



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)	✓				
Amputations--inpatient	✓				
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				
Cardiac Procedures (non-emergent)--inpatient	✓				
Chemotherapy--inpatient	✓				
Corrective Surgery--inpatient	✓				
Cosmetic Procedures--Inpatient	✓				
Erectile Dysfunction Procedures	✓				
Eye Procedures--Inpatient	✓				
Gender affirmation surgery	✓				
Grafts/Implants	✓				
Home Visiting Services - Parenting/Support Services		✓			
Hospice: Short-term inpatient care	✓				
Hospice Care--Inpatient	✓				

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
Clinical Guidelines- InterQual	R	R	R		
Excessive utilization		R	R		
High levels of variation in length of stay	R				
Lack of clinical efficiency of treatment or service	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 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		
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. Clinical Guidelines-InterQual	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		
	Medical expert reviews				
2. Excessive utilization			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define		

Sources


Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
			the factors triggering the application of an NQTL to benefits		
			Medical expert reviews		
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				
	Medical expert reviews				
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				
	Medical expert reviews				

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. 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	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		

 Med/Surg factors & evidentiary standards missing

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. 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
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	✓	✓	✓		
Degree of discretion exercised by utilization review staff	✓	✓	✓		
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓	✓		
Frequency with which reviews are conducted	✓	✓	✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Number of days or visits authorized per review	✓	✓	✓		
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	✓	✓	✓		
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
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Authorization Denial Rates for MH/SUD	✓				
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	✓				
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Number of days or visits authorized per review	✓				
The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	✓				
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

Step Six


Findings and Conclusions

 NQTL conclusion missing

Data Collection

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
Home Visiting Services - Parenting/Support Services		✓			
Not Applicable	✓				✓

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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
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	R		


Step Three

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

 Med/Surg factors & sources missing

 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

Measure	Med/Surg				
	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			✓		


MH/SUD

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	✓				
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

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
Acute Care Services (Medical/Surgical)	✓				
Bariatric Surgery	✓				
Clinic Services--Coumadin Clinic			✓		
FFS M/S Drug					✓
Home Visiting Services - Parenting/Support Services		✓			
Institutional Long Term Care/Skilled Nursing Facility (first 90 days)	✓				
MCO Administered Drug					✓
Pain Management Procedures			✓		

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)

- 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 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
Lack of clinical efficiency of treatment or service	R				R
medical effectiveness					R
Medical necessity					R
Not Applicable		R			R
Safety risks					R

- C - Considered but not Relied On

Factor	MH/SUD				
	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
Lack of clinical efficiency of treatment or service					C
medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					C
Not Applicable	R	R			
Safety risks					C
Service type					C
Severity or chronicity of an illness					C
Site visit requirements					C

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 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
2. 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
3. medical 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
					Medical expert reviews
4. 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
5. Not Applicable					Not Applicable
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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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. 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
					Internal claims analysis
					State and Federal requirements
3. medication status of 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
					Internal claims analysis
					State and Federal requirements
4. 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
					State and Federal requirements
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
					State and Federal requirements

Sources

MH/SUD

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

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

 Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD	
Factor	Inpatient Outpatient - Other Outpatient - Office Based Emergency Benefits Prescription Drugs
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 and official compendium
	process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
2. 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.
	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 and official compendium
	process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
3. medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee	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 and official compendium

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					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 and official compendium
5. Service type					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
Availability of less intensive level of care when fail-first NQTL is imposed	✓				✓
Degree of discretion exercised by utilization review staff		✓			
Dollar spend trends					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓				✓

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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					✓
Dollar spend trends					✓
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	✓				
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

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
Acne Services			✓		
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Amputations--outpatient			✓		
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Audiology Services (hearing loss assessment and treatment)			✓		
Bariatric Surgery	✓				
Blood/Blood Products			✓		
Bypass surgery--inpatient	✓				
Bypass surgery--outpatient			✓		
Capsule Endoscopy			✓		
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	✓				
Anesthesia--Inpatient	✓				
Biofeedback			✓		
Buprenorphine guest dosing			✓		
discharge day	✓				
Drug Testing		✓			
Educational Therapy			✓		
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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud		R	R		R
Current and projected demand for services		R	R		R
Elasticity of demand		R	R		R
Excessive utilization	R	R	R		R
High levels of variation in length of stay	R				
internally developed guidelines		R	R		
Lack of adherence to quality standards		R			
Provider discretion in determining diagnosis		R			
Provider discretion in determining type or length of treatment		R	R		R
Safety risks					R
Service type		R	R		
Severity or chronicity of an illness		R	R		
waste of Medicaid funds					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
Excessive utilization					C
fiscal responsibility/cost effectiveness					R
High levels of variation in length of stay	R	R	R		
Lack of clinical efficiency of treatment or service					C
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care		R			
medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable		R			
Safety risks					C
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		C
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. Claim types with high percentage of fraud		Internal claims analysis	Internal claims analysis		Internal claims analysis
		State and Federal requirements	State and Federal requirements		State and Federal requirements
2. Current and projected demand for services		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
		Internal claims analysis	Internal claims analysis		Internal claims analysis
		Internal market and competitive analysis	Medical expert reviews		Medical expert reviews
3. Elasticity of demand		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
		Internal market and competitive analysis	Medical expert reviews		Medical expert reviews
		Medical expert reviews			
4. 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		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
	Internal claims analysis	Internal claims analysis	Internal claims analysis		Medical expert reviews
	Internal market and competitive analysis		Medical expert reviews		
	Medical expert reviews				
5. 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				
	Internal claims analysis				
	Medical expert reviews				
6. internally developed guidelines		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		
		Internal market and competitive analysis			
7. 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			
		National accreditation standards			

Full table for this section available in nqtl_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. 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
					Internal claims analysis
					State and Federal requirements
4. 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 claims analysis					
6. 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		
7. 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			
8. medication status of 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
					Internal claims analysis
					State and Federal requirements
9. Not Applicable		Not Applicable			

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
10. 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
					State and Federal requirements
11. 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		
12. 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		Internal claims analysis
	Medical expert reviews				

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



Med/Surg factors & evidentiary standards missing

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 and official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
2. Excessive utilization					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 and official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
3. fiscal responsibility/cost effectiveness					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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing information and official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
4. 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.		
5. 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.
					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 and official compendium

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
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	✓	✓	✓		✓
days per 1000 and LOS per facility per month	✓				
Degree of discretion exercised by utilization review staff	✓	✓			
duplicate restorations (quarterly)			✓		
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	✓	✓	✓		✓
Number of days or visits authorized per review	✓				
number of days or visits denied per review	✓				
Quality Metrics/HEDIS		✓	✓		

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			✓		
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
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 auditing 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


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

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			✓		
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Audiology Services (hearing loss assessment and treatment)			✓		
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				
Cardiac Procedures (non-emergent)--inpatient	✓				
Cardiac Procedures (non-emergent)--outpatient			✓		
Cardiac Rehabilitation			✓		
Chemotherapy--inpatient	✓				
Chiropractic Services			✓		
Clinic Services--Coumadin Clinic			✓		
Clinic Services--Heart Failure Clinic			✓		
Corrective Surgery--inpatient	✓				
Cosmetic Procedures--Inpatient	✓				

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
Claim types with high percentage of fraud	R	R	R		R
clinical appropriateness/medical necessity					R
Current and projected demand for services					R
Elasticity of demand					R
Excessive utilization	R	R	R	R	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 variability in cost per episode of care		R	R	R	
Lack of adherence to quality standards					R
Lack of clinical efficiency of treatment or service	R				R
medical effectiveness					R
Medical necessity					R
medication status of 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	R
Provider discretion in determining diagnosis	R	R	R		R
Provider discretion in determining type or length of treatment	R	R	R		

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

- 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		
Lack of clinical efficiency of treatment or service				R	
Least restrictive appropriate level of care	R	R	R		
Not Applicable	R			R	R
Provider discretion in determining diagnosis				R	
Provider discretion in determining type or length of treatment				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. Claim types with high percentage of fraud	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		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 market and competitive analysis
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
3. Current and projected demand for services					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
					Medical expert reviews
4. Elasticity of demand					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
					Medical expert reviews
5. 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	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
	Internal claims analysis				Internal claims analysis
	Medical expert reviews				Medical expert reviews
6. 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
					Medical expert reviews

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		
	Internal claims analysis				
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				

Sources

MH/SUD

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

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



Med/Surg factors & evidentiary standards missing

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
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)			✓		
Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.		✓	✓		✓
Dollar spend trends	✓	✓	✓	✓	✓
duplicate records (monthly)			✓		
Frequency with which reviews are conducted		✓	✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers		✓	✓		✓
provider financial analysis			✓		
Utilization trends	✓	✓	✓	✓	✓

MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Dollar spend trends	✓			✓	
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		✓			
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

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
Acupuncture			✓		
Acute Care Services (Medical/Surgical)	✓				
Amputations--outpatient			✓		
Audiology Services (hearing loss assessment and treatment)			✓		
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				
Bypass surgery--outpatient			✓		
Capsule Endoscopy			✓		
Cardiac Procedures (non-emergent)--inpatient	✓				
Cardiac Procedures (non-emergent)--outpatient			✓		
Cardiac Rehabilitation			✓		
Chemotherapy--inpatient	✓				
Chiropractic Services			✓		
Clinic Services--Coumadin Clinic			✓		
Clinic Services--Other			✓		

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					✓
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

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Claim types with high percentage of fraud		R	R		R
clinical appropriateness/medical necessity					R
Current and projected demand for services		R	R		R
Elasticity of demand		R	R		R
Excessive utilization		R	R		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 variability in cost per episode of care		R	R		
Lack of adherence to quality standards					R
Lack of clinical efficiency of treatment or service		R	R		R
medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
nationally recognized guidelines	R	R	R		
Not Applicable		R			R
Provider discretion in determining type or length of treatment					R
Recent medical cost escalation		R			R
Safety risks					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 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
fiscal responsibility/cost effectiveness					C
High levels of variation in length of stay			R		
Lack of clinical efficiency of treatment or service					C
Least restrictive appropriate level of care	R				
Least restrictive appropriate level of care			R		
Licensure, certification, accreditation and/or experience requirements for providers to join provider network					C
medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					C
Not Applicable		R	R		
Safety risks					C
Service type		R	R		
Severity or chronicity of an illness	R	R	R		C
Variability in quality			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. Claim types with high percentage of fraud	Internal claims analysis		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
	State and Federal requirements		State and Federal requirements		Internal claims analysis
					Medical expert reviews
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
					Medical expert reviews
3. Current and projected demand for services	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
	Internal claims analysis		Internal claims analysis		Internal claims analysis
	Internal market and competitive analysis		Medical expert reviews		
4. Elasticity of demand	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define				

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		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
		Internal claims analysis	Medical expert reviews		Internal claims analysis
		Internal market and competitive analysis			Internal market and competitive analysis
5. 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		Internal claims analysis
		Internal claims analysis	Internal claims analysis		
			Medical expert reviews		
6. 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
					Medical expert reviews
7. High variability in cost per episode 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		

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					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 6-3S"

Sources

MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
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. 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
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
					Internal claims analysis
					State and Federal requirements
4. 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		

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					Internal claims analysis
					State and Federal requirements
6. 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				
7. 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				
8. Licensure, certification, accreditation and/or experience requirements for providers to join provider network	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				
	State and Federal requirements				

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



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD						
Factor	Inpatient	Outpatient			Emergency Benefits	Prescription Drugs
		Outpatient - Other	- Office Based			
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 and official compendium
						process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
2. 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 and official compendium
						process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
3. fiscal responsibility/cost effectiveness						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 and official compendium

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					of a participant's treatment and service plan in conjunction with their prior authorization
4. 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.		
5. 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.
					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 and official compendium

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
Addressing workforce shortage issues	✓				

Med/Surg

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
and medical/surgical benefits.	✓	✓	✓		✓
Complaint tracking (enrollees and providers)		✓			✓
Degree of discretion exercised by utilization review staff	✓				
Dollar spend trends		✓			✓
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
Exception processes available for each NQTL requirement and when they may be applied.		✓	✓		
Frequency potential treatments are reviewed to determined whether they are experimental and investigational					✓
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	✓	✓	✓		
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.	✓	✓	✓		
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 6-4"


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			✓		
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
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 auditing 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 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
Home Visiting Services - Parenting/Support Services		✓			
Not Applicable	✓				
Pregnancy-related Services (OB Care)			✓		
Primary 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			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Intensive outpatient (IOP)			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			✓		

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			
regulator imposed limitations			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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. regulator imposed limitations			State and Federal requirements		

Sources

MH/SUD

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



Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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
EPSDT Payment Policy			✓		
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		✓	✓		
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
FFS M/S Drug					✓
MCO Administered 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
absence of formulary alternative or failure to respond to formulary medication					R
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
Lack of clinical efficiency of treatment or service					R
medication status of 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

Factor	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Excessive utilization					C
fiscal responsibility/cost effectiveness					R
Lack of clinical efficiency of treatment or service					C
medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Safety risks					C
Service type					C

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. absence of formulary alternative or failure to respond to formulary medication				

Sources

Med/Surg

Factor	Outpatient				Prescription Drugs
	Inpatient	Outpatient - Other	- Office Based	Emergency Benefits	
Medical expert reviews					
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
					Medical expert reviews
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
					Medical expert reviews
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
					Medical expert reviews
5. medication status of 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
					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
					Medical expert reviews


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

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. 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
					Internal claims analysis
					State and Federal requirements
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
					Internal claims analysis
					State and Federal requirements
5. medication status of 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
					Internal claims analysis
					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

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

 Med/Surg factors & evidentiary standards missing

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 and official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
2. Excessive utilization					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 and official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
3. fiscal responsibility/cost effectiveness					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 and official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization

Evidentiary Standards

MH/SUD

Factor	MH/SUD				Prescription Drugs
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	
4. 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.
					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 and official compendium

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	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical criteria applied based on FDA labeling and requirements and official compendium					✓
Exception processes available for each NQTL requirement and when they may be applied.					✓
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					✓

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				✓
clinical criteria applied based on FDA labeling and requirements and official compendium				✓
internal auditing 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

absence of formulary alternative or failure to respond to formulary medication

non formulary meds are approved when there is no acceptable formulary medication available for the patient's therapeutic need. Additionally, non formulary meds are approved when they have tried and failed formulary offerings

Claim types with high percentage of fraud

possibility for overutilization on non-medically necessary services. this is defined through the use of FWA software

clinical appropriateness/medical necessity

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

Clinical Guidelines- InterQual

nationally recognized, evidence-based clinical criteria

Clinical indications and/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

request for new technology or treatment may exceed medically necessary benefit

Excessive utilization

the potential to be used for cosmetic purposes that are not medically necessary....the potential for off-label use that is not medically necessary (ex Viagra) or a potential for abuse (ex controlled substances greater than 90 MMEs" and identified use of FWA software to identify outliers.

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

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 Dept while still maintaining the accessibility of care to participants

High levels of variation in length of stay

differences in treatment patterns can create lengths of stay which exceed nationally recognized medical necessity criteria

High variability in cost per episode of care

Services being performed in regulated space vs unregulated space. As it relates to outlier management, this also involves reviewing claims data to determine if there is an outlier by provider for the same type of care.

internally developed guidelines

guidelines developed within the MCO.

Lack of adherence to quality standards

over-utilization of services or overprescribing could lead to quality/safety concerns for member (e.g., iatrogenic addiction)

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 must have a current, valid, unrestricted license to practice in all states where care is provided.

medical effectiveness

Clinical evidence that the particular medication will address the needs of the member (e.g. within monographs of drug)

Medical necessity

"Medically necessary" means that the service or benefit is: (a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition; (b) Consistent with current accepted standards of good medical practice; (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and (d) Not primarily for the convenience of the consumer, the consumer's family, or the provider.

medication status of preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

a drug's classification within the PDL which is a list of the department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendation made by the P&T cmte

nationally recognized guidelines

medical necessity is determined based on the following: InterQual, COMAR and Medicaid requirements

Not Applicable

NQTL does not apply for this classification

Provider discretion in determining diagnosis

to ensure providers use the most efficient/least costly means of safely making a diagnosis. services to those needed to make the diagnosis would not be considered medically necessary for the specific population

Provider discretion in determining type or length of treatment

authorization may be required to ensure appropriate level of care/level of medication and length of treatment.

Authorizations are based on the following criteria: a. MFC Protocols b. MFC Pharmacy Policies and Procedures c. InterQual d. Medicare and Medicaid Guidelines e. Code of Maryland Regulations (COMAR) f. MFC MCO benefit coverage g. MFC Provider Manual h. MFC Member Handbook i. Food and Drug Administration (FDA) Approval j. Maryland Medicaid DMS/DME Program Approved List of Items k. Availability of services within the MFC network l. MFC Continuity of Care Policy m. Pain Management Contracts n. UM Criteria Policy o. Maryland Medicaid Medical Laboratory and Professional Services Program Approved List of Items p. National and International Professional Medical Society Guidelines, including but not limited to: i. National Comprehensive Cancer Network (NCCN) ii. NCCN Biomarkers Compendium iii. National Institutes of Health iv. National Cancer Institute q. U.S. Preventive Services Task Force (USPSTF) r. In the absence of guidelines, use prevailing medical literature from studies and journals. s. Maryland Medicaid Audiology Services Fee Schedule t. HealthChoice Diabetes Prevention Program Manual When provider discretion is indicated to determine medical necessity, the following individualized circumstances will be considered: a. age b. comorbidities c. complications d. progress of treatment e. psychosocial circumstances f. home environment The coverage group also determines how the benefits define medical necessity. (ie EPSDT for children and habilitative services for adults)

Prudent Layperson Guidelines

defined by Maryland Law

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

pre auth requirements may be adjusted based on escalating costs of services

regulator imposed limitations

number of services reimbursed per visit or timeframe may be restricted due to regulatory requirements imposed by the state of Maryland

Relative reimbursement rates

services that are not available in network may be approved as out of network services if the provider/facility and health plan agree to rates comparable to in network providers

Safety risks

member safety may be at risk if performed on an outpatient basis, therefore inpatient stay is authorized. In the case of medication, authorization review for medical necessity is required to enforce safety standards and ensure FDA requirements are met. National and international professional medical society guidelines are used to determine whether a procedure or service is experimental or investigational. In the absence of guidelines, we use the prevailing medical literature and journals to determine whether the procedure or service is experimental or investigational

Service type

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

Severity or chronicity of an illness

Severity or chronicity of an illness could require a higher level of care than would be expected in those without such conditions. Such higher levels of care may be authorized out of network if unavailable in network. Authorization requirements allow for review to ensure a safe level of care which may be outside of the norm for that particular service.

When provider discretion is indicated to account for severity or chronicity of an illness the following individualized circumstances will be considered to determine medical necessity: a. age b. comorbidities c. complications d. progress of treatment e. psychosocial circumstances f. home environment The coverage group also determines how the benefits define medical necessity. (ie EPSDT for children and habilitative services for adults)

Site visit requirements

PAs 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.

waste of Medicaid funds

prescriptions filled beyond quantity limits are at risk for loss, waste or change in treatment before quantity is fully used by the member