

ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS Kaiser 09142020

September 15, 2021

8

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) | 8 |

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 "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 | 1 | 1 | 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
- Lack of clinical efficiency of treatment or service
- Safety risks
- Severity or chronicity of an illness
- prior authorization requirement
- was service medically necessary

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:** not applicable
- **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

- 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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

2. 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
- Internal claims analysis
- Medical expert reviews

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

- State and Federal requirements

3. 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.

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
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

5. prior authorization requirement

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

6. was service medically necessary

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
- Internal claims analysis
- Medical expert reviews
- 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. 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

- 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
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

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

- Outlier Management_8.12.2020_Final.pdf
- 05_Job Descriptions Non-Physician UM Reviewers.pdf
- 06_JD UMMDs.pdf
- UM 01 Scope and Periodic Review of UM Criteria_Approved_4.23.2020.pdf
- UM Policy 8 Apply UM Criteria_Approved_2.25.2020.pdf
- UM Staff Qualifications and Responsibilities.pdf
- 04_2019 IRR Analysis Report_Final.pdf
- 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf
- 02_Regional Utilization Management Committee.pdf
- General Roles and Responsibilities of UM Licensed Professionals.pdf
- Work Flow Diagram for MD Healthchoice.pdf
- UM Medical Necessity Workflow Diagram.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">• Not Applicable | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Not Applicable |
|---|---|

Definitions

- | | |
|---|---|
| <p>• Not Applicable: not applicable</p> <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 Source<ul style="list-style-type: none">◦ Not Applicable Source<ul style="list-style-type: none">◦ Not Applicable</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">• Not applicable |
|---|---|

References

- Carve out.pdf
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.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
- Lack of clinical efficiency of treatment or service
- 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
- 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:** not applicable
- **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

- 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. 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 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.

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
- 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 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.

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

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.

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.

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.

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
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

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

- 02_Regional Utilization Management Committee.pdf
- UM Staff Qualifications and Responsibilities.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:** not applicable

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**

Evidentiary Standard

- Not Applicable

Source

- Not Applicable

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Not applicable

References

- Carve out.pdf

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

- | | |
|---|---|
| <p>• Not Applicable: not applicable</p> <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 Source<ul style="list-style-type: none">◦ Not Applicable Source<ul style="list-style-type: none">◦ Not Applicable</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• Not applicable |
|---|--|

References

- Carve out.pdf
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.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
- Lack of clinical efficiency of treatment or service
- 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
- 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:** not applicable
- **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

- 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
- Internal claims analysis
- Medical expert reviews

2. 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 NQLT to benefits
- Internal claims analysis
- Medical expert reviews

3. Service type

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 NQLT 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 NQLT to benefits

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.

Source

- 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
- Internal claims analysis
- 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
- Internal claims analysis
- Medical expert reviews

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

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.

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. 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

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.

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

- 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
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

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

- Medical Necessity_8.12.2020_Final.pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx
- NHT #213-Hosp#200-MDC#61-NF LOC.pdf

Classification: Inpatient

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- 2.Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Service type
- Severity or chronicity of an illness

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:** not applicable
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness

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
- Medical expert reviews
- State and Federal requirements

2. 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
- State and Federal requirements

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
- Medical expert reviews
- State and Federal requirements

4. Service type

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. 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

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
- 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.

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

the factors triggering the application of an NQTL to benefits

- Medical expert reviews
- State and Federal requirements

◦ Not Applicable

5. 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
- State and Federal requirements

Operations Measures

Medical/Surgical

- 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
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

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

- 01_Standard 10_PriorAuth_KP Ops_Process.pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).pdf
- Auth Stats for June 2020.xlsx

Classification: Outpatient - Other NQL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Safety risks
- Service type
- Variability in quality

Mental Health/Substance Use Disorder

- Excessive utilization
- 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

- **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.
- **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

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Utilization is two standard deviations above average utilization per episode of care.

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 NQL to benefits

2. 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.
- 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 NQL to benefits

3. Service type

Evidentiary Standard

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.
- 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 NQL to benefits

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.
- 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 NQL to benefits

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.
- 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

4. 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.
- 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

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Utilization is two standard deviations above average utilization per episode of care.

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. 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.
- 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

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.
- 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

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.
- 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

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- 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
- Outlier Management Data
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health,

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

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

References

- 1.Sample monthly FWA report - Standard Template - MD.xlsx

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:** not applicable
- **Service type:** Type of service being requested.

- | | |
|---|--|
| <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<ul style="list-style-type: none">◦ Not Applicable2. Service type Evidentiary Standard<ul style="list-style-type: none">◦ Not ApplicableSource<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">• 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

- DO NOT APPLY NQTLs to OP -Other SUD v2.0.docx
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Other

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Health plan accreditation standards for quality assurance
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- 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
- 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
- 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:** not applicable
- **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
- Internal claims analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- National accreditation standards
- 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 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. Not Applicable

Evidentiary Standard

3. 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
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

4. 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
- Internal claims analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

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

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

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
- Internal claims analysis
- Medical expert reviews
- National accreditation standards
- 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
- Medical expert reviews

- 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

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.

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. 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

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.

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

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.

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

- National accreditation standards
- State and Federal requirements

9. 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
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis

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

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:** not applicable

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- not applicable

Classification: Outpatient - Other

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:** not applicable

- | | |
|--|--|
| <p><u>Medical/Surgical</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 | <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">• Degree of discretion exercised by utilization review staff | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• 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 |
|---|---|

Classification: Outpatient - Other

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- 2.Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Current and projected demand for services
- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- 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

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
- State and Federal requirements

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

3. **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

Mental Health/Substance Use Disorder

1. **High levels of variation in length of stay**

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. **Least restrictive appropriate level 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

3. **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

4. **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

5. **Variability in quality**

Evidentiary Standard

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

4. 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
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements

5. 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
- Medical expert reviews
- State and Federal requirements

6. 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
- State and Federal requirements

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

- 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
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- tracking of denial of plans of service that do not meet medical necessity

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

- Auth Stats for June 2020.xlsx

Classification: Outpatient - Other

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Elasticity of demand
- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Quality and performance measures (including customer feedback)
- 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
- 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:** not applicable
- **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. 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
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

3. 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

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

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. Least restrictive appropriate level 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

- Evidentiary standards, including any 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

Source

- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

4. 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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

7. 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
- Medical expert reviews
- 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

5. 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
- Not Applicable

6. Variability in quality

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

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Number of days or visits authorized per review
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis

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

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
- Lack of clinical efficiency of treatment or service
- Relative reimbursement rates
- Service type
- Severity or chronicity of an illness

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:** not applicable
- **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

- 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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

2. High variability in cost per episode 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
- Internal claims analysis
- Medical expert reviews

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

- State and Federal requirements

3. 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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

4. 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.

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
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- 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. 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

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- audits tracker (monthly)
- duplicate records (monthly)
- provider financial analysis (monthly)

Mental Health/Substance Use Disorder

- 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

- 1.Sample monthly FWA report - Standard Template - MD.xlsx
- MDH ASO RFP OPASS 20-18319 11.29.18 (7).pdf
- ATTACHMENT M Contract - ASO PBHS 20-18319 (1).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.

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

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|---|--|
| <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">• 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

- Auth Stats for June 2020.xlsx
- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Office Based

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Lack of clinical efficiency of treatment or service
- 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
- 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:** not applicable
- **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. 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
- Medical expert reviews

2. 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

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. 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

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.

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. 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

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.

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

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.

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

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

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

Classification: Outpatient - Office Based

NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Evaluation of System Design
- Not Applicable

Definitions

- **Evaluation of System Design:** Improvement over time individually and collectively
- **Not Applicable:** not applicable

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Evaluation of System Design**

Evidentiary Standard

- Behavioral Health Administration standards for assessing clinical outcomes

Source

- Maryland BHA program requirements

2. **Not Applicable**

Evidentiary Standard

- Behavioral Health Administration standards for assessing clinical outcomes

Source

- Maryland BHA program requirements

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Not applicable

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

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|---|--|
| <p>• Not Applicable: not applicable</p> <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 Source</p> |
|---|--|

Operations Measures

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|---|--|
| <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• NQTL does not apply to any services in this classification |
|---|--|

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Office Based

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- 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
- 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:** not applicable
- **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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

3. 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

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

Source

2. Least restrictive appropriate level of care

Evidentiary Standard

Source

3. Not Applicable

Evidentiary Standard

Source

4. Service type

Evidentiary Standard

Source

5. Severity or chronicity of an illness

Evidentiary Standard

Source

6. Variability in quality

Evidentiary Standard

Source

- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

4. **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
- Medical expert reviews
- State and Federal requirements

5. **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
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

7. **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
- Medical expert reviews
- State and Federal requirements

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- duplicate restorations (quarterly)

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

Classification: Outpatient - Office Based

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- High variability in cost per episode of care
- Lack of clinical efficiency of treatment or service
- 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
- 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:** not applicable
- **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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

3. 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

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. 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

- Medical expert reviews
- State and Federal requirements

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

5. **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
- Medical expert reviews
- State and Federal requirements

6. **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
- Medical expert reviews
- 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

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.

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. **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

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.

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

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- services preauthorized not received (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

Classification: Emergency Benefits NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Not Applicable
- prior authorization requirement
- was service medically necessary

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** not applicable

Medical/Surgical

1. **Not Applicable**
Evidentiary Standard
Source
2. **prior authorization requirement**
Evidentiary Standard
Source
3. **was service medically necessary**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
 - Not ApplicableSource
 - Not Applicable

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

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

- We DO NOT apply any NQTLs to the Emergency and Pharmacy Benefits.docx

Classification: Emergency Benefits 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:** not applicable

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Not applicable

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx

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

- Lack of clinical efficiency of treatment or service
- Severity or chronicity of an illness

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** not applicable

Medical/Surgical

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
- Medical expert reviews

2. **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

Mental Health/Substance Use Disorder

1. **Not Applicable**

Evidentiary Standard

Source

Operations Measures

Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Requirements for the qualifications of provider staff involved in reviews
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.

Mental Health/Substance Use Disorder

- Not applicable

References

- Optum Benefits Mapping_MDH Revisions_7.17.20.xlsx

Classification: Prescription Drugs

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- prior authorization requirement
- was service medically necessary

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** not applicable

Medical/Surgical

1. **prior authorization requirement**
Evidentiary Standard
Source
2. **was service medically necessary**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

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

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- 1.Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Prescription Drugs

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Safety risks

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

- **Not Applicable:** not applicable

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.

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
- National accreditation standards
- State and Federal requirements

2. 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.

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
- National accreditation standards
- State and Federal requirements

Mental Health/Substance Use Disorder

1. Not Applicable

Evidentiary Standard

Source

- Not Applicable

Operations Measures

Medical/Surgical

- Frequency with which reviews are conducted

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Prescription Drugs

NQTL: fail first requirements/step therapy

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Not Applicable
- Safety risks
- Service type
- Severity or chronicity of an illness
- 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

- Not Applicable
- Service type

Definitions

- **Not Applicable:** not applicable
- **Service type:** Type of service being requested.

Medical/Surgical

1. **Not Applicable**
Evidentiary Standard
Source
2. **Safety risks**
Evidentiary Standard
Source
3. **Service type**
Evidentiary Standard
Source
4. **Severity or chronicity of an illness**
Evidentiary Standard
Source
5. **fail first protocol**
Evidentiary Standard
Source
6. **medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source
2. **Service type**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.
- Consequences or penalties that apply to benefits when an NQTL requirement is not met.
- Frequency with which reviews are conducted
- 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
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Classification: Prescription Drugs

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Recent medical cost escalation
- 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 Preferred Drug List (PDL), which is a list of the Department's Preferred and Non-Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee

Medical/Surgical

1. **Excessive utilization**
Evidentiary Standard
Source
2. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
3. **Recent medical cost escalation**
Evidentiary Standard
Source
4. **Safety risks**
Evidentiary Standard
Source
5. **Severity or chronicity of an illness**
Evidentiary Standard
Source
6. **clinical appropriateness / medical necessity**
Evidentiary Standard
Source
7. **fiscal responsibility/ cost effectiveness**
Evidentiary Standard

Mental Health/Substance Use Disorder

1. **clinical appropriateness / medical necessity**
Evidentiary Standard
Source
2. **fiscal responsibility/ cost effectiveness**
Evidentiary Standard
Source
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

Source

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

Evidentiary Standard

Source

Operations Measures

Medical/Surgical

- 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
- Dollar spend trends
- Exception processes available for each NQTL requirement and when they may be applied.
- Frequency with which reviews are conducted
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Mental Health/Substance Use Disorder

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

Classification: Prescription Drugs

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Provider discretion in determining type or length of treatment
- Recent medical cost escalation
- 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
- Not Applicable
- 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

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:** not applicable
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **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
- **medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee:** A drug's classification within the Preferred Drug List (PDL), which is a list of the Department's Preferred and Non-Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee

Medical/Surgical

1. **Excessive utilization**
Evidentiary Standard
Source
2. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
3. **Medicare/Medicaid program participation eligibility**
Evidentiary Standard
Source
4. **Provider discretion in determining type or length of treatment**
Evidentiary Standard
Source
5. **Recent medical cost escalation**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
2. **Not Applicable**
Evidentiary Standard
Source
3. **Severity or chronicity of an illness**
Evidentiary Standard
Source
4. **clinical appropriateness / medical necessity**
Evidentiary Standard
Source
5. **fail first protocol**
Evidentiary Standard
Source

- 6. **Safety risks**
Evidentiary Standard
Source
- 7. **Severity or chronicity of an illness**
Evidentiary Standard
Source
- 8. **clinical appropriateness / medical necessity**
Evidentiary Standard
Source
- 9. **fail first protocol**
Evidentiary Standard
Source
- 10. **medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee**
Evidentiary Standard
Source
- 6. **medication status on preferred drug list (PDL) as determined by the preferred drug program via recommendations by the P&T committee**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.
- Consequences or penalties that apply to benefits when an NQTL requirement is not met.
- Frequency with which reviews are conducted
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Mental Health/Substance Use Disorder

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

Classification: Prescription Drugs

NQTL: tiered drug formulary

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_8.25.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Safety risks
- 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 Preferred Drug List (PDL), which is a list of the Department's Preferred and Non-Preferred drugs developed by the Department's Preferred Drug Program via recommendations made by the Pharmacy & Therapeutics (P&T) Committee

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
- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

2. 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
- Medical expert reviews
- State and Federal requirements

3. 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

Mental Health/Substance Use Disorder

1. clinical appropriateness / medical necessity

Evidentiary Standard

Source

2. fiscal responsibility/ cost effectiveness

Evidentiary Standard

Source

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

the factors triggering the application of an NQTL to benefits

- Internal claims analysis
- Medical expert reviews
- State and Federal requirements

4. 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
- Medical expert reviews
- State and Federal requirements

5. 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
- Medical expert reviews
- State and Federal requirements

Operations Measures

Medical/Surgical

- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium Internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.
- Dollar spend trends
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

Mental Health/Substance Use Disorder

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