



ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS MPC 09142020

August 31, 2022

4

Parity Flags

Executive Summary

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

	Parity Flag
Standard 4: Annual/Lifetime Dollar Limits	0
Standard 6: Financial Requirements	0
Standard 7: Quantitative Treatment Limitations (QTLs) Requirements	0
Standard 8: Identification of Nonquantitative Treatment Limitations (NQTLs)	4

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

	Missing Information
Standard 4: Annual/Lifetime Dollar Limits	Yes
Standard 6: Financial Requirements	Yes
Standard 7: Quantitative Treatment Limitations (QTLs) Requirements	Yes
Standard 10: Comparative Analyses "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.

Standard 4: 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

Standard 6: 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

Standard 7: 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

Standard 8: 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	0	0	0
Outpatient - Other	0	0	0
Outpatient - Office Based	0	0	0
Emergency Benefits	1	1	0
Prescription Drugs	1	1	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
- High dollar claim review for claims over \$150,000.00
- High levels of variation in length of stay
- Lack of clinical efficiency of treatment or service
- Service type

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

Source

- Evidentiary standards, including any 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

2. High dollar claim review for claims over \$150,000.00

Evidentiary Standard

Source

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

3. 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
- Internal claims analysis
- Medical expert reviews

4. Lack of clinical efficiency of treatment or service

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 NQTL to benefits
- Internal claims analysis

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 NQTL to benefits
- Internal claims analysis

3. 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
- Internal claims analysis
- Medical expert reviews

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

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
- Internal claims analysis

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
- Internal claims analysis

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
- Internal claims analysis

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
- Internal claims analysis

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Number of days or visits authorized per review
- Utilization trends

Mental Health/Substance Use Disorder

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

Classification: Inpatient NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- High levels of variation in length of stay
- Lack of clinical efficiency of treatment or service
- Service type

Mental Health/Substance Use Disorder

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

Definitions

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

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

Source

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

2. High levels of variation in length of stay

Evidentiary 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. Lack of clinical efficiency of treatment or service

Evidentiary Standard

Source

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

4. 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

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

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

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

3. Service type

Evidentiary Standard

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

Source

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

4. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

5. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- Average length of stay authorized per episode of care
- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- How the health plan verifies credentials of its staff conducting medical management/utilization review
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review
- 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

- 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: Inpatient NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

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

Definitions

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

- | | |
|--|--|
| <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</p> |
|--|--|

Operations Measures

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

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Inpatient NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- High levels of variation in length of stay
- Lack of clinical efficiency of treatment or service
- Service type

Mental Health/Substance Use Disorder

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

Definitions

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

Medical/Surgical

1. Excessive utilization

Evidentiary Standard

Source

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

2. High levels of variation in length of stay

Evidentiary 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

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

4. 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

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
- Medical expert reviews

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

3. Service type

Evidentiary Standard

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

Source

- Internal claims analysis

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

4. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

5. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- Average length of stay authorized per episode of care
- Degree of discretion exercised by utilization review staff
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review

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: Inpatient

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Current and projected demand for services
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Service type

Mental Health/Substance Use Disorder

- Least restrictive appropriate level of care
- 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.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness

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
- 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
- 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
- Internal claims analysis
- 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 the factors triggering the application of an NQTL to benefits
- Internal claims analysis

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

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

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

Mental Health/Substance Use Disorder

- 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

- 7000.10 Inter-rater Reliability_FINAL_March2020.pdf
- 7100.05 Prior Authorization_FINAL_March2020.pdf
- 7000.25 MM Staff Quality Review_FINAL_March2020 (5).pdf
- 7200.05 Concurrent Review_FINAL_March2020 (1).pdf

Classification: Outpatient - Other

NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- 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. Claim types with high percentage of fraud

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
- Internal claims analysis

2. 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

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 NQTL 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 NQTL to benefits

3. Least restrictive appropriate level of care

Evidentiary Standard

- Internal claims analysis

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.
- 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
- Internal claims analysis

4. Service type

Evidentiary Standard

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

Source

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

5. Variability in quality

Evidentiary Standard

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

- 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

- Dollar spend trends
- Frequency with which reviews are conducted
- Utilization trends

Mental Health/Substance Use Disorder

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

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

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

- | |
|--|
| <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable</p> <p>Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits◦ Not Applicable <p>2. Service type</p> <p>Evidentiary Standard</p> <ul style="list-style-type: none">◦ Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.◦ Not Applicable <p>Source</p> <ul style="list-style-type: none">◦ Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits◦ Not Applicable |
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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">• Authorization Denial Rates for MH/SUD• Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers• Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria |
|---|--|

- NQTL does not apply to any services in this classification

References

- Auth Stats for June 2020.xlsx
- 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_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Excessive utilization
- Health plan accreditation standards for quality assurance
- 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

Mental Health/Substance Use Disorder

- High levels of variation in length of stay
- Least restrictive appropriate level of care
- Least restrictive appropriate level of care
- Not Applicable
- Service type
- Severity or chronicity of an illness
- clinical indications and/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.
- **Least restrictive appropriate level of care:** lowest level of care the individual can be safely and effectively treated.
- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **clinical indications and/or evidence:** Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

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

3. Health plan accreditation standards for quality assurance

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

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

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. Least restrictive appropriate level of care

Evidentiary Standard

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

4. 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
- 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
- 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
- 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
- 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
- National accreditation standards
- State and Federal requirements

- 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. 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

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

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

7. clinical indications and/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

- Degree of discretion exercised by utilization review staff

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD

- 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
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis
- 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_9.10.20.pdf

Factors

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

Definitions

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

- | | |
|--|--|
| <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</p> |
|--|--|

Operations Measures

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

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Classification: Outpatient - Other

NQTL: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Current and projected demand for services
- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medicare/Medicaid program participation eligibility
- Provider discretion in determining diagnosis
- 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:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **Variability in quality:** Drugs must be marketed as safe and therapeutically active formulations whose performance is consistent and predictable.

Medical/Surgical

1. **Current and projected demand for services**
Evidentiary Standard
Source
2. **Excessive utilization**
Evidentiary Standard
Source
3. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
4. **Medicare/Medicaid program participation eligibility**
Evidentiary Standard
Source
5. **Provider discretion in determining diagnosis**
Evidentiary Standard
Source
6. **Service type**
Evidentiary Standard
Source
7. **Severity or chronicity of an illness**
Evidentiary Standard
Source

Mental Health/Substance Use Disorder

1. **High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not ApplicableSource
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
2. **Least restrictive appropriate level of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
 - Not ApplicableSource
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
 - Not Applicable
3. **Not Applicable**
Evidentiary Standard

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

Source

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

4. Service type

Evidentiary Standard

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

Source

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

5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

6. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Frequency potential treatments are reviewed to determined whether they are experimental and investigational
- 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
- 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

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

- tracking of denial of plans of service that do not meet medical necessity

Classification: Outpatient - Other

NQTL: prior authorization/pre authorization

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Elasticity of demand
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Quality and performance measures (including customer feedback)
- Service type

Mental Health/Substance Use Disorder

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

Definitions

- **Not Applicable:** NQTL does not apply for this classification
- **Service type:** Type of service being requested.
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

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

2. Elasticity of demand

Evidentiary Standard

Source

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

3. Excessive utilization

Evidentiary Standard

Source

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

4. Medicare/Medicaid program participation eligibility

Evidentiary Standard

Source

Mental Health/Substance Use Disorder

1. 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

2. 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

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

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

the factors triggering the application of an NQTL to benefits

- Not Applicable

5. Quality and performance measures (including customer feedback)

Evidentiary Standard

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- 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
- 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
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Number of days or visits authorized per review
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends
- 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

- Claim types with high percentage of fraud
- Excessive utilization
- High variability in cost per episode of care
- Relative reimbursement rates
- Service type

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. Claim types with high percentage of fraud

Evidentiary Standard

Source

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

3. 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
- State and Federal requirements

4. Relative reimbursement rates

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 NQTL 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 NQTL to benefits

3. Least restrictive appropriate level of care

Evidentiary Standard

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
- 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
- State and Federal requirements

- 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

- Dollar spend trends
- Utilization trends
- audits tracker (monthly)
- duplicate records (monthly)
- provider financial analysis (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
- Outlier Management Data
- Outlier Management Data

References

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

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</p> <p>Evidentiary Standard</p> <p>Source</p> |
|--|

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

Operations Measures

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Services not provided for this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Authorization Denial Rates for MH/SUD• Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers• Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria |
|--|--|

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_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Demand for services
- Excessive utilization
- Service type

Mental Health/Substance Use Disorder

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

Definitions

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

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

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

2. 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

3. Excessive utilization

Evidentiary Standard

Source

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

4. Service type

Evidentiary Standard

Mental Health/Substance Use Disorder

1. Clinical indications and/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

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.

Source

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

3. Least restrictive appropriate level of care

Evidentiary 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

Source

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

4. **Least restrictive appropriate level of care**

Evidentiary 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. **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

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

7. **Variability in quality**

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- 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
- Utilization trends

Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Services not provided for this classification

Classification: Outpatient - Office Based

NQTL: data collection

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

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

Definitions

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

- | | |
|--|--|
| <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">• NQTL does not apply to any services in this classification | <p><u>Mental Health/Substance Use Disorder</u></p> |
|---|--|

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_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Provider discretion in determining diagnosis
- Quality and performance measures (including customer feedback)
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

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

Definitions

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

Medical/Surgical

1. **Claim types with high percentage of fraud**
Evidentiary Standard
Source
2. **Excessive utilization**
Evidentiary Standard
Source
3. **High variability in cost per episode of care**
Evidentiary Standard
Source
4. **Lack of adherence to quality standards**
Evidentiary Standard
Source
5. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
6. **Provider discretion in determining diagnosis**
Evidentiary Standard
Source
7. **Quality and performance measures (including customer feedback)**
Evidentiary Standard
Source
8. **Relative reimbursement rates**

Mental Health/Substance Use Disorder

1. **High levels of variation in length of stay**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
2. **Least restrictive appropriate level of care**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.Source
 - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
3. **Service type**
Evidentiary Standard
 - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Evidentiary Standard
Source

9. Service type

Evidentiary Standard
Source

Source

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

4. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

5. Variability in quality

Evidentiary Standard

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

Source

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

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
- 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
- Services not provided for this classification

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

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud
- Demand for services
- Excessive utilization
- High variability in cost per episode of care
- Relative reimbursement rates
- Service type

Mental Health/Substance Use Disorder

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

Definitions

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

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

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

2. 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

3. Excessive utilization

Evidentiary Standard

Source

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

4. High variability in cost per episode of care

Evidentiary Standard

Source

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

Mental Health/Substance Use Disorder

1. High levels of variation in length of stay

Evidentiary Standard

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

Source

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

2. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

3. Service type

Evidentiary Standard

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

Source

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

the factors triggering the application of an NQTL to benefits

- Internal claims analysis

5. 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

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

the factors triggering the application of an NQTL to benefits

4. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

5. Variability in quality

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- 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
- Utilization trends
- 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
- Services not provided for this classification

Classification: Emergency Benefits NQTL: Outlier Management

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

Definitions

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

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <p>1. Service type
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</p> |
|--|--|

Operations Measures

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

References

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

Classification: Emergency Benefits
NQTL: medical necessity
PARITY FLAG

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

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

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Not Applicable**
Evidentiary Standard
Source

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification
- Services not provided for this classification

References

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

Classification: Prescription Drugs NQTL: Outlier Management

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

- Claim types with high percentage of fraud

Mental Health/Substance Use Disorder

- Not Applicable

Definitions

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

Medical/Surgical

1. Claim types with high percentage of fraud

Evidentiary Standard

Source

- Internal claims analysis

Mental Health/Substance Use Disorder

1. Not Applicable

Evidentiary Standard

- Not Applicable

Source

- Not Applicable

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- 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: Prescription Drugs

NQTL: Tiering

PARITY FLAG

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

Medical/Surgical

Mental Health/Substance Use Disorder

- Fiscal Responsibility
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- clinical appropriateness/medical necessity

Definitions

- **Fiscal Responsibility:** Fiscal Responsibility
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- **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.

Medical/Surgical

Mental Health/Substance Use Disorder

1. **Fiscal Responsibility**
Evidentiary Standard
Source
2. **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee**
Evidentiary Standard
Source
3. **clinical appropriateness/medical necessity**
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
- Services not provided for this classification

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

Classification: Prescription Drugs

NQTL: concurrent review

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_7.16.20.pdf

Factors

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

Definitions

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

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> | <p><u>Mental Health/Substance Use Disorder</u></p> <p>1. Not Applicable
Evidentiary Standard
Source</p> |
|--|--|

Operations Measures

- | | |
|--|--|
| <p><u>Medical/Surgical</u></p> <ul style="list-style-type: none">• Services not provided for this classification | <p><u>Mental Health/Substance Use Disorder</u></p> <ul style="list-style-type: none">• Services not provided for 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_7.16.20.pdf

Factors

Medical/Surgical

- Safety risks
- tiered drug formulary

Mental Health/Substance Use Disorder

- Not Applicable
- fail first protocol

Definitions

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

Medical/Surgical

1. 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
- Medical expert reviews

2. tiered drug formulary

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

Mental Health/Substance Use Disorder

1. Not Applicable

Evidentiary Standard

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

Source

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

2. fail first protocol

Evidentiary Standard

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

Source

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

Operations Measures

Medical/Surgical

- Availability of less intensive level of care when fail-first NQTL is imposed
- 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
- 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: medical necessity

Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

References

- Maryland Medicaid_Parity Analysis Definitions_9.10.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Safety risks

Mental Health/Substance Use Disorder

- Fiscal Responsibility
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- clinical appropriateness/medical necessity

Definitions

- **Fiscal Responsibility:** Fiscal Responsibility
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- **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.

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

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
- Internal claims analysis
- Medical expert reviews

3. Safety risks

Evidentiary Standard

Source

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

Mental Health/Substance Use Disorder

1. Fiscal Responsibility

Evidentiary Standard

Source

2. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee

Evidentiary Standard

Source

3. clinical appropriateness/medical necessity

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
- 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
- The expertise of the persons who make denial determinations and whether such decision-makers with respect to mental health, substance use disorder and medical/surgical benefits have comparable expertise.
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews
- Utilization trends

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_7.16.20.pdf

Factors

Medical/Surgical

- Excessive utilization
- Lack of clinical efficiency of treatment or service
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Not Applicable
- Recent medical cost escalation
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol

Mental Health/Substance Use Disorder

- Lack of clinical efficiency of treatment or service
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Not Applicable
- Severity or chronicity of an illness
- clinical appropriateness/medical necessity
- fail first protocol

Definitions

- **Lack of clinical efficiency of treatment or service:** treatment that is not based on evidenced based clinical criteria such as InterQual guidelines.
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (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
- **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee:** Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- **Not Applicable:** NQTL does not apply for this classification
- **Severity or chronicity of an illness:** Does the medication match the severity and chronicity of the illness
- **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

Medical/Surgical

1. **Excessive utilization**
Evidentiary Standard
Source
2. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
3. **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee**
Evidentiary Standard
Source
4. **Not Applicable**

Mental Health/Substance Use Disorder

1. **Lack of clinical efficiency of treatment or service**
Evidentiary Standard
Source
2. **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee**
Evidentiary Standard
Source
3. **Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee**
Evidentiary Standard

- Evidentiary Standard
- Source
- 5. **Recent medical cost escalation**
- Evidentiary Standard
- Source
- 6. **Severity or chronicity of an illness**
- Evidentiary Standard
- Source
- 7. **clinical appropriateness/medical necessity**
- Evidentiary Standard
- Source
- 8. **fail first protocol**
- Evidentiary Standard
- Source

- Source
- 4. **Not Applicable**
- Evidentiary Standard
- Source
- 5. **Severity or chronicity of an illness**
- Evidentiary Standard
- Source
- 6. **clinical appropriateness/medical necessity**
- Evidentiary Standard
- Source
- 7. **fail first protocol**
- 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
- 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

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