



ParityManager™ NQTL Analysis

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Comparative Analysis of Identified NQTLs

Concurrent Review

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services (Medical/Surgical)	✓				
Home Health Care		✓			
Therapy - occupational			✓		
Therapy - pathology			✓		
Therapy - physical			✓		
Therapy - rehabilitative (20 and under)			✓		
Therapy - speech			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	R	R	R		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical indications and/or evidence		R	R		
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Not Applicable	R	R	R		
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-2"

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG		
	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
	Medical expert reviews				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-3S"

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications and/or evidence		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
3. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
5. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
6. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
7. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-3S"

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-3E"

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications and/or evidence		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
3. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
6. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
7. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 1-3E"

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
PA Criteria	✓	✓	✓		

MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Step Six

Findings and Conclusions

 NQTL conclusion missing


Data Collection

 NQTL associated with MH/SUD but not Med/Surg

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

 Med/Surg benefits applied to NQTL missing

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Ambulatory detoxification			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Individual therapy--outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 2-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.
IE: (MH) / (SUD)

KEY

R - Relied on

C - Considered but not relied on



Med/Surg factors used missing

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Evaluation of System Design			R		
Not Applicable	R	R	R	R	

Step Three

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



Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Evaluation of System Design			Maryland BHA program requirements		
2. Not Applicable	Not Applicable			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Evaluation of System Design	Behavioral Health Administration standards for assessing clinical outcomes				
2. Not Applicable	Not Applicable				

Step Four


Measures Used to Ensure Comparable NQTL Design, Development, and Application

MH/SUD


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Data Collection - Data Capture extract			✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers			✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria			✓		
NQTL does not apply to any services in this classification		✓		✓	
NQTL does not apply to any services in this classification				✓	
NQTL does not apply to any services in this classification	✓	✓			

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits

 Comparative Analysis for Emergency Benefits missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

Fail first requirements/step therapy.

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
MCO administered prescription drug					✓
Not Applicable	✓	✓	✓		

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug					✓
FFS SUD Drug					✓
Not Applicable	✓	✓	✓		

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	R	R	R		
fail first protocol					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 3-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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					R
fail first protocol					R
Lack of clinical efficiency of treatment or service					C
Not Applicable	R	R	R		
Safety risks					C
Service type					C
Severity or chronicity of an illness					C

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 3-2"

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG		
2. fail first protocol					Formulary

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

Sources

MH/SUD

Factor	Outpatient				Prescription Drugs
	Inpatient	Outpatient - Other	- Office Based	Emergency Benefits	
1. 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					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
2. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
3. Lack of clinical efficiency of treatment or service					Internal claims analysis

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		
2. fail first protocol					Standards used by any committees of experts, and required level of qualifications of committee members.

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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient			Prescription Drugs
		Outpatient - Other	- Office Based	Emergency Benefits	
1. 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					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
2. fail first protocol					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
3. Lack of clinical efficiency of treatment or service					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.

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

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Formulary					✓
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification		✓			
NQTL does not apply to any services in this classification			✓		
P&T Minutes					✓

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


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD			✓		
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers			✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria			✓		
Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
NQTL does not apply to any services in this classification	✓		✓		
NQTL does not apply to any services in this classification		✓			

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


Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Medical necessity

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Hospital Admissions (Medical/Surgical)	✓				
Acute Care Services (Medical/Surgical)	✓				
Adult dental		✓	✓		
Air Ambulance				✓	
Amputations--inpatient	✓				
Bypass surgery--inpatient	✓				
Cardiac Procedures (non-emergent)--inpatient	✓				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 4-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Ancillary Services	✓				
Ancillary Services SUD	✓				
Anesthesia--Inpatient	✓				
Anesthesia - Outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 4-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	R	R	R		
fail first protocol					R
Not Applicable				R	

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

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
High levels of variation in length of stay	R	R	R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R		R		
Least restrictive appropriate level of care		R			
medication status on preferred drug list (PDL) as determined by the Preferred Drug Program via recommendations by the P&T Committee					R

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

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG		
2. fail first protocol					Formulary
3. Not Applicable				Not Applicable	

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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
2. fiscal responsibility/cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
3. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
6. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Internal claims analysis

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		
2. fail first protocol					Standards used by any committees of experts, and required level of qualifications of committee members.
3. Not Applicable				Not Applicable	

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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
2. fiscal responsibility/cost effectiveness					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

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

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers					✓
NQTL does not apply to any services in this classification				✓	
PA Criteria	✓	✓	✓		✓
Prior authorization statistics					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓

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


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
NQTL does not apply to any services in this classification				✓	
NQTL does not apply to any services in this classification				✓	

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

Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Outlier Management

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acupuncture & Biofeedback Service			✓		
Acute Care Hospital Admissions (Medical/Surgical)	✓				
Audiology Services			✓		
Cardiac Rehab			✓		
Chemotherapy			✓		
Chemotherapy--inpatient	✓				
Chiropractic Services			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Drug Testing		✓			
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	R	R	R		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Not Applicable	R	R	R		
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	R	R		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-2"

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-3S"

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
3. Least restrictive appropriate level of care	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
5. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
6. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
7. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-3S"

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-3E"

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.		
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
3. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
6. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				

Full table for this section available in nqt_analysis.xlsx file included with this document. Reference "Section 5-3E"

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification			✓		
Outlier Management Data		✓			
PA Criteria	✓	✓			
Utilization trends	✓				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 5-4"

MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓				
Authorization Denial Rates for MH/SUD	✓				
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓				
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓				
Outlier Management Data	✓				
Outlier Management Data		✓			
Outlier Management Data			✓		

Full table for this section available in nqtI_analysis.xlsx file included with this document. Reference "Section 5-4"

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Prior Authorization/Pre-Authorization

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Cosmetic Surgery			✓		
MCO administered prescription drug					✓
Not Applicable	✓	✓			
Outpatient Surgery; Ambulatory Surgery Centers			✓		
Pain Management Services (ambulatory)			✓		
Therapy - occupational			✓		
Therapy - pathology			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
FFS MH Drug					✓

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	R	R	R		
fail first protocol					R

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 6-2"

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
An approval required from the Department or its designee before a drug is dispensed					R
clinical appropriateness/medical necessity					R
Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug					R
High levels of variation in length of stay		R	R		
Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation					C
Lack of clinical efficiency of treatment or service					C
Least restrictive appropriate level of care	R				

Full table for this section available in nqtI_analysis.xlsx file included with this document. Reference "Section 6-2"

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG		
2. fail first protocol					Formulary

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

Sources

MH/SUD

Factor	Outpatient				Prescription Drugs
	Inpatient	Outpatient - Other	- Office Based	Emergency Benefits	
1. An approval required from the Department or its designee before a drug is dispensed					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
2. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
3. Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug					Internal claims analysis

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Accreditation standards for quality assurance.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		
	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.				
	State regulatory standards for health plan network adequacy.				
2. fail first protocol					Standards used by any committees of experts, and required level of qualifications of committee members.

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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. An approval required from the Department or its designee before a drug is dispensed					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
2. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA dosage limit
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

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

Step Four
 Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Dollar spend trends					✓
Formulary					✓
PA Criteria	✓	✓	✓		✓
Policies & Procedures					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

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


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓


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

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Service limitations

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Diabetic Supplies		✓			
Hearing Tests, Aids & Devices		✓			
Not Applicable	✓		✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-1"

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-1"

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Guidelines MCG	R	R	R		

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	R	R			
Service type		R	R		

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG	Clinical Guidelines MCG		

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable	Not Applicable			
2. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Guidelines MCG	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.	Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG clinical criteria.		

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable	Not Applicable			
2. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification		✓			
NQTL does not apply to any services in this classification			✓		


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD			✓		
NQTL does not apply to any services in this classification		✓			
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification		✓			


Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

tiered drug formulary.

Step One

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
MCO administered prescription drug					✓

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug					✓
FFS SUD Drug					✓

Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

NOTE: If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
medication status on preferred drug list (PDL) as determined by the Preferred Drug Program via recommendations by the P&T Committee					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					Formulary

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
2. fiscal responsibility/cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					Standards used by any committees of experts, and required level of qualifications of committee members.

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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing Information & Official Compendium
2. fiscal responsibility/cost effectiveness					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

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

Step Four

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Med/Surg


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Formulary					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers					✓
P&T Minutes					✓
PA Criteria					✓
Policies & Procedures					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓

MH/SUD


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

Step Five
 Comparability and Stringency Analysis as Written and in Operation by Classification

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six
 Findings and Conclusions

 NQTL conclusion missing

Appendix

Factor Definitions

An approval required from the Department or its designee before a drug is dispensed

Approval required from the Department or its designee before a drug is dispensed

clinical appropriateness/medical necessity

identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria

Clinical Guidelines MCG

Compliance with professionally recognized evidence based clinical guidelines used to define clinically appropriate standards of care such as MCG.

Clinical indications and/or evidence

Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Evaluation of System Design

Improvement over time individually and collectively

Excessive utilization

utilization of a service or services beyond that which is deemed medically necessary

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

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

fail first protocol

fail first protocol

fiscal responsibility/cost effectiveness

examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

High levels of variation in length of stay

Individuals with the same illness having different courses of improvement.

Internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation

Process review activities to review a participant's course and efficacy of treatment to determine the approval or renewal of a prior authorization for their drug.

Lack of clinical efficiency of treatment or service

PAs used to approve drugs for participants after failing trials of other drugs or services

Least restrictive appropriate level of care

Lowest level of care the individual can be safely and effectively treated.

Least restrictive appropriate level of care

lowest level of care the individual can be safely and effectively treated.

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

Providers seeking participation in Plan's network must submit a completed credentialing application that includes completed state-generated CAQH application, current/valid license, DEA and/or CDS license, board certifications, and appropriate education

medication status on preferred drug list (PDL) as determined by the Preferred Drug Program via recommendations by the P&T Committee

A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non-Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee

Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee

A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non-Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee

Not Applicable

NQTL does not apply for this classification

Safety risks

risk of PA drug compared to other drugs considered

Service type

Services with various levels of intensity, including frequency and expected duration;

Severity or chronicity of an illness

Level of current symptoms and presence of symptoms over time.

Site visit requirements

PA's used to determine compliance with site visit requirements associated with the clinical criteria of certain drugs

Variability in quality

is individual improving, or is there a need for a change in the treatment plan, monitoring appropriateness and efficacy of treatment.