporting Documents	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Supporting Documents Inter-Rater Reliability IRR Assessments.pdf OMC UMEval2019 UMPD2020mod.pdf Average denial rates for medical/surgical benefits. Supporting Documents HCM Minutess 2:0200.UMTAT.pdf Average length of stay authorized per episode of care Supporting Documents HCM Minutess 2:0200.UMdoc.pdf Utilization trends Supporting Documents HCM Minutess 2:0200.UMdoc.pdf Internal audif findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_0603:2020.UM.IRR.OU_v3-signed.pdf-	Report_2020Aug_CareFirst_Preservi ce.xlsx	PCP follow up 1st qtr 2020-Barb.pdf 3rd Qtr 2005 - 2019.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents	Requirements for the qualifications of provider staff involved in reviews Supporting Documents 10 5, Job Descriptions Non-Physician UM Reviewers.pdf 10 6, JD UMMDs.pdf 10 Flow 10 Flo	Degree of discretion exercised by utilization review staff Supporting Documents 7000.10 Inter-rater Reliability, FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 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 Piro Authorization, FINAL_March2020.pdf 7100.05 Piro de focumentation (e.g. chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Piror Authorization_FINAL_March2020.pdf	"Inter-tater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Raport, 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.visx*	Inter-ater reliability surveys for medical/surgial, mental health and substance use disorder reviewers. Supporting Documents Supporting Documents policy, 20142-UMD5 pdf Exception processes available for each NOTI. requirement and when they may be applied. Supporting Documents UMS8.pdf		Report_2020Aug_Car eFirst_Preservice.xlsx	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	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.3ks; 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 evol 1132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF-LOC.pdf 3871B form evol 1132016.pdf Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF-LOC.pdf 3871B form evol 1132016.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

	Appendix E2 - Page 3													
Concurrent Review	Aetna Utilization trends	Amerigroup Utilization trends	UM Determination	Jai Inter-rater reliability surveys for	Kaiser Inter-rater reliability surveys for medical/surgical, mental	MPC Inter-rater reliability surveys for medical/surgical,	Medstar 'Average denial rates for medical necessity for mental health and substance	Priority Number of days or visits authorized per	UHC "Inter-rater reliability surveys for	CareFirst UM Determination	ASO - MH Authorization Denial Rates for		Frequency with which reviews are conducted	FFS - Dental
	monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless of prior authorization status. Dollars pend trades qualitative and analyses appure total costs weight for authorization status. Compliance with self-imposed, customer, or regulator-imposed network adequacy standards compliance with self-imposed, customer, or regulator-imposed network adequacy standards with the compliance with self-imposed customer, or regulator-imposed network adequacy by distance not by drug utilization	Supporting Documents Over Under-Uillization of Services pdf Internal audit findings Internal audit findings Internal audit findings determination consistency determination consistency determination consistency suff to plant the plant of Supporting Documents Inter-Rater Reliability IRR Assessments pdf	Report_2020Aug_CareFirst_Concurren Reviews_vdsx	I medical/surgical, mental health and substance use disorder reviewers Supporting Documents Supporting Documents October 1997 (2019) and Utilization treater Reliability Study 2019.pdf 3rd Qtr 2005 - 2019.pdf	health and substance use disorder reviewers Supporting Documents 102 Regional Utilization Management Committee pdf 102 Regional Utilization Management Committee pdf 103 Regional Utilization Management Committee pdf 104 Regional Utilization Management Committee pdf 104 Regional Regi	mental health and substance use disorder reviewers Supporting Documents 7000.10 there-rater Reliability_FINAL_March2020.pdf 7000.10 there-rater Reliability_FINAL_March2020.pdf 1000.10 there-rater Reliability_FINAL_March2020.pdf 1000.25 MM Stdf Usulley Review_FINAL_March2020.pdf 170e and televided footomentation (e.g., chart notes, is results, treatment plans, etc.) the health plan register from providers during reviews 7100.05 MM Stdf Usulley FINAL_March2020.pdf Usilization treatment plans, etc.) the health plans register from providers during reviews 7100.05 Prior Authorization_FINAL_March2020.pdf Usilization treatment plans, etc.	use disorder benefits, and medical surgical benefits. Supporting Documents Average denial rates for medical surgical benefits. Average denial rates for medical necessity \$100.2 pd Degree of discretion sercised by utilization review staff IRR Report pdf IRR Report pdf IRR Report pdf IRR Analysis pdf Frequency of Reviews Discretion of Reviewers.pdf Frequency of Reviews Discretion of Reviewers.pdf Frequency of Reviews Discretion of Reviewers.pdf Irrequency of Reviews Discretion of Reviewers.pdf IRR Analysis.pdf IRR Analysis.pdf IRR Analysis.pdf IRR Analysis.pdf Irrequency of Reviews Discretion of Reviews Supporting Documents Irrequency of Reviews Discretion Management Criteria; July 2020.pdf Irrequency of Reviews Ir	review Supporting Documents policy, 2014-24/M/55,pd policy, 2014-24/M/55,pd policy, 2014-24/M/55,pd policy, 2015-24/M/55,pd Exception processes available for each NOTI. requirement and when they may be applied. Supporting Documents policy, 2015-04/M/7,pd inter-rater reliably surveys for medicalizarycial, mental health and relevents: Supporting Documents policy, 2014-24/M/5,pd	medical/surgical, mental hand substance use disorder relevents substance use disorder relevents Supporting Documents Copye, May January (1997), Ma	Report, 2020Aug, CareFirst, Co	MH/SUD Documents Supporting Documents Auth Stats for June 2020:48x MDH ASO, RFP OPASS 20- ATTACHMENT M Contract ASO PBHS 20-18319 (1)	Auff State for June 2020-8xx MDH ASO RFP OPASS 20-18319 11:20.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18316 (1)	REM Nursing Assessment Form - blank.pdf	
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