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Phase III NQTL Workbook Documents

Retrospective Review

List benefits/services subject to retrospective review.

Step 1: Describe the NQTL's requirements and associated procedures

Describe the retrospective review procedures for both mental health/substance use disorder (MH/SUD) benefits and medical/surgical (M/S) benefits. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that comparable factors were used to determine the applicability of retrospective review for the identified MH/SUD benefits as those used for (M/S) benefits, including the sources for ascertaining each of these factors. List factors that were relied upon, but subsequently rejected and the rationale for rejecting those factors.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the retrospective review protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the retrospective review protocols for M/S benefits. Describe evidentiary standards that were considered but rejected.

Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its prior authorization protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.

Also note that evidentiary standards may be qualitative or quantitative.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the retrospective review, as written, and the as written processes and strategies used to apply the NQTL for MH/SUD benefits, are comparable to and no more stringently applied than the processes and strategies used to design the retrospective review, as written, and the as written processes and strategies used to apply the NQTL for M/S benefits.

Processes and strategies used to design the NQTL, as written, include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.

Additional as written processes may include, but are not limited to, utilization management manuals, utilization review criteria, specific criteria hierarchy for performing utilization review, factors considered when applying utilization review criteria, initial screening scripts and algorithms, case management referral criteria, stipulations about submitting written treatment plans, utilization management committee and/or quality management committee notes, description of processes for identifying and evaluating clinical issues and utilizing performance goals, delegation agreements, network contracting information, factors that determine reimbursement rates, among others.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing retrospective review for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing retrospective review for M/S benefits.

Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose retrospective review on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose retrospective review on M/S benefits in each classification of benefits in which retrospective review is imposed.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Outlier Review

Benefit/Service(s) to which outlier review applies.

Step 1: Describe the NQTL's requirements and associated procedures

Describe the outlier review procedures for both mental health/substance use disorder (MH/SUD) benefits and medical/surgical (M/S) benefits. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that comparable factors were used to determine the applicability of outlier review for the identified MH/SUD benefits as those used for M/S benefits; including the sources for ascertaining each of these factors. List factors that were relied upon, but subsequently rejected, and the rationale for rejecting those factors.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the outlier review protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the outlier review protocols for M/S benefits. Describe evidentiary standards that were considered but rejected.

Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its prior authorization protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.

Also note that evidentiary standards may be qualitative or quantitative.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the retrospective review, as written, and the as written processes and strategies used to apply the NQTL for MH/SUD benefits, are comparable to and no more stringently applied than the processes and strategies used to design the retrospective review, as written, and the as written processes and strategies used to apply the NQTL for M/S benefits.

Provide the comparative analysis demonstrating that the processes and strategies used to design the outlier review, as written, and the as written processes and strategies used to apply the NQTL for MH/SUD benefits, are comparable to and no more stringently applied than the processes and strategies used to design the outlier review, as written, and the as written processes and strategies used to apply the NQTL for M/S benefits.

Processes and strategies used to design the NQTL, as written, include, but are not limited to,

the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.

Additional as written processes may include, but are not limited to, utilization management manuals, utilization review criteria, specific criteria hierarchy for performing utilization review, factors considered when applying utilization review criteria, initial screening scripts and algorithms, case management referral criteria, stipulations about submitting written treatment plans, utilization management committee and/or quality management committee notes, description of processes for identifying and evaluating clinical issues and utilizing performance goals, delegation agreements, network contracting information, factors that determine reimbursement rates, among others.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing outlier review for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing outlier review for M/S benefits.

Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that, both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose outlier review on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose outlier review on M/S benefits in each classification of benefits in which outlier review is imposed.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Experimental/Investigational Determinations

Service/benefit(s) which have been subject to review to determine if they are experimental or investigational.

Step 1: Describe the NQTL's requirements and associated procedures

Services/benefit(s) to which the approval protocols for experimental/investigational service coverage applies.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that comparable factors were used to identify services, items, or medications for review to determine if they are experimental or investigational, for mental health/ substance use disorder (MH/SUD) benefits and for medical/surgical (M/S), including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define a factor identified in Step 2 and any other evidence relied upon to determine if a service, item, or medication is experimental are comparable and applied no more stringently for MH/SUD benefits and M/S benefits. Describe evidentiary standards that were considered but rejected.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to determine whether MH/SUD services, items, or medications are deemed experimental or investigational, as written, and the as written processes and strategies that govern the coverage of experimental/investigational MH/SUD services, items, or medications are comparable to and no more stringent than the processes and strategies used to determine whether M/S services, items, or medications are deemed experimental or investigational, as written, and the as written processes and strategies that govern the coverage of experimental/investigational M/S services, items, or medications.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing any experimental or investigational restrictions or limitations for MH/SUD benefits are comparable and no more stringent than the processes and strategies used in operationalizing any experimental or investigational restrictions or limitations for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that, both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine if services, items, or medications are experimental or investigational for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to determine if services, items, or medications are experimental or investigational for M/S benefits in each classification of benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Exclusions for Court-Ordered Treatment or Involuntary Holds

Benefits subject to court-ordered exclusions.

Identify any benefits subject to a blanket coverage exclusion if ordered by a court.

If all court-ordered benefits are excluded from coverage, indicate as such and specify whether this is the case for both mental health/substance use disorder (MH/SUD) benefits and medical/surgical (M/S) benefits or not.

The plan or issuer does not need to complete the six steps if this is the case.

If there are no benefits subject to a blanket coverage exclusion if ordered by a court indicate as such and do not complete the six steps

Step 1: Describe the NQTL's requirements and associated procedures

Describe the procedures in place for any benefit that is subject to a court-ordered treatment or involuntary hold exclusion. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that comparable factors were used to identify benefits that will not be covered because they are court-ordered or the result of an involuntary hold for MH/SUD benefits and for M/S benefits. List the factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define a factor identified in Step 2 and any other evidence relied upon to determine that a MH/SUD benefit will not be covered because it is court-ordered or the result of an involuntary hold are comparable to and applied no more stringently than the evidentiary standard(s) used to define a factor and any other evidence relied upon to determine that a M/S benefit will not be covered because it is court-ordered or the result of an involuntary hold.

Describe evidentiary standards that were considered but rejected.

Simply insert "same as ____" whenever an entry is identical to another entry

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to determine whether services, items, or medications will not be covered because they are court ordered or the result of an involuntary hold, as written, and any as written processes and strategies used to apply the NQTL for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to determine whether services, items, or medications will not be covered because they are court-ordered or the result of an involuntary holds, as written, and any as written processes and strategies used to apply the NQTL for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing any exclusions of coverage for services, items, or medications that are court-ordered or the result of an involuntary hold for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing any exclusions of coverage for services, items, or medications that are court-ordered or the result of an involuntary hold for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine if MH/SUD benefits are excluded because they are court-ordered or the result of an involuntary hold are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to determine if M/S benefits are excluded because they are court-ordered or the result of an involuntary hold.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Fail-first

Benefits subject to fail-first.

Benefit/service(s) which require the beneficiary to have tried and failed a lower level of care prior to coverage.

Step 1: Describe the NQTL's requirements and associated procedures

Describe the fail-first procedures. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that comparable factors were used to determine the applicability of fail-first protocols for the identified mental health/substance use disorder (MH/SUD) benefits as were used for medical/surgical (M/S) benefits, including the sources for ascertaining each of these factors. List factors that were relied upon, but subsequently rejected, and the rationale for rejecting those factors.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the fail-first protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the fail-first protocols for M/S benefits. Describe evidentiary standards that were considered but rejected.

Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its fail-first protocols; such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the fail-first protocols, as written, and the as written processes and strategies used to

apply fail-first protocols for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the fail-first protocols, as written, and the as written processes and strategies used to apply fail-first protocols for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing fail-first protocols for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing fail-first protocols for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose fail-first protocols on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose fail-first protocols on M/S benefits in each classification

of benefits in which fail-first protocols are imposed.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Failure to Complete

Benefits subject to failure to complete.

Benefit/service(s) which require the beneficiary to have completed a prior course of treatment or initiated a specific course of treatment prior to coverage.

Step 1: Describe the NQTL's requirements and associated procedures.

Describe the complete/initiate first procedures. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that comparable factors were used to determine the applicability of complete/initiate first protocols for the identified mental health/substance use disorder (MH/SUD) benefits as were used for medical/surgical (M/S) benefits, including the sources for ascertaining each of these factors. List factors that were relied upon, but subsequently rejected, and the rationale for rejecting those factors.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the complete/initiate first protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the complete/initiate first protocols for M/S benefits. Describe evidentiary standards that were considered but rejected.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the complete/initiate first protocols, as written, and the as written processes and strategies used to apply the NQTL for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the complete/initiate first protocols, as written, and the as written processes and strategies used to apply the NQTL for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing complete/initiate first protocols for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing complete/initiate first protocols for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose complete/initiate first protocols on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose complete/initiate first protocols on M/S benefits in each classification of benefits in which complete/initiate first protocols are imposed.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Provider Credentialing

Benefits subject to certification requirements.

Providers for which provider credentialing applies. Simply state "all in-network providers must be credentialed" and nothing else if that is the case.

Step 1: Describe the NQTL's requirements and associated procedures

Describe provider credentialing procedures. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Describe the reason for applying the NQTL

N/A (proceed to steps 3-6).

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to create the credentialing procedures for mental health/substance use disorder (MH/SUD) providers is comparable to and applied no more stringently than the evidentiary standard(s) used to create the credentialing procedures for medical/surgical (M/S) providers. Describe evidentiary standards that were considered but rejected.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the credentialing procedures, as written, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to design the credentialing procedures, as written, for M/S providers.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to implement the credentialing procedures, in operation, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to implement the credentialing procedures, in operation, for M/S providers.

This includes the duration of the process, the documentation requests, the exceptions, stringency of analysis of submitted materials, fidelity of the credentialing system to the drafted process, as well as interrater reliability in the application of the credentialing process.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for M/S benefits in each applicable classification of benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Certification Requirements

Benefits subject to certification requirements.

Services/benefit(s) for which a requirement for provider certification in the absence of licensure apply.

Step 1: Describe the NQTL's requirements and associated procedures

Describe the procedures the plan or issuer uses to determine whether and when to require specialized certifications in the absence of an applicable license. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that the factors used to determine whether and when to require specialized certification in the absence of an applicable license for mental health/substance use disorder (MH/SUD) providers are comparable to the factors used to determine when to require specialized certification in the absence of an applicable license for medical/surgical (M/S) providers. List factors considered but rejected.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the evidentiary standard(s) used to define a factor or other evidence relied upon to establish the certification requirements are for MH/SUD providers are comparable to and applied no more stringently than the evidentiary standard(s) used to define a factor or other evidence relied upon to establish the certification requirements for M/S providers. List evidentiary standards considered but rejected.

- What standards or evidence support(s) the rationale for applying the certification requirement to the(se) benefit(s) (e.g., practice guidelines, published research, data analysis, statistics)?

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the certification approval protocol, as written, and any as written processes and strategies used to apply the NQTL for MH/SUD providers are comparable to and no more stringently applied than the processes and strategies used to design the certification approval protocol, as written, and any processes and strategies used to apply the NQTL for M/S providers.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing the certification approval protocol for MH/SUD providers are comparable to and no more stringently applied than the processes and strategies used in operationalizing the certification approval protocol for M/S providers.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to establish certification requirements for MH/SUD providers are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to establish certification requirements for M/S providers in each classification of benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Unlicensed/uncertified Practitioners or Staff

Service provisions by unlicensed/uncertified practitioners:

Benefit/services(s) for which the plan or issuer allows service provisions by unlicensed/uncertified practitioners or staff. The NQTL analysis will involve the comparison of the requirements, processes, and procedures that apply to the provision of services by unlicensed/uncertified providers.

Step 1: Describe the NQTL's requirements and associated procedures

Describe the procedures governing service provision by unlicensed/uncertified practitioners or staff. Include each step, associated triggers, timelines, forms and requirements.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Demonstrate that the factors used to determine the applicability of the unlicensed/uncertified practitioners or staff approval requirements for mental health/substance use disorder (MH/SUD) providers are comparable to the factors used to determine the applicability of the unlicensed/uncertified practitioners or staff approval requirements for medical/surgical (M/S) providers. List factors considered but rejected.

Examples of factors for determining that unlicensed/uncertified practitioners or staff should be subject to the process include (these examples are merely illustrative and not exhaustive):

- Compliance with credentialing requirements
- Variability in provider or staff competency.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Demonstrate that the standards or evidence that supports the rationale for applying the unlicensed/uncertified practitioners or staff requirements to MH/SUD benefit(s) are comparable and no more stringently applied than the standards or evidence that supports the rationale for applying the unlicensed/uncertified practitioners or staff requirements to M/S benefits (e.g., practice guidelines, published research, data analysis, statistics).

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to design the unlicensed/uncertified practitioners or staff approval requirements for MH/SUD benefits, as written, and the as written processes and strategies used to apply the NQTL for MH/SUD benefits are comparable to and applied no more stringently than processes and strategies used to design the unlicensed/uncertified practitioners or staff approval requirements, as written, and the as written processes and strategies used to apply the NQTL for M/S benefits.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing the unlicensed/uncertified practitioners or staff approval requirements for MH/SUD providers are comparable to and no more stringently applied than the processes and strategies used in operationalizing the unlicensed/uncertified practitioners/staff approval requirements for medical surgical providers. This must include discussion of the timelines and approval rates for MH/SUD unlicensed/uncertified practitioners or staff in comparison to those for M/S unlicensed/uncertified practitioners or staff. It should also include information on exceptions to the policy (if any) as well as information on the fidelity and consistency of the application of the process.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to establish unlicensed/uncertified practitioners or staff approval requirements for MH/SUD providers are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to establish unlicensed/uncertified practitioners or staff approval requirements for M/S providers in each classification of benefits.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Usual, Customary and Reasonable (UCR) Rate Determination

Under which circumstances are providers paid the UCR?

Step 1: Describe the NQTL's requirements and associated procedures.

Describe the UCR procedures. Include each step in the UCR process.

What are the required qualifications/training for persons who create and implement the UCR process?

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 2: Identify factors.

Provide the comparative analysis demonstrating that comparable factors that are used to set the UCR for mental health/substance use disorder (MH/SUD) benefits and for medical/surgical (M/S) benefits.

Examples of factors for determining that the UCR is appropriate include (these examples are merely illustrative and not exhaustive):

- Market price
- Volume of service capacity
- Value-added services
- Geographic location
- Languages spoken
- Disability accommodations
- Multi-specialty co-location
- Community reputation
- Additional training/skills.

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 3: Identify and describe evidentiary standards and other evidence relied upon.

Provide the comparative analysis demonstrating that the evidentiary standard used to support the application of a factor identified in Step 2 and any other evidence or data relied upon to set the UCR for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard used to support the application of a factor identified in Step 2 and any other evidence or data relied upon to set the UCR for M/S benefits. Describe evidentiary standards that were considered but rejected.

Examples of evidentiary standards, their sources, and other evidence considered include:

- Patient experience surveys
- Provider professional profiles
- Provider rating services
- Word of mouth/reputation

Simply insert "same as ____" whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 4: Comparative analysis of as written processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used to set the UCR, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to set the UCR, as written, for M/S benefits.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 5: Comparative analysis of in operation processes and strategies.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing UCR payments for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing UCR payments for M/S benefits.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug:

Step 6: Summary conclusion of how plan or issuer has determined overall compliance.

Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine reimbursement rates for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to set reimbursement rates for M/S benefits in each classification of benefits.

Simply insert “same as _____” whenever an entry is identical to another entry.

Inpatient:

Outpatient:

If subclassifications are used

Office visit:

Outpatient other:

Emergency:

Prescription drug: