

Standard 9, NQTL: CONCURRENT REVIEW (CR)													
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Inpatient													
Appropriateness of Utilization			X				X						
Clinical guidelines MCG		X											
Clinical guidelines InterQual						X							
Excessive Utilization			X	X	X				X			X	
Fiscal Responsibility			X					X					
High levels of variation in length of stay					X		X			X	X		
Industry Standards			X				X						
Lack of clinical efficiency of treatment or service				X	X	X							
Least restrictive appropriate level of care										X	X		
Medical Necessity	X		X					X					
Patient Safety			X										
Regulatory or State Contractual Requirements								X					
Service type			X	X	X					X	X	X	
Severity/chronicity of illness				X						X	X		
Variability in quality										X	X		
Tally of Factors in Use	1	1	7	4	4	2	3	3	1	5	5	2	N/A
Factor related to Cost/Utilization Control	N	N	X	N	N	X	X	X	X	N	N	X	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	N	
Outpatient All													
Administrative burden/cost													
Appropriateness of utilization			X				X						
Appropriate care setting		X											
Claims with a high percentage of fraud					X								
Clinical guideline MCG		X											
Clinical guidelines InterQual						X							
Clinical indications and/or evidence										X	X		
Demand for Services					X								
Excessive utilization	X		X	X	X	X			X			X	
Fiscal responsibility			X					X					
Health Plan accreditation standards for quality assurance			X	X	X							X	
High levels in variation in length of stay										X	X		
Industry Standards							X						
Lack of clinical efficiency of treatment or service				X									
Least restrictive appropriate level of care		X								X	X		

Standard 9, NQTL: CONCURRENT REVIEW (CR)													
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Medical necessity	X		X					X					
Medicare/Medicaid Program participation eligibility			X	X	X							X	
Patient safety			X										
Par Status (Provider contracted w/plan)	X												
Regulatory or State Contractual Requirements								X					
Quality and Performance Measures			X	X	X							X	
Safety risks	X		X	X	X							X	
Separate payments for managing a patient's care outside of face-to-face contact			X	X	X							X	
Service type			X	X	X					X	X	X	
Severity or chronicity of illness				X			X			X	X		
Variability in quality										X			
Tally of Factors in Use	4	3	11	9	9	2	3	3	1	6	5	7	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	N	N	N	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	
Factor related to Provider Qualifications	X	N	N	X	N	N	N	N	N	N	N	X	

Standard 9, NQTL: FAIL FIRST/STEP THERAPY (FF/ST)

	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	FFS - MH	FFS - SUD	FFS - M/S Pharm
Prescription Drug												
Appropriateness of Utilization			X									
Claim types with a high percentage of fraud									X			
Claims evaluation, reporting, and analytics								X				
Clinical Appropriateness	X											
Clinical indications and/or evidence								X				
Cost Effectiveness	X											
Current and projected demand for services									X			
Elasticity of demand									X			
Excessive utilization									X			
Fiscal Responsibility	X		X									
Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug	X			X						X	X	X
Formulary design/Tiered Drug Formulary							X	X				
High cost of care relative to similar therapies							X					
High variability in cost per episode of care								X	X			
Industry Standards			X									
Lack of adherence to quality standards									X			
Lack of clinical efficiency of treatment or service	X			X		X			X			
Lower Generic Cost	X	X										
Medical Effectiveness	X					X						
Medical necessity	X	X	X			X						
Medicare/Medicaid program participation eligibility												
Medication Status on Preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee				X								
Patient Safety			X									
Provider discretion in determining diagnosis									X			
Recent medical cost escalation									X			
Recognition of accreditation by certain accrediting bodies									X			
Safety risks	X			X	X	X			X			
Service type				X								

Standard 9, NQTL: FAIL FIRST/STEP THERAPY (FF/ST)												
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	FFS - MH	FFS - SUD	FFS - M/S Pharm
Severity or chronicity of illness				X					X			
Utilization patterns								X				
Tally of Factors in Use	9	2	5	5	1	4	2	5	12	1	1	1
Factor related to Cost/Utilization Control	X	X	X	X	X	X	X	X	X	X	X	X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X
Factor related to Provider Qualifications	N	N	N	X	N	N	N	N	N	N	N	N

Standard 9, NQTL: MEDICAL NECESSITY CRITERIA (MNC)

	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm
Inpatient														
Appropriateness of utilization			X				X							
Appropriateness of proposed technology								X						
Clinical guidelines MCG		X												
Excessive utilization		X	X	X	X	X			X			X		
Fiscal Responsibility			X											
High levels of variation in length of stay					X	X				X	X			
Industry Standards			X				X							
Lack of clinical efficiency of treatment or service				X	X		X							
Least restrictive appropriate level of care										X	X			
Medical necessity	X							X						
Patient Safety								X						
Service type			X	X	X					X	X	X		
Severity or chronicity of illness				X						X	X			
Variability in quality										X	X			
Tally of Factors in Use	1	2	5	4	4	2	3	3	1	5	5	2	N/A	N/A
Factor related to Cost/Utilization Control	N	X	X	X	N	X	X	X	X	N	N	X		
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X		
Outpatient ALL														
Appropriateness of utilization			X				X							
Appropriateness of the proposed technology								X						
Claim types with high percentage of fraud					X	X								
Clinical guidelines MCG		X												
Current and projected demand for services				X	X	X						X		
Elasticity of demand						X								
Excessive utilization			X	X	X	X			X			X	X	
Fiscal responsibility														
High levels in variation of length of stay										X	X			
High variability in cost per episode of care			X		X								X	
Industry Standards			X				X							
Internally developed guidelines						X								
Lack of adherence to clinical standards			X		X	X							X	
Lack of clinical efficiency of treatment of service			X	X	X		X						X	
Least restrictive appropriate level of care		X								X	X			
Medical Necessity	X		X					X						
Medicare/Medicaid program participation eligibility				X	X							X		
Patient safety			X					X						
Provider discretion - diagnosis				X	X	X								
Provider discretion - type or length of treatment						X								

Standard 9, NQTL: MEDICAL NECESSITY CRITERIA (MNC)

	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm
Quality and performance measures (including customer feedback)/National Accreditation Standards					X									
Relative reimbursement rates			X		X								X	
Service type			X	X	X	X				X	X	X	X	
Severity or chronicity of illness				X	X	X				X	X	X		
Variability in quality										X	X			
Variation in Adherence to Quality of Care Standards								X						
Tally of Factors in Use	1	2	10	7	12	10	3	4	1	5	5	5	6	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	N	X	N	N	X	X	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	X	
Factor related to Provider Qualifications	N	N	N	N	N	N	N	N	N	N	N	X	N	
Prescription Drugs (FFS Program, not ASO administers MH & SUD)														
Administrative burden/cost								X						
Appropriateness of Utilization			X				X							
Claim types with a high percentage of fraud						X			X					
Claims evaluation, reporting, and analytics								X						
Clinical Appropriateness/Medical Necessity	X			X						X	X			X
Clinical indications and/or evidence								X						
Clinical Literature		X												
Current and projected demand for services		X				X								
Efficacy demonstrated in rare conditions only							X							
Elasticity of demand						X			X					
Excessive utilization		X	X	X	X	X			X					
FDA Dosage Limit		X												
Fiscal Responsibility			X											
Fiscal Responsibility/Cost Effectiveness				X						X	X			X
High variability in cost per episode of care							X		X					
Industry Standards			X				X							
Lack of adherence to quality standards									X					
Lack of clinical efficiency of treatment or service	X			X	X				X					X
Medical Effectiveness	X													
Medical Necessity	X		X				X							
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				X						X	X			X
Patient Safety			X											
Pervasive use of non-FDA approved diagnosis							X							
Provider discretion - type or length of treatment						X			X					
Provider discretion-diagnosis									X					

Standard 9, NQTL: MEDICAL NECESSITY CRITERIA (MNC)														
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm
Recent medical cost escalation				X					X					
Recognition of accreditation by certain accrediting bodies									X					
Safety Risks				X	X	X			X					
Severity or chronicity of an illness				X					X					
Utilization patterns								X						
Waste of Medicaid Funds						X								
Tally of Factors in Use	4	4	5	8	3	7	6	4	12	3	3	N/A	N/A	4
Factor related to Cost/Utilization Control	N	X	X	X	N	X	X	X	X	X	X			X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X			X

Standard 9, NQTL: OUTLIER MANAGEMENT (OM)

	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Inpatient													
Appropriateness of utilization							X						
Claim types with high percentage of fraud		X				X							
Claims evaluation, reporting, and analytics								X					
Excessive utilization		X	X	X	X	X			X	X	X	X	
Fiscal Responsibility			X										
High dollar claim review for claims over \$150,000					X								
High levels of variation in length of stay					X					X	X		
Industry standards							X						
Lack of clinical efficiency of treatment or service				X	X	X							
Least restrictive appropriate level of care										X	X		
Medical necessity	X			X									
Prior authorization				X									
Provider Discretion - diagnosis						X							
Provider Discretion - type or length of treatment						X							
Recent medical cost escalation						X							
Safety risks			X	X		X						X	
Service type					X	X	X			X	X		
Severity/chronicity illness				X		X				X	X		
Variability in quality										X	X		
Tally of Factors in Use	1	2	3	6	5	9	3	1	1	6	6	2	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	N	N	N	
Factor related to MNC	X	X	N	X	X	X	X	X	X	X	X	X	
Outpatient All													
Appropriateness of utilization							X						
Claim types with high percentage of fraud		X			X	X							
Claims evaluation, reporting, and analytics								X					
Excessive utilization	X		X	X	X	X			X	X	X	X	X
Fiscal Responsibility			X										
High levels of variation in length of stay										X	X		
High variability in cost of care per episode			X	X	X	X							X
Industry Standards			X				X						
Lack of clinical efficient of treatment or service				X									
Least restrictive appropriate level of care		X								X	X		
Medically necessary				X									

Standard 9, NQTL: OUTLIER MANAGEMENT (OM)

	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Prior authorization				X									
Provider discretion - diagnosis						X							
Provider discretion - type or length of treatment						X							
Recent medical cost escalation						X							
Relative reimbursement rates			X		X								X
Safety risks			X	X	X							X	
Service type			X	X	X	X	X			X	X	X	X
Severity/chronicity illness				X		X	X			X	X		
Variability in quality				X	X	X				X	X		
Tally of Factors in Use	1	2	7	9	7	9	4	1	1	6	6	3	4
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	N	N	N	X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	X
Prescription Drug													
claim types with high percentage of fraud		X			X	X							
Claims evaluation, reporting and analytics								X					
Current and projected demand for services						X							
Education - Pharmacy				X									
Elasticity of Demand						X							
excessive utilization	X	X		X		X							
Fiscal Responsibility			X			X							
Industry Standards			X										
Lack of adherence to quality Standards						X							
Lack of clinical efficiency of treatment or service						X							
Medical Effectiveness						X							
Medical Necessity				X		X							
Medication Status of preferred drug list (PDL) as determined by preferred drug program via recommendations by the P&T committee						X							
Prior Authorization				X									
Provider Discretion in determining type or length of treatment						X							
Quality and performance measures (including customer feedback)						X							
Safety Risks				X		X							
Severity or chronicity of an illness						X							
Tally of Factors in Use	1	2	2	5	1	13	0	1	0	0	0	0	0

Standard 9, NQTL: PRIOR AUTHORIZATION (PA)															
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm	
Inpatient															
Appropriate care setting		X													
Appropriateness of utilization							X								
Claims types with a high percentage of fraud			X												
Clinical Guidelines MCG		X													
Current and projected demand for services					X										
Excessive Utilization	X		X		X				X			X			
Fiscal Responsibility			X					X							
High utilization with variable cost per episode		X													
Industry Standards			X				X								
Lack of clinical efficiency of treatment/service	X			X											
Lack of adherence to quality standards	X														
Least restrictive appropriate level of care										X	X				
Medical Necessity			X					X							
Medicare/Medicaid Program Participation Eligibility			X	X	X							X			
Nationally Recognized Guidelines						X									
Patient Safety			X												
Regulatory or State Contractual Requirements								X							
Service Type			X	X	X				X			X			
Severity/chronicity of illness	X			X						X	X				
Tally of Factors in Use	4	3	8	4	4	1	2	3	2	2	2	3	N/A	N/A	
Factor related to Cost/Utilization Control	N	X	X	X	X	N	X	X	X	N	N	N			
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X			
Factor related to Provider Qualifications	N	N	X	X	X	N	N	N	N	N	N	X			
Outpatient All															
Appropriateness of utilization							X								
Benefit limitation		X													
Claims with a high percentage of fraud			X		X	X			X						
Clinical Guidelines MCG		X													
Current and projected demand for services						X									
Demand for Services					X										
Elasticity of demand			X	X		X						X			
Excessive Utilization	X		X	X	X	X			X			X	X		
Fiscal Responsibility			X												
High levels of variation in length of stay										X					
High variability in cost per episode of care		X	X	X	X	X							X		
Industry Standards			X				X								
Lack of clinical efficiency of treatment of service				X		X									
Least restrictive appropriate level of care		X								X					
Medical Necessity	X		X					X							
Medicare/Medicaid program participation eligibility			X	X	X							X			
Nationally Recognized Guidelines						X									

Standard 9, NQTL: PRIOR AUTHORIZATION (PA)															
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm	
Par Status (Provider contracted w/plan)	X														
Patient Safety			X					X							
Quality and performance measures (ProQual for LTSS)				X	X							X			
Recent medical cost escalation						X			X						
Relative Reimbursement Rates			X	X	x								X		
Regulatory or State Contractual Requirements								X							
Safety risk	X														
Service type			X	X	X	X			X	X	X	X	X		
Severity or chronicity of illness				X		X				X					
Variability in quality										X					
Tally of Factors in Use	4	4	11	9	8	10	2	3	4	5	1	5	4	N/A	
Factor related to Cost/Utilization Control	N	X	X	x	X	X	X	X	X	N	N	N	X		
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	X		
Factor related to Provider Qualifications	X	N	X	X	X	N	N	N	N	N	N	X	N		
Prescription Drugs (FFS Program, not ASO administers MH & SUD)															
Administrative burden/cost								X							
Appropriateness of utilization							X								
Claim types with a high percentage of fraud			X			X									
Clinical appropriateness/Medical necessity					X	X		X		X	X			X	
Clinical and Practice Guidelines	X														
Current and projected demand for services						X			X						
Elasticity of demand						X			X						
Excessive Utilization			X	X	X	X			X						
Efficacy Demonstrated in Rare Conditions only							X								
Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug					X	X				X	X			X	
Fiscal Responsibility			X												
Formulary Design							X								
High variability in cost per episode of care							X		X						
Industry Standards			X				X								
Lack of adherence to quality standards	X					X			X						
Lack of clinical efficiency of treatment or service				X	X	X		X	X	X	X			X	
Lower Cost Generic		X						X							
Meets evidenced based clinical criteria for medical necessity		X													
Medical Necessity			X				X								
Medicare/Medicaid Program Participation eligibility				X											
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					X	X				X	X			X	
Patient Safety			X												
Pervasive Use of Non-FDA diagnosis							X								

Standard 9, NQTL: PRIOR AUTHORIZATION (PA)															
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm	
Provider discretion - diagnosis									X						
Provider discretion in determining type or length of treatment				X		X			X						
Recent medical cost escalation - Pharmacy				X	X	X			X						
Recognition of accreditation by certain accrediting bodies									X						
Safety risks		X		X		X		X	X						
severity or chronicity of illness	X				X	X			X	X	X			X	
Valid DEA or Controlled Substance Certificate or acceptable substitute	X														
Tally of Factors in Use	4	3	5	6	7	13	7	5	12	5	5	N/A	N/A	5	
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	X	X			X	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X			X	
Factor related to Provider Qualifications	X	N	N	N	N	N	N	N	N	N	N			N	

Standard 9, NQTL: TIERED DRUG FORMULARY (TDF)												
	Aetna	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	Wellpoint	FFS - MH	FFS - SUD	FFS - M/S Pharm
Prescription Drug												
Absence of formulary alternative or failure to respond to formulary medication						X						
Claim types with high percentage of fraud									X			
Clinical Appropriateness	X						X					
Clinical Appropriateness/Medical Necessity				X	X	X				X	X	X
Clinical Efficacy							X					
Clinical Effectiveness							X					
Clinical Literature		X										
Clinical practice guidelines and recommendations							X					
Cost Effectiveness	X											
Current and projected demand for service									X			
Elasticity of demand									X			
Excessive Utilization	X			X					X			
FDA Drug Information		X										
Fiscal Responsibility	X		X	X	X							
Fiscal Responsibility/Cost Effectiveness						X				X	X	X
Generic medications are assigned to Tier 1								X				
Brand name medications are assigned to Tier 2								X				
High variability in cost per episode of care									X			
Impact of drug on overall medical resource utilization and cost							X					
Industry Standards			X									
Lack of adherence to quality standards									X			
Lack of clinical efficiency of treatment or service	X					X			X			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee				X	X					X	X	X
Medispan		X					X					
Provider discretion- diagnosis									X			
Provider discretion- type or length of treatment									X			
Recent medical cost escalation									X			
Recognition of accreditation by certain accrediting bodies									X			
Safety Profile							X					
Safety Risks	X			X	X	X			X			
Severity or chronicity of an illness	X								X			
Tally of Factors in Use	7	3	2	5	4	4	7	2	13	3	3	3
All MCO/ASO-cost of service delivery	X	X	X	X	X	X	X	X	X	X	X	X
All MCO/ASO--Med Nec	X	X	X	X	X	X	X	N	X	X	X	X