



ParityManager™ NQTL Analysis

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Benefit Plan	Medicaid
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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
Acne Services			✓		
Acute Care Services (Medical/Surgical)	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Autism: adult life planning		✓			
Autism: Environmental accessibility adaption		✓			
Autism: Family leave (retainer day)		✓			
Autism: family training		✓			
Autism: Intensive individual support services		✓			
Autism: Residential habilitation (regular and intensive)		✓			
Autism: Respite care		✓			
Autism: Therapeutic integration (regular and intensive)		✓			
Brain Injury: Day habilitation		✓			
Brain injury: Individual support services		✓			
Brain injury: medical Day Care		✓			
Brain Injury: Residential habilitation		✓			

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			✓		
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)			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		

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
Appropriateness of utilization	R	R	R		
Excessive utilization	R	R			
Health plan accreditation standards for quality assurance		R			
High levels of variation in length of stay	R				
Industry Standards	R	R	R		
Medicare/Medicaid program participation eligibility		R			
Quality and performance measures (including customer feedback)		R			
Safety risks		R			
Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)		R			
Service type	R	R			
Severity or chronicity of an illness			R		

- R - 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		
Least restrictive appropriate level of care			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		

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. Appropriateness of 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		
	Medical expert reviews	Medical expert reviews	Medical expert reviews		
	National accreditation standards	National accreditation standards	National accreditation standards		
	State and Federal requirements	State and Federal requirements	State and Federal requirements		
2. Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
	Internal claims analysis	Internal claims analysis			
3. Health plan accreditation standards for quality assurance		National accreditation standards			
		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				
	Internal market and competitive analysis				
	Medical expert reviews				

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	State and Federal requirements				
5. Industry 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				
	Internal market and competitive analysis				
	National accreditation standards				
	State and Federal requirements				

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

Sources

MH/SUD

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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
7. Severity or chronicity of an illness	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
8. 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		

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Appropriateness of utilization	Not Applicable		Not Applicable		
2. Excessive utilization	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.				
3. High levels of variation in length of stay	Not Applicable				
4. Industry Standards	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.				
6. Severity or chronicity of an illness			Not Applicable		

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				
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.		

Step Four

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


Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
Exception processes available for each NQTL requirement and when they may be applied.	✓	✓	✓		
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Number of days or visits authorized per review	✓	✓	✓		

MH/SUD


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

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


Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Step Six

Findings and Conclusions


 NQTL conclusion missing


Data Collection

 NQTL associated with MH/SUD but not Med/Surg

Step One

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

 NQTL definition missing


 Med/Surg benefits applied to NQTL missing

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	✓	✓	✓	✓	

Step Two

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

 Med/Surg factors used missing

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

MH/SUD

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

Step Three


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

 Med/Surg factors & sources missing

Sources

MH/SUD

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

 Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

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

Step Four

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


MH/SUD

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


Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits

 Comparative Analysis for Emergency Benefits missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

Fail first requirements/step therapy.

Step One

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

 NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS M/S Drug					✓
MCO administered prescription drug					✓
Not Applicable	✓	✓	✓		

MH/SUD

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

Step Two

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

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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R
High cost of care relative to similar therapies					R
Not Applicable	R	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
fail first protocol					R
Not Applicable	R	R	R		R
Service type			R		

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits State and Federal requirements
2. High cost of care relative to similar therapies					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
3. Not Applicable					Not Applicable

Sources

MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
1. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
					State and Federal requirements
2. Not Applicable	Not Applicable				Not Applicable
3. Service type					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits



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					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing information & official compendium
					process review(s) for auditing claims data to ensure compliance of a participant's treatment and service plan in conjunction with their prior authorization
2. Not Applicable	Not Applicable				Not Applicable
3. Service type			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

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

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical criteria applied based on FDA labeling and requirements					✓

Med/Surg

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Degree of discretion exercised by utilization review staff		✓			
Exception processes available for each NQTL requirement and when they may be applied.					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers					✓
NQTL does not apply to any services in this classification	✓		✓		
official compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓


MH/SUD

Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official					✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
NQTL does not apply to any services in this classification		✓	✓		
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification		✓			
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

Step Five

Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

Medical necessity

Step One

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

 NQTL definition missing

Med/Surg

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

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

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Ancillary Services	✓				
Ancillary Services-SUD	✓				
Anesthesia--Inpatient	✓				
Anesthesia - Outpatient			✓		
Biofeedback			✓		
Buprenorphine guest dosing			✓		
Discharge Day	✓				
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	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization	R	R	R	R	R
clinical appropriateness/medical necessity					R
Current and projected demand for services		R			
Efficacy demonstrated in rare conditions only					R
Excessive utilization	R	R	R		
fiscal responsibility/cost effectiveness					R
High variability in cost per episode of care			R		R
Industry Standards	R	R	R	R	R
Lack of adherence to quality standards			R		
Lack of clinical efficiency of treatment or service	R	R	R	R	R
Medical necessity is lacking or is not clearly evident					R
Medicare/Medicaid program participation eligibility		R			
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Pervasive use of non-FDA approved diagnosis					R
Relative reimbursement rates			R		

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

- 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
fiscal responsibility/cost effectiveness					R
High levels of variation in length of stay	R	R	R		
Lack of clinical efficiency of treatment or service			R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care	R	R			
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable	R			R	
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 4-2"

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Appropriateness of 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	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	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews
	National accreditation standards	National accreditation standards	National accreditation standards	National accreditation standards	State and Federal requirements
	State and Federal requirements	State and Federal requirements	State and Federal requirements	State and Federal requirements	
2. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					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			

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		NQTL to benefits			
		Internal claims analysis			
4. Efficacy demonstrated in rare conditions only					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
5. 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	Internal claims analysis	Internal claims analysis		
		State and Federal requirements			
6. 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
					Medical expert reviews

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
			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
8. Industry 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	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
	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews
	National accreditation standards	National accreditation standards	National accreditation standards	National accreditation standards	State and Federal requirements
	State and Federal requirements	State and Federal requirements	State and Federal requirements	State and Federal requirements	
9. 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		
			National accreditation standards		
			State and Federal requirements		

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
					Medical expert reviews
2. fiscal responsibility/cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					Medical expert reviews
					State and Federal requirements
3. High levels of variation in length of stay	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
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		

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	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. 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			
7. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
					State and Federal requirements
8. Not Applicable	Not Applicable			Not Applicable	

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
9. 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		
10. 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		
	Medical expert reviews				
11. 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		

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

Evidentiary Standards

Med/Surg

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

Evidentiary Standards

MH/SUD

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

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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.				
4. Lack of clinical efficiency of treatment or service			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. 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.		
6. 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.			
7. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T					

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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 & official compendium
8. Not Applicable	Not Applicable			Not Applicable	
9. 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.		
10. 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.		
11. 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
clinical criteria applied based on FDA labeling and requirements					✓
Degree of discretion exercised by utilization review staff	✓	✓			
duplicate restorations (quarterly)			✓		
Exception processes available for each NQTL requirement and when they may be applied.	✓	✓	✓	✓	✓
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓				
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓	✓	✓
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria		✓			
Number of days or visits authorized per review	✓				
official compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					✓
tracking of denial of plans of service that do not meet medical necessity		✓			
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	✓	✓	✓		✓
Utilization trends					✓

MH/SUD

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

Step Five


Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient




Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Outlier Management

Step One

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



NQTL definition missing

Med/Surg

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

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

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Drug Testing		✓			
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual Psycho-Educational Therapy			✓		
Individual therapy--outpatient			✓		

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

Step Two

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

- R - Relied On

- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization	R	R	R	R	
Excessive utilization	R	R	R		
High variability in cost per episode of care			R		
Industry Standards	R	R	R	R	
Not Applicable			R		
Relative reimbursement rates			R		
Safety risks	R	R			
Service type	R	R	R		
Severity or chronicity of an illness	R	R			
Variability in quality		R			

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

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
High levels of variation in length of stay	R		R		
Least restrictive appropriate level of care	R		R		
Not Applicable				R	
Service type	R		R		
Severity or chronicity of an illness	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. Appropriateness of 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
	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews	
	National accreditation standards	National accreditation standards	State and Federal requirements	National accreditation standards	
	State and Federal requirements	State and Federal requirements		State and Federal requirements	
2. Excessive utilization	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	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		
3. 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		
			Internal claims analysis		
4. Industry 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	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	
	Medical expert reviews	Medical expert reviews		Medical expert reviews	
	National accreditation standards	National accreditation standards		National accreditation standards	
	State and Federal requirements	State and Federal requirements		State and Federal requirements	

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
5. Not Applicable			Not Applicable		
6. Relative reimbursement rates			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		
7. Safety risks	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
	Medical expert reviews				
8. Service type	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits				
	Internal market and competitive analysis				
	National accreditation standards				
	State and Federal requirements				

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		
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		
4. 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		
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		
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"

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Appropriateness of utilization				Not Applicable	
2. Industry Standards				Not Applicable	

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.		
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.		
4. 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.		
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.		
7. Variability in quality	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

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

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
audits tracker (monthly)			✓		
Degree of discretion exercised by utilization review staff	✓				
duplicate records (monthly)			✓		
Exception processes available for each NQTL requirement and when they may be applied.	✓	✓	✓	✓	
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓	✓	
Number of days or visits authorized per review	✓				
provider financial analysis (monthly)			✓		
Utilization trends	✓	✓	✓	✓	

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				✓	
Outlier Management Data	✓		✓		
Outlier Management Data	✓		✓		
Outlier Management Data		✓			

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


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits

 Comparative Analysis for Emergency Benefits missing

Step Six


Findings and Conclusions

 NQTL conclusion missing

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
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(6) Restorative services (filings, crowns, etc.) - OP OR/ASC;		✓			
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		✓			
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;		✓			
(12)Prosthodontics (dentures, etc.) - OP OR/ASC;		✓			
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;		✓			
(17) Anesthesia - OP OR/ASC.		✓			
Acne Services			✓		
Acupuncture			✓		
Acute Care Services (Medical/Surgical)	✓				
Air Ambulance				✓	
Amputations--inpatient	✓				
Amputations--outpatient			✓		
Applied Behavior Analysis (autism services)--primarily in-home		✓			

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			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	✓				

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

Step Two

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

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

Med/Surg

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of utilization	R	R	R	R	R
clinical appropriateness/medical necessity					R
Efficacy demonstrated in rare conditions only					R
Elasticity of demand		R			
Excessive utilization	R	R	R		
fail first protocol					R
High variability in cost per episode of care			R		R
Industry Standards	R		R	R	R
Lack of clinical efficiency of treatment or service					R
Medical necessity is lacking or is not clearly evident					R
Medicare/Medicaid program participation eligibility	R	R			
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable		R	R		R
Pervasive use of non-FDA approved diagnosis					R
Quality and performance measures (including customer feedback)		R			

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

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

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fail first protocol					R
High levels of variation in length of stay			R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R		R		
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Not Applicable	R	R	R	R	R
Service type		R	R		
Severity or chronicity of an illness	R	R	R		R
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. Appropriateness of 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	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	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews
	National accreditation standards	State and Federal requirements	National accreditation standards	National accreditation standards	
	State and Federal requirements		State and Federal requirements	State and Federal requirements	
2. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
3. Efficacy demonstrated in rare conditions only					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

Sources

Med/Surg

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
State and Federal requirements					
8. Industry 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	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
	Medical expert reviews	Medical expert reviews	Medical expert reviews	Medical expert reviews	
	National accreditation standards	National accreditation standards	National accreditation standards	National accreditation standards	
	State and Federal requirements	State and Federal requirements	State and Federal requirements	State and Federal requirements	
9. 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

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

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
					Medical expert reviews
					State and Federal requirements
2. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
					State and Federal requirements
3. High levels of variation in length of stay			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
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
5. 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				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	to benefits		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
6. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
					State and Federal requirements
7. Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
8. Service type		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	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
9. 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		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
10. Variability in quality			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

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

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Appropriateness of utilization				Not Applicable	
2. Industry Standards				Not Applicable	

Evidentiary Standards

MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing information & official compendium
2. 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.		
3. Lack of clinical efficiency of treatment or service					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing information & official compendium
4. Least restrictive					

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. medication status on 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 & official compendium
6. Not Applicable			Not Applicable	Not Applicable	Not Applicable
7. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
8. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically				

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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.		A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing information & official compendium
9. Variability in quality			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

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

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical criteria applied based on FDA labeling and requirements					✓

Med/Surg

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
Exception processes available for each NQTL requirement and when they may be applied.	✓	✓	✓	✓	✓
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓	✓	✓
Number of days or visits authorized per review	✓	✓			
official compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					✓
services preauthorized not received (monthly)			✓		
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		✓	✓		
Clinical Criteria applied based on FDA labeling and requirements and Official					✓
Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
NQTL does not apply to any services in this classification				✓	
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

Step Five


Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient




Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Service limitations

Step One

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



NQTL definition missing

Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			
(6) Restorative services (filings, crowns, etc.) - OP OR/ASC;		✓			
(8) Endodontic services (root canals, etc.) - OP OR/ASC;		✓			
(10) Periodontal services (scaling, full mouth debridement, etc.) - OP OR/ASC;		✓			
(12) Prosthodontics (dentures, etc.) - OP OR/ASC;		✓			
(14) Oral and Maxillofacial surgery services (extractions, etc.) - OP OR/ASC;		✓			
(17) Anesthesia - OP OR/ASC.		✓			
Acne Services			✓		
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Autism: adult life planning		✓			
Autism: Family leave (retainer day)		✓			
Autism: Intensive individual support services		✓			
Autism: Residential habilitation (regular and intensive)		✓			
Autism: Respite care		✓			

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

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
health home services for SUD (opioid addiction) - opioid treatment program			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Intensive outpatient (IOP)			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		

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

Step Two

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

- R - Relied On

- C - Considered but not Relied On

Med/Surg

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

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

MH/SUD

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

Sources

MH/SUD

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



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	Not Applicable	Not Applicable		
2. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Step Four

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

Med/Surg


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

MH/SUD


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD		✓	✓		
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
MCO administered prescription drug					✓

MH/SUD

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

Step Two

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

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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R
Tiered drug formulary involves groupings of drugs subject to different level of cost share based on generic or brand designation					R

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

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					R

Step Three

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

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
2. 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

Sources

Med/Surg

Factor	Outpatient				Prescription Drugs
	Inpatient	Outpatient - Other	- Office Based	Emergency Benefits	
3. medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Medical expert reviews
4. Tiered drug formulary involves groupings of drugs subject to different level of cost share based on generic or brand designation					State and Federal requirements

Sources

MH/SUD

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

Evidentiary Standards

Med/Surg	
Factor	Inpatient Outpatient - Office Based Emergency Benefits Prescription Drugs
1. clinical appropriateness/medical necessity	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
	FDA Prescribing information & official compendium
2. fiscal responsibility/cost effectiveness	A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
	FDA Prescribing information & official compendium
3. medication status on 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 & official compendium
4. Tiered drug formulary involves groupings of drugs subject to different level of cost share based on generic or brand designation	Not Applicable

Evidentiary Standards

MH/SUD					
Factor	Inpatient	Outpatient			Prescription Drugs
		- Other	- Office Based	Emergency Benefits	
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
					FDA Prescribing information & official compendium
					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. 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 & 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 on 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 & 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
clinical criteria applied based on FDA labeling and requirements					✓
official compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					✓
Review of Claims Activity per formulary design					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓


MH/SUD

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

Step Five


Comparability and Stringency Analysis as Written and in Operation by Classification

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

Step Six

Findings and Conclusions

 NQTL conclusion missing

Appendix

Factor Definitions

Appropriateness of utilization

Utilization based on medical necessity, and efficient use of healthcare services and facilities as directed by the Plan benefits

clinical appropriateness/medical necessity

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

Clinical indications 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.

Efficacy demonstrated in rare conditions only

Drugs that are approved for specific rare conditions and specific diagnostic testing is required

Elasticity of demand

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

Excessive utilization

Overuse of a service based on industry standards

fail first protocol

fail first protocol

fiscal responsibility/cost effectiveness

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

Health plan accreditation standards for quality assurance

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

High cost of care relative to similar therapies

A requirement that a patient try a less expensive drug therapy first before they can be approved for the higher cost drug therapy ordered by their provider.

High levels of variation in length of stay

Individuals with the same illness having different courses of improvement.

High variability in cost per episode of care

High cost of care relative to similar therapies. This is the cost relative to cost of care with similar drugs used for the same diagnosis and condition based on scientific evidence, standards of practice, and relevant findings of government agencies, medical associations, national commissions, peer-reviewed journals, and authoritative compendia.

Industry Standards

Universal operational process, methods, or tools that are applicable in most companies within a specific industry.

Lack of adherence to quality standards

Provider deviations from the accepted protocols when providing treatment

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.

Medical necessity is lacking or is not clearly evident

Clinical evidence for use of drug is not clearly stated in national compendia such as American Hospital Formulary Service drug information (AHFS-DI), National Cancer Network (NCCN) Drugs and Biologics Compendium, and DrugDex.

Medicare/Medicaid program participation eligibility

Federal and State requirements for participation in the Medicare/Medicaid program, including those pertaining to medical, technical and financial eligibility.

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

a drug's classification within the PDL which is a list of the dept's preferred and non preferred drugs developed by the departments preferred drug program via recommendations made by the P&T committee

Not Applicable

NQTL does not apply for this classification

Pervasive use of non-FDA approved diagnosis

Drugs that have high propensity for being used for conditions not reflected in FDA-approved package labeling and comparative clinical studies that demonstrate efficacy and safety of the pharmaceutical product or therapy class.

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.

Relative reimbursement rates

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

Safety risks

risk of PA drug compared to other drugs considered

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

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

Service type

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

Severity or chronicity of an illness

Level of current symptoms and presence of symptoms over time.

Tiered drug formulary involves groupings of drugs subject to different level of cost share based on generic or brand designation

Tiered formulary based on generic or brand designation

Two Tiered Formulary Design

Two tiered formulary design where prior authorization and Step therapy applies to some formulary drugs and prior authorization applies to all non-formulary 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.