

**Standard 10 Comparative Analysis of NQTLs "In Operation" for Emergency Benefits
Appendix E1 - Page 1**

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent layperson Utilization Trends	-	Prudent Layperson standard Utilization Trends Medical Claim Review Accuracy	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	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.	-	-	Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	-	-	-	-
Outlier Management	Utilization Trends	Utilization trends	-	Utilization Trends	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.	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 The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	Dollar spend trends Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied. Utilization trends	Fraud, Waste and Abuse Monthly Activities Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Medical claim review accuracy	-	-	-	-
Prior Authorization/ Preauthorization	-	-	-	-	-	-	-	Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	-	-	-	-	-
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

**Standard 10 Comparative Analysis of NQTLs "In Operation" for Inpatient Benefits
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	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS
Concurrent Review	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers 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.	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 Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers How the health plan verifies credentials of its staff conducting medical management/utilization review/internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization 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 Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Number of days or visits authorized per review The expertise of the person who makes denial determinations and whether such decision makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise Utilization Trends Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average length of stay authorized per episode of care	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Number of days or visits authorized per review Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Frequency with which reviews are conducted
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy	-	-	-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	-	-	Availability of less intensive level of care when fail first NQTL is imposed Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	-	-	-	-	-
Medical Necessity Criteria	Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity for medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	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 Average length of stay authorized per episode of care	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Number of days or visits denied per review Days per 1000 and LOS per facility per month	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Outlier Management	Utilization Trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Utilization trends	Utilization trends Dollar spend trends	Utilization trends Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied.	Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Medical claim review accuracy	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Prior Authorization/ Preauthorization	Average length of stay authorized per episode of care Number of days or visits authorized per review Utilization trends Assessments of provider directory accuracy	Inter-rater reliability surveys for medical/surgical reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Average length of stay authorized per episode of care Utilization trends Average denial rates for medical necessity for medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews 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	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Whether and how discretion is allowed in applying each NQTL 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. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Addressing workforce shortage issues	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MH/SUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Frequency that authorization requirements are waived Number of days or visits authorized per review
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-

Standard 10 Comparative Analysis of NQTLs "In Operation" for Outpatient Benefits
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	Aetna	Amerigrout	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Concurrent Review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers Member satisfaction/consumer survey results Provider-to-enrollee ratios Results of secret shopper surveys to determine that network providers are actually accepting new patients Time and distance to network providers Turnaround time to get clinicians with approved credentials loaded in the payment system	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	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 Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Number of days or visits authorized per review The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Number of days or visits authorized per review Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Medical claim review accuracy	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy	-	-	-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	-	-	Availability of less intensive level of care when fail-first NQTL is imposed Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews	-	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	-	-	Degree of discretion exercised by utilization review staff	-
Medical Necessity Criteria	Utilization Trends Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	Inter-rater reliability surveys for medical/surgical reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Frequency with which reviews are conducted 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 Number of days or visits authorized per review Frequency potential treatments are reviewed to determined whether they are experimental and investigational 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.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Quality Metrics/HEDIS	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Practice Guideline review & approval by Provider Advisory Committee	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Degree of discretion exercised by utilization review staff Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Tracking of denial of plans of service that do not meet medical necessity	Duplicate Restorations (quarterly)
Outlier Management	Utilization Trends	Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Utilization Trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.	Utilization trends Dollar spend trends	Utilization trends Dollar spend trends Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits	Utilization trends Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting Fraud, Waste and Abuse Program Monthly Performance Fraud, Waste and Abuse Monthly Activities Medical Claim Review Accuracy	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Outlier Management Data Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Frequency with which reviews are conducted	Provider Financial Analysis (monthly) Audits Tracker (monthly) Duplicate Records (monthly)
Prior Authorization/ Preauthorization	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends Authorization/Denial Rates, Assessment of Provider Directory Accuracy Average appointment wait times Complaint tracking (enrollees and providers) Compliance with self-imposed, customer, or regulator-imposed network adequacy standards. Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers Member satisfaction/consumer survey results Provider-to-enrollee ratios Results of secret shopper surveys to determine that network providers are actually accepting new patients Time and distance to network providers Turnaround time to get clinicians with approved credentials loaded in the payment system	Inter-rater reliability surveys for medical/surgical reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Requirements for the qualifications of provider staff involved in reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Frequency that authorization requirements are waived Utilization trends Dollar spend trends Exception processes available for each NQTL requirement and when they may be applied. Whether and how discretion is allowed in applying each NQTL 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. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers)	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	Utilization trends Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Frequency with which reviews are conducted Degree of discretion exercised by utilization review staff Number of days or visits authorized per review Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis	Services Preauthorized Not Received (monthly)
Service limitations	-	-	-	-	-	-	EPSDT Payment Policy	-	-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Authorization Denial Rates for MHSUD Internal audits	-	-

**Standard 10 Comparative Analysis of NQTLs "In Operation" for Prescription Drug Benefits
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	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	FFS-MH	FFS-SUD	FFS-M/S
Concurrent Review	-	-	-	-	Frequency with which reviews are conducted	-	-	-	-	-	-	-
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-
Fail First Requirements/ Step Therapy	Exception processes available for each NQTL requirement and when they may be applied. Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers.	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviews How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Prior authorization statistics	Utilization Trends	Frequency with which reviews are conducted Utilization trends Consequences or penalties that apply to benefits when an NQTL requirement is not met. Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.	Availability of less intensive level of care when fail-first NQTL is imposed Tiered drug formulary	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Dollar spend trends Availability of less intensive level of care when fail-first NQTL is imposed	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied.	Frequency with which reviews are conducted Availability of less intensive level of care when fail-first NQTL is imposed	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 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 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
Medical Necessity Criteria	Exception processes available for each NQTL requirement and when they may be applied. Design of benefit plan Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers.	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviews How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Prior authorization statistics PA Criteria Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Frequency with which reviews are conducted Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Utilization trends Exception processes available for each NQTL requirement and when they may be applied. Dollar Spend Trends	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 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. Number of days or visits authorized per review	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Exception processes available for each NQTL requirement and when they may be applied.	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	Frequency with which reviews are conducted Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits	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 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 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
Outlier Management	Utilization Trends	-	-	Utilization trends	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	Utilization trends Dollar spend trends	Dollar spend trends Utilization trends	-	Assessments of whether network providers are actually submitting claims Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.	-	-	-
Prior Authorization/ Preauthorization	Exception processes available for each NQTL requirement and when they may be applied. Utilization trends Dollar spend trends Compliance with self-imposed, customer, or regulator-imposed network adequacy standards Review of Claims Activity per formulary design	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviews How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Utilization trends Dollar spend trends Prior authorization statistics Policies & Procedures Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Utilization trends	Frequency with which reviews are conducted Utilization trends Consequences or penalties that apply to benefits when an NQTL requirement is not met. Compliance with self-imposed, customer, or regulator-imposed network adequacy standards	Dollar spend trends For tiered networks (e.g., a preferred provider tier and a participating provider tier), assessment of whether application of requirements for the tiering (e.g., that a provider have staff privileges at a local hospital) results in few or no mental health or substance use disorder providers being eligible to be placed in a tier	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Utilization trends Dollar spend trends Whether and how discretion is allowed in applying each NQTL Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Frequency potential treatments are reviewed to determine whether they are experimental and investigational Complaint tracking (enrollees and providers)	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Exception processes available for each NQTL requirement and when they may be applied	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.	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 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 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
Tiered Drug Formulary	Generic drug use Specialty pharmacy data	Length of time afforded for each review Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Degree of discretion exercised by utilization review staff Inter-rater reliability surveys for medical/surgical reviews How the health plan verifies credentials of its staff conducting medical management/utilization review Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria 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. Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Complaint tracking (enrollees and providers) Addressing workforce shortage issues	Prior authorization statistics Policies & Procedures P&T Minutes Drug Monographs Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	Utilization Trends	Utilization trends Dollar spend trends Compliance with self-imposed, customer, or regulator-imposed network adequacy standards	Availability of less intensive level of care when fail-first NQTL is imposed	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NQTL requirement and when they may be applied.	Review of Claims Activity per formulary design	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 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 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 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

Standard 10 Comparative Analysis of NQTLs "In Operation" for Emergency Benefits Operation Measures

Appendix E2 - Page 1

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Data Collection	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Necessity Criteria	Prudent Layperson for sudden and serious.pdf ED utilization.pdf	-	UMHA.HS.UM.121 Emergency Services_km_cw_adb.pdf	Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf PCP follow up 1st qtr 2020-Barb.pdf 3rd Qtr 2005 - 2019.pdf Copy of Copy of High ER Utilizers 4th Q 2019.xlsx QA Study-4th Quarter 2019 High ER Utilization 2019.pdf Q1 2020 High ER list.pdf	Medical Necessity_8.12.2020_Final.pdf 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	-	-	policy_20150-UM47.pdf policy_20142-UM05.pdf UM62.pdf	Copy of UHC 1Q20 Preservice Denial Report v 4.28.20rr.xlsx Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	-	-	-	-
Outlier Management	UM ABH_MD for August 13 MOR and slie 2 QBR.pdf	QNMCM2019EvalPM.pdf	-	Copy of Copy of High ER Utilizers 4th Q 2019.xlsx QA Study-4th Quarter 2019 High ER Utilization 2019.pdf	02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf APL_03_Coverage_of_Emergency_Services_FINAL_April2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf 7200.05 Concurrent Review_FINAL_March2020.pdf	PEER COMPARISON_FACILITY_20191120 ER.pdf 452-99285 ER Outlier.pdf Costs by Provider ER.pdf IRR Report.pdf IRR Analysis.pdf MNRR-368_Doctor ER Productivity.xlsx MNRR-368_Nurse ER Productivity 07 2020.xlsx	UM45.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	S10_Outlier_Management_Compliance_Committee_Deck_MD.pdf S10_Outlier_Management_CR_MD_2020.xlsx S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx 2019 UHCCP UM Evaluation_MD_Final v.pdf	-	-	-	-
Prior Authorization/ Preauthorization	-	-	-	-	-	-	-	UM62.pdf policy_20142-UM05.pdf	-	-	-	-	-
Service limitations	-	-	-	-	-	-	-	-	-	-	-	-	-

Standard 10 Comparative Analysis of NQTLs "In Operation" for Inpatient Benefits Operation Measures
Appendix E2 - Page 2

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	CareFirst	ASO - MH	ASO - SUD	FFS - LTSS
Concurrent Review	UM ABH_MD for August 13 MOR and site 2 QBR.pdf UM ABH_MD for August 13 MOR and site 2 QBR.pdf UM ABH_MD for August 13 MOR and site 2 QBR.pdf	Inter-Rater Reliability IRR Assessments.pdf	UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx	Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf	02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Concurrent_8.12.2020_Final.pdf UM Policy 41 UM Documentation_Approved_9.26.2019.pdf	7200.05 Concurrent Review_FINAL_March2020.pdf 7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf	Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf IRR Report.pdf Degree of Discretion of Reviewers.pdf Policy 115; DRAFT; Utilization Management Criteria; July 2020.pdf Policy 301; Member Appeals; July 2020.pdf Type and Level of Documentation-S10Q2.pdf 1.Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx	UM58.pdf policy_20150-UM47.pdf policy_20142-UM05.pdf	Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Copy of MD TMR R1 06_2020.xlsx	UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx	Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf PBHS 20-18319 Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf MDS3.0 NC_Comp_v1.0 Nov 2009.pdf
Data Collection													
Fail First Requirements/ Step Therapy				Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf			Coumadin Clinic and Step Therapy.pdf IRR Report.pdf IRR Analysis.pdf Type and Level of Documentation- S10Q2.pdf Availability of Less Intensive level of care.pdf						
Medical Necessity Criteria	Medical Necessity MCG Millman sample .pdf Operational metrics on utilization.pdf-MD 7000.10 Inter rater Reliability.pdf	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Reliability IRR Assessments.pdf QMC UMEva2019 UMPD2020mod.pdf Average denial rates for medical necessity for medical/surgical benefits. Supporting Documents HCM Minutes3.2020.UMTAT.pdf Average length of stay authorized per episode of care Utilization trends HCM Minutes3.2020.UMdoc.pdf Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf-	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservice.xlsx Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservice.xlsx-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf Appeals Timeliness Report.pdf-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Medical Necessity_8.12.2020_Final.pdf 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_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	Average length of stay authorized per episode of care Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Degree of discretion exercised by utilization review staff Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7200.05 Concurrent Review_FINAL_March2020.pdf-	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Average denial rates for medical necessity S10Q2.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Number of days or visits denied per review Supporting Documents Evolut MNRR-46_Inpatient Denial Tracking Log by Facility Report_NEW.xlsx Days per 1000 and LOS per facility per month Supporting Documents Evolut MNRR-13a_BY FACILITY Days per 1000 without SNF and Rehab.xlsx-	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM52.pdf UM62.pdf policy_20142-UM05.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Scorecard Med nec reviews.xlsx-	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
Outlier Management	Retro Review-1.pdf Retrospective review-2.pdf	Inter-Rater Reliability IRR Assessments.pdf	*Daily Census Supporting Documents Daily Census_CareFirst_052120-052620.xlsx CareFirst Summary YTD_2019_12_23_12_27.xlsx Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx*	Utilization trends Supporting Documents 3rd Qtr 2005 - 2019.pdf CAP Overutilizers3.pdf*	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RUMC_6.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 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 The expertise of the persons who make denial determinations and whether such decisionmakers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthchoice.pdf UM Medical Necessity Workflow Diagram.pdf Outlier_Management_8.12.2020_Final.pdf	Utilization Trends Supporting Documents RCA-MPC - Kickoff Call.pdf	Dollar spend trends Supporting Documents MD FAC High Dollar Report Check Run 06142020.xlsx Utilization trends Supporting Documents PEER COMPARISON_FACILITY_20191120 ER.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents IRR Report.pdf IRR Analysis.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx	Utilization trends Supporting Documents UM45.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents PEER COMPARISON_FACILITY_20191120 ER.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM50.pdf	Fraud, Waste and Abuse Monthly Activities Supporting Documents S10_Outlier_Management_Compliance Reporting YTD_2019_12_23_12_27.xlsx S10_Outlier_Management_CCR_MD_2020.xlsx Fraud, Waste and Abuse Program Monthly Performance Supporting Documents S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx Medical claim review accuracy Supporting Documents 2019 UHCCP UM Evaluation_MD_Final_v.pdf	*Daily Census Supporting Documents Daily Census_CareFirst_052120-052620.xlsx CareFirst Summary YTD_2019_12_23_12_27.xlsx Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrentReviews.xlsx*	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx *Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)*	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx *Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)*	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
Prior Authorization/ Preauthorization	Average length of stay authorized per episode of care Supporting Documents Aetna Better Health UM Data.pdf Utilization trends Aetna Better Health UM Data.pdf Number of days or visits authorized per review Supporting Documents Aetna Better Health UM Data.pdf Assessments of provider directory accuracy Supporting Documents Analysis of Member Experience - Final.pdf	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Reliability IRR Assessments.pdf QMC UMEva2019 UMPD2020mod.pdf Average denial rates for medical necessity for medical/surgical benefits. Supporting Documents HCM Minutes3.2020.UMTAT.pdf Average length of stay authorized per episode of care Supporting Documents HCM Minutes3.2020.UMdoc.pdf Utilization trends Supporting Documents HCM Minutes3.2020.UMdoc.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents QMC Meeting Minutes_06032020UM.IRR.OU_v3-signed.pdf-	UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Utilization trends Supporting Documents PCR follow up 1st qtr 2020-Barb.pdf 3rd Qtr 2005 - 2019.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf	Requirements for the qualifications of provider staff involved in reviews Supporting Documents 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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7100.05 Prior Authorization_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	Degree of discretion exercised by utilization review staff Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Retrospective Review ER review monitoring.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM58.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Copy of UHC 1Q20 Preservice Denial Report v.4.28.20r.xlsx Utilization trends Supporting Documents Utilization Management Reporting HQUM June Q1 2020_FINAL.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx	UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MH/SUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Frequency that authorization requirements are waived Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf
Service limitations													

Standard 10 Comparative Analysis of NQTLs "In Operation" for Outpatient Benefits
Appendix E2 - Page 3

	Aetna	Amerigroup	CareFirst	Jai	Kaiser	MPC	Medstar	Priority	UHC	CareFirst	ASO - MH	ASO - SUD	FFS - LTSS	FFS - Dental
Concurrent Review	Utilization trends monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless of prior authorization status Dollar spend trends weekly, monthly and quarterly cost analyses capture total costs regardless of prior authorization status Compliance with self-imposed, customer, or regulator-imposed network adequacy standards quarterly Geo Access report captures network adequacy by distance not by drug utilization	Utilization trends Over Under-Utilization of Services.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents Inter-Rater Reliability IRR Assessments.pdf	UM Determination Report_2020Aug_CareFirst_ConcurrenReviews.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents PCP follow up 1st qtr 2020-Barb.pdf Inter-rater Reliability Study 2019.pdf Utilization trends Supporting Documents Inter-Rater Reliability IRR Assessments.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RURMC_8.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID UMIMDs.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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthcare.pdf UM Medical Necessity Workflow Diagram.pdf Concurent_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf Utilization trends Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Degree of discretion exercised by utilization review staff Supporting Documents IRR Report.pdf Frequency of Reviews Discretion of Reviewers.pdf Frequency with which reviews are conducted Supporting Documents Frequency of Reviews Discretion of Reviewers.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf Number of days or visits authorized per review Supporting Documents Policy 115, DRAFT; Utilization Management Criteria; July 2020.pdf 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. Supporting Documents Policy 301; Member Appeals; July 2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents	Number of days or visits authorized per review Supporting Documents policy_20142-UM05.pdf policy_20150-UM47.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents policy_20150-UM47.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents Copy of S10_MedNecessity_IRR Scores_Maryland.xlsx Medical claim review accuracy Supporting Documents 2019 UHCOP UM Evaluation_MD_Final v.pdf	UM Determination Report_2020Aug_CareFirst_ConcurrenReviews.xlsx	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf Guidelines for Completing the PCN Assessment Form Feb 05.pdf REM Nursing Assessment Form - blank.pdf MM Plan of care.pdf PMAAT Accessibility 2018.pdf FY2019 Audit Results.xlsx Community Pathways Waiver Performance Measure Report FY18 Final 9.30.19.docx Concurrence Review NF LOC Memo.pdf Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents POS Evaluation_08JUL20.xlsx Degree of discretion exercised by utilization review staff Supporting Documents DME - DMS Audiology Review Procedures (8.04.2020).docx Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents	
Data Collection														
Fail First Requirements/ First Therapy														
Medical Necessity Criteria	Outpatient other-PT.pdf, Statistical Companion to Ambulatory Care, 24th Edition.xlsx, MD 7000.10 Inter-rater Reliability.pdf	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf UM Determination Report_2020Aug_CareFirst_Preservice.xlsx#Hedis_Summary_Extract 081620 Baseline 072320.pdf 2020 Home Care.pdf ATI Physical Therapy report.pdf DME - Verification of Services 2019.pdf DME Utilization March 2019-June 2019.pdf Internal Audit Report - Interventional Pain Institute.pdf MedRents2018Q3Q4.pdf	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrenReviews.xlsx UM Determination Report_2020Aug_CareFirst_Preservice.xlsx#Hedis_Summary_Extract 081620 Baseline 072320.pdf	Inter-rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf 3rd Qtr 2005 - 2019.pdf	02_Regional Utilization Management Committee.pdf 03_RURMC_8.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID UMIMDs.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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthcare.pdf UM Medical Necessity Workflow Diagram.pdf Practice Guidelines_8.13.2020_Final.pdf	Medical-Practice-Guidelines.pdf	HEDIS 2019 Comprehensive Report.xlsx	Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents pp_provider_manual.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM02.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf UM02.pdf policy_20142-UM05.pdf	S10_PracticeGuidelines_PAC Meeting Minutes 06.18.20 DRAFT.pdf	Concurrent UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_ConcurrenReviews.xlsx Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservice.xlsx#Hedis_Summary_Extract 081620 Baseline 072320.pdf	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Number of days or visits authorized per review supporting documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf Degree of discretion exercised by utilization review staff Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf Frequency with which reviews are conducted Supporting Documents NHT #213-Hosp#200-MDC#61-NF LOC.pdf 3871B form rev 01132016.pdf	Duplicate Restorations (quarterly)
Outlier Management	(Aetna Better Health of Maryland)(2ndQTR(2020)PreserviceListingReport.xlsx Authorization Detail Report CY 2020.xlsx	Utilization trends Supporting Documents Over Under-Utilization of Services.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents Inter-Rater Reliability IRR Assessments.pdf	Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	CAP OverutilizersV.pdf CAP UnderutilizersV.pdf CAP undent hedis 5.20.pdf Score Tracker MY 2020.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RURMC_8.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID UMIMDs.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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthcare.pdf UM Medical Necessity Workflow Diagram.pdf Outlier Management_8.12.2020_Final.pdf	Dollar spend trends Supporting Documents CMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf Utilization trends Supporting Documents CMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf	Utilization trends Supporting Documents Urgent Care examples outliers.xlsx New Patient Visit examples Outliers.xlsx Dollar spend trends Supporting Documents CMP 05 Fraud Waste and Abuse_FINAL_May2020.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents IRR Report.pdf IRR Analysis.pdf	Utilization trends Supporting Documents UM05.pdf Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents UM05.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	S10_Outlier_Management_Compliance_Committer_Deck_MD.pdf S10_Outlier_Management_CCR_MD_2020.xlsx S10_Outlier_Management_FWA_Scorecard_CNS_Maryland_April_2020.xlsx 2019 UHCOP UM Evaluation_MD_Final v.pdf 2019 UHCOP UM Evaluation_MD_Final v.pdf	Pre-Service UM Determination Report Supporting Documents UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)*	Outlier Management Data Supporting Documents 1.Sample monthly FWA report - Standard Template - MD.xlsx Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)*	Frequency with which reviews are conducted Supporting Documents FACE Quality Measure Testing_HPMS Memo_4.21.15.pdf	Provider Financial Analysis (monthly) Audits Tracker (monthly) Duplicate Records (monthly)
Prior Authorization/ Preauthorization	Utilization trends monthly report for medications requiring prior authorization as well as weekly, monthly and quarterly utilization reporting for all claims regardless of prior authorization status Dollar spend trends weekly, monthly and quarterly cost analyses capture total costs regardless of prior authorization status Compliance with self-imposed, customer, or regulator-imposed network adequacy standards quarterly Geo Access report captures network adequacy by distance not by drug utilization	Inter-rater reliability surveys for medical/surgical reviewers Supporting Documents Inter-Rater Reliability Study 2019.pdf 2019 Physician Inter-Rater Reliability Audit.pdf UM Determination Report_2020Aug_CareFirst_Preservice.xlsx#Hedis_Summary_Extract 081620 Baseline 072320.pdf 2020 Home Care.pdf ATI Physical Therapy report.pdf DME - Verification of Services 2019.pdf DME Utilization March 2019-June 2019.pdf Internal Audit Report - Interventional Pain Institute.pdf MedRents2018Q3Q4.pdf	UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents PCP follow up 1st qtr 2020-Barb.pdf Inter-rater Reliability Study 2019.pdf Utilization trends Supporting Documents Inter-Rater Reliability IRR Assessments.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 02_Regional Utilization Management Committee.pdf 03_RURMC_8.3.2020_Meeting Minutes_Quarterly Mtg_Q1_2020.pdf 04_2019 IRR Analysis Report_Final.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents 05_Job Descriptions Non-Physician UM Reviewers.pdf 06_ID UMIMDs.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 Policy 11.2 MDHC Referral Mgmt_Approved_6.24.2020.pdf UM Staff Qualifications and Responsibilities.pdf UM Policy 18.2 MDHC Adverse Determination_Revision_Approved_6.24.2020.pdf 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. Supporting Documents General Roles and Responsibilities of UM Licensed Professionals.pdf Work Flow Diagram for MD Healthcare.pdf UM Medical Necessity Workflow Diagram.pdf Prior Authorization_8.12.2020_Final.pdf	Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents 7000.10 Inter-rater Reliability_FINAL_March2020.pdf Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria Supporting Documents 7000.25 MM Staff Quality Review_FINAL_March2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf Utilization trends Supporting Documents 7100.05 Prior Authorization_FINAL_March2020.pdf	Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Average denial rates for medical necessity S10Q2.pdf Degree of discretion exercised by utilization review staff Supporting Documents Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents MFC Authorization Grid.xlsx Frequency that authorization requirements are waived Supporting Documents MFC Authorization Grid.xlsx Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents IRR Report.pdf IRR Analysis.pdf Requirements for the qualifications of provider staff involved in reviews Supporting Documents Policy 301; Member Appeals; July 2020.pdf 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. Supporting Documents Policy 301; Member Appeals; July 2020.pdf Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews Supporting Documents Type and Level of Documentation- S10Q2.pdf Utilization trends Supporting Documents Utilization Trends.pdf	Exception processes available for each NQTL requirement and when they may be applied. Supporting Documents policy_20150-UM47.pdf Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers Supporting Documents policy_20142-UM05.pdf	Utilization trends Supporting Documents Clinical Health Services PAC Q1 2020.pdf Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits. Supporting Documents Copy of UHC 1020 Preservice Denial Report v 4.28.20tr.xlsx	UM Determination Report_2020Aug_CareFirst_Preservice.xlsx	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Authorization Denial Rates for MHSUD Supporting Documents Auth Stats for June 2020.xlsx MDH ASO RFP OPASS 20-18319 11.29.18 (7) ATTACHMENT M Contract - ASO PBHS 20-18319 (1)	Evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis Supporting Documents POS Evaluation_08JUL20.xlsx Frequency with which reviews are conducted Supporting Documents HHSURS PROCEDURE.docx HH Cert and Plan of Care 485 Form example.pdf PMA2H8 INTAKE SHEET.docx	Services Preauthorized Not Received (monthly)
Service limitations														

