Appendix D. NQTL In-Writing Comparability and Stringency Factors Crosswalk, by NQTL and Classification (Standard 9)

The tables present factors for the NQTLs implicated by MDH's parity analysis. Information is organized alphabetically by NQTL. For each NQTL, information is presented by benefits classification. Individual factors are color coded in accordance with the methodology below.

Color Key:

Font in Blue	Factor related to Cost/Utilization Control
Font in Green	Factor related to Medical Necessity
Font in Red	Factor related to Provider Qualifications
Yellow Highlight	Factor related to both Cost/Utilization Control and Medical Necessity

Standard 9, NQTL: CONCURRENT REVIEW (CR)													
	Aetna	Amerigroup	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Inpatient													
Appropriateness of Utilization				X				X					
Claims evaluation, reporting and analytics									X				
Clinical guidelines MCG			X										
Clinical indications and/or evidence									X				
Excessive Utilization		X										X	
Fiscal Responsibility				X									
High levels of variation in length of stay						X	X	X		X	X		
Industry Standards				X				X					
Lack of clinical efficiency of treatment or service					X	X	X						
Least restrictive appropriate level of care										X	X		
Medical Necessity	X			X									
Patient Safety				X									
Service type										X	X	X	
Severity/chronicity of illness					X					X	X		
Utilization patterns									X				
Variability in quality										X	X		
Tally of Factors in Use	1	1	1	5	2	2	2	3	3	5	5	2	N/A
Factor related to Cost/Utilization Control	N	X	N	X	N	N	X	X	X	N	N	X	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	N	
Outpatient All													
Administrative burden/cost									X				
Appropriateness of utilization				X				X					
Appropriate care setting			X										
Claims evaluation, reporting, and analytics									X				
Claims with a high percentage of fraud						X							
Clinical guideline MCG			X										
Clinical indications and/or evidence									X	X	X		
Demand for Services						X							
Excessive utilization	X	X				X	X					X	
Fiscal responsibility				X									
Health Plan accreditation standards for quality assurance												X	
High levels in variation in length of stay										X	X		
Industry Standards								X					
Lack of clinical efficiency of treatment or service					X								
Least restrictive appropriate level of care			**X**							X	X		
Medical necessity	X			X									
Medicare/Medicaid Program participation eligibility												X	
Patient safety				X									
Par Status (Provider contracted w/plan)	X												
Quality and Performance Measures												X	
Safety risks	X											X	
Separate payments for managing a patient's care outside of face-to-face contact												X	
Service type						X				X	X	X	

Severity or chronicity of illness					X			X		X	X		
Utilization patterns									X				
Variability in quality										X			
Tally of Factors in Use	4	1	3	4	2	4	1	3	4	6	5	7	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	N	N	N	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	
Factor related to Provider Qualifications	X	N	N	N	N	N	N	N	N	N	N	X	

Standard 9, NQTL: FAIL FIRST/STEP THERAPY (FF/ST)												
	Aetna	Amerigroup	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	FFS - MH	FFS - SUD	FFS - M/S Pharm
Prescription Drug												
Appropriateness of Utilization				X								
Claim types with a high percentage of fraud		X										
Claims evaluation, reporting, and analytics									X			
Clinical Appropriateness	X											
Clinical indications and/or evidence									X			
Clinical Literature												
Cost Effectiveness	X											
Current and projected demand for services		X										
Elasticity of demand		X										
Excessive utilization		X			X							
FDA Drug Information												
Fiscal Responsibility	X			X								
Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug	X									X	X	X
Formulary design/Tiered Drug Formulary						X		X	X			
HIgh cost of care relative to similar therapies								X				
High variability in cost per episode of care		X							X			
Industry Standards				X								
Lack of adherence to quality standards		X										
Lack of clinical efficiency of treatment or service	X	X			X		X					
Lower Generic Cost	X		X									
Medical Effectiveness	X											
Medical necessity	X		X	X								
Medicare/Medicaid program participation eligibility					X							
National Practice Criteria												
Patient Safety				X								
Provider discretion in determining diagnosis		X			X							
Recent medical cost escalation		X			X							
Recognition of accreditation by certain accrediting bodies		X										
Safety risks	X	X			X	X						
Severity or chronicity of illness		X										
Utilization patterns									X			
Tally of Factors in Use	9	12	2	5	4	2	1	2	5	1	1	1
Factor related to Cost/Utilization Control	X	X	X	X	X	X	X	X	X	X	X	X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X
Factor related to Provider Qualifications	N	N	N	N	X	N	N	N	N	N	N	N

Standard 9, NQTL: MEDICAL NECESSITY CRITERIA (MNC)														
	Aetna	Amerigroup	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm
Inpatient														
Appropriateness of utilization								X						
Clinical guidelines MCG			X											
Excessive utilization		X	X			X	X					X		
Fiscal Responsibility				X										
High levels of variation in length of stay						X	X			X	X			
Industry Standards				X				X						
Internally developed guidelines									X					
Lack of clinical efficiency of treatment or service					X	X		X						
Least restrictive appropriate level of care										X	X			
Medical necessity	X													
Medically necessary covered services									X					
Professional standards and protocols									X					
Recognized medical literature									X					
Service type						X				X	X	X		
Severity or chronicity of illness					X					X	X			
Variability in quality										X	X			
Tally of Factors in Use	1	1	2	2	2	4	2	3	4	5	5	2	N/A	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	N	X	X	X	N	N	X		
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X		
Outpatient ALL														
Appropriateness of utilization				X				X						
Claim types with high percentage of fraud						X	X							
Clinical guidelines MCG			X											
Current and projected demand for services							X					X		
Elasticity of demand							X							
Excessive utilization		X				X	X					X	X	
Fiscal responsibility				X										
High levels in variation of length of stay							X			X	X			
High variability in cost per episode of care													X	
Industry Standards				X				X						
Internally developed guidelines									X					
Lack of adherence to clinical standards							X						X	
Lack of clinical efficiency of treatment of service					X	X		X					X	
Least restrictive appropriate level of care			X							X	X			
Medical Necessity	X			X										
Medically necessary covered services									X					
Medicare/Medicaid program participation eligibility												X		
Patient safety				X										
Professional standards and protocols									X					
Provider discretion - diagnosis					X	X	X							
Provider discretion - type or length of treatment							X							
Quality and performance measures (including customer feedback)/National Accreditation Standards						X								
Recognized medical literature									X					
Relative reimbursement rates													X	
Service type							X			X	X	X	X	
Severity or chronicity of illness					X		X			X	X	X		
Variability in quality										X	X			
Variation in Adherence to Quality of Care Standards									X					

Tally of Factors in Use	1	1	2	5	3	5	10	3	5	5	5	5	6	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	N	N	N	X	X	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	X	
Factor related to Provider Qualifications	N	N	N	N	N	N	N	N	N	N	N	X	N	
Prescription Drugs (FFS Program, not ASO administers MH & SUD)														
Administrative burden/cost									X					
Appropriateness of Utilization				X				X						
Claim types with a high percentage of fraud		X					X							
Claims evaluation, reporting, and analytics									X					
Clinical Appropriateness/Medical Necessity	X									X	X			X
Clinical indications and/or evidence									X					
Clinical Literature			X											
Current and projected demand for services			X				X							
Efficacy demonstrated in rare conditions only								X						
Elasticity of demand		X					X							
Excessive utilization		X	X		X	X	X							
FDA Dosage Limit			X											
Fiscal Responsibility				X										
Fiscal Responsibility/Cost Effectiveness										X	X			X
High variability in cost per episode of care		X						X						
Industry Standards				X				X						
Lack of adherence to quality standards		X												
Lack of clinical efficiency of treatment or service	X	X			X	X								X
Medical Effectiveness	X													
Medical Necessity	X			X				X						
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee										X	X			X
Patient Safety				X										
Pervasive use of non-FDA approved diagnosis								X						
Provider discretion - type or length of treatment		X					X							
Provider discretion-diagnosis		X												
Recent medical cost escalation		X			X									
Recognition of accreditation by certainaccrediting bodies		X												
Safety Risks		X			X	X	X							
Severity or chronicity of an illness		X			X									
Utilization patterns									X					
Waste of Medicaid Funds							X							
Tally of Factors in Use	4	12	4	5	5	3	7	6	4	3	3	N/A	N/A	4
Factor related to Cost/Utilization Control	N	X	X	X	X	N	X	X	X	X	X			X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X			X

Standard 9, NQTL: OUTLIER MANAGEMENT (OM)													
	Aetna	Amerigroup	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Inpatient													
Accreditation									X				
Administrative burden/cost									X				
Appropriateness of utilization								X					
Claim types with high percentage of fraud			X				X						
Claims evaluation, reporting, and analytics									X				
Clinical indicators and/or clinical evidence									X				
Excessive utilization		X	X			X	X			X	X	X	
Fiscal Responsibility				X									
High dollar claim review for claims over $150,000						X							
High levels of variation in length of stay						X				X	X		
Industry standards								X					
Lack of clinical efficiency of treatment or service					X	X	X						
Least restrictive appropriate level of care										X	X		
Medical necessity	X				X								
Par facilites Medical Necessity Review Post Payment									X				
Prior authorization					X								
Provider Discretion - diagnosis							X						
Provider Discretion - type or length of treatment							X						
Recent medical cost escalation							X						
Safety risks							X					X	
Service type							X	X	X	X	X		
Severity/chronicity illness					X		X			X	X		
Training, experience, and licensure of the providers									X				
Utilization patterns									X				
Variability in quality										X	X		
Tally of Factors in Use	1	1	2	1	4	4	9	3	8	6	6	2	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	N	N	N	
Factor related to MNC	X	X	X	N	X	X	X	X	X	X	X	X	
Factor related to Provider Qualifications	N	N	N	N	N	N	N	X	N	N	N	N	
Outpatient All													
Accreditation									X				
Administrative burden/cost									X				
Appropriateness of utilization								X					
Claim types with high percentage of fraud			X			X	X						
Claims evaluation, reporting, and analytics									X				
Clinical indications and/or clinical evidence									X				
Excessive utilization	X	X				X	X			X	X	X	X
Fiscal Responsibility				X									
High levels of variation in length of stay										X	X		
High variability in cost of care per episode							X						X
Industry Standards				X				X					
Lack of clinical efficient of treatment or service					X								
Least restrictive appropriate level of care			X							X	X		
Medically necessary					X								
Par facilites Medical Necessity Review Post Payment									X				
Prior authorization					X								
Provider discretion - diagnosis							X						

Provider discretion - type or length of treatment							X						
Recent medical cost escalation							X						
Relative reimbursement rates													X
Safety risks												X	
Service type							X	X	X	X	X	X	X
Severity/chronicity illness					X		X	X		X	X		
Training, experience, and licensure of the providers									X				
Utilization patterns									X				
Variability in quality										X	X		
Tally of Factors in Use	1	1	2	2	4	2	8	4	8	6	6	3	4
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	N	N	N	X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	X
Factor related to Provider Qualifications	N	N	N	N	N	N	N	N	X	N	N	N	N
Prescription Drug													
claim types with high percentage of fraud			X			X	X						
Desk and onsite audits									X				
Education - Pharmacy					X								
excessive utilization	X		X		X		X						
Fiscal Responsibility				X									
Industry Standards				X									
Real Time Audit									X				
Safety Risks					X		X						
Tally of Factors in Use	1	0	2	2	3	1	3	0	2	0	0	0	0
Emergency Care													
accreditation									X				
administrative burden/cost									X				
appropriateness of utilization								X					
Claim types with high percentage of fraud							X						
Claims evaluation, reporting, and analytics									X				
clinical indicators and/or clinical evidence									X				
Excessive utilization	X	X					X						
Fiscal Responsibility				X									
high variability in cost per episode							X						
Industry Standards				X				X					
lack of clinical efficiency of treatment or service							X						
medically necessary					X								
prior authorization					X								
Provider Discretion - diagnosis							X						
Provider discretion - type or length of treatment							X						
Prudent Layperson Standard			X										
Recent medical cost escalation							X						
Service Type						X			X				
severity or chronicity of illness							X						
training, experience, and licensure of the providers									X				
utilization patterns									X				
Tally of Factors in Use	1	1	1	2	2	1	8	2	7	0	0	0	0

Standard 9, NQTL: PRIOR AUTHORIZATION (PA)														
	Aetna	Amerigroup	CareFirst	Jai	KP	MPC	MedStar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental	FFS - M/S Pharm
Inpatient														
Administrative burden/cost									X					
Appropriate care setting			X											
Appropriateness of utilization								X						
Claims evaluation, reporting, and analytics									X					
Claims types with a high percentage of fraud				X										
Clinical Guidelines MCG			X											
Clinical indications and/or evidence									X					
Current and projected demand for services						X								
Excessive Utilization	X	X				X						X		
Fiscal Responsibility				X										
High utilization with variable cost per episode			X											
Industry Standards				X				X						
Lack of clinical efficiency of treatment/service	X				X									
Lack of adherence to quality standards	X													
Least restrictive appropriate level of care										X	X			
Medical Necessity				X										
Medicare/Medicaid Program Participation Eligibility												X		
Nationally Recognized Guidelines							X							
Patient Safety				X										
Service Type		X				X						X		
Severity/chronicity of illness	X				X					X	X			
Utilization Patterns									X					
Tally of Factors in Use	4	2	3	5	2	3	1	2	4	2	2	3	N/A	N/A
Factor related to Cost/Utilization Control	N	X	X	X	X	X	N	X	X	N	N	N		
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X		
Factor related to Provider Qualifications	N	N	N	N	N	N	N	N	N	N	N	X		
Outpatient All														
Administrative burden/cost									X					
Appropriateness of utilization								X						
Benefit limitation			X											
Claims evaluation, reporting, and analytics									X					
Claims with a high percentage of fraud		X		X		X	X							
Clinical Guidelines MCG			X											
Clinical indications and/or evidence									X					
Current and projected demand for services							X							
Demand for Services						X								
Elasticity of demand							X					X		
Excessive Utilization	X	X				X	X					X	X	
Fiscal Responsibility				X										
High levels of variation in length of stay										X				
High variability in cost per episode of care			X				X						X	
Industry Standards				X				X						
Lack of clinical efficiency of treatment of service					X		X							
Least restrictive appropriate level of care			X							X				
Medical Necessity	X			X										
Medicare/Medicaid program participation eligibility												X		
Par Status (Provider contracted w/plan)	X													
Patient Safety				X										
Provider discretion - diagnosis							X							
Provider discretion - type or length of treatment							X							
Quality and performance measures (ProQual for LTSS)							X					X		
Recent medical cost escalation		X					X							
Relative Reimbursement Rates													X	
Safety risk	X													
Service type		X				X	X			X	X	X	X	

Severity or chronicity of illness					X		X			X				
Utilization Patterns									X					
Variability in quality										X				
Tally of Factors in Use	4	4	4	5	2	4	12	2	4	5	1	5	4	N/A
Factor related to Cost/Utilization Control	N	X	X	X	N	X	X	X	X	N	N	N	X	
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X	X	X	
Factor related to Provider Qualifications	X	N	N	N	N	N	N	N	N	N	N	X	N	
Prescription Drugs (FFS Program, not ASO administers MH & SUD)														
Administrative burden/cost									X					
Appropriateness of utilization								X						
Claim types with a high percentage of fraud				X			X							
Claims evaluation, reporting, and analytics									X					
Clinical appropriateness/Medical necessity										X	X			X
clinical indications and/or evidence									X					
Clinical and Practice Guidelines	X													
Current and projected demand for services		X					X							
Elasticity of demand		X					X							
Excessive Utilization		X			X	X	X							
Efficacy Demonstrated in Rare Conditions only								X						
Fail-first protocol or requirement to try a generic, less expensive, or lower efficacy drug for a certain trial period before receiving approval for a new drug										X	X			X
Fiscal Responsibility				X										
Formulary Design								X	X					
High variability in cost per episode of care		X						X						
Industry Standards				X				X						
Lack of adherance to quality standards	X	X					X							
Lack of clinical efficiency of treatment or service		X			X	X	X			X	X			X
Lower Cost Generic			X											
Meets evidenced based clinical criteria for medical necessity			X											
Medical Necessity				X				X						
Medicare/Medicaid Program Participation eligibility					X									
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee										X	X			X
Patient Safety				X										
Pervasive Use of Non-FDA diagnosis								X						
Provider discretion - diagnosis		X												
Provider discretion in determining type or length of treatment		X			X		X							
Quality and performance measures							X							
Recent medical cost escalation - Pharmacy		X			X	X	X							
Recognition of accreditation by certain accrediting bodies		X												
Safety risks		X	X		X		X							
severity or chronicity of illness	X	X								X	X			X
Utilization Patterns									X					
Valid DEA or Controlled Substance Certificate or acceptable substitute	X													
Tally of Factors in Use	4	12	3	5	6	3	10	7	5	5	5	N/A	N/A	5
Factor related to Cost/Utilization Control	N	X	X	X	X	X	X	X	X	X	X			X
Factor related to MNC	X	X	X	X	X	X	X	X	X	X	X			X
Factor related to Provider Qualifications	X	N	N	N	N	N	N	N	N	N	N			N

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