

ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS Amerigroup 09182020

September 15, 2021

6

Parity Flags

Executive Summary

The table below displays a count of parity flags for each Standard.

	Parity Flag
Annual/Lifetime Dollar Limits	0
Financial Requirements	0
Quantitative Treatment Limitations (QTLs) Requirements	0
Identification of Nonquantitative Treatment Limitations (NQTLs)	6

The table below displays a list of Standards missing information and need additional input.

	Missing Information
Annual/Lifetime Dollar Limits	Yes
Financial Requirements	Yes
Quantitative Treatment Limitations (QTLs) Requirements	Yes
Comparative Analysis "As Written"	Yes
Comparative Analysis "In Operation"	Yes

The URAC ParityManager™ facilitates the processes that a modern parity compliance program needs to have but, as a document management and communications software solution, ParityManager™ does not in and of itself automatically result in parity compliant operations.

Annual/Lifetime Dollar Limits

The number of flags per classification and limit type combination is shown.

	Parity Flag
Lifetime Dollar Limits	0
Annual Dollar Limits	0

If either section is considered incomplete, it is reported in the table below.

	Missing Information
Lifetime Dollar Limits	Y
Annual Dollar Limits	Y

Benefit Identification and Classification

The number of flags per classification and category combination shown below.

	Parity Flag		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	0	0	0
Outpatient - Other	0	0	0
Outpatient - Office Based	0	0	0
Emergency Benefits	0	0	0
Prescription Drugs	0	0	0

Any classification/category combination considered incomplete is reported in the table below.

	Missing Information		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	-	-	-
Outpatient - Other	-	-	-
Outpatient - Office Based	-	-	-
Emergency Benefits	-	-	-
Prescription Drugs	-	-	-

Financial Requirements

The number of flags per classification and limit type combination is shown.

	Parity Flag			
	Deductible	Copay	Coinsurance	Out-of-pocket maximum
Inpatient	0	0	0	0
Outpatient - Other	0	0	0	0
Outpatient - Office Based	0	0	0	0
Emergency Benefits	0	0	0	0
Prescription Drugs	0	0	0	0

Any classification/limit type combination considered incomplete is reported in the table below.

	Missing Information			
	Deductible	Copay	Coinsurance	Out-of-pocket maximum
Inpatient	Y	Y	Y	Y
Outpatient - Other	Y	Y	Y	Y
Outpatient - Office Based	Y	Y	Y	Y
Emergency Benefits	Y	Y	Y	Y
Prescription Drugs	Y	Y	Y	Y

Quantitative Treatment Limitations (QTLs) Requirements

The number of flags per classification and limit type combination is shown.

	Parity Flag		
	Day Limits	Hour Limits	Visit Limits
Inpatient	0	0	0
Outpatient - Other	0	0	0
Outpatient - Office Based	0	0	0
Emergency Benefits	0	0	0
Prescription Drugs	0	0	0

Any classification/limit type combination considered incomplete is reported in the table below.

	Missing Information		
	Day Limits	Hour Limits	Visit Limits
Inpatient	Y	Y	Y
Outpatient - Other	Y	Y	Y
Outpatient - Office Based	Y	Y	Y
Emergency Benefits	Y	Y	Y
Prescription Drugs	Y	Y	Y

Identification of Nonquantitative Treatment Limitations (NQTLs)

The number of flags per classification and category combination shown below.

	Parity Flag		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	1	1	0
Outpatient - Other	1	1	0
Outpatient - Office Based	1	1	0
Emergency Benefits	0	0	0
Prescription Drugs	0	0	0

Any classification/category/NQTL combination considered incomplete is reported in the table below.

	Missing Information		
	Mental Health	Substance Use Disorder	Medical/Surgical
Inpatient	-	-	-
Outpatient - Other	-	-	-
Outpatient - Office Based	-	-	-
Emergency Benefits	-	-	-
Prescription Drugs	-	-	-

Universal Application of NQTL

Classification: Inpatient NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Not Applicable
- Safety risks

Mental Health/Substance Use Disorder

- Excessive utilization
- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High levels of variation in length of stay:** this is an error and should not be listed
- **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.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Not Applicable

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

- Not Applicable

3. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

8. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Outlier Management Data
- Outlier Management Data

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020 - Sample.xlsx
- Sample monthly FWA report - Standard Template - MD.xlsx
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf
- HCM Minutes3.2020.UMdoc.pdf

Classification: Inpatient NQTL: Service Limitations

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Service type | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable |
|---|---|

Definitions

- **Not Applicable:** NQTL does not apply for this classification

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <p>1. Service type</p> <p>Evidentiary Standard</p> <ul style="list-style-type: none">◦ A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies. <p>Source</p> <ul style="list-style-type: none">◦ State and Federal requirements | <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable</p> <p>Evidentiary Standard</p> <ul style="list-style-type: none">◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Not Applicable |
|--|--|

Operations Measures

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification |
|---|---|

References

- DO NOT APPLY NQTLs to Inpatient-SUD.docx
- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Classification: Inpatient NQLT: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQLT does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

- 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.

Source

- State and Federal requirements

2. Service type

Evidentiary Standard

- 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.

Source

- State and Federal requirements

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits
- Not Applicable

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits
- Not Applicable

3. Not Applicable

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Service type

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Variability in quality

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review

Mental Health/Substance Use Disorder

- 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

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- Inter-Rater Reliability IRR Assessments.pdf

Classification: Inpatient NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** NQTL does not apply for this classification

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification
- NQTL does not apply to any services in this classification

References

- DO NOT APPLY NQTLs to Inpatient-MH.docx
- DO NOT APPLY NQTLs to Inpatient-SUD.docx

Classification: Inpatient

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable |
|---|---|

Definitions

- **Not Applicable:** NQTL does not apply for this classification

- | | |
|---|--|
| <p><u>Medical/Surgical</u></p> <p>1. Not Applicable</p> <p>Evidentiary Standard</p> <p>Source</p> <ul style="list-style-type: none">◦ Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable</p> <p>Evidentiary Standard</p> <p>Source</p> |
|---|--|

Operations Measures

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification |
|---|---|

References

- DO NOT APPLY NQTLs to Inpatient-MH.docx
- DO NOT APPLY NQTLs to Inpatient-SUD.docx
- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Classification: Inpatient NQLT: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

- 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.

Source

- State and Federal requirements

2. Service type

Evidentiary Standard

- 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.

Source

- State and Federal requirements

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits
- Medical expert reviews

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQLT to benefits
- Medical expert reviews

3. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any 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. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews

5. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any 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

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Average length of stay authorized per episode of care
- Degree of discretion exercised by utilization review staff
- 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
- Utilization trends

Mental Health/Substance Use Disorder

- 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

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020 - Sample.xlsx
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- 3871B form rev 01132016.pdf
- Inter-Rater Reliability IRR Assessments.pdf
- QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf
- HCM Minutes3.2020.UMTAT.pdf
- HCM Minutes3.2020.UMdoc.pdf

Classification: Inpatient

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Service type

Mental Health/Substance Use Disorder

- Least restrictive appropriate level of care
- Not Applicable
- Severity or chronicity of an illness

Definitions

- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

- 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.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable
- State and Federal requirements

2. Medicare/Medicaid program participation eligibility

Evidentiary Standard

- 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.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

Mental Health/Substance Use Disorder

1. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Not Applicable

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Severity or chronicity of an illness

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable
- State and Federal requirements

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Not Applicable

Evidentiary Standard

- 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.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable
- State and Federal requirements

4. Service type

Evidentiary Standard

- 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.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable
- State and Federal requirements

Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Average length of stay authorized per episode of care
- Degree of discretion exercised by utilization review staff
- 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
- Utilization trends

Mental Health/Substance Use Disorder

- 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

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx

- Auth Stats for June 2020 - Sample.xlsx
- HCM Minutes3.2020.UMdoc.pdf
- Inter-Rater Reliability IRR Assessments.pdf
- QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf
- HCM Minutes3.2020.UMTAT.pdf

Classification: Outpatient - Other NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Not Applicable
- Safety risks

Mental Health/Substance Use Disorder

- Excessive utilization
- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Not Applicable

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Safety risks

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of

care such as ASAM criteria or APA treatment guidelines.

- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Frequency with which reviews are conducted
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Outlier Management Data

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- PACE Quality Measure Testing_HPMS Memo_4 21 15.pdf
- Inter-Rater Reliability IRR Assessments.pdf
- Over Under-Utilization of Services.pdf

Classification: Outpatient - Other

NQTL: Service Limitations

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

- | | |
|---|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable• Service type |
|---|--|

Definitions

- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.

- | |
|--|
| <p><u>Medical/Surgical</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> |
|--|

- | |
|--|
| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable
Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits◦ Not Applicable <p>2. Service type
Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits◦ Not Applicable |
|--|

Operations Measures

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Authorization Denial Rates for MH/SUD• NQTL does not apply to any services in this classification |
|---|---|

References

- Auth Stats for June 2020.xlsx

- DO NOT APPLY NQTLS to OP -Other SUD v2.0.docx
- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Classification: Outpatient - Other

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Health plan accreditation standards for quality assurance
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Quality and performance measures (including customer feedback)
- Safety risks
- Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality
- clinical indications or evidence

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.
- **clinical indications or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Health plan accreditation standards for quality assurance

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

- Not Applicable

3. Medicare/Medicaid program participation eligibility

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Not Applicable

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Quality and performance measures (including customer feedback)

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Safety risks

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

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

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

8. Service type

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. Clinical indications or evidence

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Utilization trends
- evaluation of annual concurrent reviews and prior authorization reviews conducted on a quarterly basis

Mental Health/Substance Use Disorder

- 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

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020 - Sample.xlsx
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020.xlsx
- HH Cert and Plan of Care 485 Form example.pdf
- DME - DMS Audiology Review Procedures (8.04.2020).docx
- Inter-Rater Reliability IRR Assessments.pdf
- Over Under-Utilization of Services.pdf
- POS Evaluation_08JUL20.xlsx

Classification: Outpatient - Other NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** NQTL does not apply for this classification

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification
- NQTL does not apply to any services in this classification

References

- DO NOT APPLY NQTLs to OP-Other-MH.docx
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf

Classification: Outpatient - Other

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable |
|---|---|

Definitions

- **Not Applicable:** NQTL does not apply for this classification

- Medical/Surgical
1. **Not Applicable**
Evidentiary Standard
Source

- Mental Health/Substance Use Disorder
1. **Not Applicable**
Evidentiary Standard
Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable

Operations Measures

- | | |
|---|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Degree of discretion exercised by utilization review staff | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification• NQTL does not apply to any services in this classification |
|---|--|

References

- DO NOT APPLY NQTLs to OP-Other-MH.docx
- Optum Benefits Mapping_OP Other SUD_7.17.20.xlsx
- DME - DMS Audiology Review Procedures (8.04.2020).docx

Classification: Outpatient - Other

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Current and projected demand for services
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Relative reimbursement rates
- Service type
- Severity or chronicity of an illness

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **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.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Current and projected demand for services

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

2. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

3. High variability in cost per episode of care

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Medical expert reviews
- Not Applicable

4. **Lack of adherence to quality standards**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

5. **Lack of clinical efficiency of treatment or service**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

6. **Medicare/Medicaid program participation eligibility**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

7. **Not Applicable**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

8. **Relative reimbursement rates**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

9. **Service type**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
- Not Applicable

10. **Severity or chronicity of an illness**

Evidentiary Standard

Source

- Evidentiary standards, including any 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. **Least restrictive appropriate level of care**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. **Not Applicable**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. **Service type**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. **Severity or chronicity of an illness**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. **Variability in quality**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

- Not Applicable

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- 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
- Utilization trends

Mental Health/Substance Use Disorder

- 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

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- Auth Stats for June 2020 - Sample.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf
- Inter-Rater Reliability IRR Assessments.pdf

Classification: Outpatient - Other

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Recent medical cost escalation
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

- Evidentiary standards, including any 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. Elasticity of demand

Evidentiary Standard

Source

- Evidentiary standards, including any 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. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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

4. High variability in cost per episode of care

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- State and Federal requirements

5. Medicare/Medicaid program participation eligibility

Evidentiary Standard

Source

- Evidentiary standards, including any 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

6. Not Applicable

Evidentiary Standard

Source

- Evidentiary standards, including any 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. Recent medical cost escalation

Evidentiary Standard

Source

- Evidentiary standards, including any 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

8. Relative reimbursement rates

Evidentiary Standard

Source

- Evidentiary standards, including any 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

9. Service type

Evidentiary Standard

Source

- Evidentiary standards, including any 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

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Service type

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Variability in quality

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Utilization trends
- evaluation of annual concurrent reviews and prior authorization reviews conducted on a quarterly basis

Mental Health/Substance Use Disorder

- 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

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020 - Sample.xlsx
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf

- Auth Stats for June 2020.xlsx
- HHSURS PROCEDURE.docx
- Inter-Rater Reliability IRR Assessments.pdf
- QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf
- POS Evaluation_08JUL20.xlsx

Classification: Outpatient - Office Based

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- High variability in cost per episode of care
- Not Applicable
- Relative reimbursement rates
- Safety risks
- Service type

Mental Health/Substance Use Disorder

- Excessive utilization
- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Relative reimbursement rates
- Safety risks
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Relative reimbursement rates:** Contracted pay rate based on fee schedule
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. High variability in cost per episode of care

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Not Applicable

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Relative reimbursement rates

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Safety risks

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Service type

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Relative reimbursement rates

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Safety risks

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. Service type

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

8. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

9. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Not Applicable
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Utilization trends
- audits tracker (monthly)
- duplicate reports (monthly)
- provider financial analysis (monthly)

Mental Health/Substance Use Disorder

- Outlier Management Data

References

- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- Inter-Rater Reliability IRR Assessments.pdf
- Over Under-Utilization of Services.pdf

Classification: Outpatient - Office Based

NQTL: Service Limitations

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Service type |
|---|---|

Definitions

- **Service type:** Type of service being requested.

- | |
|--|
| <p><u>Medical/Surgical</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> |
|--|

- | |
|--|
| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Service type
Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines. <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits |
|--|

Operations Measures

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Number of days or visits authorized per review• program review of the percentage of billing system edits that were functioning appropriately | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Authorization Denial Rates for MH/SUD |
|--|--|

References

- Auth Stats for June 2020.xlsx
- HHSURS PROCEDURE.docx
- Financial accountability system edits excerpt from quarterly report Q3FY20.pdf

Classification: Outpatient - Office Based

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Health plan accreditation standards for quality assurance
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Quality and performance measures (including customer feedback)
- Safety risks
- Separate payments for managing a patient's care outside of face-to-face contact (e.g., care management)
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality
- clinical indications or evidence

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.
- **clinical indications or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Health plan accreditation standards for quality assurance

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Medicare/Medicaid program participation eligibility

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

- Evidentiary standards, including any 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

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Quality and performance measures (including customer feedback)

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Safety risks

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

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

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

8. Service type

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

- Not Applicable

3. Not Applicable

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Service type

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Variability in quality

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

7. Clinical indications or evidence

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Utilization trends

Mental Health/Substance Use Disorder

- 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

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- Auth Stats for June 2020 - Sample.xlsx
- Auth Stats for June 2020.xlsx
- Inter-Rater Reliability IRR Assessments.pdf
- Over Under-Utilization of Services.pdf

Classification: Outpatient - Office Based

NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** NQTL does not apply for this classification

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification
- NQTL does not apply to any services in this classification

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- DO NOT APPLY NQTLs to OP-Office SUD.docx

Classification: Outpatient - Office Based

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable |
|---|---|

Definitions

- **Not Applicable:** NQTL does not apply for this classification

- | | |
|---|--|
| <p><u>Medical/Surgical</u></p> <ol style="list-style-type: none">1. Not Applicable
Evidentiary Standard
Source | <p><u>Mental Health/Substance Use Disorder</u></p> <ol style="list-style-type: none">1. Not Applicable
Evidentiary Standard<ul style="list-style-type: none">◦ Not ApplicableSource |
|---|--|

Operations Measures

- | | |
|---|---|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• NQTL does not apply to any services in this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• 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 |
|---|---|

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Classification: Outpatient - Office Based

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Current and projected demand for services
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Relative reimbursement rates
- Service type
- Severity or chronicity of an illness

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Current and projected demand for services

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

2. Excessive utilization

Evidentiary Standard

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

2. Least restrictive appropriate level of care

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

3. Service type

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

3. High variability in cost per episode of care

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

4. Lack of adherence to quality standards

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

5. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

4. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

5. Variability in quality

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

6. Medicare/Medicaid program participation eligibility

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

7. Relative reimbursement rates

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

8. Service type

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

9. Severity or chronicity of an illness

Evidentiary Standard

- 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.
- State regulatory standards for health plan network adequacy.
- Utilization is two standard deviations above average utilization per episode of care.

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- State and Federal requirements

Operations Measures

Medical/Surgical

- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Utilization trends
- duplicate restorations (monthly)

Mental Health/Substance Use Disorder

- 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

References

- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020 - Sample.xlsx
- Auth Stats for June 2020.xlsx
- Inter-Rater Reliability IRR Assessments.pdf
- Over Under-Utilization of Services.pdf

Classification: Outpatient - Office Based NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Not Applicable
- Recent medical cost escalation
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- Variability in quality

Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

2. Elasticity of demand

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

3. Excessive utilization

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

3. Not Applicable

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Not Applicable
- State and Federal requirements

4. High variability in cost per episode of care

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

5. Not Applicable

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

6. Recent medical cost escalation

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

7. Relative reimbursement rates

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

8. Service type

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Not Applicable
- State and Federal requirements

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

4. Service type

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

6. Variability in quality

Evidentiary Standard

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

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Not Applicable

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- services preauthorized not received monthly

Mental Health/Substance Use Disorder

- 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

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- Inter-Rater Reliability IRR Assessments.pdf

Classification: Emergency Benefits NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Not Applicable

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** NQTL does not apply for this classification

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

- 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.
- Not Applicable

Source

- Evidentiary standards, including any 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
- Not Applicable
- State and Federal requirements

2. Not Applicable

Evidentiary Standard

- 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.
- Not Applicable

Source

- Evidentiary standards, including any 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
- Not Applicable
- State and Federal requirements

Mental Health/Substance Use Disorder

1. Not Applicable

Evidentiary Standard

Source

Operations Measures

Medical/Surgical

- Utilization trends

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- QMC UM2019EvalPM.pdf

Classification: Emergency Benefits

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Not Applicable

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Not Applicable

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Not Applicable:** NQTL does not apply for this classification

Medical/Surgical

1. Not Applicable

Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

2. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Operations Measures

Medical/Surgical

- NQTL does not apply to any services in this classification

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx
- We DO NOT apply any NQTLs to the Emergency and Pharmacy Benefits.docx

Classification: Prescription Drugs

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining diagnosis
- Recent medical cost escalation
- Recognition of accreditation by certain accrediting bodies
- Safety risks
- Severity or chronicity of an illness
- fail first protocol

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Safety risks
- Service type
- Severity or chronicity of an illness
- Site visit requirements
- fail first protocol
- internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Site visit requirements:** If the Applicant is not accredited by an agency recognized by the Credentialing Entity in, a site visit of the organization is required and results must be found to be satisfactory with a passing score of 85% or higher.
- **fail first protocol:** fail first protocol
- **internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation:** process review activities to review a participant's course and efficacy of treatment to determine the approval or renewal of a prior authorization for their drug
- **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 department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendations made by the P&T committee

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews

Mental Health/Substance Use Disorder

1. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium

- National accreditation standards
- Not Applicable
- State and Federal requirements

2. Current and projected demand for services

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

3. Elasticity of demand

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

4. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

5. High variability in cost per episode of care

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

6. Lack of adherence to quality standards

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews

- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- State and Federal requirements

2. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- State and Federal requirements

3. Service type

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- State and Federal requirements

4. Severity or chronicity of an illness

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define

- National accreditation standards
- Not Applicable
- State and Federal requirements

7. **Lack of clinical efficiency of treatment or service**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

8. **Not Applicable**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

9. **Provider discretion in determining diagnosis**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

10. **Recent medical cost escalation**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

11. **Recognition of accreditation by certain accrediting bodies**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews

the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- State and Federal requirements

5. **Site visit requirements**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- State and Federal requirements

6. **fail first protocol**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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. **internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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

8. **medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the**

- National accreditation standards
- Not Applicable
- State and Federal requirements

12. Safety risks

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

13. Severity or chronicity of an illness

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

14. fail first protocol

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

P&T committee

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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

Operations Measures

Medical/Surgical

- Addressing workforce shortage issues
- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Complaint tracking (enrollees and providers)
- Degree of discretion exercised by utilization review staff
- How the health plan verifies credentials of its staff conducting medical management/utilization review
- 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
- Length of time afforded for each review
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health,

Mental Health/Substance Use Disorder

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

substance use disorder and medical/surgical benefits have comparable expertise.

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

References

- Maryland_PDL_7.1.20.pdf
- P & T SOP Revised 02.10.2020 FINAL.docx
- PA Review Process 7 27 20 DB.docx
- PRP PA Audit Process Review 7 27 20 DB.docx
- Standard 10_P1Q2 Responses.xlsx

Classification: Prescription Drugs

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Recognition of accreditation by certain accrediting bodies
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Mental Health/Substance Use Disorder

- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **clinical appropriateness/medical necessity:** identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL and the treatment option's clinical criteria
- **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
- **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 department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendations made by the P&T committee

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

2. Elasticity of demand

Evidentiary Standard

Mental Health/Substance Use Disorder

1. clinical appropriateness/medical necessity

Evidentiary Standard

Source

- Evidentiary standards, including any 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 Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

3. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

4. High variability in cost per episode of care

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

5. Lack of adherence to quality standards

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

6. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

7. Provider discretion in determining diagnosis

Evidentiary Standard

Source

- Evidentiary standards, including any 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

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

Evidentiary Standard

Source

- Evidentiary standards, including any 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

- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

8. Provider discretion in determining type or length of treatment

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

9. Recent medical cost escalation

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

10. Recognition of accreditation by certain accrediting bodies

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

11. Safety risks

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

12. Severity or chronicity of an illness

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

13. Clinical appropriateness/medical necessity

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

14. **fiscal responsibility/cost effectiveness**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

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

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

Operations Measures

Medical/Surgical

- Addressing workforce shortage issues
- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Complaint tracking (enrollees and providers)
- Degree of discretion exercised by utilization review staff
- 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
- Length of time afforded for each review
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- clinical criteria applied based on FDA labeling and requirements and official compendium

Mental Health/Substance Use Disorder

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

- 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

References

- Maryland_PDL_7.1.20.pdf
- Tier 2 and NPD Clinical Criteria.pdf
- P & T SOP Revised 02.10.2020 FINAL.docx
- PRP PA Audit Process Review 7 27 20 DB.docx
- Standard 10_P1Q2 Responses.xlsx

Classification: Prescription Drugs

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- High variability in cost per episode of care
- Lack of clinical efficiency of treatment or service
- Not Applicable
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Recognition of accreditation by certain accrediting bodies
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Licensure, certification, accreditation and/or experience requirements for providers to join provider network
- Safety risks
- Severity or chronicity of an illness
- an approval required from the department or its designee before a drug is dispensed
- clinical appropriateness/medical necessity
- fail first protocol
- fiscal responsibility/cost effectiveness
- internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation
- limitations on prescribing a drug based on the age of the participant
- limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the participant
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Licensure, certification, accreditation and/or experience requirements for providers to join provider network:** Providers must have a current, valid, unrestricted license to practice in all states where care is provided. Specialists must be Board Certified, Board Eligible/Board Qualified, or fall under one of the Individual Review categories regarding specialty Credentialing (see Adverse Action and Individual Review policy). Allied Health Professionals must be certified in their respective specialty. Advanced practice nurses, under Maryland State law, are only required to have an approved attestation on file with the licensing board that the Nurse Practitioner has an agreement for collaboration and consulting with a licensed physician, and will refer to and consult with physicians and other healthcare Practitioners as needed.
- **Safety risks:** Safety consistent with FDA approved labeling, including black box warnings. Potential for abuse or diversion, significant potential for inappropriate use or narrow safety margin. Lack of compelling evidence.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **an approval required from the department or its designee before a drug is dispensed:** approval required from the department or its designee before a drug is dispense
- **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
- **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
- **internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation:** process review activities to review a participant's course and efficacy of treatment to determine the approval or renewal of a prior authorization for their drug

- **limitations on prescribing a drug based on the age of the participant:** limitations on prescribing drug based on the age of the participant
- **limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the participant:** limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the patient
- **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 department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendations made by the P&T committee

Medical/Surgical

1. Current and projected demand for services

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

2. Elasticity of demand

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

3. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

4. High variability in cost per episode of care

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

5. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define

Mental Health/Substance Use Disorder

1. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

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

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

3. Safety risks

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

6. **Not Applicable**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

7. **Provider discretion in determining diagnosis**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

8. **Provider discretion in determining type or length of treatment**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

9. **Recent medical cost escalation**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

10. **Recognition of accreditation by certain accrediting bodies**

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

4. **Severity or chronicity of an illness**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

5. **an approval required from the department or its designee before a drug is dispensed**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

6. **clinical appropriateness/medical necessity**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

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the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

11. **Safety risks**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

12. **Severity or chronicity of an illness**

Evidentiary Standard

Source

- Evidentiary standards, including any 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
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13. **clinical appropriateness/medical necessity**

Evidentiary Standard

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- Internal market and competitive analysis
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- National accreditation standards
- Not Applicable
- State and Federal requirements

14. **fail first protocol**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

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

Evidentiary Standard

Source

the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- National accreditation standards
- State and Federal requirements

7. **fail first protocol**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

8. **fiscal responsibility/cost effectiveness**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

9. **internal auditing for treatment compliance via concurrent review of treatment plans and medical documentation**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

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- Internal claims analysis

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

- National accreditation standards
- State and Federal requirements

10. limitations on prescribing a drug based on the age of the participant

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

11. limitations on the daily, monthly or yearly quantity for which the drug can be prescribed to the participant

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

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- Internal claims analysis
- National accreditation standards
- State and Federal requirements

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

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA prescribing information and official compendium
- process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

- Evidentiary standards, including any 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
- National accreditation standards
- State and Federal requirements

Operations Measures

Medical/Surgical

- Addressing workforce shortage issues
- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Complaint tracking (enrollees and providers)
- Degree of discretion exercised by utilization review staff
- How the health plan verifies credentials of its staff conducting medical management/utilization review
- 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
- Length of time afforded for each review
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

Mental Health/Substance Use Disorder

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

References

- Maryland_PDL_7.1.20.pdf
- Tier 2 and NPD Clinical Criteria.pdf
- P & T SOP Revised 02.10.2020 FINAL.docx
- PA Review Process 7 27 20 DB.docx
- PRP PA Audit Process Review 7 27 20 DB.docx
- Standard 10_P1Q2 Responses.xlsx

Classification: Prescription Drugs

NQTL: tiered drug formulary

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Current and projected demand for services
- Elasticity of demand
- Excessive utilization
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Provider discretion in determining diagnosis
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- Recognition of accreditation by certain accrediting bodies
- Safety risks
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Mental Health/Substance Use Disorder

- Excessive utilization
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness
- medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee

Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **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
- **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
- **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 department's preferred and non-preferred drugs developed by the department's preferred drug program via recommendations made by the P&T committee

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

2. Current and projected demand for services

Mental Health/Substance Use Disorder

1. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- National accreditation standards
- State and Federal requirements

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

3. Elasticity of demand

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

4. Excessive utilization

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

5. Lack of adherence to quality standards

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

6. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

7. Provider discretion in determining diagnosis

Evidentiary Standard

Source

- Evidentiary standards, including any 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. clinical appropriateness/medical necessity

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- National accreditation standards
- State and Federal requirements

3. fiscal responsibility/cost effectiveness

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- National accreditation standards
- State and Federal requirements

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

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- Medicare physician fee schedules
- National accreditation standards
- State and Federal requirements

- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

8. **Provider discretion in determining type or length of treatment**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

9. **Recent medical cost escalation**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

10. **Recognition of accreditation by certain accrediting bodies**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

11. **Safety risks**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

12. **Severity or chronicity of an illness**

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

13. clinical appropriateness/medical necessity

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

14. fiscal responsibility/cost effectiveness

Evidentiary Standard

Source

- Evidentiary standards, including any 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 market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

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

Evidentiary Standard

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- Evidentiary standards, including any 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 market and competitive analysis
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Operations Measures

Medical/Surgical

- Addressing workforce shortage issues
- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Complaint tracking (enrollees and providers)
- Degree of discretion exercised by utilization review staff
- How the health plan verifies credentials of its staff conducting medical management/utilization review
- 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
- Length of time afforded for each review
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews

Mental Health/Substance Use Disorder

- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

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- clinical criteria applied based on FDA labeling and requirements and official compendium
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