



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
1915c: nursing (private duty) (21+ years of age)		✓			
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Amputations--outpatient			✓		
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Audiology Services (hearing loss assessment and treatment)			✓		
Autism: adult life planning		✓			
Autism: Environmental accessibility adaption		✓			
Autism: Family leave (retainer day)		✓			
Autism: family training		✓			
Autism: Intensive individual support services		✓			

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			✓		
Group therapy--outpatient			✓		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	✓				
Intensive outpatient (IOP)			✓		

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R			R
Health plan accreditation standards for quality assurance		R			
Lack of clinical efficiency of treatment or service	R	R	R		
Medicare/Medicaid program participation eligibility		R			
Quality and performance measures (including customer feedback)		R			
Safety risks		R			R
Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)		R			
Service type	R	R			
Severity or chronicity of an illness	R	R	R		

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical indications or evidence		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		R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	R	R		

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient			Prescription Drugs
		Outpatient - Other	- Office Based	Emergency Benefits	
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	Internal claims analysis			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
					National accreditation standards

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					State and Federal requirements
2. Health plan accreditation standards for quality assurance		National accreditation standards			
3. Lack of clinical efficiency of treatment or service	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. Medicare/Medicaid program participation eligibility		State and Federal requirements			
5. Quality and performance measures (including customer feedback)		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			
6. Safety risks		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

Med/Surg

Factor			Outpatient	Emergency	Prescription
	Inpatient	Outpatient - Other	- Office Based	Benefits	Drugs
outside of face-to-face contact (e.g., care management)		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			
8. 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	Medical expert reviews			
9. Severity or chronicity of an illness	Medical expert reviews	Medical expert reviews	Medical expert reviews		

Sources

MH/SUD

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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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. 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.
2. Lack of clinical efficiency of treatment or service	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. Safety risks					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
4. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
5. 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.		

Evidentiary Standards

MH/SUD

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

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
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
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	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓				
Number of days or visits authorized per review	✓				
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.	✓	✓	✓		

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	✓	✓	✓		
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

Prescription Drugs

 Comparative Analysis for Prescription Drugs 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
Don't provide services for this classification	✓				
Not Applicable	✓	✓	✓	✓	

Step Two

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

 Med/Surg factors used missing

- R - Relied On
- C - Considered but not Relied On

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				

 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
Not applicable	✓		✓	✓	
not applicable		✓			


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
CFC: Accessibility adaptations		✓			
CFC: assistive technology		✓			
CFC: environmental assessments		✓			
FFS M/S Drug					✓
MCO administered prescription drug					✓
Not Applicable	✓	✓	✓		

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Don't provide services for this classification	✓				
FFS MH Drug					✓
FFS SUD Drug					✓
Not Applicable	✓	✓	✓		

Step Two

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

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable	R	R	R		R
Safety risks					R
Service type					R
Severity or chronicity of an illness					R

- R - Relied On
- C - Considered but not Relied On

MH/SUD

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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable		Not Applicable			

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				

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
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					✓
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.					✓
Consequences or penalties that apply to benefits when an NQTL requirement is not met.					✓
Degree of discretion exercised by utilization review staff		✓			
Frequency with which reviews are conducted					✓
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification			✓		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓


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					✓
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		✓			
Not applicable	✓				
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		✓			
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


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
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;			✓		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;			✓		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc) - Clinic;			✓		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(5) Restorative services (filings, crowns, etc) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;		✓			
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		

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	✓				
Biofeedback			✓		
Buprenorphine guest dosing			✓		
Discharge Day	✓				
Drug Testing		✓			
Electroconvulsive therapy (ECT)--inpatient	✓				
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family therapy--inpatient	✓				

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)

- R - Relied On

- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness / medical necessity					R
Current and projected demand for services		R			
Excessive utilization	R	R	R		R
fiscal responsibility/ cost effectiveness					R
High variability in cost per episode of care			R		
Lack of adherence to quality standards			R		
Lack of clinical efficiency of treatment or service	R	R	R	R	R
Medicare/Medicaid program participation eligibility		R			
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Recent medical cost escalation					R
Relative reimbursement rates			R		
Safety risks					R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R	R	R

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	MH/SUD				
	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		
Least restrictive appropriate level of care	R	R	R		
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					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		

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. Current and projected demand for services		Internal claims analysis			
		Internal market and competitive analysis			
2. 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	Internal claims analysis	Internal claims analysis		
	Internal claims analysis				
3. High variability in cost per episode of care			Internal claims analysis		
4. Lack of adherence to quality standards			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		

Sources

Med/Surg

Factor	Outpatient -		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	Other			
6. Medicare/Medicaid program participation eligibility		State and Federal requirements			
7. Relative reimbursement rates			Internal claims analysis		
			State and Federal requirements		
8. Service type	Medical expert reviews	Medical expert reviews	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		
9. Severity or chronicity of an illness	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews	

Sources

MH/SUD

Factor	MH/SUD		
	Inpatient	Outpatient - Other	Outpatient - Office Based Emergency Benefits Prescription Drugs
1. 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	
2. 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	
3. 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	
4. 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	
5. 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	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. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
2. Lack of clinical efficiency of treatment or service	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. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
4. 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.	

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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.				
2. 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.				
3. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
4. 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.				
5. Variability in quality	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
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					✓
Degree of discretion exercised by utilization review staff	✓	✓			
Dollar spend trends					✓

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
duplicate restorations (quarterly)			✓		
Exception processes available for each NQTL requirement and when they may be applied.					✓
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	✓	✓	✓	✓	
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓			✓
Number of days or visits authorized per review	✓				
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.	✓	✓	✓	✓	
tracking of denial of plans of service that do not meet medical necessity		✓			
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"

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 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					✓
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	✓	✓	✓		
Not applicable				✓	
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 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
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;			✓		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;			✓		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc) - Clinic;			✓		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(5) Restorative services (filings, crowns, etc) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;		✓			
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		

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			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual Psycho-Educational Therapy			✓		
Individual therapy--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)

- R - Relied On

- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
High variability in cost per episode of care			R		
Lack of clinical efficiency of treatment or service	R		R		
Not Applicable				R	
prior authorization requirement	R			R	R
Relative reimbursement rates			R		
Safety risks	R	R			
Service type		R	R		
Severity or chronicity of an illness	R		R		
Variability in quality		R			
was service medically necessary	R			R	R

- R - Relied On
- C - Considered but not Relied On

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	R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	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. Excessive utilization	Internal claims analysis	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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
2. High variability in cost per episode of care			Internal claims analysis		
3. Lack of clinical efficiency of treatment or service	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. prior authorization requirement	State and Federal requirements				
5. Relative reimbursement rates			State and Federal requirements		
6. Safety risks	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. 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	Medical expert reviews		
8. Severity or chronicity of an illness	Medical expert reviews		Medical expert reviews		

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
9. 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			
10. was service medically necessary	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				

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				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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			

Evidentiary Standards

Med/Surg

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.			
2. High variability in cost per episode of care			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	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. prior authorization requirement	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
5. Relative reimbursement rates			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
6. Safety risks	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.			

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
7. 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.		
8. 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.		
9. Variability in quality		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.			
10. was service medically necessary	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				

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.	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. Variability in quality	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.		

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
audits tracker (monthly)			✓		
Degree of discretion exercised by utilization review staff	✓	✓			
Dollar spend trends					✓
duplicate records (monthly)			✓		
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	✓	✓	✓	✓	
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓			
Number of days or visits authorized per review	✓				
Outlier Management Data		✓			
provider financial analysis (monthly)			✓		
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.	✓	✓	✓	✓	
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 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	✓	✓	✓		
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					✓
Outlier Management Data	✓				
Outlier Management Data		✓			
Outlier Management Data			✓		

Full table for this section available in nqtl_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

Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs 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
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;			✓		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc) - Clinic;			✓		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(5) Restorative services (filings, crowns, etc) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(6) Restorative services (filings, crowns, etc) - OP OR/ASC;		✓			
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		✓			

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			✓		
Evaulation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
FFS MH Drug					✓
FFS SUD Drug					✓
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness / medical necessity					R
Elasticity of demand		R			
Excessive utilization	R	R	R		R
fail first protocol					R
High variability in cost per episode of care			R		
Lack of clinical efficiency of treatment or service	R	R	R		R
Medicare/Medicaid program participation eligibility	R	R			R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Provider discretion in determining type or length of treatment					R
Quality and performance measures (including customer feedback)		R			
Recent medical cost escalation					R
Relative reimbursement rates			R		
Safety risks					R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		R

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

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness / medical necessity					R
fail first protocol					R
High levels of variation in length of stay		R	R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R	R	R		
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable	R	R	R		R
Service type		R	R		
Severity or chronicity of an illness	R	R	R		R
Variability in quality		R	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. Elasticity of demand		Internal claims analysis			
2. 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	Internal claims analysis	Internal claims analysis		
3. High variability in cost per episode of care			Internal claims analysis		
4. Lack of clinical efficiency of treatment or service	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. Medicare/Medicaid program participation eligibility	State and Federal requirements	State and Federal requirements			

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		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		
9. Severity or chronicity of an illness	Medical expert reviews	Medical expert reviews	Medical expert reviews		

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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				
2. Not Applicable	Not Applicable	Not Applicable			
3. 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		
4. 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				



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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.				
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.				
3. 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.				

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
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					✓
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.					✓
Consequences or penalties that apply to benefits when an NQTL requirement is not met.					✓
Degree of discretion exercised by utilization review staff	✓	✓			

Med/Surg

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓				
Number of days or visits authorized per review	✓	✓			
Requirements for the qualifications of provider staff involved in reviews	✓	✓	✓		
services preauthorized not received (monthly)			✓		
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					✓

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

MH/SUD

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓				
Authorization Denial Rates for MH/SUD		✓	✓		
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					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

Full table for this section available in nqtI_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
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(6) Restorative services (fillings, crowns, etc.) - OP OR/ASC;		✓			
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		✓			
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;		✓			
(12) Prosthodontics (dentures, etc.) - OP OR/ASC;		✓			
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;		✓			
(17) Anesthesia - OP OR/ASC.		✓			
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Autism: adult life planning		✓			
Autism: Family leave (retainer day)		✓			
Autism: Intensive individual support services		✓			
Autism: Residential habilitation (regular and intensive)		✓			
Autism: Respite care		✓			

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			✓		
Don't provide services for this classification	✓				
Group therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			✓		
MAT Initial Intake (Evaluation and Management, Including Rx)			✓		
MAT Ongoing (Evaluation and Management, including Rx)			✓		
Methadone Maintenance			✓		
Mobile treatment-Assertive community treatment (ACT)		✓			
Mobile treatment-non-ACT		✓			
Not Applicable		✓			
Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified			✓		
Opioid Treatment Program (OTP) services - including med management			✓		

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

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

- R - Relied On
- C - Considered but not Relied On

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



Med/Surg factors & sources missing

Sources

MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
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				



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Outpatient -		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	Other			
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.				

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
not applicable			✓		
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			✓		
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		✓	✓		
Not applicable	✓				
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
FFS M/S Drug					✓
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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness / medical necessity					R
Excessive utilization					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
Safety risks					R

- R - Relied On
- C - Considered but not Relied On

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

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 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
					Medical expert reviews
2. Excessive utilization					Internal claims analysis
3. 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
4. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the 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


Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					Medical expert reviews
5. Safety risks					Internal claims analysis
					State and Federal requirements

 MH/SUD factors & sources missing

 Med/Surg factors & evidentiary standards missing

 MH/SUD factors & evidentiary standards missing

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
Clinical Criteria applied based on FDA labeling and requirements and Official					✓

Med/Surg

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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					✓
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.					✓
Dollar spend trends					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓


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

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 indications or evidence

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

Current and projected demand for services

Current service utilization and anticipated utilization based on prior trends in utilization and population growth

Elasticity of demand

The change in demand, ostensibly referring to the demand for services, based on other factors

Evaluation of System Design

Improvement over time individually and collectively

Excessive utilization

Excessive utilization is determined by one or more of the following considerations: significant potential for inappropriate use, narrow safety margin, requires specialty expertise, reserved for second or third line therapy, actual or potential short supply, medication safety concerns, or potential for waste or diversion associated with high cost

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

Health plan accreditation standards for quality assurance

state and or federal standards that must be met by the health plan in order to obtain and maintain accreditation

High levels of variation in length of stay

Individuals with the same illness having different courses of improvement.

High variability in cost per episode of care

Not Applicable. Did not select in Q P1Q2 and Q3.

Lack of adherence to quality standards

Provider deviations from the accepted protocols when providing treatment

Lack of clinical efficiency of treatment or service

Significant potential for off label indications without data to support wide spread utilization

Least restrictive appropriate level of care

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

Medicare/Medicaid program participation eligibility

KPMAS Regional P&T Committee is allowed to establish PA's and PA criteria for any drug covered by KPMAS as long as it does not conflict with a PA criteria established by Maryland Department of Health. Pharmacy service authorization will include medical necessity determinations for coverage under the pharmacy benefit for drugs that have the Maryland Department of Health approved prior authorization criteria. All applicable federal, state and local jurisdiction mandates shall supersede P&T decisions, recommendations and guidelines.

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

Not Applicable

not applicable

prior authorization requirement

The approval required from the Department or its designee (including the MCO) before a service can be rendered by the provider and the reimbursed.

Provider discretion in determining type or length of treatment

Quantity or refill limits for drugs may be recommended in the following circumstances: Medication safety concerns; potential for waste or diversion associated with high cost; or drug shortage situations.

Quality and performance measures (including customer feedback)

Measures intended to evaluate and improve the quality of services, including, but not limited to: performance measures associated with waiver assurances, State regulations, national quality standards and pay for performance efforts.

Recent medical cost escalation

Medications that may not be a first line agent for a particular condition and there is a cost-effective therapeutic agent available that is considered "first-line" and should be used prior to trying a second or third line agent. Cost of the drug in relation to similar formulary products.

Relative reimbursement rates

reimbursement rates that vary based on parameters such as place of service

Safety risks

Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.

Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)

reimbursement to providers to ensure case management activities are completed in accordance with state and federal requirements

Service type

Determination of service availability internally or within network.

Severity or chronicity of an illness

The degree to which an illness is a long term health condition for which there may be no cure and require ongoing services to treat.

Variability in quality

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

was service medically necessary

Was the service medically indicated and/or were there medical factors contributing to lack of prior authorization.