



# ParityManager™ NQTL Analysis

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<b>Organization Name</b>	Maryland Department of Health
<b>Benefit Plan</b>	Medicaid
<b>Contact Name</b>	Alyssa Brown
<b>Contact Email</b>	alyssa.brown@maryland.gov
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# Table of Contents

<b><u>Comparative Analysis of Identified NQTLs</u></b> .....	<b>3</b>
<u>Concurrent Review</u> .....	3
<u>Data Collection</u> .....	16
<u>Fail first requirements/step therapy</u> .....	26
<u>Medical necessity</u> .....	37
<u>Outlier Management</u> .....	53
<u>Prior Authorization/Pre-Authorization</u> .....	66
<u>Service limitations</u> .....	78
<u>tiered drug formulary</u> .....	89
<b><u>Appendix</u></b> .....	<b>100</b>
<u>Factor Definitions</u> .....	100

# Comparative Analysis of Identified NQTLs

## Concurrent Review

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

**Med/Surg**

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-1"

### MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-1"

## Step Two

Factors Used in Designing NQTL (Factor definitions included in the appendix).

### KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Excessive utilization	R	R	R		
Health plan accreditation standards for quality assurance		R			
Medical Necessity	R	R	R		
Medicare/Medicaid program participation eligibility		R			
Par Status		C	R		
Quality and performance measures (including customer feedback)		R			
Safety risks		R	R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-2"

### MH/SUD

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Clinical indications and/or evidence		R	R		
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care			R		
Not Applicable	R	R			
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-2"

### Step Three

#### Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

### Sources

#### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Evidentiary standards, including any published standards as 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 claims analysis		
2. Health plan accreditation standards for quality assurance		National accreditation standards			
3. Medical Necessity	Evidentiary standards, including any 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	Evidentiary standards, including any 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. Medicare/Medicaid program participation eligibility		State and Federal requirements			
5. Par Status		State and Federal requirements	State and Federal requirements		



Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-3S"

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications and/or evidence		Evidentiary standards, including any 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		
2. High levels of variation in length of stay	Evidentiary standards, including any 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	Evidentiary standards, including any 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 standards, including any 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	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
4. Least restrictive appropriate level of care			Evidentiary standards, including any 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. Not Applicable	Not Applicable				
6. Service type	Evidentiary standards, including any 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	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
7. Severity or chronicity of an illness	Evidentiary standards, including any 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	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
8. Variability in quality	Evidentiary standards, including any 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		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-3S"

## Evidentiary Standards

<b>Med/Surg</b>					
<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
1. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Milliman Criteria		
2. Medical Necessity	Milliman Criteria		Aetna Policy Bulletins		
3. Par Status			Milliman Criteria		
3. Par Status			Design of Benefit Plan		
4. Safety risks			State regulatory standards for health plan network adequacy.		
4. Safety risks			A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-3E"

## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical indications and/or evidence		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
3. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
4. Least restrictive appropriate level of care			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. Not Applicable	Not Applicable				
6. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
7. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-3E"

**Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Assessments of provider directory accuracy		✓	✓		
Average appointment wait times		✓	✓		
Average length of stay authorized per episode of care	✓				
Complaint tracking (enrollees and providers)		✓	✓		
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.		✓	✓		
Degree of discretion exercised by utilization review staff	✓	✓			
Documentation of the steps taken to improve access by expanding networks, including outreach efforts to providers		✓			

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-4"

**MH/SUD**

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	✓	✓	✓		
NQTL does not apply to any services in this classification		✓			

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 1-4"

**Step Five**  
 Comparability and Stringency Analysis as Written and in Operation by Classification

Inpatient

 Comparative Analysis for Inpatient missing

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

## Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

### **Step Six**


Findings and Conclusions

 NQTL conclusion missing

## Data Collection

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing



**Med/Surg**

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 2-1"

**MH/SUD**

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Not Applicable	✓	✓	✓	✓	

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 2-1"

**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Not Applicable	R		R	R	

### MH/SUD

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Not Applicable	R	R	R	R	

**Step Three**

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

**Sources**

**Med/Surg**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
1. Not Applicable	Not Applicable		Not Applicable		

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	

## Evidentiary Standards

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable		Not Applicable		

## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable		Not Applicable		

### **Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

### Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification			✓	✓	
NQTL does not apply to any services in this classification	✓				




**MH/SUD**


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Data Collection - Data Capture extract			✓		
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers			✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria			✓		
NQTL does not apply to any services in this classification	✓	✓			
NQTL does not apply to any services in this classification		✓		✓	
NQTL does not apply to any services in this classification				✓	

**Step Five**  
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

## Emergency Benefits

 Comparative Analysis for Emergency Benefits missing

### **Step Six**

Findings and Conclusions

 NQTL conclusion missing

## Fail first requirements/step therapy.

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

**Med/Surg**

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Durable Medical Equipment (DME)/Disposable Medical Supplies (DMS)		✓			
FFS M/S Drug					✓
MCO administered prescription drug					✓
Not Applicable	✓		✓		
Oxygen		✓			

### MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug					✓
FFS SUD Drug					✓
Not Applicable	✓	✓	✓		
Transcranial Magnetic Stimulation (TMS)			✓		

**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fail first protocol					R
Fiscal responsibility/Cost effectiveness					R
Lack of clinical efficiency of treatment or service					R
lower generic cost					R
Medical Necessity					R
Not Applicable	R	R	R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-2"

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
fail first protocol					R
Not Applicable	R	R	R		
Service type			R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-2"

### Step Three

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

#### Sources

#### Med/Surg

Factor	Med/Surg				Prescription Drugs
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	
1. clinical appropriateness/medical necessity					american hospital formulary service
					clinical pharmacology
					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					FDA Approved drug monographs
					united states pharmacopeia
2. fail first protocol					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					prior authorization policy

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-3S"

## Sources

### MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
1. fail first protocol				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
				Internal claims analysis	
				State and Federal requirements	
2. Not Applicable	Not Applicable	Not Applicable	Not Applicable		
3. Service type				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-3S"



## Evidentiary Standards

### Med/Surg

Factor	Outpatient				Emergency Benefits	Prescription Drugs
	Inpatient	- Other	Office Based			
1. clinical appropriateness/medical necessity					Design of Benefit Plan	
2. fail first protocol					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.	
					Design of Benefit Plan	
3. Fiscal responsibility/Cost effectiveness					Design of Benefit Plan	
4. Lack of clinical efficiency of treatment or service					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.	
5. lower generic cost					Design of Benefit Plan	
6. Medical Necessity					Design of Benefit Plan	

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-3E"

## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. fail first protocol					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 & 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
2. Not Applicable	Not Applicable				
3. Service type			Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-3E"

### **Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

**Med/Surg**

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					✓
Degree of discretion exercised by utilization review staff		✓			
Exception processes available for each NQTL requirement and when they may be applied.					✓
Not Applicable		✓			
NQTL does not apply to any services in this classification	✓				
NQTL does not apply to any services in this classification				✓	

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-4"


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD			✓		
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
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			✓		
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					✓
NQTL does not apply to any services in this classification	✓	✓			
NQTL does not apply to any services in this classification		✓			

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 3-4"


### **Step Five**

Comparability and Stringency Analysis as Written and in Operation by Classification


### Inpatient

 Comparative Analysis for Inpatient missing


### Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

## Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

## Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

### **Step Six**

Findings and Conclusions

 NQTL conclusion missing

## Medical necessity

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

## Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;			✓		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;			✓		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(2) Preventive services (semiannual cleanings, fluoride, etc.) - OP OR/ASC;		✓			
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(4) Diagnostic services (oral exams, x-rays, sealants, etc.) - OP OR/ASC;		✓			

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-1"

### MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Ancillary Services	✓				
Ancillary Services-SUD	✓				
Anesthesia--Inpatient	✓				
Anesthesia - Outpatient			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-1"



**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Current and projected demand for services		R			
Excessive utilization	R	R	R		
Fiscal responsibility/Cost effectiveness					R
High variability in cost per episode of care			R		
Lack of adherence to quality standards			R		
Lack of clinical efficiency of treatment or service			R		R

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-2"

**MH/SUD**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
clinical appropriateness/medical necessity					R
Fiscal responsibility/Cost effectiveness					R
High levels of variation in length of stay	R	R	R		
Least restrictive appropriate level of care	R	R	R		
Least restrictive appropriate level of care		R			
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Not Applicable		R		R	

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-2"

### Step Three

#### Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

### Sources

#### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any 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. Current and projected demand for services		Evidentiary standards, including any published standards as 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 standards, including any 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	Evidentiary standards, including any published standards as 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 claims analysis			

## Sources

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					NQTL to benefits
5. High variability in cost per episode of care			Evidentiary standards, including any 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. Lack of adherence to quality standards			Evidentiary standards, including any 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. Lack of clinical efficiency of treatment or service			Evidentiary standards, including any 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
8. Medical Necessity	Evidentiary standards, including any 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	Evidentiary standards, including any 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

## Sources

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
9. Medicare/Medicaid program participation eligibility		State and Federal requirements			
10. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Evidentiary standards, including any 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
11. Relative reimbursement rates			Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
12. Service type	Evidentiary standards, including any 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			

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-35"

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
2. Fiscal responsibility/Cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
3. High levels of variation in length of stay	Evidentiary standards, including any 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	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		

**Sources**

**MH/SUD**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
6. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Internal claims analysis

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-3S"

## Evidentiary Standards

Factor	Med/Surg				Prescription Drugs
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	
1. clinical appropriateness/medical necessity					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 & Official Compendium
2. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
3. Fiscal responsibility/Cost effectiveness					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 & Official Compendium
4. Lack of clinical efficiency of treatment or service					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-3E"



## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					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 & 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
2. Fiscal responsibility/Cost effectiveness					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 & Official Compendium

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-3E"

### **Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

**Med/Surg**

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
compendium internal monitoring of prior authorizations to determine compliance of treatment/service plans for drug efficacy based on concurrent review of treatment plans, service usage and drug utilization					✓
Degree of discretion exercised by utilization review staff	✓	✓			
Design of Benefit Plan					✓
duplicate restorations (monthly)			✓		
Exception processes available for each NQTL requirement and when they may be applied.					✓
Frequency that authorization requirements are waived	✓				

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 4-4"


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓		✓		
Authorization Denial Rates for MH/SUD		✓	✓		
Authorization Denial Rates for MH/SUD		✓			
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
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	✓	✓	✓		
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					✓

Full table for this section available in nqtI\_analysis.xlsx file included with this document. Reference "Section 4-4"


### **Step Five**

Comparability and Stringency Analysis as Written and in Operation by Classification


### Inpatient

 Comparative Analysis for Inpatient missing


### Outpatient - Other

 Comparative Analysis for Outpatient - Other missing


### Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

### Emergency Benefits


 Comparative Analysis for Emergency Benefits missing

### Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

### **Step Six**

Findings and Conclusions

 NQTL conclusion missing

## Outlier Management

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

**Med/Surg**

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Acne Services			✓		
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Air Ambulance				✓	
Amputations--inpatient	✓				
Amputations--outpatient			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-1"

### MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acute Care Services	✓				
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Drug Testing		✓			
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-1"

**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Excessive utilization	R	R	R	R	
High variability in cost per episode of care			R		
Medical Necessity	R				
Not Applicable		R			
Relative reimbursement rates			R		
Safety risks	R	R			
Service type		R	R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-2"



### MH/SUD

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Excessive utilization	R	R	R		
High levels of variation in length of stay	R	R			
Least restrictive appropriate level of care	R	R			
Not Applicable	R			R	
Service type	R	R			
Severity or chronicity of an illness	R	R			
Variability in quality	R	R	R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-2"

### Step Three

#### Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

### Sources

#### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Evidentiary standards, including any published standards as 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 claims analysis	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
	Internal claims analysis			State and Federal requirements	
2. High variability in cost per episode of care			Internal claims analysis		
3. Medical Necessity	Evidentiary standards, including any 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		Not Applicable			
5. Relative reimbursement rates			State and Federal requirements		

## Sources

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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		

Full table for this section available in nql\_analysis.xlsx file included with this document. Reference "Section 5-3S"

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Evidentiary standards, including any 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	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits		
2. High levels of variation in length of stay	Evidentiary standards, including any 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			
3. Least restrictive appropriate level of care	Evidentiary standards, including any 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			
4. Not Applicable	Not Applicable			Not Applicable	
5. Service type	Evidentiary standards, including any 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			
6. Severity or chronicity of an illness	Evidentiary standards, including any 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			
7. Variability in quality	Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL				

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	to benefits				

Full table for this section available in nqt\_analysis.xlsx file included with this document. Reference "Section 5-3S"

## Evidentiary Standards

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	More than 50 percent of outpatient episodes of care for specific diseases are not based on evidence-based interventions (as defined by nationally accepted best practices) in a 12-month sample of claims data.		Design of Benefit Plan	
2. Medical Necessity	Milliman Criteria				
3. Not Applicable	Not Applicable				
4. Safety risks	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
5. Service type		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			

Full table for this section available in nqt\_analysis.xlsx file included with this document. Reference "Section 5-3E"

## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Excessive utilization	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	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.	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.		
2. High levels of variation in length of stay	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
3. Least restrictive appropriate level of care	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
4. Not Applicable	Not Applicable			Not Applicable	
5. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
6. Severity or chronicity of an illness	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-3E"

## **Step Four**

### Measures Used to Ensure Comparable NQTL Design, Development, and Application

Measure	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
audits tracker (monthly)			✓		
Degree of discretion exercised by utilization review staff	✓				
duplicate records (monthly)			✓		
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓	✓			
Number of days or visits authorized per review	✓				
provider financial analysis (monthly)			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-4"




**MH/SUD**

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
NQTL does not apply to any services in this classification				✓	
Outlier Management Data	✓	✓	✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 5-4"

**Step Five**  
 Comparability and Stringency Analysis as Written and in Operation by Classification


Inpatient

 Comparative Analysis for Inpatient missing


Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

## Emergency Benefits

 Comparative Analysis for Emergency Benefits missing

### **Step Six**


Findings and Conclusions

 NQTL conclusion missing

## Prior Authorization/Pre-Authorization

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

### Med/Surg

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acne Services			✓		
Air Ambulance				✓	
Amputations--inpatient	✓				
Amputations--outpatient			✓		
Audiology Services (hearing loss assessment and treatment)			✓		
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-1"

### MH/SUD

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Acute Care Services	✓				
Ambulatory detoxification			✓		
Biofeedback			✓		
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaluation and Management-Outpatient			✓		
Family Therapy--outpatient			✓		
FFS MH Drug					✓

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-1"

**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Certificate or Acceptable Substitute					R
clinical appropriateness/medical necessity					R
Clinical Practice and Guidelines					R
Elasticity of demand		R			
Excessive utilization	R	R	R		
fail first protocol					R
High variability in cost per episode of care			R		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-2"

**MH/SUD**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
clinical appropriateness/medical necessity					R
fail first protocol					R
High levels of variation in length of stay			R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R				
Least restrictive appropriate level of care			R		
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-2"

### Step Three

#### Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

### Sources

#### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Certificate or Acceptable Substitute					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
2. clinical appropriateness/medical necessity					Evidentiary standards, including any 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. Clinical Practice and Guidelines					State and Federal requirements
4. Elasticity of demand		Internal claims analysis			
5. Excessive utilization	Internal claims analysis	Internal claims analysis	Internal claims analysis		
6. fail first protocol					Evidentiary standards, including any 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. High variability in cost per episode of care			Internal claims analysis		

## Sources

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
8. Lack of adherence to quality standards	Evidentiary standards, including any 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	
9. Lack of clinical efficiency of treatment or service	Evidentiary standards, including any 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	
	Internal claims analysis				
10. Medical Necessity		Evidentiary standards, including any 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		
11. Medicare/Medicaid program participation eligibility	State and Federal requirements	State and Federal requirements			
12. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Medical expert reviews



## Sources

### MH/SUD

Factor	Outpatient		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	- Other			
1. clinical appropriateness/medical necessity				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
				Internal claims analysis	
				State and Federal requirements	
2. fail first protocol				Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits	
				Internal claims analysis	
				State and Federal requirements	
3. High levels of variation in length of stay			Evidentiary standards, including any 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. Lack of clinical efficiency of treatment or service				Internal claims analysis	

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-3S"

## Evidentiary Standards

### Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Certificate or Acceptable Substitute					Aetna Policy Bulletins
2. clinical appropriateness/medical necessity					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 & Official Compendium
3. Clinical Practice and Guidelines					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Aetna Policy Bulletins
4. fail first protocol					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-3E"

## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					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 & 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
2. fail first protocol					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 & Official Compendium

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-3E"

### **Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

**Med/Surg**

<b>Measure</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Assessments of provider directory accuracy	✓	✓	✓		
Average appointment wait times		✓	✓		
Average length of stay authorized per episode of care	✓				
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
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					✓
Complaint tracking (enrollees and providers)		✓	✓		
Compliance with self-imposed, customer, or regulator-imposed network adequacy standards.		✓			

Full table for this section available in nqtI\_analysis.xlsx file included with this document. Reference "Section 6-4"


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Authorization Denial Rates for MH/SUD	✓	✓	✓		
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
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	✓	✓	✓		
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					✓
NQTL does not apply to any services in this classification		✓			
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 6-4"


### **Step Five**

Comparability and Stringency Analysis as Written and in Operation by Classification


### Inpatient

 Comparative Analysis for Inpatient missing

### Outpatient - Other

 Comparative Analysis for Outpatient - Other missing

## Outpatient - Office Based


 Comparative Analysis for Outpatient - Office Based missing

## Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

### **Step Six**

Findings and Conclusions

 NQTL conclusion missing

## Service limitations

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications



NQTL definition missing

**Med/Surg**

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
(1) Preventive services (cleanings, fluoride, etc.) - Clinic;			✓		
(1) Preventive services (semiannual cleanings, fluoride, etc.) - Clinic;			✓		
(2) Diagnostic services (oral exams, x-rays, etc.) - Clinic;			✓		
(3) Diagnostic services (oral exams, x-rays, sealants, etc.) - Clinic;			✓		
(3) Restorative services (filings, crowns, etc) - Clinic;			✓		
(4) Endodontic services (root canals, etc.) - Clinic;			✓		
(5) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 7-1"



### MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Alcohol and/or drug assessment			✓		
Ambulatory detoxification			✓		
Biofeedback			✓		
Evaluation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
Group therapy--outpatient			✓		

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 7-1"

**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Not Applicable		R	R		

### MH/SUD

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Not Applicable		R			
Service type		R	R		

**Step Three**

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

**Sources**

**Med/Surg**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
1. Not Applicable		Not Applicable	Not Applicable		

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				
2. Service type	Evidentiary standards, including any 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			

## Evidentiary Standards

### Med/Surg

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
1. Not Applicable		Not Applicable			

## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Not Applicable	Not Applicable				
2. Service type	Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		

### **Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

### Med/Surg


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
NQTL does not apply to any services in this classification		✓			
NQTL does not apply to any services in this classification			✓		

**MH/SUD**


Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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		✓	✓		
NQTL does not apply to any services in this classification		✓			

**Step Five**  
 Comparability and Stringency Analysis as Written and in Operation by Classification

Outpatient - Other


 Comparative Analysis for Outpatient - Other missing

Outpatient - Office Based

 Comparative Analysis for Outpatient - Office Based missing

**Step Six**  
 Findings and Conclusions




 NQTL conclusion missing

## tiered drug formulary.

### **Step One**

Description of NQTL as Applied to M/S and MH/SUD and Applicable Benefit Classification and Sub-Classifications

 NQTL definition missing

### Med/Surg

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
FFS M/S Drug					✓
MCO administered prescription drug					✓

## MH/SUD

<b>Benefit</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
FFS MH Drug					✓
FFS SUD Drug					✓

**Step Two**

Factors Used in Designing NQTL (Factor definitions included in the appendix).

KEY

R - Relied on

C - Considered but not relied on

**NOTE:** If both R and C are present in a single cell, the first letter represents MH, the second letter represents SUD.

IE: (MH) / (SUD)

**Med/Surg**

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
Excessive utilization					R
Fiscal responsibility/Cost effectiveness					R
Lack of clinical efficiency of treatment or service					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R
Safety risks					R
Severity or chronicity of an illness					R

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 8-2"

**MH/SUD**

<b>Factor</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
clinical appropriateness/medical necessity					R
Fiscal responsibility/Cost effectiveness					R
Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					R

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 8-2"

**Step Three**

Sources (including Evidentiary Standards and Strategies) Used in Designing NQTL

**Sources**

**Med/Surg**

Factor	Med/Surg				Prescription Drugs
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	
1. clinical appropriateness/medical necessity					american hospital formulary service
					clinical pharmacology
					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					FDA Approved drug monographs
					prior authorization policy
					united states pharmacopeia
2. Excessive utilization					Internal claims analysis

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 8-3S"

## Sources

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
2. Fiscal responsibility/Cost effectiveness					Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits
					Internal claims analysis
					State and Federal requirements
3. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					Internal claims analysis

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 8-3S"

## Evidentiary Standards

### Med/Surg

Factor	Outpatient				Prescription Drugs
	Inpatient	- Other	Office Based	Emergency Benefits	
1. clinical appropriateness/medical necessity					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Design of Benefit Plan
2. Excessive utilization					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Design of Benefit Plan
3. Fiscal responsibility/Cost effectiveness					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.
					Design of Benefit Plan
4. Lack of clinical efficiency of treatment or service					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 8-3E"



## Evidentiary Standards

### MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. clinical appropriateness/medical necessity					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 & 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
2. Fiscal responsibility/Cost effectiveness					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 & Official Compendium

Full table for this section available in nqtl\_analysis.xlsx file included with this document. Reference "Section 8-3E"

### **Step Four**

Measures Used to Ensure Comparable NQTL Design, Development, and Application

**Med/Surg**


<b>Measure</b>	<b>Inpatient</b>	<b>Outpatient - Other</b>	<b>Outpatient - Office Based</b>	<b>Emergency Benefits</b>	<b>Prescription Drugs</b>
Clinical Criteria applied based on FDA labeling and requirements and Official Compendium					✓
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					✓
generic drug use					✓
specialty pharmacy data					✓
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓

**MH/SUD**


Measure	MH/SUD				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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					✓

**Step Five**  
 Comparability and Stringency Analysis as Written and in Operation by Classification

Prescription Drugs

 Comparative Analysis for Prescription Drugs missing

**Step Six**  
 Findings and Conclusions

 NQTL conclusion missing

# Appendix

## Factor Definitions

### **Certificate or Acceptable Substitute**

valid license to prescribe controlled substances

### **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.

### **Clinical indications and/or evidence**

Professional standards and protocols - defined as comparative effectiveness studies and clinical trials

### **Clinical Practice and Guidelines**

Nationally recognized clinical guidelines

### **Current and projected demand for services**

Current service utilization and anticipated utilization based on prior trends in utilization and population growth. (LTSS)

### **Elasticity of demand**

The change in demand, ostensibly referring to the demand for services, based on other factors

### **Excessive utilization**

Utilization of a service or services beyond that which is deemed medically necessary; "Utilization that exceeds the threshold outlined in Milliman Care Guidelines. The Optimal Recovery Guidelines have been developed and validated by using the reported utilization experience from various databases. These databases include nationally representative samples of inpatients and outpatients. In terms of guideline development, the purpose of database analysis is to confirm

the reasonability and clinical appropriateness of care guideline utilization goals and objectives. Inpatient & Surgical Care guidelines are linked to a Benchmark Statistics Dashboard, which displays statistical information regarding utilization of services by patients falling under that guideline. The dashboards are accessed by a link marked ""Benchmark Statistics"" at the top of the guideline page."

**fail first protocol**

fail first protocol

**Fiscal responsibility/Cost effectiveness**

Examination of a drug's actual cost and rebateable status for the State with an emphasis on cost conservation and reduction of waste for the Department while still maintaining the accessibility of care to participants

**Health plan accreditation standards for quality assurance**

state and or federal standards that must be met by the health plan in order to obtain and maintain accreditation

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

Individuals with the same illness having different courses of improvement.

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

Not Applicable. Did not select in Q P1Q2 and Q3.

**Lack of adherence to quality standards**

Does the diagnosis match the medication prescribed for standards of care

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

When service is not done timely and with appropriate level of quality.

**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.

**lower generic cost**

lower generic cost

**Medical Necessity**

This term refers to services or supplies for diagnosing, evaluating, treating or preventing an injury, illness, condition or disease, based on evidence-based clinical standards of care. Medically necessary services are accepted health care services and supplies provided by health care entities, appropriate to evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care. Determination of medical necessity is based on specific criteria.

Note: This definition is based on the Centers for Medicare & Medicaid Services (CMS) and American College of Medical Quality (ACMQ) definitions.

**Medicare/Medicaid program participation eligibility**

Federal and State requirements for participation in the Medicare/Medicaid program, including those pertaining to medical, technical and financial eligibility

**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

**Par Status**

Provider is contracted with the plan.

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

Measures intended to evaluate and improve the quality of services, including, but not limited to: performance measures associated with waiver assurances, State regulations, national quality standards and pay for performance efforts.

**Relative reimbursement rates**

reimbursement rates that vary based on parameters such as place of service

**Safety risks**

risk of PA drug compared to other drugs considered

**Service type**

Services with various levels of intensity, including frequency and expected duration;

**Severity or chronicity of an illness**

Does the medication match the severity and chronicity of the illness

**Sudden and Serious**

The "prudent layperson standard" means the standard for determining the existence of an emergency medical condition whereby a prudent layperson who possesses an average knowledge of health and medicine determines that a medical condition manifests itself by acute symptoms of sufficient severity, including severe pain, such that the person could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

**Valid DEA or Controlled Substance**

valid license to prescribe controlled substances

**Variability in quality**

is individual improving, or is there a need for a change in the treatment plan, monitoring appropriateness and efficacy of treatment.