



ParityManager™ NQTL Analysis

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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

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Chemotherapy--outpatient			✓		
HCBS: behavioral consultation			✓		
HCBS: nutritionist/Dietician			✓		
HH: Occupational therapy			✓		
HH: physical therapy			✓		
HH: Physical therapy			✓		
HH: Speech therapy			✓		
ICS: Behavioral consultation			✓		
ICS: Nutritionist/Dietician			✓		
Infusion/Maintenance Drug Infusion			✓		
MCO administered prescription drug					✓
Oncology Treatment			✓		
Post-Stabilization Services-inpatient	✓				

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			✓		
FFS SUD Drug					✓
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				
Inpatient Detoxification-IMD (Licensed Intermediate Care Facilities for Addictions in Maryland)	✓				

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Administrative Burden/Cost			R		
Clinical Appropriateness	C	C	C		
Excessive utilization	R	R			
Health plan accreditation standards for quality assurance		R			
Medicare/Medicaid program participation eligibility		R			
Not Applicable	R	R			R
Quality and performance measures (including customer feedback)		R			
Regulatory or State Contractual Requirements	C	C	C		
Safety risks		R			
Service type	R	R			
Value	C	C	C		
Variation identified		C	C		

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	R		
Not Applicable		R			R
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R		R		

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	Evidentiary standards, including any 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	Emergency	Prescription
			- Office Based	Benefits	Drugs
		State and Federal requirements			
2. Health plan accreditation standards for quality assurance		Evidentiary standards, including any 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. Medicare/Medicaid program participation eligibility		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
		State and Federal requirements			
4. Not Applicable		Not Applicable			Not Applicable
5. Quality and performance measures (including customer feedback)		Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits			
		State and Federal requirements			
6. Safety risks		Evidentiary standards, including any 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			
7. 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			

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. 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		
2. 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		
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		
4. 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	Evidentiary standards, including any 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	Evidentiary standards, including any 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	Outpatient -		Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Inpatient	Other			
	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

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Administrative Burden/Cost			A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		
			The financial cost of the variation in utilization, cost, or outcome of the item or service exceeds the administrative cost of applying Prior Authorization		
			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)		
			The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)		
2. Clinical Appropriateness	Expert Medical Review	Hierarchy of clinical evidence	Expert Medical Review		
	Nationally recognized guidelines	Peer-reviewed literature	Nationally recognized guidelines		
	Objective, evidence-based clinical criteria	Scientifically based clinical evidence	Objective, evidence-based clinical criteria		
3. 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.			

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.			
4. Health plan accreditation standards for quality assurance		Not Applicable			
5. Medicare/Medicaid program participation eligibility		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
6. Not Applicable	Not Applicable	Not Applicable			Not Applicable
7. Quality and performance measures (including customer feedback)		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
8. Regulatory or State Contractual Requirements	Compliance with self-imposed, customer, or regulator-imposed standards	Compliance with self-imposed, customer, or regulator-imposed standards	Compliance with self-imposed, customer, or regulator-imposed standards		
9. Safety risks		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
10. Service type	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			

Evidentiary Standards

Med/Surg

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

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. 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.		
2. 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.		
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.		
4. 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.	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.	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. Variability in quality	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
Average length of stay authorized per episode of care	✓				
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
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	✓	✓	✓		
Medical claim review accuracy		✓	✓		
N/A					✓
Number of days or visits authorized per review	✓				

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


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


Data Collection

 NQTL associated with MH/SUD but not Med/Surg

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 benefits applied to NQTL missing

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Not Applicable	✓	✓	✓	✓	

Step Two

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

 Med/Surg factors used missing

- R - Relied On
- C - Considered but not Relied On

MH/SUD

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

Step Three


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

 Med/Surg factors & sources missing

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	

 Med/Surg factors & evidentiary standards missing

Evidentiary Standards

MH/SUD

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

Step Four

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


MH/SUD

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
N/A	✓	✓	✓	✓	

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

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Chemotherapy--outpatient			✓		
FFS M/S Drug					✓
Infusion/Maintenance Drug Infusion			✓		
MCO administered prescription drug					✓
Not Applicable	✓	✓			
Oncology Treatment			✓		

MH/SUD

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
FFS MH Drug					✓
FFS SUD Drug					✓
Not Applicable	✓	✓	✓		

Step Two

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

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Formulary Design					R
High variability in cost per episode of care		R	R		R
Not Applicable	R	R			

- R - Relied On
- C - Considered but not Relied On

MH/SUD

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

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

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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
					Medical expert reviews
					State and Federal requirements
2. 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. Formulary Design					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.
2. High variability in cost per episode of care			The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)		The unit cost of each service exceeds a minimum threshold (this threshold varies over time based on economic considerations and health care costs)

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 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
2. 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
Availability of less intensive level of care when fail-first NQTL is imposed					✓
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					✓
NQTL does not apply to any services in this classification	✓				


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					✓
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		✓			
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					✓
Utilization trends					✓


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;			✓		
(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;			✓		
(5) Restorative services (filings, crowns, etc.) - Clinic;			✓		
(6) Prosthodontics (adjustment of dentures, etc.) - Clinic;			✓		
(7) Endodontic services (root canals, etc.) - Clinic;			✓		
(7) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic; and			✓		
(8) Anesthesia - Clinic.			✓		
(9) Periodontal services (scaling, full mouth debridement, etc.) - Clinic;			✓		
(11) Prosthodontics (dentures, etc.) - Clinic;			✓		
(13) Oral and Maxillofacial surgery services (extractions, etc.) - Clinic;			✓		

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	✓				
Biofeedback			✓		
Buprenorphine guest dosing			✓		
Discharge Day	✓				
Drug Testing		✓			
Educational Therapy			✓		
Electroconvulsive therapy (ECT)--inpatient	✓				
Electroconvulsive therapy (ECT)--outpatient			✓		
Evaulation and Management-Outpatient			✓		
Family Psycho-Educational Therapy			✓		

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)

- R - Relied On

- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Appropriateness of the proposed technology	C	C	C	R	
Clinical Appropriateness			C		
clinical appropriateness/medical necessity					R
Clinical efficacy	C	C		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
Medicare/Medicaid program participation eligibility		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	C	C	C	R	
Service type	R	R	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 4-2"

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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		
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	
Service type	R	R	R		
Severity or chronicity of an illness	R	R	R		
Variability in quality	R	R	R		

Full table for this section available in nqtI_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. Appropriateness of the proposed technology		hierarchy of clinical evidence		hierarchy of clinical evidence	
		peer-reviewed literature		peer-reviewed literature	
		scientifically based clinical evidence		scientifically based clinical evidence	
2. Clinical efficacy		hierarchy of clinical evidence		hierarchy of clinical evidence	
		peer-reviewed literature		peer-reviewed literature	
		scientifically based clinical evidence		scientifically based clinical evidence	
3. Current and projected demand for services		Internal claims analysis			
		Internal market and competitive analysis			
4. Excessive utilization	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		

Sources

Med/Surg

Factor	Inpatient	Outpatient -	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
		Other			
		requirements			
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		
			Internal claims analysis		
			Medical expert reviews		
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		
			Medical expert reviews		
			National accreditation standards		
			State and Federal requirements		
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		
			Medical expert reviews		
8. Medicare/Medicaid program participation eligibility		State and Federal requirements			
9. Safety		hierarchy of clinical evidence		hierarchy of clinical evidence	
		peer-reviewed literature		peer-reviewed literature	
		scientifically based clinical evidence		scientifically based clinical evidence	

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

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
					Medical expert reviews
2. fiscal responsibility/cost effectiveness					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
					Internal claims analysis
3. High levels of variation in length of stay					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	Evidentiary standards, including any 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	State and Federal requirements

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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		
5. 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			
6. 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	
				Internal claims analysis	
				Medical expert reviews	
				State and Federal requirements	
7. Not Applicable		Not Applicable			

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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		
9. 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		
	Medical expert reviews				
10. 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	Evidentiary standards, including any 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 4-3S"

Evidentiary Standards

Med/Surg					
Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Appropriateness of the proposed technology	Hierarchy of clinical evidence	Hierarchy of clinical evidence	Hierarchy of clinical evidence	Hierarchy of clinical evidence	
	Peer-reviewed literature	Peer-reviewed literature	Peer-reviewed literature	Peer-reviewed literature	
	Scientifically based clinical evidence	Scientifically based clinical evidence	Scientifically based clinical evidence	Scientifically based clinical evidence	
2. Clinical Appropriateness			Hierarchy of clinical evidence		
			Peer-reviewed literature		
			Scientifically based clinical evidence		
3. Clinical efficacy	Hierarchy of clinical evidence	Hierarchy of clinical evidence		Hierarchy of clinical evidence	
	Peer-reviewed literature	Peer-reviewed literature		Peer-reviewed literature	
	Scientifically based clinical evidence	Scientifically based clinical evidence		Scientifically based clinical evidence	
4. Current and projected demand for services		Not Applicable			

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
5. 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.	Not Applicable		
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.			
6. High variability in cost per episode of care			Not Applicable		
7. Lack of adherence to quality standards			Not Applicable		
8. Lack of clinical efficiency of treatment or service			Not Applicable		
9. Medicare/Medicaid program participation eligibility		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.			
10. Safety	Hierarchy of clinical evidence	Hierarchy of clinical evidence	Hierarchy of clinical evidence	Hierarchy of clinical evidence	
	Peer-reviewed literature	Peer-reviewed literature	Peer-reviewed literature	Peer-reviewed literature	

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.				
12. Severity or chronicity of an illness	Not Applicable				

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 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
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 and official compendium
					Process review(s) for auditing claims data to ensure compliance of participant's

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					treatment and service plan in conjunction with their prior authorization
3. 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.		
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.		Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.		
5. 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.			
6. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					treatment guidelines.
					FDA Prescribing information and official compendium
7. Not Applicable	Not Applicable				
8. 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.		
9. 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.		
10. Variability in quality	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 4-3E"

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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	✓	✓			
duplicate restorations (quarterly)			✓		
Frequency that authorization requirements are waived	✓				
Frequency with which reviews are conducted	✓				✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓	✓	
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria		✓			
Number of days or visits authorized per review	✓				
Practice Guideline review and approval by Provider Advisory Committee		✓	✓		
tracking of denial of plans of service that do not meet medical necessity		✓			


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			✓		
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					✓
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				✓	
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

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

Benefit	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Acne Services			✓		
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Air Ambulance				✓	
Amputations--inpatient	✓				
Amputations--outpatient			✓		
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Audiology Services (hearing loss assessment and treatment)			✓		
Bariatric Surgery	✓				
Blood/Blood Products			✓		
Bypass surgery--inpatient	✓				
Bypass surgery--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			✓		
Family Psycho-Educational Therapy			✓		
Family Therapy--outpatient			✓		
FFS SUD Drug					✓
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual Psycho-Educational Therapy			✓		

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)

- R - Relied On

- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Accreditation				C	
Claims evaluation, reporting, analytics	C	C		R	C
Excessive utilization	R	R	R		
High variability in cost per episode of care			R		
Not Applicable		R	R		
Relative reimbursement rates			R		
Safety risks	R				
Service type	R			C	
Training, experience and licensure of providers	R			C	

- R - Relied On
- C - Considered but not Relied On

MH/SUD

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

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. Accreditation				Evidentiary standards, including any 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	

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
				Medical expert reviews	
				National accreditation standards	
				State and Federal requirements	
2. Claims evaluation, reporting, analytics				internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.	internal and external referrals or tips related to potential allegations of fraud, waste, or abuse.
				provider flag or claim edit from FWA	provider flag or claim edit from FWA
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			
4. Not Applicable		Not Applicable			
5. Safety risks	Evidentiary standards, including any 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. 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	

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	Medical expert reviews			Medical expert reviews	
	National accreditation standards			National accreditation standards	
	State and Federal requirements			State and Federal requirements	
7. Training, experience and licensure of providers				Internal market and competitive analysis	
				Medical expert reviews	
				National accreditation standards	

Full table for this section available in nqtl_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				
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	Not Applicable		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			
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				

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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	Evidentiary standards, including any 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 5-3S"

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Accreditation			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.		
			Standards used by any committees of experts, and required level of qualifications of committee members.		
2. Claims evaluation, reporting, analytics		Fraud, Waste and Abuse Monthly Activities		Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse	Internal and external referrals or tips related to potential allegations of fraud, waste, or abuse
		Fraud, Waste and Abuse Referrals and Investigation Compliance Reporting			the methodology used to determine whether services are subject to Fraud, Waste and Abuse (FWA) investigations
3. Excessive utilization		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			
5. Service type			A certain number/type of recognized medical literature and professional standards (including comparative effectiveness studies and clinical trials), and published research studies.		

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
				or APA treatment guidelines.	
				Standards used by any committees of experts, and required level of qualifications of committee members.	
6. Training, experience and licensure of providers				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.	
				Standards used by any committees of experts, and required level of qualifications of committee members.	

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.				
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	Not Applicable		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.			
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.			

Evidentiary Standards

MH/SUD

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

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
Assessments of whether network providers are actually submitting claims					✓
audits tracker (monthly)			✓		
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.					✓
Degree of discretion exercised by utilization review staff	✓		✓		
Dollar spend trends					✓

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
duplicate records (monthly)			✓		
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	✓	✓	✓		✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers			✓		

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

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				✓	
NQTL does not apply to any services in this classification					✓
Outlier Management Data	✓				
Outlier Management Data	✓		✓		
Outlier Management Data		✓			

Full table for this section available in nqtI_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

Prescription Drugs

 Comparative Analysis for Prescription Drugs 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
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Bariatric Surgery	✓				
Bypass surgery--inpatient	✓				
Cardiac Procedures (non-emergent)--inpatient	✓				
Chemotherapy--inpatient	✓				
Corrective Surgery--inpatient	✓				
Cosmetic Procedures--Inpatient	✓				
Eye Procedures--Inpatient	✓				
FFS M/S Drug					✓
Gender affirmation surgery	✓				
Grafts/Implants	✓				
HCBS: nutritionist/Dietician			✓		
HH: Occupational therapy			✓		

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

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			✓		
FFS MH Drug					✓
FFS SUD Drug					✓
Group therapy--outpatient			✓		
Group therapy--outpatient			✓		
health home services for MH reasons (serious and persistent mental illness (SPMI) - services by mobile treatment services (MTS) or psychological rehabilitation programs			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Inpatient ASAM 4.0	✓				
Inpatient Detoxification--hospital	✓				

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)

- R - Relied On
- C - Considered but not Relied On

Factor	Med/Surg				
	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Clinical Appropriateness	C	C	C		
clinical appropriateness/medical necessity					R
Elasticity of demand		R			
Excessive utilization	R	R	R		
fail first protocol					R
High variability in cost per episode of care			R		
Lack of clinical efficiency of treatment or service					R
Lack of clinical efficiency of treatment or service					C
Lower Cost Generic					C
Medicare/Medicaid program participation eligibility	R	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	R		
Quality and performance measures (including customer feedback)		R			
Regulatory or State Contractual Requirements	C	C	C		
Relative reimbursement rates			R		

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

- R - Relied On
- C - Considered but not Relied On

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
clinical appropriateness/medical necessity					R
fail first protocol					R
High levels of variation in length of stay		R	R		
Lack of clinical efficiency of treatment or service					R
Least restrictive appropriate level of care	R				
Least restrictive appropriate level of care		R	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			R
Service type		R	R		
Severity or chronicity of an illness	R	R	R		R
Variability in quality		R	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. Elasticity of demand		Internal claims analysis			
		Internal market and competitive analysis			
2. 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	Evidentiary standards, including any 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	Internal claims analysis		
		State and Federal requirements			
3. 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		
			Internal claims analysis		

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
measures (including customer feedback)		Evidentiary standards, including any 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			
		National accreditation standards			
		State and Federal requirements			
7. 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		
			Internal claims analysis		
			State and Federal requirements		
8. 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		
			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	
				Medical expert reviews	
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	
				Medical expert reviews	
				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				Evidentiary standards, including any 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	

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
5. 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				
6. 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		
7. 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
					State and Federal requirements
8. Not Applicable	Not Applicable	Not Applicable			Not Applicable

Sources

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
9. 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		
10. 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
				Medical expert reviews	
11. 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

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Clinical Appropriateness	Expert Medical Review	Hierarchy of clinical evidence	Expert Medical Review		
	Nationally recognized guidelines	Peer-reviewed literature	Nationally recognized guidelines		
	Objective, evidence-based clinical criteria	Scientifically based clinical evidence	Scientifically based clinical evidence		
2. Elasticity of demand		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.			
3. 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.	Not Applicable		
	Utilization is two standard deviations above average utilization per episode of care.	Utilization is two standard deviations above average utilization per episode of care.			
4. fail first protocol					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					prior authorization
5. High variability in cost per episode of care			Not Applicable		
6. Lack of clinical efficiency of treatment or service					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)
					Review of external clinical evidence,
					State and/or Federal regulations and guidelines
7. Lack of clinical efficiency of treatment or service					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)
					Review of external clinical evidence,
					State and/or Federal regulations and guidelines
8. Lower Cost Generic					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)
					Review of external clinical evidence,
					State and/or Federal regulations and guidelines

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					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
2. fail first protocol					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
3. 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.		
4. Lack of clinical efficiency of treatment or service					Compliance with professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
					FDA Prescribing information and official compendium
5. 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.				
6. 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.		
7. Medication status on Preferred Drug List (PDL) as determined by the Preferred Drug Program via recommendations by the Pharmacy & Therapeutics (P&T) Committee					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
8. Not Applicable	Not Applicable	Not Applicable			Not Applicable
9. 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.		

Evidentiary Standards

MH/SUD

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	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.		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
11. Variability in quality		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 6-3E"

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

Med/Surg

Measure	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Degree of discretion exercised by utilization review staff	✓	✓			
evaluation of annual concurrent reviews and prior authorization reviews completed on a quarterly basis		✓			
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		✓			
services preauthorized not received (monthly)			✓		
Utilization trends	✓	✓	✓		


MH/SUD

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		✓	✓		
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					✓
Inter-rater reliability surveys for medical/surgical, mental health and substance use disorder reviewers	✓	✓	✓		
Internal audit findings related to coverage determination consistency with the plan's medical necessity criteria	✓	✓	✓		
Type and level of documentation (e.g., chart notes, lab results, treatment plans, etc.) the health plan requires from providers during reviews					✓
Utilization trends					✓


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

 NQTL associated with MH/SUD but not Med/Surg

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			✓		
Acupuncture			✓		
Acute Care Services (Births/Deliveries)	✓				
Acute Care Services (Medical/Surgical)	✓				
Amputations--inpatient	✓				
Amputations--outpatient			✓		
Ancillary Services	✓				
Anesthesia--Inpatient	✓				
Applied Behavior Analysis (autism services)--primarily in-home		✓			
Audiology Services (hearing loss assessment and treatment)			✓		
Bariatric Surgery	✓				
Blood/Blood Products			✓		
Bypass surgery--inpatient	✓				
Bypass surgery--outpatient			✓		
Capsule Endoscopy			✓		

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			✓		
Group therapy--outpatient			✓		
Health Behavior Assessment			✓		
Health Behavior Reassessment			✓		
Individual therapy--outpatient			✓		
Individual therapy--outpatient			✓		
Intensive outpatient (IOP)			✓		
Intensive Outpatient (IOP)--ASAM 2.1			✓		
MAT Initial Induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)			✓		

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)

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Industry Standards	R	R	R		
Provider Speciality	R	R	R		
Service type	R	R	R		
State and Federal Requirements	R	R	R		

- R - Relied On
- C - Considered but not Relied On

MH/SUD

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

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. Industry 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	Evidentiary standards, including any 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	National accreditation standards	National accreditation standards		
	State and Federal requirements	State and Federal requirements	State and Federal requirements		
2. Provider Speciality	Evidentiary standards, including any 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		
	National accreditation standards	National accreditation standards	National accreditation standards		
	State and Federal requirements	State and Federal requirements	State and Federal requirements		
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	Evidentiary standards, including any 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	National accreditation standards	National accreditation standards		
	State and Federal requirements	State and Federal requirements	State and Federal requirements		
4. 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	Evidentiary standards, including any 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	National accreditation standards	National accreditation standards		

Sources

MH/SUD

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

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
1. Industry Standards	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	Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards		
	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 provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis		
	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 service exceeds state and/or federal limits involving frequency of service		
	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	The type of service exceeds requirements or standards as indicated by claims data analysis		
	The type of service exceeds requirements or standards as indicated by claims data analysis				
2. Provider Speciality	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	Service is not in compliance with evidentiary standards, including any published standards as well as internal plan or issuer standards		
	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 provider performing the service does not meet with accreditation standards or requirements for the service type as indicated by claims analysis		
	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 service exceeds state and/or federal limits involving frequency of service		
	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	The type of service exceeds requirements or standards as indicated by claims data analysis		

Evidentiary Standards

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
	standards as indicated by claims data analysis				
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.				
	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				

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-3E"

Evidentiary Standards

MH/SUD

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

Full table for this section available in nqtl_analysis.xlsx file included with this document. Reference "Section 7-3E"

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		✓			
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		✓	✓		
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		✓			

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

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

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

MH/SUD

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

Step Two

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

- R - Relied On
- C - Considered but not Relied On

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
Brand name medications are assigned to Tier 2					R
clinical appropriateness/medical necessity					R
fiscal responsibility/cost effectiveness					R
Generic medications are assigned to Tier 1					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

- R - Relied On
- C - Considered but not Relied On

MH/SUD

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

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. Brand name medications are assigned to Tier 2					Evidentiary standards, including any 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. 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
					Medical expert reviews
3. fiscal responsibility/cost					

Sources

Med/Surg

Factor	Inpatient	Outpatient - Other	Outpatient - Office Based	Emergency Benefits	Prescription Drugs
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
4. Generic medications are assigned to Tier 1					Evidentiary standards, including any 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
5. 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

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
					Medical expert reviews
					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					Evidentiary standards, including any 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



Med/Surg factors & evidentiary standards missing

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

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
Dollar spend trends					✓
Frequency with which reviews are conducted					✓

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

Accreditation

Healthcare providers accreditation status is checked to ensure they meet regulatory requirements and standards established by a recognized accreditation association or organization for their specialty and the services they are performing are within their scope of accreditation.

Administrative Burden/Cost

administrative burden/cost

Appropriateness of the proposed technology

appropriateness of the proposed technology

Brand name medications are assigned to Tier 2

Brand name medication are drugs which is the brand name drug and may have the highest co-payment

Claims evaluation, reporting, analytics

The methodology used to determine whether services are subject to Fraud, Waste, and Abuse (FWA) Investigations.

Clinical Appropriateness

Those inpatient services that as determined by internal medical experts, are in accordance with objective, evidence-based clinical criteria, and nationally recognized guidelines and the sources used to define this factor are: Expert Medical Review, and Objective, evidence-based clinical criteria, and nationally recognized guidelines

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 efficacy

Medical necessity

Current and projected demand for services

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

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

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

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

Formulary Design

Formulary design promotes clinically sound, cost-effective medication therapy options and positive therapeutic outcomes. Reliance on panels of experts called Pharmacy and Therapeutics (P&T) Committee, which are comprised of physicians, pharmacists, other health care providers, member advocates, etc who evaluate clinical and medical literature to select the most appropriate medications for individuals disease states and conditions.

Generic medications are assigned to Tier 1

Generic medications are defined as a drug which is often the generic version of a brand name drug, is the lowest cost tier and could potentially offer the lowest co-payment

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.

Industry Standards

The health plan relies upon coding requirements as defined by health care governing bodies including the Centers for Medicare & Medicaid Services or the American Medical Association.

Lack of adherence to quality standards

Provider deviations from the accepted protocols when providing treatment

Lack of clinical efficiency of treatment or service

PAs used to approve drugs for participants after failing trials of other drugs or services

Lack of clinical efficiency of treatment or service

Prevention of off-label use or unproven uses

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 Cost Generic

Availability of clinically similar lower cost medications to treat the condition

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

Provider Speciality

The health plan applies limits based on the providers scope of practice in accordance with their credentials.

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.

Regulatory or State Contractual Requirements

Regulatory or contractual requirements in place for this classification of benefits

Relative reimbursement rates

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

Safety

Patient safety

Safety risks

risk of PA drug compared to other drugs considered

Safety risks

Relative safety and efficacy

Service type

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

Severity or chronicity of an illness

Level of current symptoms and presence of symptoms over time.

State and Federal Requirements

The health plan follows State and Federal regulations that define limitations on medical services.

Training, experience and licensure of providers

Training, experience, and licensure of providers is Services must be rendered by a practitioner who is licensed, certified or otherwise legally authorized to provide health care services. The verification of applicable licenses, certifications and experience. Ensuring services are only provided by professional, competent care providers.

Value

Defined as the value of subjecting the inpatient services to Concurrent Review exceeds the administrative costs by at least 1:1 and the sources used to define this factor are: Internal claims data, Utilization Management (UM) program operating costs, and UM authorization data

Variability in quality

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

Variation identified

Outpatient services subject to variability in cost per episode of service relative to other services within the classification of benefits, with Variation Defined as cost per episode of service (service units × unit cost) that trigger 2× the mean of other outpatient services and provided to a minimum of twenty unique Plan members(the Plan established a materiality threshold of 20 members for a variation analysis), and the source used to define this factor is: Internal claims data