

# ParityManager™ Report

Maryland Department of Health

Medicaid - Merged Optum FFS UHC 09142020

August 31, 2022

9

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)	9

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 9: Comparative Analysis "As Written"	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
<b>Inpatient</b>	0	0	0
<b>Outpatient - Other</b>	0	0	0
<b>Outpatient - Office Based</b>	0	0	0
<b>Emergency Benefits</b>	0	0	0
<b>Prescription Drugs</b>	0	0	0

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

	Missing Information		
	Day Limits	Hour Limits	Visit Limits
<b>Inpatient</b>	Y	Y	Y
<b>Outpatient - Other</b>	Y	Y	Y
<b>Outpatient - Office Based</b>	Y	Y	Y
<b>Emergency Benefits</b>	Y	Y	Y
<b>Prescription Drugs</b>	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	1	1	0
Outpatient - Other	1	1	0
Outpatient - Office Based	1	1	0
Emergency Benefits	1	2	0
Prescription Drugs	0	0	0

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

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

# Universal Application of NQTL

# Classification: Inpatient NQTL: Outlier Management

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- Claims evaluation, reporting, analytics
- Excessive utilization
- Safety risks
- Service type
- Training, experience and licensure of providers

### Mental Health/Substance Use Disorder

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

## Definitions

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

### Medical/Surgical

#### 1. Claims evaluation, reporting, analytics

Evidentiary Standard

Source

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

#### 2. Excessive utilization

Evidentiary Standard

Source

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

#### 3. Safety risks

Evidentiary Standard

Source

### Mental Health/Substance Use Disorder

#### 1. Excessive utilization

Evidentiary Standard

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

Source

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

#### 2. High levels of variation in length of stay

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- 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
- Medical expert reviews
- National accreditation standards
- 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
- Medical expert reviews
- National accreditation standards
- State and Federal requirements

#### 5. Training, experience and licensure of providers

Evidentiary Standard

Source

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

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

#### 3. Least restrictive appropriate level of care

Evidentiary Standard

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

Source

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

#### 4. Not Applicable

Evidentiary Standard

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

Source

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

#### 5. Service type

Evidentiary Standard

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

Source

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

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

Evidentiary Standard

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

Source

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

#### 7. Variability in quality

Evidentiary Standard

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

care such as ASAM criteria or APA treatment guidelines.

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

Source

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

## Operations Measures

### Medical/Surgical

- Degree of discretion exercised by utilization review staff
- Fraud, waste, and abuse monthly activities
- Fraud, waste, and abuse program monthly performance
- Fraud, waste, and abuse referrals and investigation compliance reporting
- Frequency that authorization requirements are waived
- Frequency with which reviews are conducted
- Medical claim review accuracy
- Number of days or visits authorized per review
- Utilization trends

### Mental Health/Substance Use Disorder

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

### References

- Optum Benefits Mapping\_MDH Revisions\_7.17.20.xlsx
- Auth Stats for June 2020.xlsx
- Sample monthly FWA report - Standard Template - MD.xlsx

# Classification: Inpatient NQTL: Service Limitations

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.pdf

## Factors

### Medical/Surgical

- Industry Standards
- Provider Speciality
- Service type
- State and Federal Requirements

### Mental Health/Substance Use Disorder

- Not Applicable

## Definitions

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

### Medical/Surgical

#### 1. Industry Standards

##### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

#### 2. Provider Speciality

##### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis

### Mental Health/Substance Use Disorder

#### 1. Not Applicable

##### Evidentiary Standard

- Not Applicable

##### Source

- Not Applicable

- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

**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.
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

**4. State and Federal Requirements**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

## Operations Measures

Medical/Surgical

- NQTL does not apply to any services in this classification

Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

# Classification: Inpatient NQLT: concurrent review

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- Clinical Appropriateness
- Excessive utilization
- Not Applicable
- Regulatory or State Contractual Requirements
- Service type
- Value

### 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. Clinical Appropriateness

##### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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 NQLT 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.

### Mental Health/Substance Use Disorder

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

##### Evidentiary Standard

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

##### Source

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

#### 2. Least restrictive appropriate level of care

##### Evidentiary Standard

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

##### Source

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

#### 3. 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

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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. 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.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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. Regulatory or State Contractual Requirements**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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. Service type**

Evidentiary Standard

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

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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. Value**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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

- 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
- Number of days or visits authorized per review

Mental Health/Substance Use Disorder

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

References

- Auth Stats for June 2020.xlsx

# Classification: Inpatient

## NQTL: data collection

### PARITY FLAG

#### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.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

- Not Applicable

Source

- Not Applicable

#### Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- N/A



# Classification: Inpatient NQTL: fail first requirements/step therapy

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

- Not Applicable Medical/Surgical

- Not Applicable Mental Health/Substance Use Disorder

## Definitions

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

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

- 1. **Not Applicable** Mental Health/Substance Use Disorder  
Evidentiary Standard  
Source
  - Not Applicable

## Operations Measures

- NQTL does not apply to any services in this classification Medical/Surgical

- NQTL does not apply to any services in this classification Mental Health/Substance Use Disorder
- NQTL does not apply to any services in this classification

### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.pdf

# Classification: Inpatient NQLT: medical necessity

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- Appropriateness of the proposed technology
- Clinical efficacy
- Excessive utilization
- Safety
- 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. Appropriateness of the proposed technology

##### 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.
- Hierarchy of clinical evidence
- Peer-reviewed literature
- Scientifically based clinical evidence
- 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 NQLT to benefits
- Internal claims analysis

#### 2. Clinical efficacy

##### 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.
- Hierarchy of clinical evidence

### Mental Health/Substance Use Disorder

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

##### Evidentiary Standard

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

##### Source

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

#### 2. Least restrictive appropriate level of care

##### Evidentiary Standard

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

##### Source

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

#### 3. Service type

##### Evidentiary Standard

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

##### Source

- Peer-reviewed literature
- Scientifically based clinical evidence
- 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. Excessive utilization**

Evidentiary Standard

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

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.
- Hierarchy of clinical evidence
- Peer-reviewed literature
- Scientifically based clinical evidence
- 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. Service type**

Evidentiary Standard

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

- Evidentiary standards, including any 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

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- 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
- 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

- Clinical Appropriateness
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Regulatory or State Contractual Requirements
- Service type
- Value

#### Mental Health/Substance Use Disorder

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

### Definitions

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

#### Medical/Surgical

##### 1. Clinical Appropriateness

###### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Not Applicable
- State and Federal requirements

##### 2. Excessive utilization

###### Evidentiary Standard

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

#### Mental Health/Substance Use Disorder

##### 1. Least restrictive appropriate level of care

###### Evidentiary Standard

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

###### Source

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

##### 2. Not Applicable

###### Evidentiary Standard

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

###### Source

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

##### 3. Severity or chronicity of an illness

###### Evidentiary Standard

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

- care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Expert Medical Review
- o Internal claims data
- o Nationally recognized guidelines
- o Not Applicable
- o Objective, evidence-based clinical criteria
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

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

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

Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Expert Medical Review
- o Internal claims data
- o Nationally recognized guidelines
- o Not Applicable
- o Objective, evidence-based clinical criteria
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

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

**4. Not Applicable**

Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Expert Medical Review
- o Internal claims data
- o Nationally recognized guidelines
- o Not Applicable
- o Objective, evidence-based clinical criteria
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

- o Not Applicable

Source

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

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

## 5. Regulatory or State Contractual Requirements

### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Not Applicable
- State and Federal requirements

## 6. Service type

### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Not Applicable
- State and Federal requirements

## 7. Value

### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review

- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Objective, evidence-based clinical criteria
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Not Applicable
- State and Federal requirements

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- 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
- 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: Outpatient - Other

## NQTL: Outlier Management

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- Claims evaluation, reporting, analytics
- Excessive utilization
- Not Applicable

#### Mental Health/Substance Use Disorder

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

### Definitions

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

#### Medical/Surgical

##### 1. Claims evaluation, reporting, analytics

###### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Fraud, Waste and Abuse Monthly Activities
- Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting
- Not Applicable

###### Source

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

##### 2. 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.
- Fraud, Waste and Abuse Monthly Activities
- Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting
- Not Applicable

#### Mental Health/Substance Use Disorder

##### 1. Excessive utilization

###### Evidentiary Standard

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

###### Source

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

##### 2. High levels of variation in length of stay

###### Evidentiary Standard

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

###### Source

Source

- Evidentiary standards, including any 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.
- Fraud, Waste and Abuse Monthly Activities
- Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting
- Not Applicable

Source

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

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

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

Evidentiary Standard

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

Source

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

**4. Not Applicable**

Evidentiary Standard

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

Source

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

**5. Service type**

Evidentiary Standard

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

Source

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

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

Evidentiary Standard

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

Source

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

**7. Variability in quality**

Evidentiary Standard

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

care such as ASAM criteria or APA treatment guidelines.

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

Source

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

## Operations Measures

### Medical/Surgical

- Fraud, waste, and abuse monthly activities
- Fraud, waste, and abuse program monthly performance
- Fraud, waste, and abuse referrals and investigation compliance reporting
- Frequency with which reviews are conducted
- Medical claim review accuracy

### 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

### Medical/Surgical

- Industry Standards
- Provider Speciality
- Service type
- State and Federal Requirements

### Mental Health/Substance Use Disorder

- Not Applicable
- Service type

## Definitions

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

### Medical/Surgical

#### 1. Industry Standards

##### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

#### 2. Provider Speciality

##### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis

##### 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.
- Not Applicable

##### Source

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

#### 2. 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

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

### 3. Service type

#### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

### 4. State and Federal Requirements

#### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

## Operations Measures

#### Medical/Surgical

- NQTL does not apply to any services in this classification

#### Mental Health/Substance Use Disorder

- Authorization Denial Rates for MH/SUD
- NQTL does not apply to any services in this classification

#### References

- Auth Stats for June 2020.xlsx
- DO NOT APPLY NQTLs to OP -Other SUD v2.0.docx

# 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

- Clinical Appropriateness
- Excessive utilization
- Health plan accreditation standards for quality assurance
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Quality and performance measures (including customer feedback)
- Regulatory or State Contractual Requirements
- Safety risks
- Service type
- Value
- Variation identified

#### 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

### 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

#### Medical/Surgical

##### 1. Clinical Appropriateness

###### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service

#### 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

- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

**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.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

**3. Health plan accreditation standards for quality assurance**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable

- 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

- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

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

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements



## 5. Not Applicable

### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

## 6. Quality and performance measures (including customer feedback)

### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs

- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

**7. Regulatory or State Contractual Requirements**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

**8. 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.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or

issuer standards

- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

## 9. 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.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis
- UM authorization data
- Utilization Management (UM) program operating costs
- 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
- Medical expert reviews
- National accreditation standards
- Not Applicable
- State and Federal requirements

## 10. Value

Evidentiary Standard

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

- care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- o The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- o The service exceeds state and/or federal limits involving frequency of service
- o The type of service exceeds requirements or standards as indicated by claims data analysis
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

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

**11. Variation identified**

Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- o The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- o The service exceeds state and/or federal limits involving frequency of service
- o The type of service exceeds requirements or standards as indicated by claims data analysis
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

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

the factors triggering the application of an NQTL to benefits

- o Internal claims analysis
- o Medical expert reviews
- o National accreditation standards
- o Not Applicable
- o 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
- Medical claim review accuracy
- 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
- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria

Classification: Outpatient - Other  
NQTL: data collection  
**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
  - Not Applicable

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- N/A

References

- Optum Benefits Mapping\_MDH Revisions\_7.17.20.xlsx

# Classification: Outpatient - Other

## NQTL: fail first requirements/step therapy

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- High variability in cost per episode of care
- Not Applicable

#### Mental Health/Substance Use Disorder

- Not Applicable

### Definitions

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

#### Medical/Surgical

1. **High variability in cost per episode of care**  
Evidentiary Standard  
Source
2. **Not Applicable**  
Evidentiary Standard  
Source

#### Mental Health/Substance Use Disorder

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

### Operations Measures

#### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff

#### Mental Health/Substance Use Disorder

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

#### References

- 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

- Appropriateness of the proposed technology
- Clinical efficacy
- Current and projected demand for services
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Safety
- 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. Appropriateness of the proposed technology

###### Evidentiary Standard

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

###### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements
- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

##### 2. Clinical efficacy

#### Mental Health/Substance Use Disorder

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

###### Evidentiary Standard

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

###### Source

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

##### 2. Least restrictive appropriate level of care

###### Evidentiary Standard

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

###### Source

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

##### 3. Not Applicable



#### Evidentiary Standard

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

#### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements
- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

### 3. Current and projected demand for services

#### Evidentiary Standard

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

#### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements
- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

### 4. 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.
- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- Utilization is two standard deviations above average utilization per episode of care.

#### Source

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

#### 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

- o Medical expert reviews
- o State and Federal requirements
- o hierarchy of clinical evidence
- o peer-reviewed literature
- o scientifically based clinical evidence

## 5. Medicare/Medicaid program participation eligibility

### Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Hierarchy of clinical evidence
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o Utilization is two standard deviations above average utilization per episode of care.

### Source

- o Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- o Internal claims analysis
- o Internal market and competitive analysis
- o Medical expert reviews
- o State and Federal requirements
- o hierarchy of clinical evidence
- o peer-reviewed literature
- o scientifically based clinical evidence

## 6. Safety

### Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Hierarchy of clinical evidence
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o Utilization is two standard deviations above average utilization per episode of care.

### Source

- o Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- o Internal claims analysis
- o Internal market and competitive analysis
- o Medical expert reviews
- o State and Federal requirements
- o hierarchy of clinical evidence
- o peer-reviewed literature
- o scientifically based clinical evidence

## 7. Service type

### Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Hierarchy of clinical evidence
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o Utilization is two standard deviations above average utilization per episode of care.

#### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements
- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

#### 8. Severity or chronicity of an illness

##### Evidentiary Standard

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

##### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- State and Federal requirements
- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- 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
- Practice Guideline review and approval by Provider Advisory Committee
- tracking of denial of plans of service that do not meet medical necessity

### Mental Health/Substance Use Disorder

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

#### References

- Auth Stats for June 2020.xlsx

# Classification: Outpatient - Other

## NQTL: prior authorization/pre authorization

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- Clinical Appropriateness
- Elasticity of demand
- Excessive utilization
- Medicare/Medicaid program participation eligibility
- Not Applicable
- Quality and performance measures (including customer feedback)
- Regulatory or State Contractual Requirements
- Value
- Variation identified

#### 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. Clinical Appropriateness

###### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs
- Utilization is two standard deviations above average utilization per episode of care.

###### Source

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

#### Mental Health/Substance Use Disorder

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

###### Evidentiary Standard

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

###### Source

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

##### 2. Least restrictive appropriate level of care

###### Evidentiary Standard

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

###### Source

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

- o Medical expert reviews
- o National accreditation standards
- o Not Applicable
- o State and Federal requirements

## 2. Elasticity of demand

### Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

### Source

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

## 3. Excessive utilization

### Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

### Source

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

## 4. Medicare/Medicaid program participation eligibility

### Evidentiary Standard

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

## 3. Not Applicable

### Evidentiary Standard

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

### Source

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

## 4. Service type

### Evidentiary Standard

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

### Source

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

## 5. Severity or chronicity of an illness

### Evidentiary Standard

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

### Source

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

## 6. Variability in quality

### Evidentiary Standard

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

### Source

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

- care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

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

**5. Not Applicable**

Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

Source

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

**6. Quality and performance measures (including customer feedback)**

Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature

- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs
- Utilization is two standard deviations above average utilization per episode of care.

Source

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

**7. Regulatory or State Contractual Requirements**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs
- Utilization is two standard deviations above average utilization per episode of care.

Source

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

**8. Value**

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Hierarchy of clinical evidence
- Internal claims data
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs
- 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

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

#### 9. Variation identified

##### Evidentiary Standard

- o Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- o Compliance with self-imposed, customer, or regulator-imposed standards
- o Hierarchy of clinical evidence
- o Internal claims data
- o Not Applicable
- o Peer-reviewed literature
- o Scientifically based clinical evidence
- o UM authorization data
- o Utilization Management (UM) program operating costs
- o Utilization is two standard deviations above average utilization per episode of care.

##### Source

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

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff
- Frequency with which reviews are conducted
- Number of days or visits authorized per review
- 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
- Authorization Denial Rates for MH/SUD
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria



# Classification: Outpatient - Office Based

## NQTL: Outlier Management

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

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

#### Mental Health/Substance Use Disorder

- Excessive utilization
- Variability in quality

### Definitions

- **Excessive utilization:** Procedures for which we have identified possible over-utilization.
- **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
2. **High variability in cost per episode of care**  
Evidentiary Standard  
Source
3. **Not Applicable**  
Evidentiary Standard  
Source
4. **Relative reimbursement rates**  
Evidentiary Standard  
Source

#### Mental Health/Substance Use Disorder

1. **Excessive utilization**  
Evidentiary Standard
  - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
  - 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. **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

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Degree of discretion exercised by utilization review staff

#### 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

- Fraud, waste, and abuse monthly activities
- Fraud, waste, and abuse program monthly performance
- Fraud, waste, and abuse referrals and investigation compliance reporting
- 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
- Medical claim review accuracy
- Practice Guideline review and approval by Provider Advisory Committee
- Utilization trends
- audits tracker (monthly)
- duplicate records (monthly)
- provider financial analysis (monthly)
- Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria
- Outlier Management Data

#### References

- Auth Stats for June 2020.xlsx
- 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

#### Medical/Surgical

- Industry Standards
- Provider Speciality
- Service type
- State and Federal Requirements

#### Mental Health/Substance Use Disorder

- Service type

### Definitions

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

#### Medical/Surgical

##### 1. Industry Standards

###### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

##### 2. Provider Speciality

###### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data analysis

###### Source

#### Mental Health/Substance Use Disorder

##### 1. 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

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

### 3. Service type

#### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

### 4. State and Federal Requirements

#### Evidentiary Standard

- Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards
- The provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis
- The service exceeds state and/or federal limits involving frequency of service
- The type of service exceeds requirements or standards as indicated by claims data 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
- National accreditation standards
- State and Federal requirements

## Operations Measures

#### Medical/Surgical

- NQTL does not apply to any services in this classification

#### Mental Health/Substance Use Disorder

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

#### References

- Auth Stats for June 2020.xlsx

# Classification: Outpatient - Office Based

## NQTL: concurrent review

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- Administrative Burden/Cost
- Clinical Appropriateness
- Regulatory or State Contractual Requirements
- Value
- Variation identified

#### 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
- Service type
- Severity or chronicity of an illness
- Variability in quality

### Definitions

- **High levels of variation in length of stay:** this is an error and should not be listed
- **Least restrictive appropriate level of care:** Lowest level of care the individual can be safely and effectively treated.
- **Least restrictive appropriate level of care:** lowest level of care the individual can be safely and effectively treated.
- **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. Administrative Burden/Cost

###### 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 self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Objective, evidence-based clinical criteria
- The financial cost of the variation in utilization, cost, or outcome of the item or service exceeds the administrative cost of applying Prior Authorization
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)
- There is a denial rate for the requested item or service that exceeds a minimum threshold (variable over time based on The Plan's experience)
- UM authorization data
- Utilization Management (UM) program operating costs

###### Source

##### 2. Clinical Appropriateness

###### Evidentiary Standard

#### Mental Health/Substance Use Disorder

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

###### Evidentiary Standard

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

###### Source

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

##### 2. Least restrictive appropriate level of care

###### Evidentiary Standard

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

###### Source

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

##### 3. 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

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Objective, evidence-based clinical criteria
- The financial cost of the variation in utilization, cost, or outcome of the item or service exceeds the administrative cost of applying Prior Authorization
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)
- There is a denial rate for the requested item or service that exceeds a minimum threshold (variable over time based on The Plan's experience)
- UM authorization data
- Utilization Management (UM) program operating costs

Source

### 3. Regulatory or State Contractual Requirements

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Objective, evidence-based clinical criteria
- The financial cost of the variation in utilization, cost, or outcome of the item or service exceeds the administrative cost of applying Prior Authorization
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)
- There is a denial rate for the requested item or service that exceeds a minimum threshold (variable over time based on The Plan's experience)
- UM authorization data
- Utilization Management (UM) program operating costs

Source

### 4. Value

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 self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Objective, evidence-based clinical criteria
- The financial cost of the variation in utilization, cost, or outcome of the item or service exceeds the administrative cost of applying Prior Authorization
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic

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

### 4. Service type

Evidentiary Standard

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

Source

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

### 5. Severity or chronicity of an illness

Evidentiary Standard

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

Source

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

### 6. Variability in quality

Evidentiary Standard

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

Source

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

considerations and health are costs)

- There is a denial rate for the requested item or service that exceeds a minimum threshold (variable over time based on The Plan's experience)
- UM authorization data
- Utilization Management (UM) program operating costs

Source

## 5. Variation identified

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 self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Objective, evidence-based clinical criteria
- The financial cost of the variation in utilization, cost, or outcome of the item or service exceeds the administrative cost of applying Prior Authorization
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health are costs)
- There is a denial rate for the requested item or service that exceeds a minimum threshold (variable over time based on The Plan's experience)
- UM authorization data
- Utilization Management (UM) program operating costs

Source

## Operations Measures

### Medical/Surgical

- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Medical claim review accuracy

### Mental Health/Substance Use Disorder

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

Classification: Outpatient - Office Based  
NQTL: data collection  
**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

- Not Applicable

Source

- Not Applicable

Operations Measures

Medical/Surgical

Mental Health/Substance Use Disorder

- N/A

References

- Optum Benefits Mapping\_MDH Revisions\_7.17.20.xlsx



# Classification: Outpatient - Office Based NQTL: fail first requirements/step therapy

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- High variability in cost per episode of care

### Mental Health/Substance Use Disorder

- Not Applicable

## Definitions

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

### Medical/Surgical

#### 1. High variability in cost per episode of care

##### Evidentiary Standard

- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)

##### Source

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

### Mental Health/Substance Use Disorder

#### 1. Not Applicable

##### Evidentiary Standard

##### Source

- Not Applicable

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.

### Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification

### References

- Optum Benefits Mapping\_MDH Revisions\_7.17.20.xlsx

# 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

- Appropriateness of the proposed technology
- Clinical Appropriateness
- Excessive utilization
- High variability in cost per episode of care
- Lack of adherence to quality standards
- Lack of clinical efficiency of treatment or service
- Safety
- 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. Appropriateness of the proposed technology

###### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

###### Source

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

##### 2. Clinical Appropriateness

###### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

###### Source

- Evidentiary standards, including any 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

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

### 3. Excessive utilization

#### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

#### Source

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

### 4. High variability in cost per episode of care

#### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

#### Source

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

### 5. Lack of adherence to quality standards

#### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

#### Source

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

### 6. Lack of clinical efficiency of treatment or service

#### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

#### Source

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

- Evidentiary standards, including any 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

## 7. Safety

### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

### Source

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

## 8. Service type

### Evidentiary Standard

- Hierarchy of clinical evidence
- Not Applicable
- Peer-reviewed literature
- Scientifically based clinical evidence

### Source

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

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- Practice Guideline review and approval by Provider Advisory Committee
- duplicate restorations (quarterly)

### Mental Health/Substance Use Disorder

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

# 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

- Clinical Appropriateness
- Excessive utilization
- High variability in cost per episode of care
- Not Applicable
- Regulatory or State Contractual Requirements
- Relative reimbursement rates
- Service type
- Value
- Variation identified

#### 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. Clinical Appropriateness

###### Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

###### Source

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

##### 2. Excessive utilization

###### Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards

#### 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.

- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

**3. High variability in cost per episode of care**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

**4. Not Applicable**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

**5. Regulatory or State Contractual Requirements**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized 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

- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

**6. Relative reimbursement rates**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

**7. Service type**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

**8. Value**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data

- Utilization Management (UM) program operating costs

Source

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

**9. Variation identified**

Evidentiary Standard

- Compliance with self-imposed, customer, or regulator-imposed standards
- Expert Medical Review
- Internal claims data
- Nationally recognized guidelines
- Not Applicable
- Scientifically based clinical evidence
- UM authorization data
- Utilization Management (UM) program operating costs

Source

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

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- 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



# Classification: Emergency Benefits NQTL: Outlier Management

## Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

## Factors

### Medical/Surgical

- Accreditation
- Claims evaluation, reporting, analytics
- Service type
- Training, experience and licensure of providers

### Mental Health/Substance Use Disorder

- Not Applicable

## Definitions

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

### Medical/Surgical

#### 1. Accreditation

##### 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.
- Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse
- Standards used by any committees of experts, and required level of qualifications of committee members.

##### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements
- internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.
- provider flag or claim edit from FWA

#### 2. Claims evaluation, reporting, analytics

##### 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.

### Mental Health/Substance Use Disorder

#### 1. Not Applicable

##### Evidentiary Standard

- Not Applicable

##### Source

- Not Applicable

- Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse
- Standards used by any committees of experts, and required level of qualifications of committee members.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements
- internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.
- provider flag or claim edit from FWA

**3. Service type**

Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse
- Standards used by any committees of experts, and required level of qualifications of committee members.

Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Internal market and competitive analysis
- Medical expert reviews
- National accreditation standards
- State and Federal requirements
- internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.
- provider flag or claim edit from FWA

**4. Training, experience and licensure of providers**

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.
- Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse
- Standards used by any committees of experts, and required level of qualifications of committee members.

Source

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

- State and Federal requirements
- internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.
- provider flag or claim edit from FWA

## Operations Measures

### Medical/Surgical

- Fraud, waste, and abuse monthly activities
- Fraud, waste, and abuse program monthly performance
- Fraud, waste, and abuse referrals and investigation compliance reporting
- Medical claim review accuracy

### 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: Emergency Benefits

## NQTL: Service Limitations

### 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

- 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: Emergency Benefits

## NQTL: data collection

### 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

- Not Applicable

Source

- Not Applicable

#### Operations Measures

##### Medical/Surgical

##### Mental Health/Substance Use Disorder

- N/A

#### References

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

# Classification: Emergency Benefits

## NQTL: medical necessity

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- Appropriateness of the proposed technology
- Clinical efficacy
- Safety

#### Mental Health/Substance Use Disorder

- Not Applicable

### Definitions

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

#### Medical/Surgical

##### 1. Appropriateness of the proposed technology

###### Evidentiary Standard

- Hierarchy of clinical evidence
- Peer-reviewed literature
- Scientifically based clinical evidence

###### Source

- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

##### 2. Clinical efficacy

###### Evidentiary Standard

- Hierarchy of clinical evidence
- Peer-reviewed literature
- Scientifically based clinical evidence

###### Source

- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

##### 3. Safety

###### Evidentiary Standard

- Hierarchy of clinical evidence
- Peer-reviewed literature
- Scientifically based clinical evidence

###### Source

- hierarchy of clinical evidence
- peer-reviewed literature
- scientifically based clinical evidence

#### Mental Health/Substance Use Disorder

##### 1. Not Applicable

###### Evidentiary Standard

###### Source

### Operations Measures

#### Medical/Surgical

#### Mental Health/Substance Use Disorder

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers
- NQTL does not apply to any services in this classification
- NQTL does not apply to any services in this classification

#### References

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

# Classification: Prescription Drugs

## NQTL: Outlier Management

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_7.16.20.pdf

### Factors

#### Medical/Surgical

- Claims evaluation, reporting, analytics

#### Mental Health/Substance Use Disorder

- Not Applicable

### Definitions

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

#### Medical/Surgical

##### 1. Claims evaluation, reporting, analytics

###### Evidentiary Standard

the methodology used to determine whether services are subject to Fraud, Waste and Abuse (FWA) investigations

- Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse
- the methodology used to determine whether services are subject to Fraud, Waste and Abuse (FWA) investigations

###### Source

- internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.
- provider flag or claim edit from FWA

#### Mental Health/Substance Use Disorder

##### 1. Not Applicable

###### Evidentiary Standard

- Not Applicable

###### Source

- Not Applicable

### Operations Measures

#### Medical/Surgical

- Assessments of whether network providers are actually submitting claims
- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Clinical Criteria applied based on FDA labeling and requirements and Official
- Compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage, and drug utilization
- Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.
- Dollar spend trends
- Frequency with which reviews are conducted
- Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers

#### Mental Health/Substance Use Disorder

- NQTL does not apply to any services in this classification



during reviews

- Utilization trends

References

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

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

### Definitions

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

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

### Operations Measures

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

# 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

- Formulary Design
- High variability in cost per episode of care

#### 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 or requirement to try a generic, less expensive or lower efficacy drug for a certain trial period before receiving approval for a new drug

#### Medical/Surgical

##### 1. Formulary Design

###### Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Standards used by any committees of experts, and required level of qualifications of committee members.
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)

###### Source

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

##### 2. High variability in cost per episode of care

###### Evidentiary Standard

- A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
- Standards used by any committees of experts, and required level of qualifications of committee members.
- The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)

###### Source

- Evidentiary standards, including any 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. 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.
- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

###### Source

- Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
- Internal claims analysis
- Medical expert reviews
- Not Applicable
- 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.
- FDA Prescribing information and official compendium
- Not Applicable

- Internal market and competitive analysis
- Medical expert reviews

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

Source

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

## Operations Measures

### Medical/Surgical

- Availability of less intensive level of care when fail-first NQTL is imposed
- Frequency with which reviews are conducted

### 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\_7.16.20.pdf

### Factors

#### Medical/Surgical

- 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
- clinical appropriateness/medical necessity
- fiscal responsibility/cost effectiveness

#### Mental Health/Substance Use Disorder

- 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
- fiscal responsibility/cost effectiveness

### Definitions

- **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
- **clinical appropriateness/medical necessity:** Identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria
- **fiscal responsibility/cost effectiveness:** Examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

#### Medical/Surgical

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

#### Mental Health/Substance Use Disorder

1. **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
  - A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
  - Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
  - FDA Prescribing information and official compendium
  - Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorizationSource
  - Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
  - Internal claims analysis
  - Medical expert reviews
  - State and Federal requirements
2. **clinical appropriateness/medical necessity**  
Evidentiary Standard

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

Source

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

**3. fiscal responsibility/cost effectiveness**

Evidentiary Standard

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

Source

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

## Operations Measures

Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.
- Frequency with which reviews are conducted

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

- Lack of clinical efficiency of treatment or service
- Lack of clinical efficiency of treatment or service
- Lower Cost Generic
- Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee
- Safety risks
- 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
- 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
- **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 or requirement to try a generic, less expensive or lower efficacy drug for a certain trial period before receiving approval for a new drug

#### Medical/Surgical

##### 1. Lack of clinical efficiency of treatment or service

###### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

#### Mental Health/Substance Use Disorder

##### 1. Lack of clinical efficiency of treatment or service

###### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

###### Source

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

- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

Source

## 2. Lack of clinical efficiency of treatment or service

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

Source

## 3. Lower Cost Generic

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

Source

## 4. 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

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

Source

## 5. Safety risks

- Not Applicable
- State and Federal requirements

## 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

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

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

## 3. Not Applicable

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

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

## 4. Severity or chronicity of an illness

Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

Source

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

## 5. clinical appropriateness/medical necessity

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

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

#### Source

### 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.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

#### Source

### 7. clinical appropriateness/medical necessity

#### Evidentiary Standard

assessment of the prescription drug's place in therapy

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

#### Source

### 8. fail first protocol

#### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium

- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

#### Source

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

### 6. fail first protocol

#### Evidentiary Standard

- Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- FDA Prescribing information and official compendium
- Not Applicable
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization

#### Source

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

- Nationally recognized evidence-based guidelines and benchmarks,
- Pharmacy & Therapeutics (P&T) Committee assesses the prescription drug's place in therapy, and its relative safety and efficacy (The committee reviews decisions consistent with published evidence relative to these factors)
- Process review(s) for auditing claims data to ensure compliance of participant's treatment and service plan in conjunction with their prior authorization
- Review of external clinical evidence,
- State and/or Federal regulations and guidelines

Source

## Operations Measures

### Medical/Surgical

- Average denial rates for medical necessity for mental health and substance use disorder benefits, and medical/surgical benefits.

### Mental Health/Substance Use Disorder

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

# Classification: Prescription Drugs

## NQTL: tiered drug formulary

### Definitions

NONE PROVIDED. SEE DOCUMENT REFERENCES

#### References

- Maryland Medicaid\_Parity Analysis Definitions\_9.10.20.pdf

### Factors

#### Medical/Surgical

- Brand name medications are assigned to Tier 2
- Generic medications are assigned to Tier 1
- 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
- fiscal responsibility/cost effectiveness

#### Mental Health/Substance Use Disorder

- 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
- fiscal responsibility/cost effectiveness

### Definitions

- **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
- **clinical appropriateness/medical necessity:** Identified measures in place to determine the most appropriate treatment option for participants based on the participant's medical status, the placement of the treatment option on the PDL, and the treatment option's clinical criteria
- **fiscal responsibility/cost effectiveness:** Examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

#### Medical/Surgical

##### 1. Brand name medications are assigned to Tier 2

Evidentiary Standard

Source

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

##### 2. Generic medications are assigned to Tier 1

Evidentiary Standard

Source

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

##### 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

#### Mental Health/Substance Use Disorder

##### 1. 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

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

Source

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

##### 2. clinical appropriateness/medical necessity

#### Source

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

#### 4. **clinical appropriateness/medical necessity**

##### Evidentiary Standard

#### Source

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- Internal market and competitive analysis
- Medical expert reviews

#### 5. **fiscal responsibility/cost effectiveness**

##### Evidentiary Standard

#### Source

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#### 3. **fiscal responsibility/cost effectiveness**

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## Operations Measures

### Medical/Surgical

- Dollar spend trends
- Frequency with which reviews are conducted

### 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