SoonerSelect

SoonerSelect Mental Health Parity and Addiction Equity Act Compliance Report

April 15, 2024

OKLAHOMA
Health Care Authority

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List of Acronyms and Abbreviations

Acronym / Abbreviation	Definition
ADA	American Dental Association
ADL	Annual Dollar Limit
Aetna	Aetna Better Health of Oklahoma
AI/AN	American Indians/Alaskan Natives
AL	Aggregate Lifetime
APRN	Advanced Practice Registered Nurse
ASAM	American Society of Addiction Medicine
BH CPC	Behavioral Health Clinical Policy Committee
CCU	Critical Care Unit
CE	Contracted Entity
CMS	Centers for Medicare & Medicaid Services
CSP	Children's Specialty Program
DSM-5-TR	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision
FD&C Act	Food, Drug, and Cosmetic Act
FFS	Fee-For-Service
FR	Financial Requirements
Humana	Humana Healthy Horizons in Oklahoma
ICD	International Classification of Diseases
ICU	Intensive Care Unit
ILOS	In Lieu of Services
IMD	Institutions for Mental Disease
IP	Inpatient
M/S	Medical/Surgical
MCG	Milliman Clinical Guidelines
MH/SUD	Mental Health/Substance Use Disorder
MHPAEA	Mental Health Parity and Addiction Equity Act
NA	Not Applicable
NQTL	Non-Quantitative Treatment Limit
OAC	Oklahoma Administrative Code
OCH	Oklahoma Complete Health

Acronym / Abbreviation	Definition
OHCA	Oklahoma Health Care Authority
P&P	Policy and Procedure
PA	Prior Authorization
PBM	Pharmacy Benefit Manager
PDL	Preferred Drug List
PH CPC	Physical Health Corporate Clinical Policy Committee
QTL	Quantitative Treatment Limit
SFY	State Fiscal Year
State	Oklahoma
VAB	Value-Added Benefit

Executive Summary

OHCA finds SoonerSelect to meet compliance with Mental Health Parity and Addiction Equity Act (MHPAEA) requirements for both quantitative treatment limits (QTLs) and non-quantitative treatment limits (NQTLs) as SoonerSelect launches in 2024. This finding is based on OHCA's mental health parity review of the SoonerSelect program and the SoonerSelect contracted entities (CEs).

Prior to the SoonerSelect Medical and Children's Specialty Program (CSP) implementation on April 1, 2024, OHCA conducted a detailed analysis of the SoonerSelect QTLs and NQTLs imposed on mental health and substance use disorder (MH/SUD) and medical and surgical (M/S) covered services to determine compliance with MHPAEA. OHCA's parity analysis relied on the SoonerSelect contract, SoonerCare fee-for-service (FFS) services information, contracted entity (CE) policies and procedures (P&Ps), and ongoing collaboration and communication between OHCA and the CEs. OHCA's mental health parity review process entailed defining the scope of MH/SUD and M/S services, classifying services into benefit classifications, conducting parity analyses on all quantitative limits, identifying and analyzing applicable CE NQTLs, and reviewing findings to determine overall compliance with the parity rule.

OHCA continues to work with SoonerSelect CEs to conduct ongoing reviews of QTL and NQTL processes and requirements to ensure compliance with the parity rule as CE processes evolve post go-live and data becomes available to validate findings.

Section 1: Introduction

In 2022, the State of Oklahoma enacted legislation to establish SoonerSelect, a structure for reforming the Medicaid delivery system, to enable the Oklahoma Health Care Authority (OHCA) to move qualifying Medicaid members away from a volume-based, fee-for-service (FFS) environment and into a capitated, risk-based delivery system that incentivizes quality health care, and improves health outcomes. SoonerSelect is broadly comprised of three programs to provide Dental, Medical and a Children's Specialty services. OHCA currently contracts with six health plans known as contracted entities (CEs) to administer and deliver dental, physical and behavioral health services. Table 1 provides the list of CEs by SoonerSelect program.

Table 1. SoonerSelect Contracted Entities by SoonerSelect Program

CE Name	CE Abbreviated Name	SoonerSelect Program
Aetna Better Health of Oklahoma	Aetna	Medical
DentaQuest	DentaQuest	Dental
Humana Healthy Horizons in Oklahoma	Humana	Medical
LIBERTY Dental Plan	LIBERTY	Dental
Oklahoma Complete Health	OCH	Medical
Oklahoma Complete Health Children's Specialty Program	OCH-CSP	Children's Specialty Program

CEs provide health care services to SoonerSelect enrollees under the supervision and approval of OHCA. Covered populations include non-disabled adults 19-64 years old, pregnant persons, children under age 19, and parent/caretaker relatives. American Indians/Alaskan Natives (AI/AN) are also optionally covered.

The SoonerSelect program covers all medical, behavioral health and dental services that the SoonerCare FFS program covers. Long-term services and supports are carved out of SoonerSelect. Proposed In Lieu of Services (ILOS) for SoonerSelect CSP are pending approval by CMS and therefore are not included in this parity analysis.

The Mental Health Parity and Addiction Equity Act (MHPAEA) and the 2016 Centers for Medicare and Medicaid Services (CMS) Final Rule established federal mental health parity requirements (referenced herein collectively as the 'parity rule') for all Medicaid managed care programs to ensure financial requirements and treatment limitations on mental health and substance use disorder (MH/SUD) services are no more restrictive than the requirements and limitations that apply to medical and

surgical (M/S) services. OHCA required SoonerSelect CEs to attest their compliance with MHPAEA requirements during the SoonerSelect Readiness Review process. To meet compliance with 42 CFR Part 438, Subpart K and 42 CFR § 457.496, OHCA contracted with Guidehouse Inc. to provide technical assistance with assessing OHCA and SoonerSelect program compliance with the parity rule. OHCA and Guidehouse collectively reviewed related SoonerSelect policies prior to the April 1, 2024, implementation to confirm the delivery and management of MH/SUD services are comparable to, and applied no more stringently than, the processes, strategies and evidentiary standards that are used in the delivery of M/S services. OHCA advised on current OHCA policies guiding the delivery and management of services accessed under the State's FFS program (SoonerCare). This report details the SoonerSelect program's compliance with the MHPAEA requirements.

Section 2: Methodology

OHCA referenced the CMS Mental Health Parity Toolkit[1] and other state MHPAEA compliance reports to help inform its methodology and process for the mental health parity analysis. OHCA determined the scope of the parity analysis to be the SoonerSelect program, the State's Medicaid managed care programs.

OHCA collected information for the mental health parity analysis through a variety of sources, relying heavily on the SoonerSelect contract between OHCA and the CEs. OHCA also used information on SoonerCare FFS services[2] to inform review, categorization and comparison of MH/SUD and M/S services and the QTL analysis. The SoonerSelect contract, CE policies and procedures (P&Ps) submitted during Readiness Review and CE feedback informed the NQTL analysis.

OHCA's process to conduct the mental health parity analysis of SoonerSelect included the following steps:

1) Define the scope of MH/SUD services and M/S services.
2) Classify the covered MH/SUD and M/S services by service classification (inpatient, outpatient, emergency and pharmacy).
3) Conduct a parity analysis on any quantitative limits, including an analysis of aggregate lifetime and annual dollar limits, financial requirements, and QTLs within each benefit classification.
4) Identify applicable NQTLs and conduct an analysis of each SoonerSelect CEs' processes, strategies and evidentiary standards on the application of NQTLs to services within each benefit classification.
5) Document results and review findings to determine compliance with the parity rule.

The remainder of this report follows the forementioned process in more detail.

[1] Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs (CMS 2017).
[2] SoonerSelect covers the same services as the SoonerCare FFS program.

Section 3: Definition of Mental Health/Substance Use Disorder and Medical/Surgical Services

The parity rule defines MH/SUD services as items or services for mental health conditions or substance use disorders, as defined by the State and in accordance with applicable federal and State law. Similarly, the parity rule defines M/S services as items or services for medical conditions or surgical procedures, as defined by the State and in accordance with applicable federal and State law but do not include mental health or substance use disorder services.

In accordance with federal guidance[3], OHCA reviewed the Oklahoma Administrative Code (OAC) to determine the categorization of services to further define MH/SUD and M/S services for this parity analysis.

The OAC[4] includes a list and description of covered services. OHCA used the OAC description of services to differentiate between MH/SUD and M/S services. OHCA classified services with OAC definitions that include MH/SUD terminology, e.g., psychiatric or therapeutic care, as defined by the most recent Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) and/or the International Classification of Diseases (ICD-10) as MH/SUD services. All other services were classified as M/S. Services with OAC descriptions that include both MH/SUD and M/S activities or elements were included in both categories.

Accordingly, in alignment with the parity rule and the OAC, OHCA defines MH/SUD and M/S services as follows:

- **MH/SUD Services:** Covered services applicable to mental health conditions and substance use disorders that include OAC definitions applicable to MH/SUD conditions or treatments that align with the DSM-5-TR criteria and the ICD-10.
- **M/S Services:** All other covered services including dental services not classified as MH/SUD services, and covered services that include an OAC description that is dually applicable to both MH/SUD and M/S services.

[3] An Implementation Roadmap for State Policymakers Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs (CMS 2017); Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs (CMS 2017).
[4] Oklahoma Administrative Code 317-030-05

Section 4: Benefit Classification

Prior to the analysis of financial requirements or treatment limits, OHCA mapped services into one of four benefit classifications in accordance with the parity rule:

1. Inpatient Services
2. Outpatient Services
3. Emergency Services
4. Pharmacy Services

To meet parity, the MH/SUD services within a benefit class must have the same, comparable or less burdensome application of process, strategy and evidentiary standards than the M/S services within the same classification.

OHCA classified SoonerSelect Medical and CSP services by reviewing the OAC associated with each service. OHCA mapped services across the inpatient, outpatient, emergency services, and pharmacy services benefit class based on the location of the provision of a service. Per OHCA guidelines, all SoonerSelect Dental services are clinical-based and provided on an outpatient basis and were therefore mapped to the outpatient services classification.

1. **Inpatient Services:** All covered services provided in a hospital or other facility or institution that requires a minimum one overnight stay.
2. **Outpatient Services:** All diagnostic, therapeutic, rehabilitative and dental covered services provided in a clinic, community setting or an outpatient office.
3. **Emergency Services:** Covered services necessary to evaluate or stabilize an emergency medical or behavioral health condition and does not require an overnight stay. All services are provided in an emergency department or urgent care setting.
4. **Pharmacy Services:** Covered medications, drugs and associated supplies requiring a prescription.

Services that can be provided in multiple settings are included in more than one classification. For example, Advanced Practice Registered Nurse (APRN) (OAC 317:30-5-375 – 317:30-5-376) services can be provided in inpatient and outpatient settings and therefore are included in both the inpatient and outpatient services benefit classifications. **Appendix A** details the finalized benefit classification crosswalk.

Section 5: Aggregate Lifetime and Annual Dollar Limits

In accordance with the parity rule, OHCA identified the aggregate lifetime (AL) and annual dollar limits (ADLs) that are imposed on SoonerSelect MH/SUD services and confirmed MH/SUD services are no more restrictive on enrollees than similarly classified M/S AL and ADLs.

AL and ADLs refer to the total dollar amounts that a CE will cover for a specific service. AL limits place a cap on the total dollar amount paid by a CE for a service for the entire duration of an enrollee's coverage. ADLs place a yearly cap on how much may be paid for a service in a 12-month period. Once an AL or ADL is met, the enrollee must pay for the service out-of-pocket.

The SoonerSelect contracts between OHCA and CEs prohibit imposition of *any* AL and ADL on MH or SUD services.[5] CE policies follow OHCA's requirements related to AL and ADLs. Therefore, because OHCA contractually prohibits AL and ADLs on MH/SUD services within the SoonerSelect program, OHCA determined the SoonerSelect program satisfies the AL/ADL component of the parity rule and additional AL or ADL review or testing was not necessary.

[5] SoonerSelect Medical and CSP Contract Section 1.7.1.1 Mental Health Parity

Section 6: Financial Requirements

OHCA identified and analyzed the financial requirements for each class of benefit services to confirm that the financial requirements imposed on MH/SUD services are equal to or less than the financial requirements imposed on comparable M/S services. Financial requirements are the dollar amounts that enrollees must pay to receive covered services under the SoonerSelect programs. Financial requirements often include enrollee cost-sharing amounts, such as deductibles, copayments or co-insurance. SoonerSelect programs impose copayments for select services and a general cost sharing maximum.

Copayments

As outlined in Table 2, copayments are applicable to three MH/SUD covered services. Under SoonerSelect, copayments across all MH/SUD and M/S services do not apply to specific populations including American Indian/Alaskan Native (AI/AN) enrollees, enrollees under 21 years old, enrollee children who receive child welfare services, pregnant enrollees, enrollees in an institution, and enrollees receiving hospice care.

Table 2. MH/SUD and M/S Services Copayment Comparison

Service Classification	MH/SUD Copayment	M/S Copayment
Inpatient Services		
Inpatient Hospital Services	$10 / day Maximum of $75	$10 / day Maximum of $75
Outpatient Services		
Outpatient Clinical Visits	$3 / visit	$4 / visit
Dental Visits	NA	$4 / visit*
Emergency Services		
None	NA	NA
Pharmacy Services		
Prescription Drugs	$4 / Prescription	$4 / Prescription

*Dental visit copayments are waived for all enrollees under OHCA-approved value-added benefits for Dental CEs for State Fiscal Years 2024-2025.

OHCA's analysis identified the following:

- **Inpatient Services:** SoonerSelect uniformly applies copayments for inpatient MH/SUD and M/S hospital services. Inpatient MH/SUD and M/S services require the same copayment ($10) per inpatient hospital day service and maximum ($75) regardless of if the service is classified as MH/SUD or M/S.

- **Outpatient Services:** SoonerSelect's application of copayments differs between MH/SUD and M/S outpatient clinical visits. The enrollee copayment of $3 per visit for MH/SUD outpatient clinical visits is one dollar ($1) less than the $4 per visit M/S outpatient copayment.
- **Pharmacy Services:** SoonerSelect uniformly applies copayments for MH/SUD and M/S prescription drugs. MH/SUD and M/S prescription drugs require the same copayment ($4) per prescription regardless of if the service is for a MH/SUD or M/S condition.
- **Value-Added Benefits (VABs):** Two SoonerSelect Medical CEs implement VABs to waive copayments for assorted services:
    - Humana implements a VAB to uniformly waive all copayments for medical and behavioral health services for enrollees 21 years old and older.
    - Aetna implements a VAB to uniformly waive all copayments for all medical and behavioral health services, except for Inpatient Hospital (ICU/CCU), other room and board, non-ER outpatient hospital services, and retail pharmacy services. These exceptions apply regardless of if the service is for a M/S or MH/SUD condition.

  Additionally, both SoonerSelect Dental CEs implement a VAB to waive all out-of-pocket costs for dental appointments, rendering any standard copayments for dental visits ($4/visit) irrelevant for all enrollees.
- **Exemptions:** OHCA exempts select MH/SUD and M/S services from any copayments. During this pre-implementation stage for SoonerSelect, OHCA does not anticipate these exemptions to be a parity issue. However, once available, OHCA will review claims data to confirm the services with copayment exceptions comply with the predominant financial requirements within the parity rule for the next MHPAEA compliance report.

Consequently, because MH/SUD services have equal or smaller copayments than comparable M/S services in the same benefit classification, OHCA concludes that SoonerSelect copayments satisfy the parity rule.

Cost Sharing

SoonerSelect imposes a cap on enrollee cost sharing. Monthly cost sharing may not exceed five percent (5%) of an enrollee's monthly household income. Once an enrollee meets the five percent (5%) monthly cost-sharing cap, copayments are waived for covered services until the cost-sharing cap is reset the next month. This five percent (5%) cost-sharing maximum uniformly applies to MH/SUD and M/S services. Based on this information, OHCA determines that the cost-sharing cap on MH/SUD and M/S services satisfies the parity rule.

Section 7: Quantitative Treatment Limits

OHCA identified and analyzed the quantitative treatment limits (QTLs) imposed on MH/SUD and M/S services within each benefit classification. In accordance with the parity rule, the QTLs imposed on MH/SUD services cannot be more restrictive than the predominant QTLs that are applied to substantially all M/S services within the same benefit classification. QTLs are the numerical limits on the scope or duration of services. QTLs often include the number of days or visits permitted for a service. Outlined below are applicable QTLs within each benefit classification (inpatient, outpatient, emergency and pharmacy services).

Inpatient Services

Table 3 details the QTLs imposed on inpatient MH/SUD and M/S services. As outlined in the table below, SoonerSelect imposes QTLs on two inpatient hospital services: Inpatient Hospital – Freestanding Psychiatric and Inpatient Hospital – Rehab Services.

Table 3. Inpatient Services QTLs

Inpatient Services			
MH/SUD Service	**Treatment Limit**	**M/S Service**	**Treatment Limit**
Inpatient Hospital – Freestanding Psychiatric (317:30-5-95, 317:30-5-95.1; 317:30-5-95.4 – 317:30-5-95.50, 317:30-5-96.2 – 317:30-5-97)	**21-64 years old:** Maximum of sixty (60) days per episode*	NA	NA
Inpatient Hospital Services (317:30-5-40 – 317:30-5-41.2; 317:30-5-42.1 – 317:30-5-42.20; 317:30-5-44; 317:30-5-47 –	**21+ years old:** Inpatient rehab hospital services: ninety (90) days per individual per SFY **ABP populations:** Inpatient rehab hospital services: ninety (90) days per individual per SFY	**Inpatient Hospital Services** (317:30-5-40 – 317:30-5-41.2; 317:30-5-42.1 – 317:30-5-42.20; 317:30-5-44; 317:30-5-47 –	**21+ years old:** Inpatient rehab hospital services: ninety (90) days per individual per SFY **ABP populations:** Inpatient rehab hospital services: ninety (90) days per individual per SFY

Inpatient Services			
MH/SUD Service	**Treatment Limit**	**M/S Service**	**Treatment Limit**
317:30-5-47.6; 317:30-5-49 – 317:30-5-53; 317:30-5-56– 317:30-5-58; 317:30-5-110 – 317:30-5-114)	Amount limits can be exceeded based on medical necessity	317:30-5-47.6; 317:30-5-49 – 317:30-5-53; 317:30-5-56– 317:30-5-58; 317:30-5-110 – 317:30-5-114)	Amount limits can be exceeded based on medical necessity

*Covered when prior authorized in accordance with the Oklahoma 1115 IMD waiver. Sixty (60) days is the maximum allowable by CMS for the 1115 waiver.

The Inpatient Hospital – Rehab Services ninety (90) days per individual per State Fiscal Year (SFY) QTL that is applicable to enrollees 21 years old and older is uniformly applied to all relevant inpatient rehab hospital services without regard to if the service is issued for a MH/SUD or M/S condition. OHCA determines that this QTL's uniform application across MH/SUD and M/S services does not impose a higher burden on MH/SUD services nor is it more restrictive of MH/SUD services and thus satisfies the parity rule.

The Inpatient Hospital – Freestanding Psychiatric sixty (60) days per episode QTL that is imposed on enrollees 21 to 64 years old is only applicable to MH/SUD services. While this treatment limit does not have a comparable limitation applied to M/S services, the limit is set in accordance with Oklahoma's 1115 Institutions for Mental Disease (IMD) waiver and technical assistance questions and answers issued by CMS.[6] Given the service limit is the maximum allowable by CMS, OHCA concludes that this QTL satisfies the parity rule for inpatient services.

Outpatient Services

SoonerSelect imposes QTLs on various outpatient M/S services, but only one outpatient MH/SUD service: Tobacco Cessation Services. Table 4 outlines the outpatient QTLs.

[6] https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/faq110419_13.pdf

Table 4. Outpatient Services QTLs

Outpatient Services			
MH/SUD Service	**Treatment Limit**	**M/S Service**	**Treatment Limit**
NA	NA	**Dental Prophylaxis**	**All ages:** Once every six (6) months
NA	NA	**Dental Sealants**	**0-18 years old:** Once every thirty-six (36) months
NA	NA	**Endodontic Services**	**0-20 years old:** Once per tooth per lifetime
NA	NA	**Fluoride Varnish**	**All ages:** Once every six (6) months
NA	NA	**Interim Caries Arresting Medicament Application**	**0-20 years old:** Provided for primary and permanent teeth once every one hundred eighty-four (184) days for two (2) occurrences per tooth in a lifetime
Tobacco Cessation Services (317:30-5-2(DD) and 317:30-5-72.1)	**All ages:** Eight (8) tobacco cessation counseling sessions (99406 – 99407) with contracted providers per year	**Tobacco Cessation Services** (317:30-5-2(DD) and 317:30-5-72.1)	**All ages:** Eight (8) tobacco cessation counseling sessions (99406 – 99407) with contracted providers per year

SoonerSelect imposes QTLs on various outpatient dental services. However, a comparison is not applicable as there are not comparable MH/SUD services within the benefit classification for any population. SoonerSelect uniformly applies a Tobacco Cessation Services QTL on all relevant outpatient services and populations without regard to whether the cessation services are issued for a MH/SUD or M/S condition. As a result, OHCA determines that that because Tobacco Cessation Services QTL is evenly applied to MH/SUD and M/S services, it is not more restrictive and does not impose a higher burden on MH/SUD services and thus satisfies the parity rule for outpatient services.

Emergency Services

The SoonerSelect program does not impose QTLs on any services within the emergency services benefit classification. Therefore, because SoonerSelect does not impose QTLs on any emergency MH/SUD or M/S services, OHCA determines that the program satisfies the parity rule for emergency services.

Pharmacy Services

The SoonerSelect program imposes two pharmacy QTLs: a limit on Prescription Drugs amounts and a time limit on Tobacco Cessation Drugs. Table 5 outlines the pharmacy QTLs.

Table 5. Pharmacy Services QTLs

Pharmacy Services			
MH/SUD Service	**Treatment Limit**	**M/S Service**	**Treatment Limit**
Prescription Drugs* (317:30-5 Part 5)	**21+ years old:** a. Up to six (6) prescriptions per month, including up to two (2) brand name drugs without PA; and b. Up to three (3) brand name drugs with PA (within the six (6) prescription limit).	**Prescription Drugs** (317:30-5 Part 5)	**21+ years old:** a. Up to six (6) prescriptions per month, including up to two (2) brand name drugs without PA; and b. Up to three (3) brand name drugs with PA (within the six (6) prescription limit).
Tobacco Cessation Services (317:30-5-2(DD) and 317:30-5-72.1)	**All ages:** Chantix®/Varenicline is covered up to one hundred eighty (180) days per twelve (12) months.	**Tobacco Cessation Services** (317:30-5-2(DD) and 317:30-5-72.1)	**All ages:** Chantix®/Varenicline is covered up to one hundred eighty (180) days per twelve (12) months.

*The SoonerSelect Medical CE, Humana, has waived the QTL for all prescription drugs (regardless of if drug is for a MH/SUD or M/S condition) through an annual OHCA-approved VAB.

The pharmacy QTLs are uniformly applied to all relevant drugs without regard to if they are issued for a MH/SUD or M/S condition. Additionally, the QTLs apply to the same populations for both MH/SUD and M/S services. Humana's VAB waiving prescription drug limits uniformly applies to drugs prescribed for MH/SUD and M/S conditions. OHCA determines that the uniform application of the pharmacy QTLs across MH/SUD and M/S services does not impose a higher burden on MH/SUD

services nor are they more restrictive of MH/SUD services, and thus it satisfies the parity rule for pharmacy services.

Section 8: Non-Quantitative Treatment Limits

Non-Quantitative Treatment Limits (NQTLs) are limits on the scope or duration of services such as prior authorization (PA) or retrospective review. NQTLs also include "soft limits," or service limits that allow an enrollee to exceed numerical limits for medically necessary MH/SUD and M/S services. An illustrative list of NQTLs is included at 42 CFR § 438.910(d)(2). The parity rule prohibits the State and CEs from imposing an NQTL on MH/SUD services unless it is comparable to or applied no more stringently than the processes, strategies and evidentiary standards applied to NQTLs for M/S services within the same benefit classification.

OHCA used the following NQTL analysis process:

1. OHCA identified and compiled a list of all SoonerSelect NQTLs applied to MH/SUD and M/S services through review of CE policies and procedures, handbooks, manuals, and other materials submitted during the SoonerSelect Readiness Review process.
2. OHCA developed the NQTL review template included in **Appendix B**.
3. OHCA conducted an initial review of CE NQTLs based on policies and procedures submitted during the Readiness Review to determine the specific services subject to each NQTL type and assess the comparability and stringency of the NQTL's processes, strategies and evidentiary standards as applied to MH/SUD and M/S services.
4. Where OHCA identified differences across MH/SUD and M/S services, OHCA requested CEs to complete the NQTL review template and provide additional details, as appropriate. **Appendix C** includes each of the Medical and CSP[7] CEs completed NQTL analysis templates that demonstrate how each NQTL's process, strategies and evidentiary standards meet the parity rule of comparability and stringency in writing and in operation as they apply to MH/SUD and M/S services in the same benefit classification. For reference, a list of completed NQTL templates are in Table 6.
5. OHCA reviewed CE responses, requested additional clarification from CEs, and conducted virtual one-on-one meetings with each Medical and CSP CE to discuss OHCA's preliminary findings and provide additional clarification on a CE's NQTLs.
6. CEs attested to NQTL parity between MH/SUD services and M/S services.

[7] Oklahoma Complete Health (OCH) policies identified in OHCA's NQTL analysis govern both SoonerSelect Medical and SoonerSelect CSP. Accordingly, the completed NQTL Analysis Templates for OCH are applicable to the CE's services and NQTL processes, strategies and evidentiary standards for both SoonerSelect Medical and SoonerSelect CSP.

Table 6. CE NQTLs with Completed NQTL Templates and Parity Determinations

NQTL	CEs	Parity Determination
Concurrent Reviews	Humana OCH OCH-CSP	Meets parity
Medical Necessity Criteria	Aetna Humana OCH OCH-CSP	Meets parity
Prior Authorization	Aetna Humana OCH OCH-CSP	Meets parity
Practice Guideline Development Criteria	OCH OCH-CSP	Meets parity
Retrospective Reviews	OCH OCH-CSP	Meets parity

As part of Step 3 above, OHCA identified SoonerSelect CE NQTLs that have the same or comparable processes, strategies and evidentiary standards for MH/SUD and M/S services. These services are listed in **Appendix D**. However, this report does not include detailed analysis (i.e., the NQTL analysis templates) for each of these NQTLs. Instead, CEs provided formal signed attestations to OHCA confirming parity between MH/SUD and M/S services for these NQTLs.

OHCA's analysis of each NQTL listed in Table 6 is below.

Concurrent Reviews

OHCA identified concurrent reviews as an NQTL for all SoonerSelect Medical and CSP CEs. Dental CEs do not impose this NQTL on any services.

- **Inpatient Services:** All Medical and CSP CEs use comparable industry standards, such as InterQual and Milliman Clinical Guidelines (MCG) or the American Society of Addiction Medicine (ASAM), as criteria for concurrent reviews on inpatient MH/SUD and M/S services.
- **Outpatient Services:** One Medical CE imposes concurrent reviews on outpatient MH/SUD services comparably to M/S services and uses industry standards, including MCG and ASAM, as criteria for the reviews for MH/SUD and M/S services.

  Two Medical CEs and the CSP CE do not impose concurrent reviews on outpatient MH/SUD services.

- **Emergency Services:** Emergency services are not subject to concurrent reviews.
- **Pharmacy Services:** Pharmacy services are not subject to concurrent reviews.

Based on OHCA's analysis, the State finds the application of concurrent reviews on MH/SUD services is comparable and no more stringently applied than M/S services.

Medical Necessity Criteria

OHCA identified medical necessity criteria as an NQTL for all SoonerSelect Dental, Medical and CSP CEs. Across all CEs, medical necessity criteria are used for various inpatient, outpatient and pharmacy MH/SUD and M/S services.

- **Inpatient Services:** All SoonerSelect Medical and CSP CEs use comparable industry standards, such as InterQual and MCG or ASAM, as criteria for their medical necessity reviews of applicable inpatient MH/SUD and M/S services.
- **Outpatient Services:** All SoonerSelect Medical and CSP CEs use comparable industry standards, such as InterQual and MCG or ASAM, as criteria for their medical necessity reviews of applicable outpatient MH/SUD and M/S services. Dental CEs also use industry standards, such as American Dental Association (ADA) guidelines and criteria, for medical necessity reviews of dental M/S services.
- **Emergency Services:** Emergency services are not subject to medical necessity reviews.
- **Pharmacy Services:** All Medical CEs and the CSP CE follow OHCA's established clinical criteria for pharmacy services identified by OHCA requiring a medical necessity review.

Based on this information, OHCA determines that the application of medical necessity criteria on MH/SUD services is comparable and no more stringently applied than M/S services in all relevant benefit classifications (inpatient, outpatient and pharmacy).

Prior Authorizations

OHCA identified prior authorizations (PAs) as an NQTL for all SoonerSelect Dental, Medical and CSP CEs. Across all CEs, PAs are imposed on various inpatient, outpatient and pharmacy MH/SUD and M/S services.

Inpatient Services: All Medical and CSP CEs are contractually[8] required to make a determination on all MH/SUD PAs within 24 hours. In contrast, CEs have up to 72 hours to make a determination on inpatient M/S PAs. Because CEs must render a determination on inpatient MH/SUD PAs in a shorter

[8] SoonerSelect Medical and CSP Contract, Section 1.8.6.3 Timeliness Standards

timeframe, OHCA concludes that inpatient PAs are applied less stringently on MH/SUD services as compared to M/S services. Therefore, all Medical and CSP CEs apply comparable or less stringent PA processes, strategies and evidentiary standards to inpatient MH/SUD services as compared to M/S services.

- **Outpatient Services:** All CEs uniformly apply PA processes, strategies and evidentiary standards to outpatient MH/SUD and M/S services.

  Dental CEs ensure the use of industry standards and OHCA guidelines for PAs.

- **Emergency Services:** Emergency services are not subject to PAs.
- **Pharmacy Services:** All Medical and CSP CEs either follow or are no more restrictive than OHCA's PA guidelines and criteria for pharmacy benefits identified by OHCA as requiring a PA.

Consequently, OHCA finds that the PA processes, strategies and evidentiary standards applied to MH/SUD services in each benefit classification are comparable and no more stringently applied than those for M/S services.

Practice Guideline Development Criteria

OHCA identified Practice Guideline Development Criteria as an NQTL for two SoonerSelect Medical CEs and the CSP CE. Detailed review was completed for one Medical and the CSP CE. The other Medical and Dental CEs do not impose this NQTL or otherwise attested to the uniform application for MH/SUD and M/S services.

- **Inpatient Services:** For one Medical CE and the CSP CE, Practice Guideline Development Criteria processes differ between inpatient MH/SUD and M/S services. The CEs' Behavioral Health Clinical Policy Committee (BH CPC) oversees the development of MH/SUD practice guidelines, and the Physical Health Corporate Clinical Policy Committee (PH CPC) oversees the development of M/S practice guidelines. While different committees, the BH CPC and PH CPC are comparable and follow the same requirements, steps and procedures for determining and developing practice guidelines.
- **Outpatient Services:** For one Medical CE and the CSP CE, Practice Guideline Development Criteria processes differ between outpatient MH/SUD and M/S services. The CEs' BH CPC oversees the development of MH/SUD practice guidelines, and the PH CPC oversees the development of M/S practice guidelines. While different committees, the BH CPC and PH CPC follow the same requirements, steps and procedures for determining and developing practice guidelines.
- **Emergency Services:** For one Medical CE and the CSP CE, Practice Guideline Development Criteria processes differ between emergency MH/SUD and M/S

services. The CEs' BH CPC oversees the development of MH/SUD practice guidelines, and the PH CPC oversees the development of M/S practice guidelines. While different committees, the BH CPC and PH CPC follow the same requirements, steps and procedures for determining and developing practice guidelines.

- **Pharmacy Services:** One Medical CE and the CSP CE uniformly apply Practice Guideline Development Criteria processes, strategies and evidentiary standards for pharmacy MH/SUD and M/S services.

As a result, OHCA determines that in all benefit classifications, the application of Practice Guideline Development Criteria as an NQTL for MH/SUD services is comparable and no more stringently applied than M/S services.

Retrospective Reviews

OHCA identified retrospective reviews as an NQTL for all SoonerSelect Medical and CSP CEs. Dental CEs do not impose this NQTL on any services.

- **Inpatient Services:** All SoonerSelect Medical and CSP CEs use comparable industry standards, such as InterQual and MCG or ASAM, as criteria for their retrospective reviews of applicable inpatient MH/SUD and M/S services.
- **Outpatient Services:** All SoonerSelect Medical and CSP CEs use comparable industry standards, such as InterQual and MCG or ASAM, as criteria for their retrospective reviews of applicable outpatient MH/SUD and M/S services.

  One Medical CE and the CSP CE only apply retrospective reviews to outpatient M/S services.
- **Emergency Services:** Emergency services are not subject to any retrospective reviews.
- **Pharmacy Services:** One Medical CE and the CSP CE apply retrospective reviews to pharmacy services and uses the OHCA PDL and criteria for their reviews. The other CEs do not apply retrospective reviews.

  The Medical CE and the CSP CE uniformly apply retrospective review processes, strategies and evidentiary standards for pharmacy MH/SUD and M/S services.

Based on this information, OHCA determines that in all benefit classifications, the application of Retrospective Reviews on MH/SUD services is comparable and no more stringently applied than M/S services.

OHCA continues to support CEs to finalize all NQTL templates to properly relay CE NQTL processes and information that detail CE compliance with the parity rule. OHCA works with all CEs to solidify processes and confirm consistent procedures for how to ensure parity when updating or changing processes. This is a continuous

collaborative process between OHCA and the SoonerSelect CEs.

Section 9: Summary and Findings

Based on the complete and detailed analysis of SoonerSelect quantitative and non-quantitative treatment limits on MH/SUD and M/S services, OHCA finds that SoonerSelect complies with the parity rule. OHCA will conduct additional and ongoing parity reviews to ensure ongoing and proactive compliance with the parity rule as CE processes change post-enrollment and data becomes available to validate findings.

Below are summary findings for QTLs and NQTLs.

Findings: Quantitative Treatment Limits

OHCA reviewed the quantitative limits on MH/SUD and M/S services within SoonerSelect, including AL/ ADLs, financial requirements, and QTLs to compile preliminary findings. The State reviewed SoonerSelect contract requirements and CE covered services information to determine the SoonerSelect program's compliance with the QTL parity rule. **Section 5-7** of this report provides OHCA's detailed findings.

Aggregate Lifetime and Annual Dollar Limits

SoonerSelect does not impose any AL/ADLs on MH or SUD services, as the SoonerSelect Medical and CSP contracts prohibit the imposition of *any* AL and ADL on MH or SUD services. Therefore, OHCA determines that SoonerSelect complies with the AL/ADL parity rule.

Financial Requirements

SoonerSelect imposes copayments on various MH/SUD and M/S services. SoonerSelect copayment amounts imposed on MH/SUD services are equal to or less than the copayments required for the comparable M/S services.

Additionally, SoonerSelect imposes a five percent (5%) monthly cap on enrollee cost sharing, which is uniformly applied to MH/SUD and M/S service copayment requirements.

Consequently, OHCA concludes that the copayments and cost-sharing cap imposed on enrollees within the SoonerSelect program satisfies the parity rule.

Quantitative Treatment Limits

SoonerSelect imposes several QTLs on various MH/SUD and M/S services within the inpatient, outpatient and pharmacy service classifications. SoonerSelect does not impose any QTLs on emergency services.

SoonerSelect uniformly imposes a QTL on all Inpatient Hospital – Rehab Services for MH/SUD and M/S conditions alike.

SoonerSelect also imposes a QTL on Inpatient Hospital – Freestanding Psychiatric for

MH/SUD conditions. While this QTL does not have a comparable limitation applied to M/S services, the limit is set in accordance with CMS guidance for the State's 1115 IMD waiver. Given this limit is set by CMS, OHCA concludes that this QTL satisfies the parity rule.

Within the outpatient services benefit classification, SoonerSelect only imposes a QTL on Tobacco Cessation Services, which is uniformly applied to MH/SUD and M/S conditions.

Lastly, SoonerSelect uniformly applies QTLs to all relevant pharmacy services without regard if they are issued for a MH/SUD or M/S condition.

Based on OHCA's QTL analysis, OHCA finds that SoonerSelect complies with the QTL parity rule.

Findings: Non-Quantitative Treatment Limits

Each CE applies a variety of NQTLs for both MH/SUD and M/S service. OHCA reviewed each NQTL imposed on MH/SUD and M/S services across all benefit classifications (inpatient, outpatient, emergency and pharmacy) to confirm compliance with the NQTL parity rule. Key findings include:

- All SoonerSelect CEs have comparable medical necessity criteria.
- All SoonerSelect CEs have comparable or less stringent PAs for MH/SUD services when compared to M/S services.
- All SoonerSelect Medical and CSP CEs have comparable concurrent reviews.
- All SoonerSelect Medical CEs that apply retrospective reviews to MH/SUD services use comparable processes, strategies and evidentiary standards to those applied to M/S services.

A detailed list of NQTLs is located in **Section 8** of this report. When analyzing NQTLs, OHCA required CEs to provide detail on the MH/SUD and M/S services that are subject to concurrent reviews, retrospective reviews and PAs.

Appendices

Appendix A. OHCA SoonerSelect Program (Children's Specialty, Dental and Medical) Services by Benefit Classifications

CLASSIFICATION	Mental Health/Substance Use Disorder (MH/SUD) Services	Medical/Surgical (M/S) Services
Inpatient Services	**Mental Health Services:** • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital – General Acute • Psychiatric Residential Treatment Facility • Psychiatrist **Substance Use Disorder Services:** • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital Services • Psychiatric Residential Treatment Facility • Psychiatrist • Substance Abuse Treatment (Inpatient and Residential)	• Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376) • Bariatric Surgery • Hospice Care • Inpatient Hospital Services • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) approved medical escort • Long-Term Care Hospital for Children • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Physician and Physician Assistant Services • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Delivery • Prosthetic Devices • Reconstructive Surgery
Outpatient Services	**Mental Health Services:** • Applied Behavioral Analysis • Certified Community Behavioral Health (CCBH) Services • Clinic Services • Day Treatment Services • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Intensive Treatment Family Care* • Licensed Behavioral Health Provider (who can bill independently)	• Advanced Practice Registered Nurse • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgical Center • Anesthesia** • Certified Registered Nurse Anesthetist and Anesthesiologist Assistants • Chemotherapy • Clinic Services • Dental Prophylaxis** • Dental Sealants** • Diabetes Education • Diagnostic Testing Entities • Donor Human Breast Milk

CLASSIFICATION	Mental Health/Substance Use Disorder (MH/SUD) Services	Medical/Surgical (M/S) Services
	• Maternal and Infant LCSW Services • Outpatient Behavioral Health Agency Services • Outpatient Hospital and Surgery Services • Partial Hospitalization • Peer Recovery Support Services • Program for Assertive Community Treatment (PACT) Services in accordance with OAC • Psychiatrist • Psychologist (who can bill independently) (317:30-5-276) • School-Based Health Related Services • Targeted Case Management • Therapeutic Behavioral Services, Family Support and Training • Therapeutic Foster Care **Substance Use Disorder Services:** • Clinic Services • Licensed Behavioral Health Provider (who can bill independently) • Nutrition Services (Dietician) • Opioid Treatment Programs • Peer Recovery Support Services • Psychiatrist • Psychologist (who can bill independently) • School-Based Health Related Services • Substance Abuse Treatment (Outpatient) • Targeted Case Management • Tobacco Cessation Services (counseling)	• Durable Medical Equipment Supplies and Appliances • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Endodontic Services** • Eye Care to treat a medical or surgical condition • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Fixed Prosthetics** • Fluoride Varnish** • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care • Images** • Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Interim Caries Arresting Medicament Application** • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lactation Consultant • Mammograms • Maternal and Infant LCSW Services • Medically Necessary Extractions** • Non-Emergency Medical Transportation (NEMT) • Nurse Midwives • Nutrition Services (Dietician) • Oral and Maxillofacial Surgery** • Oral Examinations** • Orthodontic Services** • Orthotics • Outpatient Hospital and Surgery Services • Parenteral/Enteral Nutrition • Periodontal Services (Scaling and Root Planning, Scaling the Presence of Gingivitis, etc.) **

CLASSIFICATION	Mental Health/Substance Use Disorder (MH/SUD) Services	Medical/Surgical (M/S) Services
		• Personal Care (317:30-5-950 – 317:30-5-953) • Physician and Physician Assistant Services • Podiatry • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Prenatal and Postpartum • Preventive Care and Screening • Private Duty Nursing • Prosthetic Devices • Public Health Clinic Services • Radiation • Removable Prosthetics** • Renal Dialysis Facility Services • Restorative** • Routine Patient Cost in Qualifying Clinical Trials • School-Based Health Related Services • Space Maintenance (Band and loop type, lingual arch bars, etc.) ** • Stainless Steel Crowns** • Telehealth • Therapy Services: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) • Tobacco Cessation Services (counseling) • Transplant Services • Urgent Care Centers / Facilities • Vision Services
Emergency services	**Mental Health/Substance Use Disorder Services:** • Emergency Department (317:30-5-42.7)	• Emergency Department (317:30-5-42.7)
Pharmacy services	**Mental Health Services:** • Clinic Services (317:30-5-579) • Prescription Drugs • Psychotropic medications **Substance Use Disorder Services:** • Clinic Services (317:30-5-579) • Prescription Drugs	• Chemotherapy • Clinic Services (317:30-5-579) • Prescription Drugs • Tobacco Cessation Services (medications: NRT, Zyban®/Bupropion, Chantix®/Varenicline)

CLASSIFICATION	Mental Health/Substance Use Disorder (MH/SUD) Services	Medical/Surgical (M/S) Services
	• Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone) • Tobacco Cessation Services (medications: NRT, Zyban®/Bupropion, Chantix®/Varenicline)	

*Service covered only under SoonerSelect Children's Specialty Program (CSP).
**Service covered only under SoonerSelect Dental.

Appendix B. NQTL Analysis Template

CE [NQTL] Analysis Template – Inpatient Services

INPATIENT SERVICES	CE [NQTL]		
All inpatient services requiring [NQTL]	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: **Substance Use Disorder Services:**		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** WHY does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** Why does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD:	**MH/SUD:**	**MH/SUD:**

INPATIENT SERVICES	CE [NQTL]		
	Medical/Surgical:	**Medical/Surgical:**	**Medical/Surgical:**
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.			
Evaluation of Processes, Strategies and Evidentiary Standards	**If [NQTL] requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of [NQTL] is in parity. No additional information is needed. If [NQTL] requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of [NQTL] is not in parity. Proceed to the following row.**		
Modifications Describe how [NQTL] processes for MH/SUD and/or M/S services will be modified to comply with parity.			

CE [NQTL] Analysis Template – Outpatient Services

OUTPATIENT SERVICES	CE [NQTL]		
All outpatient services requiring [NQTL]	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medica /Surgical (M/S) Services**	
	Mental Health Services: **Substance Use Disorder Services:**		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** WHY does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** Why does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: **Medical/Surgical:**	**MH/SUD:** **Medical/Surgical:**	**MH/SUD:** **Medical/Surgical:**

OUTPATIENT SERVICES	CE [NQTL]		
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.			
Evaluation of Processes, Strategies and Evidentiary Standards	**If [NQTL] requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of [NQTL] is in parity. No additional information is needed. If [NQTL] requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of [NQTL] is not in parity. Proceed to the following row.**		
Modifications Describe how [NQTL] processes for MH/SUD and/or M/S services will be modified to comply with parity.			

CE [NQTL] Analysis Template – Emergency Services

EMERGENCY SERVICES	CE [NQTL]		
All emergency services requiring [NQTL]	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: **Substance Use Disorder Services:**		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** Why does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** WHY does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: **Medical/Surgical:**	**MH/SUD:** **Medical/Surgical:**	**MH/SUD:** **Medical/Surgical:**

EMERGENCY SERVICES	CE [NQTL]		
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.			
Evaluation of Processes, Strategies and Evidentiary Standards	**If [NQTL] requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of [NQTL] is in parity. No additional information is needed. If [NQTL] requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of [NQTL] is not in parity. Proceed to the following row.**		
Modifications Describe how [NQTL] processes for MH/SUD and/or M/S services will be modified to comply with parity.			

CE [NQTL] Analysis Template – Pharmacy Services

PHARMACY SERVICES	CE [NQTL]		
All pharmacy services requiring [NQTL]	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: **Substance Use Disorder Services:**		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** Why does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for [NQTL] that CE uses.	**Strategies:** Why does CE require [NQTL] for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of [NQTL] for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: **Medical/Surgical:**	**MH/SUD:** **Medical/Surgical:**	**MH/SUD:** **Medical/Surgical:**

PHARMACY SERVICES	CE [NQTL]
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If [NQTL] requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of [NQTL] is in parity. No additional information is needed. If [NQTL] requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of [NQTL] is not in parity. Proceed to the following row.**
Modifications Describe how [NQTL] processes for MH/SUD and/or M/S services will be modified to comply with parity.	

Appendix C. Medical and CSP CE Completed NQTL Templates

Aetna Better Health of Oklahoma – NQTL Analysis Templates

Medical Necessity Criteria

INPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA	
All inpatient services requiring Medical Necessity Criteria	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital – General Acute • Psychiatric Residential Treatment Facility • Psychiatrist • Substance Abuse Treatment (Inpatient and Residential) **Substance Use Disorder Services:** • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital Services • Psychiatric Residential Treatment Facility • Psychiatrist • Substance Abuse Treatment (Inpatient and Residential)	• Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376) • Bariatric Surgery • Hospice Care • Inpatient Hospital Services • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) approved medical escort • Long-Term Care Hospital for Children • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Physician and Physician Assistant Services • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Delivery • Prosthetic Devices • Reconstructive Surgery

INPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.	**Strategies:** Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Aetna Better Health of Oklahoma (Aetna) employs an established hierarchy criteria for behavioral health, as follows: • Criteria required by applicable state or federal regulatory agency • Aetna Medicaid Pharmacy Guidelines for pharmacy criteria • MCG® for physical and behavioral health criteria • American Society of Addiction Medicine (ASAM) • Aetna Clinical Policy Bulletins (CPBs) • Aetna Clinical Policy Council Review • Other Specialty Criteria by Contract Criteria for state plan only services are based on state program	Aetna adopts and maintains medical necessity criteria for use in medical necessity determinations regarding members of Aetna, as specified by state contract or required by state and federal regulations and requirements. These guidelines are adopted to promote consistent application of evidence-based treatment methodologies, facilitate improvement of health care, and reduce unnecessary variations in care.	Annually, the Medicaid Medical Policy Committee (MMPC) reviews national criteria sets and the procedures for applying them against current clinical and medical evidence. The MMPC is comprised of senior and plan medical directors representing a broad range of specialties such as emergency medicine, behavioral health, pediatrics, surgery, family medicine and internal medicine. Aetna's QM/UM Committee membership includes local medical directors and community practitioners who review criteria sets in comparison to state requirements and current clinical and medical evidence to update and adopt final criteria sets as appropriate. Adopted

INPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
	benefits. Authorization for state plan only services are referred to the member's assigned care manager/care management coordinator and approval is based on the member's needs as aligned with benefits. If primary criteria are not clear enough to make a determination and the requested service is not addressed by the Aetna CPBs, the medical director may submit a request for a position determination to the Aetna Clinical Policy Council. The policy council researches literature applicable to the specific request and, when a determination is reached, responds to the medical director. The position determination from the Clinical Policy Council regarding a specific case that is submitted does not result in a CPB. A recommendation is provided for the specific case based on current peer reviewed medical literature. When criteria are present but unclear in relation to the situation, the reviewing medical director may contact the requester to discuss the case or may consult with a board-certified physician from an		criteria are submitted to Aetna's Quality Management Oversight Committee (QMOC) for review and adoption.

INPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
	appropriate specialty area before making a determination of medical necessity.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.	**Strategies:** Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	SUD: Aetna uses ASAM criteria for medical necessity reviews of SUD benefits. **MH/M/S:** Aetna uses MCG criteria for medical necessity reviews of MH and medical benefits.	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the medical necessity criteria for inpatient services. Aetna uses industry standards as the medical necessity criteria for all MH/SUD and M/S services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

INPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA
comparable and **no more stringently applied** to M/S services.	
Evaluation of Processes Strategies and Evidentiary Standards	**If Medical Necessity Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity Criteria is in parity. No additional information is needed. If Medical Necessity Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity Criteria is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA	
All outpatient services requiring Medical Necessity Criteria	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis • Certified Community Behavioral Health (CCBH) Services • Clinic Services • Day Treatment Services • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Licensed Behavioral Health Provider (who can bill independently) • Maternal and Infant LCSW Services • Outpatient Behavioral Health Agency Services • Outpatient Hospital and Surgery Services • Partial Hospitalization • Peer Recovery Support Services • Program for Assertive Community Treatment (PACT) Services in accordance with OAC • Psychiatrist • Psychologist (who can bill independently) (317:30-5-276) • School-Based Health Related Services • Targeted Case Management	• Advanced Practice Registered Nurse • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgical Center • Certified Registered Nurse Anesthetist and Anesthesiologist Assistants • Chemotherapy • Clinic Services • Diabetes Education • Diagnostic Testing Entities • Donor Human Breast Milk • Durable Medical Equipment Supplies and Appliances • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Eye Care to treat a medical or surgical condition • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA	
	• Therapeutic Behavioral Services, Family Support and Training • Therapeutic Foster Care **Substance Use Disorder Services:** • Clinic Services • Licensed Behavioral Health Provider (who can bill independently) • Nutrition Services (Dietician) • Opioid Treatment Programs • Peer Recovery Support Services • Psychiatrist • Psychologist (who can bill independently) • School-Based Health Related Services • Substance Abuse Treatment (Outpatient) • Targeted Case Management • Tobacco Cessation Services	• Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lactation Consultant • Mammograms • Maternal and Infant LCSW Services • Non-Emergency Medical Transportation (NEMT) • Nurse Midwives • Nutrition Services (Dietician) • Orthotics • Outpatient Hospital and Surgery Services • Parenteral/Enteral Nutrition • Personal Care (317:30-5-950 – 317:30-5-953) • Physician and Physician Assistant Services • Podiatry • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Prenatal and Postpartum • Preventive Care and Screening • Private Duty Nursing • Prosthetic Devices

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
		• Public Health Clinic Services • Radiation • Renal Dialysis Facility Services • Routine Patient Cost in Qualifying Clinical Trials • School-Based Health Related Services • Telehealth • Therapy Services: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) • Tobacco Cessation Services • Transplant Services • Urgent Care Centers / Facilities • Vision Services	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.	**Strategies:** Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Aetna Better Health of Oklahoma (Aetna) employs an established hierarchy criteria for	Aetna adopts and maintains medical necessity criteria for use in medical necessity	Annually, the Medicaid Medical Policy Committee (MMPC) reviews national criteria sets and the

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
	behavioral health, as follows: • Criteria required by applicable state or federal regulatory agency • Aetna Medicaid Pharmacy Guidelines for pharmacy criteria • MCG® for physical and behavioral health criteria • American Society of Addiction Medicine (ASAM) • Aetna Clinical Policy Bulletins (CPBs) • Aetna Clinical Policy Council Review • Other Specialty Criteria by Contract Criteria for state plan only services are based on state program benefits. Authorization for state plan only services are referred to the member's assigned care manager/care management coordinator and approval is based on the member's needs as aligned with benefits. If primary criteria are not clear enough to make a determination and the requested service is not addressed by the Aetna CPBs, the medical director may submit a request for a position determination to the Aetna Clinical Policy Council. The policy	determinations regarding members of Aetna, as specified by State contract or required by State and federal regulations and requirements. These guidelines are adopted to promote consistent application of evidence-based treatment methodologies, facilitate improvement of health care and reduce unnecessary variations in care.	procedures for applying them against current clinical and medical evidence. The MMPC is comprised of senior and plan medical directors representing a broad range of specialties such as emergency medicine, behavioral health, pediatrics, surgery, family medicine and internal medicine. Aetna's QM/UM Committee membership includes local medical directors and community practitioners who review criteria sets in comparison to state requirements and current clinical and medical evidence to update and adopt final criteria sets as appropriate. Adopted criteria are submitted to Aetna's Quality Management Oversight Committee (QMOC) for review and adoption.

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
	council researches literature applicable to the specific request and, when a determination is reached, responds to the medical director. The position determination from the Clinical Policy Council regarding a specific case that is submitted does not result in a CPB. A recommendation is provided for the specific case based on current peer reviewed medical literature. When criteria are present but unclear in relation to the situation, the reviewing medical director may contact the requester to discuss the case or may consult with a board-certified physician from an appropriate specialty area before making a determination of medical necessity.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
	SUD: Aetna uses ASAM criteria for medical necessity reviews of SUD benefits. **MH/M/S:** Aetna uses MCG criteria for medical necessity reviews of MH and medical benefits.	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the medical necessity criteria for outpatient services. Aetna uses industry standards as the medical necessity criteria for all MH/SUD and M/S services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity Criteria is in parity. No additional information is needed. If Medical Necessity Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity Criteria is not in parity. Proceed to the following row.**		
Modifications Describe how Medical	N/A		

OUTPATIENT SERVICES	AETNA MEDICAL NECESSITY CRITERIA
Necessity Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	

EMERGENCY SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
All emergency services requiring Medical Necessity Criteria	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.	**Strategies:** Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.	**Strategies:** Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	AETNA MEDICAL NECESSITY CRITERIA
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity Criteria is in parity. No additional information is needed. If Medical Necessity Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity Criteria is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
All pharmacy services requiring Medical Necessity Criteria	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: • Clinic Services (317:30-5-579) • Prescription Drugs • Psychotropic Medications **Substance Use Disorder (MH/SUD) Services:** • Clinic Services (317:30-5-579) • Prescription Drugs • Medication Assisted Treatment (Suboxone®, buprenorphine/ naloxone SL films), Vivitrol, Methadone) The pharmacy benefit requires medical necessity review for prescription drugs as identified on the preferred drug list developed by the state's health care authority. The medical necessity criteria used by the pharmacy team is developed and/or approved by OHCA	• Chemotherapy • Clinic Services (317:30-5-579) • Prescription Drugs The pharmacy benefit requires medical necessity review for prescription drugs as identified on the preferred drug list developed by the state's health care authority. The medical necessity criteria used by the pharmacy team is developed and/or approved by the state's health care authority.	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.	**Strategies:** Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is	**Evidentiary Standards:** What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE

PHARMACY SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
		trying to achieve?	utilization data.
	Aetna Better Health of Oklahoma (Aetna) employs an established hierarchy criteria for behavioral health, as follows: • Criteria required by applicable state or federal regulatory agency • Aetna Medicaid Pharmacy Guidelines for pharmacy criteria • MCG® for physical and behavioral health criteria • American Society of Addiction Medicine (ASAM) • Aetna Clinical Policy Bulletins (CPBs) • Aetna Clinical Policy Council Review • Other Specialty Criteria by Contract Criteria for state plan only services are based on state program benefits. Authorization for state plan only services are referred to the member's assigned care manager/care management coordinator and approval is based on the member's needs as aligned with benefits. Pharmacy team will use prior authorization criteria developed by Oklahoma Health Care Authority. These criteria	Aetna adopts and maintains medical necessity criteria for use in medical necessity determinations regarding members of Aetna, as specified by state contract or required by state and federal regulations and requirements. These guidelines are adopted to promote consistent application of evidence-based treatment methodologies, facilitate improvement of health care and reduce unnecessary variations in care.	Annually, the Medicaid Medical Policy Committee (MMPC) reviews national criteria sets and the procedures for applying them against current clinical and medical evidence. The MMPC is comprised of senior and plan medical directors representing a broad range of specialties such as emergency medicine, behavioral health, pediatrics, surgery, family medicine and internal medicine. Aetna's QM/UM Committee membership includes local medical directors and community practitioners who review criteria sets in comparison to state requirements and current clinical and medical evidence to update and adopt final criteria sets as appropriate. Adopted criteria are submitted to Aetna's Quality Management Oversight Committee (QMOC) for review and adoption.

PHARMACY SERVICES	AETNA MEDICAL NECESSITY CRITERIA		
	are based on compendia and clinical guidelines reviewed and approved by Oklahoma Health Care Authority Drug Utilization Review Committee. When the state does not have prior authorization criteria developed for a drug, Aetna will use our global prior authorization criteria, which has been reviewed and approved by Oklahoma Health Care Authority, to review for medical necessity. If primary criteria are not clear enough to make a determination and the requested service is not addressed by the Aetna CPBs, the medical director may submit a request for a position determination to the Aetna Clinical Policy Council. The policy council researches literature applicable to the specific request and, when a determination is reached, responds to the medical director. When criteria are present but unclear in relation to the situation, the reviewing medical director may contact the requester to discuss the case or may consult with a board-certified physician from an appropriate specialty area before making a determination of medical necessity.		

<table>
<tr><th>PHARMACY SERVICES</th><th colspan="3">AETNA MEDICAL NECESSITY CRITERIA</th></tr>
<tr><td colspan="4">Key Differences</td></tr>
<tr><td rowspan="2">Process, Strategies and Evidentiary Standards</td><td>Processes:
Describe the process, both in writing and in practice, for Medical Necessity Criteria that CE uses.</td><td>Strategies:
Why does CE require Medical Necessity Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?</td><td>Evidentiary Standards:
What evidence supports the use of Medical Necessity Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.</td></tr>
<tr><td>N/A</td><td>N/A</td><td>MH/SUD:
Use of Opioids in the Management of Chronic Pain (2022) VA/DoD Clinical Practice Guidelines

American Society of Addiction Medicine Treatment of Opioid Use Disorder (2020)</td></tr>
<tr><td>Comparability and Stringency

Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are comparable and no more stringently applied to M/S services.</td><td colspan="3">Comparability: The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the medical necessity criteria for pharmacy services.

Stringency: The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.</td></tr>
</table>

PHARMACY SERVICES	AETNA MEDICAL NECESSITY CRITERIA
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity Criteria is in parity. No additional information is needed. If Medical Necessity Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity Criteria is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Prior Authorization

INPATIENT SERVICES	AETNA PRIOR AUTHORIZATION	
All inpatient services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Electroconvulsive Therapy (ECT) • Inpatient Hospital – Freestanding Psychiatric (Ages 21-64: Covered when prior authorized in accordance with the 1115 IMD waiver for a maximum of 60 days per episode) • Inpatient Hospital – General Acute • Psychiatric Residential Treatment Facility (under age 21) **Substance Use Disorder Services:** • Acute Inpatient Detox – American Society of Addiction Medication (ASAM) 4.0 • ASAM Level 3.1 Clinically Managed Low Intensity Residential • ASAM Level 3.3 Clinically Managed, Population Specific, High Intensity Services (age 21 and over) • ASAM Level 3.5 Clinically Managed High Intensity Services • ASAM Level 3.7 Medically Monitored High Intensity Withdrawal Management • Institution for Mental Diseases (IMD) Facility for Substance Use Disorder (SUD) Residential Treatment (Aggregate length of stay remains at or below 30 consecutive days per episode of care)	• Bariatric Surgery • Chemotherapy • Hospice Care • Inpatient Hospital Services • Long Term Care Hospital (ages 20 and under) • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Reconstructive Surgery • Transplant Services

INPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
Congruent Approach for MH/SUD and M/S Services:			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.

	Generally, a member's PCP or treating practitioner/provider is responsible for initiating and coordinating a request for authorization. However, specialists and other practitioners/providers may need to contact the Prior Authorization department directly to obtain or confirm a prior authorization.
	
	The requesting practitioner or provider is responsible for complying with Aetna Better Health of Oklahoma's prior authorization requirements, policies, and request procedures, and for obtaining an authorization number
		Objectives of the prior authorization process are to:
		• Facilitate cost-effective care at the appropriate level of care, in a timely manner
		• Document authorization requests, clinical information, review updates and decisions accurately and in a timely manner
		• Avoid:
		  ○ Duplicating services the member is already receiving
		  ○ Authorizing services that are not in the member's benefit plan
		  ○ Duplicating authorizations already documented in the system
		  ○ Issuing arbitrary denials or reductions in the amount, duration, or scope of
			Annually, the Medicaid Medical Policy Committee (MMPC) reviews national criteria sets and the procedures for applying them against current clinical and medical evidence. The MMPC is comprised of senior and plan medical directors representing a broad range of specialties such as emergency medicine, behavioral health, pediatrics, surgery, family medicine and internal medicine.

INPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
	to facilitate reimbursement of claims. Members may initiate a request for a coverage of services or supplies. When Aetna Better Health of Oklahoma staff receives the request, the member is offered a warm transfer to the prior authorization team for authorization initiation. If the member declines the transfer, the staff obtains as much information as possible including the name of practitioner/ provider performing or recommending the service. The information is then provided to the prior authorization team for initiation of the authorization. The prior authorization team obtains any additional clinical information necessary to complete the request. Under no circumstances is the member instructed to contact the practitioner/ provider to initiate or complete the request. All requests for authorization follow applicable federal or health plan controlling state timeframes. Aetna Better Health may authorize covered and medically	required services solely because of diagnosis, type of illness, or condition of the member • Confirm member eligibility at the time of the request and on each date of service • Verify that the service is a covered benefit and review for any potential benefit limits • Identify other payers (e.g., third-party liability, Medicare) for potential coordination of benefits • Verify the practitioner or provider's network status • Evaluate and determine medical necessity and/or need for additional supporting documentation • Determine that covered benefits are provided in an amount, duration, and scope that is no less than the amount, duration, and scope for the same service provided under the SoonerCare Fee-for-Service (FFS) program • Determine that services are sufficient in an amount, duration and scope to be reasonably expected to achieve the purpose for which the services are furnished. • Place appropriate limits on a service on the basis of medical necessity or for the purposes of utilization management (with the exception of Early and Periodic	Aetna's QM/UM Committee membership includes local medical directors and community practitioners who review criteria sets in comparison to state requirements and current clinical and medical evidence to update and adopt final criteria sets as appropriate. Adopted criteria are submitted to Aetna's Quality Management Oversight Committee (QMOC) for review and adoption.

INPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
	necessary inpatient emergent and non-emergent admissions, and where applicable cover observation services, provided that the following criteria are met: • The member is enrolled and eligible on the date(s) of service • Aetna Better Health's notification and prior authorization requirements are met where required • Concurrent or retrospective review of the member's records indicates that the inpatient placement is appropriate based on medical necessity criteria • The observation services are ordered by a participating or nonparticipating practitioner, and the stay does not exceed the time limit stated in this policy Aetna Better Health will make a determination on a request for an authorization of the transfer of a hospital inpatient to a post-acute or long-term acute facility within	Screening, Diagnosis and Treatment [EPSDT services]), provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR § 438.210 • Reduce occurrences of misuse, over- or under-utilization of services • Identify and refer potential quality of care concerns and patient safety events for additional review • Identify and initiate referrals related to potential high-cost cases for reinsurance notification, when appropriate • Collaborate and communicate as appropriate for the coordination of members' care among the medical and other areas, such as: ○ Integrated Care Management ○ Concurrent Review ○ Provider Experience ○ Quality Management ○ Prevention and Wellness ○ Member Services ○ Finance • Facilitate timely claims payment by issuing prior authorization/document ID or reference numbers to practitioners or providers for submission with claims for approved services	

INPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
	twenty-four (24) hours of receipt of the request. In addition, Aetna Better Health will make a determination on a request for equipment necessary to discharge the member from an inpatient facility within one (1) business day of receipt of the request.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: Per the contract with OHCA, Aetna must render all inpatient BH PA determinations within 24 hours. **M/S:** Aetna has up to 72 hours to render inpatient M/S determinations.	No differences identified between MH/SUD and M/S strategies for prior authorizations for inpatient services.	No differences identified between MH/SUD and M/S evidentiary standards for prior authorizations for inpatient services.

INPATIENT SERVICES	AETNA PRIOR AUTHORIZATION
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for inpatient services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services. Aetna renders all inpatient MH/SUD PA determinations within 24 hours, while the CE has up to 72 hours to render M/S determination. Because the CE has the burden to render quicker MH/SUD determinations than M/S determination, the prior authorization process is less stringently applied to MH/SUD services than M/S services for inpatient services.
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	AETNA PRIOR AUTHORIZATION	
All outpatient services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis (under age 21) • Electroconvulsive Therapy (ECT) • Intensive Outpatient Program (not a covered benefit, but may be covered for members ages 20 and younger under ESPDT benefit) • Partial Hospitalization • Psychosocial Rehabilitation • Peer Recovery Support Services • Targeted Case Management • Therapeutic Foster Care (under age 21) **Substance Use Disorder Services:** • Intensive Outpatient Program	• Ambulance Transportation (Non-Emergency) • Chemotherapy • Chiropractic Services • Diagnostic Testing Entities • Durable Medical Equipment Supplies and Appliances • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early Intervention Services (under age 21) • Eye Care to treat a medical or surgical condition • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) approved medical escort • Orthotics • Outpatient Hospital and Surgery Services • Parenteral/Enteral Nutrition • Prosthetic Devices

OUTPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
		• Personal Care • Private Duty Nursing (ages 20 and younger; ages 21+ under home health benefit) • Radiation • Reconstructive Surgery • Therapy Services: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Generally, a member's PCP or treating practitioner/ provider is responsible for initiating and coordinating a request for authorization. However, specialists and other practitioners/ providers may need to contact the Prior Authorization department directly	Objectives of the prior authorization process are to: • Facilitate cost-effective care at the appropriate level of care, in a timely manner • Document authorization requests, clinical information, review updates and decisions accurately and in a timely manner • Avoid: ○ Duplicating services the member is already receiving	Annually, the Medicaid Medical Policy Committee (MMPC) reviews national criteria sets and the procedures for applying them against current clinical and medical evidence. The MMPC is comprised of senior and plan medical directors representing a broad range of

OUTPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
	to obtain or confirm a prior authorization. The requesting practitioner or provider is responsible for complying with Aetna Better Health of Oklahoma's prior authorization requirements, policies and request procedures, and for obtaining an authorization number to facilitate reimbursement of claims. Members may initiate a request for a coverage of services or supplies. When Aetna Better Health of Oklahoma staff receives the request, the member is offered a warm transfer to the prior authorization team for authorization initiation. If the member declines the transfer, the staff obtains as much information as possible including the name of practitioner/ provider performing or recommending the service. The information is then provided to the prior authorization team for initiation of the authorization. The prior authorization team obtains any additional clinical	○ Authorizing services that are not in the member's benefit plan ○ Duplicating authorizations already documented in the system ○ Issuing arbitrary denials or reductions in the amount, duration or scope of required services solely because of diagnosis, type of illness or condition of the member • Confirm member eligibility at the time of the request and on each date of service • Verify that the service is a covered benefit and review for any potential benefit limits • Identify other payers (e.g., third-party liability, Medicare) for potential coordination of benefits • Verify the practitioner or provider's network status • Evaluate and determine medical necessity and/or need for additional supporting documentation • Determine that covered benefits are provided in an amount, duration and scope that is no less than the amount, duration and scope for the same service provided under the SoonerCare Fee-for-Service (FFS) program • Determine that services are sufficient in an	specialties such as emergency medicine, behavioral health, pediatrics, surgery, family medicine and internal medicine. Aetna's QM/UM Committee membership includes local medical directors and community practitioners who review criteria sets in comparison to state requirements and current clinical and medical evidence to update and adopt final criteria sets as appropriate. Adopted criteria are submitted to Aetna's Quality Management Oversight Committee (QMOC) for review and adoption.

OUTPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
	information necessary to complete the request. Under no circumstances is the member instructed to contact the practitioner/ provider to initiate or complete the request. All requests for authorization follow applicable federal or health plan controlling State timeframes.	amount, duration and scope to be reasonably expected to achieve the purpose for which the services are furnished. • Place appropriate limits on a service on the basis of medical necessity or for the purposes of utilization management (with the exception of Early and Periodic Screening, Diagnosis and Treatment [EPSDT services]), provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR §438.210 • Reduce occurrences of misuse, over- or under-utilization of services • Identify and refer potential quality of care concerns and patient safety events for additional review • Identify and initiate referrals related to potential high-cost cases for reinsurance notification, when appropriate • Collaborate and communicate as appropriate for the coordination of members' care among the medical and other areas, such as: o Integrated Care Management o Concurrent Review o Provider Experience o Quality Management o Prevention and Wellness	

OUTPATIENT SERVICES	AETNA PRIOR AUTHORIZATION		
		○ Member Services ○ Finance • Facilitate timely claims payment by issuing prior authorization/document ID or reference numbers to practitioners or providers for submission with claims for approved services	
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No differences identified between MH/SUD and M/S processes for prior authorization outpatient services.	No differences identified between MH/SUD and M/S strategies for prior authorizations for outpatient services.	No differences identified between MH/SUD and M/S evidentiary standards for prior authorizations for outpatient services.
Comparability and Stringency Describe how the processes, strategies and evidentiary	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for outpatient services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

OUTPATIENT SERVICES	AETNA PRIOR AUTHORIZATION
standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	AETNA PRIOR AUTHORIZATION		
All emergency services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	AETNA PRIOR AUTHORIZATION
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	AETNA PRIOR AUTHORIZATION	
All pharmacy services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	OHCA determines which drugs are subject to prior authorization. No additional factors are utilized to determine which prescription drugs should be subject to prior authorization. **Mental Health Services:** • Prescription Drugs • Psychotropic Medications **Substance Use Disorder Services:** • Prescription Drugs • Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone)	OHCA determines which drugs are subject to prior authorization. No additional factors are utilized to determine which prescription drugs should be subject to prior authorization. • Prescription Drugs • Physician Administered Drugs • Diabetic/other supplies • Vaccines

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The prescribing practitioner/provider is responsible for submitting authorization requests to the Pharmacy PA unit electronically or by fax or phone and for providing medical	Objectives of the prior authorization process are to: • Facilitate cost-effective care at the appropriate level of care, in a timely manner • Document authorization requests,	• Current PBM agreements, addenda, amendments, letters of understanding and data licensing agreements

PHARMACY SERVICES	AETNA PRIOR AUTHORIZATION		
	information necessary to review the request. Aetna Better Health of Oklahoma may require the practitioner/provider to subsequently provide additional supporting medical documentation as part of the written follow-up. Requests for oncology-related agents must be submitted via the Eviti portal. Aetna Better Health of Oklahoma shall ensure all PAs for covered benefits in place on the day prior to the enrollee's enrollment with Aetna Better Health of Oklahoma remain in place for ninety (90) days following an enrollee's enrollment. Moreover, enrollees with an approved medication step therapy protocol shall be allowed on their current medication for up to ninety (90) days. Pharmacy team will use prior authorization criteria and step therapy requirements developed by Oklahoma Health Care Authority.	clinical information, review updates and decisions accurately and in a timely manner • Avoid: o Duplicating services the member is already receiving o Authorizing services that are not in the member's benefit plan o Duplicating authorizations already documented in the system o Issuing arbitrary denials or reductions in the amount, duration or scope of required services solely because of diagnosis, type of illness or condition of the member • Confirm member eligibility at the time of the request and on each date of service • Verify that the service is a covered benefit and review for any potential benefit limits • Identify other payers (e.g., third-party liability, Medicare) for potential coordination of benefits • Verify the practitioner or provider's network status • Evaluate and determine medical necessity and/or need for	• Federal and State laws, rules, and regulations concerning the practice of pharmacy, third-party administration, Medicaid laws, rules, and regulations • Agreement with Oklahoma Health Care Authority (OHCA) • National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans • Pharmacy team applies privacy practices during intake of prior authorization requests telephonically to ensure HIPAA compliance • Pharmacy team utilizes secured fax number to communicate as it pertains

PHARMACY SERVICES	AETNA PRIOR AUTHORIZATION		
	These criteria are based on compendia and clinical guidelines reviewed and approved by Oklahoma Health Care Authority Drug Utilization Review Committee.	additional supporting documentation • Determine that covered benefits are provided in an amount, duration, and scope that is no less than the amount, duration, and scope for the same service provided under the SoonerCare Fee-for-Service (FFS) program • Determine that services are sufficient in an amount, duration, and scope to be reasonably expected to achieve the purpose for which the services are furnished. • Place appropriate limits on a service on the basis of medical necessity or for the purposes of utilization management (with the exception of Early and Periodic Screening, Diagnosis and Treatment [EPSDT services]), provided the services furnished can reasonably be expected to achieve their purpose in accordance with 42 CFR §438.210 • Reduce occurrences of misuse, over- or under-utilization of services • Identify and refer potential quality of care concerns and patient safety events for additional review • Identify and initiate referrals related to potential high-cost cases for reinsurance	to prior authorization requests to align with privacy standards to ensure HIPAA compliance • Pharmacy team leverages secure portal to communicate with a facilitate electronic prior authorizations through electronic medical record to ensure HIPAA compliance

PHARMACY SERVICES	AETNA PRIOR AUTHORIZATION		
		notification, when appropriate • Collaborate and communicate as appropriate for the coordination of members' care among the medical and other areas, such as: o Integrated Care Management o Concurrent Review o Provider Experience o Quality Management o Prevention and Wellness o Member Services o Finance • Facilitate timely claims payment by issuing prior authorization/document ID or reference numbers to practitioners or providers for submission with claims for approved services	
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and

PHARMACY SERVICES	AETNA PRIOR AUTHORIZATION		
			internal CE utilization data.
	No differences identified between MH/SUD and M/S processes for prior authorization pharmacy services.	No differences identified between MH/SUD and M/S strategies for prior authorizations for pharmacy services.	No differences identified between MH/SUD and M/S evidentiary standards for prior authorizations for pharmacy services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for pharmacy services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**		
Modifications Describe how Prior Authorization processes for	N/A		

PHARMACY SERVICES	AETNA PRIOR AUTHORIZATION
MH/SUD and/or M/S services will be modified to comply with parity.	

Humana Healthy Horizons in Oklahoma – NQTL Analysis Templates

Concurrent Review

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW	
All inpatient services requiring Concurrent Review	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Inpatient admissions (non-emergent) • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital – General Acute • Psychiatric Residential Treatment Facility **Substance Use Disorder Services:** • Inpatient admissions (non-emergent) • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital Services • Psychiatric Residential Treatment Facility • Substance Abuse Treatment (Inpatient and Residential)	• Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376) • Bariatric Surgery • Breast procedures • Cardiac devices • Cardiac procedures/surgeries • Chemotherapy • Chimeric antigen receptor (CAR)-T cell therapy • Cosmetic and reconstructive surgeries • Hospice Care • Inpatient admissions (non-emergent) • Inpatient Hospital Services • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) Approved Medical Escort • Long-Term Care Hospital for Children • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Oral orthognathic temporomandibular joint surgeries • Pain management • Physician and Physician Assistant Services • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Delivery • Prosthetic Devices • Surgery • Transplant surgeries • Ventricular assist devices (VADs)

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The enrollee's primary care provider (PCP) or treating provider is responsible for initiating a request for additional days concurrent review authorization. Online requests for concurrent review are encouraged to be made through www.Availity.com, Humana's secure, payer-agnostic provider portal. Providers may submit concurrent review requests at any time and upload supporting clinical documentation. Another electronic submission capability includes connecting to Epic, allowing providers to seamlessly submit requests within their workflow and attach clinical information. Humana offers alternative methods of submission including phone, fax and claims.	Humana requires concurrent review for inpatient physical and behavioral health hospitalizations when the expected length of stay is exceeded. The goal of completing a concurrent review is to ensure medical necessity criteria is met and services are being delivered in the most appropriate care delivery setting, at the appropriate time, improve our enrollees' health status, and manage cost trends associated with UM by reducing inappropriate and duplicative services. Additionally, Humana ensures that after-care services are considered and available without delay for enrollees	Humana developed concurrent review policies and procedures as part of its Medical Management (MM) Program in order to maintain compliance with contractual obligations. Humana performs concurrent review and discharge planning on medical and behavioral health. The MM associates monitor, and review continued inpatient hospitalization(s), length of stay, and diagnostic

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	Providers can communicate with Humana's CIT by calling the IVR toll-free number. At any time, if the caller chooses to opt out, a representative will assist them. Providers have access to staff and/or access to submit notifications electronically through our provider portal. Humana's staff coordinate with providers to meet the medical needs of our enrollees for obtaining additional inpatient days in a concurrent review. Authorizations are routed to the appropriate clinician(s) for processing. Upon receipt of a request for authorization of additional days, the appropriate clinical reviewer will ensure that all necessary information is available to perform a clinical review. This information can be received via fax or electronically via Plan access to a provider's electronic health record (EHR). If the necessary information is not available, the reviewer will make a minimum of 2 (two) attempts consisting of telephonic outreach and/or facsimile, to obtain the necessary information for review. Only relevant clinical information is requested to prevent the process from being	experiencing extended hospital stays as medically appropriate. The goal of utilizing ASAM is to determine the appropriate level of care based off a member's individual needs and unique circumstances from a holistic perspective. ASAM criteria is a set of guidelines that provides clinicians a way to standardize treatment planning and allow patients to be placed in appropriate treatment levels, as well as provide continuing integrative care and ongoing service planning. Humana utilizes MCG criteria because it provides our clinicians access to evidence-based best practices for clinical decision making. MCG also supports care planning and promotes efficient transitions between care settings providing our enrollees support for all their physical health care needs.	ancillary services for appropriateness and medical necessity. The MM clinician completes a discharge planning assessment to identify any potential barriers, such as discharge planning and social determinant of health needs. The MM clinician will review and process discharge authorization requests and make referrals to case management as needed. Humana will not deny continuation of higher-level services such as inpatient hospital care for failure to meet medical necessity unless Humana is able to provide the service through an in-network or out-of-network provider at a lower level of care. The MM program

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	burdensome for all parties involved. Additional information the Plan may request from an enrollee or provider may include any of the following data: • Diagnosis and/or procedure descriptions and codes. • Facility/provider name. • Office and hospital records. • History of the presenting problem. • Clinical examination. • Diagnostic testing results. • Progress notes. • Patient psychosocial history. • Information on consults with the treating practitioner. • Evaluations from other health care practitioners and providers. • Operative and pathological reports. • Rehabilitation evaluations. • Information regarding the local delivery system. • Patient characteristics and information. • Information from responsible family members and/or significant others. Once the information has been received, the appropriate reviewer will review all provided documentation for medical necessity and		incorporates numerous measures including but not limited to length of stay, readmission rates, care management referrals and participation rates to monitor and evaluate progress toward meeting goals. Data is collected, analyzed, trended and monitored on a systematic basis to facilitate corporate QI and to address any barriers that may be identified. The ASAM criteria is the nationally recognized gold standard for determining appropriate care for members with substance use and co-occurring disorders. ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer of patients with addiction and co-occurring conditions. It defines the

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	appropriateness using the most appropriate clinical guidelines based on the enrollee's condition. All MM determinations are based on the information collected at the time of the request. Any information obtained during this process will be used solely for the purposes of medical or quality management, discharge planning, case management and claims payment. Clinical reviews are based on the medical necessity criteria, in the order of the hierarchy. Humana uses the following hierarchy of guidelines to review for medical necessity: 1. Federal or state regulations. 2. Nationally recognized and accepted evidence based clinical guidelines. 3. Plan approved clinical coverage policies. 4. If there is no criteria guidance above, additional information the Plan's Medical Director may consider: 4.1 Clinical practice guidelines and reports from peer reviewed medical literature, from which a higher level of evidence and study quality is more strongly considered in		standards for assessing patients with substance use disorder to determine the type and intensity of treatment needed. MCG is a nationally recognized, evidence-based criteria to support effective MM. MCG criteria was selected because it is based on clinically validated best practices that support optimal clinical decision-making and is consistent with the state and federal laws, and rules and regulations of the State Plan for managed care. The Plan does not alter or edit MCG criteria. Annual review of MCG criteria is completed by Humana physicians and subject matter experts. After the review, Humana transitions to the new integrated MCG care guidelines version, on an

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	determinations; 4.2 Professional standards for safety and effectiveness recognized in the US for diagnosis, care or treatment; 4.3 Medical association publications; 4.4 Government-funded or independent entities that assess and report on clinical care; 4.5 Decision and technology such as Agency for Health care Research and Quality (AHRQ), Hayes Technology Assessment, Up-To-Date, Cochrane Reviews, National Institute for Health and Care Excellence (NICE), etc.; 4.6 Published expert opinions; 4.7 Opinion of health professionals in the area of specialty involved; and/or 4.8 Opinion of attending provider. 5. Vision: Superior coverage guidelines and policies. Criteria are used by the professional staff and Medical Directors as guidelines only. In no way		annual basis

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	are they to be used to replace the clinical judgment of the professional staff or the Medical Directors. These guidelines represent the "usual" case scenario. However, it is recognized that not all situations are represented by the criteria sets. Therefore, the professional review staff and the Medical Directors must consider the individual patient's circumstances, and the capacity, adequacy, and diversity of the local delivery system when making review determinations. Factors considered when applying criteria to a given individual include the enrollee's age, comorbidities, complications, progress of treatment, psychosocial situation and the enrollee's home environment, when applicable. In addition, consideration is also given to the characteristics of the local delivery system available to specific patients, including: • Availability of subacute care facilities or home care in the organization's service area to support the patient after hospital discharge. • Coverage of benefits for subacute care		

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	facilities or home care where needed. • Availability of inpatient, outpatient, and transitional facilities • Local hospitals' ability to provide all recommended services within the estimated length of stay. The Plan's medical coverage policies are available on www.humana.com. In the event of an adverse determination, each notice contains instructions on how to request the criteria utilized to make the adverse determination. It will be furnished to the requesting provider within 24 hours of request. Upon request by an enrollee, their provider/representative, or OHCA, the Plan can provide PA requirements and/or the specific criteria utilized to make the determination. The Plan will make its determinations for MM, enrollee education, coverage of benefits and other areas to which the criteria apply in a manner consistent with the guidelines. The process to obtain criteria is communicated at least annually in Humana's provider newsletter, 'Humana Physician News' and in the provider		

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	handbook. Clinical reviews are completed by Oklahoma licensed clinicians, which are fully documented in the enterprise's clinical documentation system which provides the authorization number, effective dates for authorization to participating providers and applicable non-participating providers. The clinical documentation system also stores and reports the time and date all service authorization requests are received, determinations made by the Plan, clinical data to support the determination, and time frames for notification of providers and enrollees of determinations. After an authorization request has been reviewed and approved and the enrollee and provider notification process are complete, the Plan will not rescind the approval unless the approval was based on grossly misleading or false information. For any concurrent request that is denied or authorized in an amount, duration or scope less than requested, the Plan provides written notification to enrollees and providers in accordance with adverse benefit determinations. The Plan's Medical Director reviews all		

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	available clinical information and makes a medical necessity determination, providing the full range of Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) services to enrollees under age twenty-one (21), including necessary health care, diagnostic services, treatment, and other services described in section 1905(a) of The Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screening, whether or not it is a covered service under the State Plan. The Plan also reviews all covered benefit authorization requests for medical necessity for enrollees twenty-one (21) and over. Once a determination is made, notification is completed to the enrollee and the provider, in accordance with concurrent approvals or adverse benefit determination notification. We inform the provider of their right and the process to request a Peer-to-Peer review, when applicable. Humana performs concurrent review and discharge planning on medical and behavioral health. The Medical Management (MM) associates monitor and review continued		

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
	inpatient hospitalization(s), length of stay and diagnostic ancillary services for appropriateness and medical necessity. The MM clinician completes a discharge planning assessment to identify any potential barriers, such as discharge planning and social determinant of health needs. The MM clinician will review and process discharge authorization requests and make referrals to case management as needed. Humana will not deny continuation of higher-level services such as inpatient hospital care for failure to meet medical necessity unless Humana is able to provide the service through an in-network or out-of-network provider at a lower level of care. Humana uses industry standards for clinical criteria: • American Society of Addiction Medicine (ASAM) to perform required prior authorization reviews for enrollees with non-emergency mental health, addiction and co-occurring SUD. • MCG criteria to perform required prior authorization reviews for enrollees with non-emergency physical health needs.		

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	SUD: Industry guidelines Humana uses for medical necessity reviews of SUD benefits: ASAM criteria. **MH/M/S:** Industry guidelines Humana uses for medical necessity reviews of MH and medical benefits: MCG criteria.	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more**	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to concurrent reviews for inpatient services. Humana uses industry standards as the medical necessity criteria for all MH/SUD and M/S services concurrent reviews. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

INPATIENT SERVICES	HUMANA CONCURRENT REVIEW
stringently applied to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Review requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Review is in parity. No additional information is needed. If Concurrent Review requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Review is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Review processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	HUMANA CONCURRENT REVIEW		
All outpatient services requiring Concurrent Review	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

OUTPATIENT SERVICES	HUMANA CONCURRENT REVIEW
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Review requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Review is in parity. No additional information is needed. If Concurrent Review requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Review is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Review processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	HUMANA CONCURRENT REVIEW		
All emergency services requiring Concurrent Review	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	HUMANA CONCURRENT REVIEW
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Review requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Review is in parity. No additional information is needed. If Concurrent Review requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Review is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Review processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	HUMANA CONCURRENT REVIEW		
All pharmacy services requiring Concurrent Review	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Review that CE uses.	**Strategies:** Why does CE require Concurrent Review for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Review for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Comparability and Stringency	N/A		

PHARMACY SERVICES	HUMANA CONCURRENT REVIEW
Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Review requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Review is in parity. No additional information is needed. If Concurrent Review requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Review is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Review processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Medical Necessity Criteria

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA	
All inpatient services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Inpatient Admissions (non-emergent) • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital – General Acute • Psychiatric Residential Treatment Facility **Substance Use Disorder Services:** • Inpatient Admissions (non-emergent) • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital Services • Psychiatric Residential Treatment Facility • Substance Abuse Treatment (Inpatient, and Residential)	• Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376) • Bariatric Surgery • Breast Procedures • Cardiac Devices • Cardiac Procedures/Surgeries • Chemotherapy • Chimeric antigen receptor (CAR)-T Cell Therapy • Cosmetic and Reconstructive Surgeries • Hospice Care • Inpatient Admissions (non-emergent) • Inpatient Hospital Services • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) approved medical escort • Long-Term Care Hospital for Children • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Oral Orthognathic Temporomandibular Joint Surgeries • Pain Management • Physician and Physician Assistant Services • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Delivery[9] • Prosthetic Devices • Surgery (Other)

[9] All maternity and newborn stays longer than the standard length of stay require authorization. Standard deliveries are: *Vaginal delivery 2 days; *Cesarean section 4 days.

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
		• Transplant Surgeries • Ventricular Assist Devices (VADs) • Reconstructive Surgery	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Humana's clinical reviews are based on the medical necessity criteria, in the order of the hierarchy below: 1. Federal or state regulations. 2. Nationally recognized and accepted evidence based clinical guidelines. 3. Plan approved clinical coverage policies. 4. If there is no criteria guidance above, additional information the Plan's Medical Director may consider: 4.1 Clinical practice guidelines and reports from	Services must meet medical necessity and be appropriate for the enrollees' specific circumstance and needs. Services must also be necessary to alleviate a medical condition, medical in nature and consistent with accepted health care practice standards. Additionally, services must also be delivered in a cost-effective setting. The Plan's processes are created and implemented to ensure medically necessary covered services are provided in a manner that: • Addresses the prevention, diagnosis, and treatment of an	Humana adheres to and utilizes standards defined by OHCA for evaluating and defining the appropriateness of services and medical necessity. The plan also aligns federal standards. These services would include but are not limited to EPSDT for patients twenty-one (21) and under. The MM program incorporates numerous measures to monitor and evaluate progress toward meeting goals. Data is collected, analyzed, trended and monitored on a systematic basis to facilitate corporate QI and to address any

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	peer reviewed medical literature, from which a higher level of evidence and study quality is more strongly considered in determinations. 4.2 Professional standards for safety and effectiveness recognized in the U.S. for diagnosis, care or treatment. 4.3 Medical association publications. 4.4 Government-funded or independent entities that assess and report on clinical care. 4.5 Decision and technology such as Agency for Health care Research and Quality (AHRQ), Hayes Technology Assessment, Up-To-Date, Cochrane Reviews, National Institute for Health and Care Excellence (NICE), etc. 4.6 Published	enrollee's disease, condition and/or disorder that results in health impairments and/or disability. • Allows enrollees to achieve age-appropriate growth and development. • Allows enrollees the ability to attain, maintain or regain functional capacity. The goals of the Plan's MM program are to provide access to quality health care services for all covered benefits delivered to all enrollees in the appropriate care delivery setting, at the appropriate time, improve our enrollees' health status, and manage cost trends associated with UM by reducing inappropriate and duplicative services. Humana's goals were designed to align with Oklahoma's population health goals and provider needs. Humana employs a multifaceted approach to reduce provider burden to promote timely delivery of high-quality and appropriate care. Our goals include but are not limited to facilitation and coordination of appropriate care and	barriers that may be identified. Trends can be indicators of improvement or reveal where improvement may be needed and aid HHH of Oklahoma in identifying and reducing inappropriate, duplicative and overuse of health care services. Trends and analysis of the data is part of HHH of Oklahoma's Quality Improvement program and are reviewed as a component of the MM committee, trends of over and underutilization of services are identified, reviewed, and acted on. The reports on over and underutilization are included on the annual quality improvement work plan and findings are included in the annual quality improvement evaluation. HHH of Oklahoma analyzes available data ensure that our enrollees are properly accessing care. Analysis, barriers/opportunities, and action items will be reported through the QIC for review. Collectively this will ensure that appropriate utilization

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	expert opinions; 4.7. Opinion of health professionals in the area of specialty involved. 4.8 Opinion of attending, treating, or requesting provider. 5 Vision: Superior coverage guidelines and policies The PA and notification list represents physical and behavioral health services and supplies and medications delivered in an inpatient setting that require medical necessity review. Services are provided according to Medical Management (MM) guidelines, established by OHCA, and are subject to review for coverage and medical necessity. All MM determinations are based on the information collected at the time of the request. Any information obtained during this process will be used solely for the purposes of medical or quality management, discharge planning,	services including discharge planning and support; an online streamlined, submission and validation process that promotes transparency and data collection; promoting equal provision for all enrollees. The goal of utilizing ASAM for medical necessity determination is to determine the appropriate level of care based off a member's individual needs and unique circumstances from a holistic perspective. ASAM criteria is a set of guidelines that provides clinicians a way to standardize treatment planning and allow patients to be placed in appropriate treatment levels, as well as provide continuing integrative care and ongoing service planning. Humana utilizes MCG criteria to assist clinicians in determining whether requested M/S service is medically necessary. MCG provides our clinicians access to evidence-based best practices for clinical decision making. MCG also supports care planning and promotes efficient transitions	of services to enrollees is rendered. The ASAM criteria is the nationally recognized gold standard for determining appropriate care for members with substance use and co-occurring disorders. ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer of patients with addiction and co-occurring conditions. It defines the standards for assessing patients with substance use disorder to determine the type and intensity of treatment needed. MCG is a nationally recognized, evidence-based criteria to support effective MM. MCG criteria was selected because it is based on clinically validated best practices that support optimal clinical decision-making and is consistent with the state and federal laws, and rules and regulations of the State Plan for managed care. The Plan does not alter or edit MCG criteria. Annual review of MCG criteria is completed

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	case management, and claims payment. Medical necessity criteria are used by the professional staff and Medical Directors as guidelines only. In no way are they to be used to replace the clinical judgment of the professional staff or the Medical Directors. These guidelines represent the "usual" case scenario. However, it is recognized that not all situations are represented by the criteria sets. Therefore, the professional review staff and the Medical Directors must consider the individual patient's circumstances, and the capacity, adequacy, and diversity of the local delivery system when making review determinations. Factors considered when applying criteria to a given individual include the enrollee's age, comorbidities, complications, progress of treatment, psychosocial situation, and the enrollee's home environment, when applicable. In addition,	between care settings providing our enrollees support for all their physical health care needs.	by Humana physicians and subject matter experts. After the review, Humana transitions to the new integrated MCG care guidelines version, on an annual basis

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	consideration is also given to the characteristics of the local delivery system available to specific patients, including: • Availability of subacute care facilities or home care in the organization's service area to support the patient after hospital discharge. • Coverage of benefits for subacute care facilities or home care where needed. • Availability of inpatient, outpatient, and transitional facilities. • Local hospitals' ability to provide all recommended services within the estimated length of stay. The Plan's medical coverage policies are available on www.humana.com. Coverage polices are evaluated and approved at a minimum, on an annual basis through the enterprise's Technology Assessment Forum, input from network physicians in active		

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	clinical practice, and/or Oklahoma's MM committee.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	SUD: Industry guidelines Humana uses for medical necessity reviews of SUD benefits: ASAM criteria. **MH/M/S:** Industry guidelines Humana uses for medical necessity reviews of MH and medical benefits: MCG criteria.	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to medical necessity criteria for inpatient services. Humana uses industry standards as the medical necessity criteria for all MH/SUD and M/S services determinations. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

INPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA
MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA	
All outpatient services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis • Behavioral health (residential treatment) (residential treatment services provided in a community setting verses an acute inpatient setting) • Certified Community Behavioral Health (CCBH) Services • Clinic Services • Day Treatment Services • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Licensed Behavioral Health Provider (who can bill independently) • Maternal and Infant LCSW Services • Outpatient Behavioral Health Agency Services • Outpatient Hospital and Surgery Services • Partial Hospitalization • Peer Recovery Support Services • Program for Assertive Community Treatment (PACT) Services in accordance with OAC • Psychiatrist • Psychologist (who can bill independently) (317:30-5-276) • School-Based Health Related Services • Therapeutic Behavioral Services, Family Support and Training • Therapeutic Foster Care **Substance Use Disorder Services:**	• Advanced Practice Registered Nurse • Ablation • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgical Center • Bladder Slings • Bone Growth Stimulators • Breast Procedures • Capsule Endoscopy • Cardiac Devices • Cardiac Procedure/Surgeries • Certified Registered Nurse Anesthetist and Anesthesiologist Assistants • Chemotherapy • Clinic Services • Cosmetic and reconstructive surgeries • Diabetes Education • Diagnostic Testing Entities • Diagnostic/Cardiac Imaging • Donor Human Breast Milk • Drug Tests • Durable Medical Equipment Supplies and Appliances • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Eye Care to treat a medical or surgical condition • Facility Based sleep studies (PSG) • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Gender Affirmation Surgeries • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA	
	• Behavioral Health (residential treatment) (residential treatment services provided in a community setting verses an acute inpatient setting) • Clinic Services • Drug Tests • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early Intervention Services • Licensed Behavioral Health Provider (who can bill independently) • Opioid Treatment Programs • Partial hospitalization • Peer Recovery Support Services • Psychiatrist • Psychologist (who can bill independently) • School-Based Health Related Services • Substance Abuse Treatment (Outpatient) (ASAM 3.1 and 3.3) • Tobacco Cessation Services (counseling)	• Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lactation Consultant • Mammograms • Maternal and Infant LCSW Services • Negative Pressure Wound Therapy • Non-Emergency Medical Transportation (NEMT) • Nurse Midwives • Nutrition Services (Dietician) • Orthotics • Other Surgeries • Outpatient Hospital and Surgery Services • Pain Management • Parenteral/Enteral Nutrition • Personal Care (317:30-5-950 – 317:30-5-953) • Physician and Physician Assistant Services • Podiatry • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Prenatal and Postpartum • Preventive Care and Screening • Private Duty Nursing • Prosthetic Devices • Public Health Clinic Services • Radiation Therapy • Radiology • Renal Dialysis Facility Services • Routine Patient Cost in Qualifying Clinical Trials • School-Based Health Related Services • Surgery • Telehealth • Therapy Services: Physical Therapy (PT), Occupational

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
			Therapy (OT) and Speech Therapy (ST) • Tobacco Cessation Services (counseling) • Transplant Services • Urgent Care Centers / Facilities • Varicose Vein: surgical treatment and sclerotherapy • Vision Services • Wound Care and Skin and Tissue Substitutes
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Humana clinical reviews are based on the medical necessity criteria, in the order of the hierarchy below. Humana uses the following hierarchy of guidelines to review for medical necessity: 1. Federal or state regulations. 2. Nationally recognized and accepted evidence based clinical guidelines: 2.1 MCG. 2.2 American Society of	Services must meet medical necessity and be appropriate for the enrollee's specific circumstance and needs. Services must also be necessary to alleviate a medical condition, medical in nature and consistent with accepted health care practice standards. Additionally, services must also be delivered in a cost-effective setting.	Humana adheres to and utilizes standards defined by OHCA for evaluating and defining the appropriateness of services and medical necessity. The plan also aligns federal standards and is no more restrictive than the State Medicaid program for physical and behavioral health inpatient services. These services would include but are not limited to EPSDT for patients twenty-one (21) and under. The MM program incorporates numerous measures to monitor

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	Addiction Medicine (ASAM) for SUD. 3. Plan approved clinical coverage policies. 4. If there is no criteria guidance above, additional information the Plan's Medical Director may consider: 4.1 Clinical practice guidelines and reports from peer reviewed medical literature, from which a higher level of evidence and study quality is more strongly considered in determinations. 4.2 Professional standards for safety and effectiveness recognized in the US for diagnosis, care, or treatment. 4.3 Medical association publications. 4.4 Government-funded or independent entities that assess and report on clinical care. 4.5 Decision and technology such as Agency for Health care Research and Quality (AHRQ), Hayes Technology Assessment, Up-To-Date, Cochrane	Humana's processes are created and implemented to ensure medically necessary covered services are provided in a manner that: • Is no more restrictive than the State's fee-for-service (FFS) program, including quantitative and NQTLs, as indicated in State statutes and regulations, the Oklahoma Medicaid State, and other State policies and procedures. • Addresses the prevention, diagnosis and treatment of an enrollee's disease, condition, and/or disorder that results in health impairments and/or disability. • Allows enrollees to achieve age-appropriate growth and development. • Allows enrollees the ability to attain, maintain	and evaluate progress toward meeting goals. Data is collected, analyzed, trended and monitored on a systematic basis to facilitate corporate QI and to address any barriers that may be identified. Trends can be indicators of improvement or reveal where improvement may be needed and aid HHH of Oklahoma in identifying and reducing inappropriate, duplicative, and overuse of health care services. Trends and analysis of the data is part of Humana's Quality Improvement program and reviewed as a component of the MM committee, trends of over and underutilization of services are identified, reviewed, and acted on. The reports on over and underutilization are included on the annual quality improvement work plan and findings are included in the annual quality improvement evaluation. HHH of Oklahoma analyzes available data ensure that our enrollees are properly accessing care. Analysis, barriers/opportunities, and action items will be reported through the QIC for review. Collectively this will

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	Reviews, National Institute for Health and Care Excellence (NICE), etc. 4.6 Published expert opinions. 4.7. Opinion of health professionals in the area of specialty involved. 4.8 Opinion of attending, treating, or requesting provider. 5 Vision: Superior coverage guidelines and policies The PA and notification list represents physical and behavioral health services and supplies and medications delivered in an outpatient setting that require medical necessity review. Services are provided according to Medical Management (MM) guidelines, established by OHCA, and are subject to review for coverage and medical necessity. All MM determinations are based on the information collected at the time of the request. Any information obtained during this process	or regain functional capacity. **Goals** Humana's MM program goals are to provide access to quality health care services for all covered benefits delivered to all enrollees in the appropriate care delivery setting, at the appropriate time, improve our enrollees' health status, and manage cost trends associated with UM by reducing inappropriate and duplicative services. Our goals were designed to align with Oklahoma's population health goals and provider needs. HHH of Oklahoma employs a multifaceted approach to reduce provider burden to promote timely delivery of high-quality and appropriate care. Our goals include but are not limited to facilitation and coordination of appropriate care and services including discharge planning and support; an online streamlined, submission and	ensure that appropriate utilization of services to enrollees is rendered. The **ASAM criteria** is the nationally recognized gold standard for determining appropriate care for members with substance use and co-occurring disorders. ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer of patients with addiction and co-occurring conditions. It defines the standards for assessing patients with substance use disorder to determine the type and intensity of treatment needed. MCG is a nationally recognized, evidence-based criteria to support effective MM. MCG criteria was selected because it is based on clinically validated best practices that support optimal clinical decision-making and is consistent with the state and federal laws, and rules and regulations of the State Plan for managed care. The Plan does not alter or edit MCG criteria. Annual review of MCG criteria is completed by Humana physicians and subject matter experts. After the review, Humana transitions to the new integrated MCG

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	will be used solely for the purposes of medical or quality management, discharge planning, case management, and claims payment. Medical necessity criteria are used by the professional staff and Medical Directors as guidelines only. In no way are they to be used to replace the clinical judgment of the professional staff or the Medical Directors. These guidelines represent the "usual" case scenario. However, it is recognized that not all situations are represented by the criteria sets. Therefore, the professional review staff and the Medical Directors must consider the individual patient's circumstances, and the capacity, adequacy and diversity of the local delivery system when making review determinations. Factors considered when applying criteria to a given individual include the enrollee's age, comorbidities, complications, progress of treatment, psychosocial situation, and the	validation process that promotes transparency and data collection; promoting equal provision for all enrollees. The goal of utilizing ASAM for medical necessity determination is to determine the appropriate level of care based off a member's individual needs and unique circumstances from a holistic perspective. ASAM criteria is a set of guidelines that provides clinicians a way to standardize treatment planning and allow patients to be placed in appropriate treatment levels, as well as provide continuing integrative care and ongoing service planning. Humana utilizes MCG criteria to assist clinicians in determining whether requested service is medically necessary. MCG provides our clinicians access to evidence-based best practices for clinical decision making. MCG also supports care planning and promotes efficient	care guidelines version, on an annual basis

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	enrollee's home environment, when applicable. In addition, consideration is also given to the characteristics of the local delivery system available to specific patients, including: • Availability of subacute care facilities or home care in the organization's service area to support the patient after hospital discharge. • Coverage of benefits for subacute care facilities or home care where needed. • Availability of inpatient, outpatient, and transitional facilities. • Local hospitals' ability to provide all recommended services within the estimated length of stay. Humana's medical coverage policies are available on www.humana.com. Coverage polices are evaluated and approved at a minimum, on an annual basis through the enterprise's Technology	transitions between care settings providing our enrollees support for all their physical health care needs.	

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	Assessment Forum, input from network physicians in active clinical practice, and/or Oklahoma's MM committee.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	SUD: Industry guidelines Humana uses for medical necessity reviews of SUD benefits: ASAM criteria. **MH/M/S:** Industry guidelines Humana uses for medical necessity reviews of MH and medical benefits: MCG criteria.	**MH/SUD:** For those MH and SUD residential treatment services provided within a community setting, Humana has chosen to review authorize those within outpatient services. These services are not provided in an acute inpatient setting and typically include additional community-based services in conjunction with residential treatment services.	N/A
Comparability and Stringency	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to medical necessity criteria for outpatient services. Humana uses industry standards as the medical necessity criteria for all MH/SUD and M/S services determinations.		

OUTPATIENT SERVICES	HUMANA MEDICAL NECESSITY CRITERIA
Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
All emergency services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

<table>
<tr><th>PHARMACY SERVICES</th><th colspan="3">HUMANA MEDICAL NECESSITY CRITERIA</th></tr>
<tr><td rowspan="2">All pharmacy services requiring Medical Necessity</td><td>Mental Health/Substance Use Disorder (MH/SUD) Services</td><td colspan="2">Medical/Surgical (M/S) Services</td></tr>
<tr><td>Mental Health Services:
Clinic Services (317:30-5-579)
Prescription Drugs
Psychotropic Medications
Substance Use Disorder Services:
Clinic Services (317:30-5-579)
Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone)
Prescription Drugs
Tobacco Cessation Services (medications: NRT, Zyban®/Bupropion, Chantix®/Varenicline)</td><td colspan="2">Chemotherapy
Clinic Services (317:30-5-579)
Prescription Drugs
Tobacco Cessation Services (medications: NRT, Zyban®/Bupropion, Chantix®/Varenicline)</td></tr>
<tr><th colspan="4">Congruent Approach for MH/SUD and M/S Services</th></tr>
<tr><td rowspan="2">Process, Strategies and Evidentiary Standards</td><td>Processes:
Describe the process, both in writing and in practice, for Medical Necessity that CE uses.</td><td>Strategies:
Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?</td><td>Evidentiary Standards:
What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.</td></tr>
<tr><td>Humana follows the OHCA developed PDL and PA criteria for pharmacy services.</td><td>Humana applies medical necessity checks to</td><td>When reviewing medical necessity requirements for drugs, Humana utilizes the following references</td></tr>
</table>

PHARMACY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	When a request for a service, procedure, product is subject to medical necessity review, determinations will be made based on the following criteria: • Must be a covered benefit. • Must meet applicable state and federal regulations. • Must meet the definition of medically acceptable per Oklahoma Health Care Authority (OHCA) Oklahoma Administrative Code (OAC) 317:30-3-1 which includes: o Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis, or treatment of symptoms of illness, disease or disability. o Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify	ensure that usage is appropriate per members' benefits, state and federal regulations, and OHCA's medically acceptable criteria. In instances in which OHCA drug-specific criteria are available, Humana references that for prior authorization reviews.	(including but not limited to): • Advisory consultations with external physicians and medical specialists, external psychiatrists/physicians (who may specialize in the treatment of SUD) and internal mental health professionals as applicable • Published clinical trials in various peer reviewed journals which may include the New England Journal of Medicine and The Lancet • Clinical outcome posters presented at national clinical conferences • Guidelines and or position statements published by the ASAM • Guidelines and or position statements published by the American Psychiatric Association • American Journal of Psychiatry • Journal of Addiction Medicine

PHARMACY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	the enrollee's need for the service. ○ Treatment of the enrollee's condition, disease or injury must be based on reasonable and predictable health outcomes. ○ Services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the enrollee, family or medical provider. ○ Services must be delivered in the most cost-effective manner and most appropriate setting. ○ Services must be appropriate for the enrollee's age and health status and developed for the enrollee to achieve, maintain or promote functional capacity or age-appropriate growth and development. • Must meet available specific drug criteria defined by Oklahoma Health Care Authority. In operation, clinical reviewers follow the same policies, processes, guidelines and review standards across all therapeutic classes. Illustrative Analysis of		

PHARMACY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
	clinical review standards in operation includes: • Audit/reviews of utilization review documentation requirements. • Audit/reviews of notifications to ensure comparable timeliness. • Audit/reviews of denial rates by drug category/class. • Audit results that demonstrate that the frequency of all types of utilization review for medical/surgical vs. MH/SUD, where applicable, are comparable. • Audit/reviews of the process followed when reviewing clinical criteria. • Audit/reviews that demonstrate consistent clinical review criteria. • Audit/reviews that demonstrate consistent policy application. • Audit/reviews that demonstrate the selection of appropriate indications for reasonable and necessary criteria to determine medical necessity.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice

PHARMACY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA		
		services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	guidelines and internal CE utilization data.
	N/A	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the medical necessity criteria for pharmacy services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**		
Modifications	N/A		

PHARMACY SERVICES	HUMANA MEDICAL NECESSITY CRITERIA
Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	

Prior Authorization

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION	
All inpatient services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Inpatient Admissions (non-emergent) • Inpatient Hospital – Freestanding Psychiatric • Psychiatric Residential Treatment Facility **Substance Use Disorder Services:** • Inpatient Admissions (non-emergent) • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital Services • Psychiatric Residential Treatment Facility • Substance Abuse Treatment (Inpatient, and Residential)	• Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376) • Bariatric surgery • Breast procedures • Cardiac devices • Cardiac procedures/surgeries • Chemotherapy • Chimeric antigen receptor (CAR)-T cell therapy • Cosmetic and reconstructive surgeries • Hospice care • Inpatient admissions (non-emergent) • Inpatient Hospital Services • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) Approved Medical Escort • Long-Term Care Hospital for Children • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Oral orthognathic temporomandibular joint surgeries • Pain management • Physician and Physician Assistant Services • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Delivery[1] • Prosthetic Devices • Surgery

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
		• Transplant surgeries • Ventricular assist devices (VADs)	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** WHY does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The enrollee, their primary care provider (PCP) or treating provider is responsible for initiating a request for prior authorization (PA). Online requests are encouraged through www.Availity.com our secure, payer-agnostic provider portal. To promote simplicity and ease of use, Availity offers a single sign-on for fully automated electronic authorizations, referrals, eligibility and benefits verification, as well as a customized page for Oklahoma Medicaid providers to access tailored education programs. Providers may submit requests at	Humana requires prior authorization for physical and behavioral health services and supplies on the prior authorization list (PAL) to ensure medical necessity is met. The PAL program's function is to provide access to quality health care services for all covered benefits delivered to all enrollees in the appropriate care delivery setting, at the appropriate time, improve Humana enrollees' health status, and manage cost trends associated with UM by reducing inappropriate and duplicative services. Humana has a PAL	The MM program incorporates numerous measures to monitor and evaluate progress toward meeting goals. Data is collected, analyzed, trended and monitored on a systematic basis to facilitate corporate Quality Improvement and to address any barriers that may be identified. To monitor over and underutilization, utilization indicators are selected and monitored to detect trends indicative of over- and underutilization. Leaders target specific measures to monitor for over and underutilization of services. We use our first year of operations as a data collection period in new markets and set targets based on that

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	any time and upload supporting clinical documentation. Another electronic submission capability includes connecting to Epic, allowing providers to seamlessly submit requests within their workflow and attach clinical information. Humana offers alternative methods of submission including phone, fax, and claims. Humana does not require PA for any urgent/emergent medically necessary services. Providers can communicate with Humana's CIT by calling the IVR toll-free number. The IVR gives them the opportunity to create an inpatient notification using speech or keypad options. At any time, if the caller chooses to opt out, a representative will assist them. Providers have access to staff and/or access to submit notifications electronically through our provider portal. Access to staff regarding MM issues include, but are not	committee comprised of Medical Directors, Operational Leaders, and Policy Researchers. The PAL committee reviews and discusses clinical rationale, data analysis and impacts to staff, members and providers when considering whether to add or remove items and services from the PAL. Humana employs a multifaceted approach to reduce provider burden to promote timely delivery of high-quality and appropriate care. Our goals include, but are not limited to: • Having a streamlined authorization submission process, encourage providers to submit authorization requests electronically, providing free access to training and customer support. • Providing an online prior-authorization look-up tool, to promote transparency.	data. Our target rates are adjusted based on these evaluations. Potential measures include but are not limited to the following: • Acute admits per 1,000 enrollees • Inpatient days per 1,000 enrollees • Emergency room Visits per 1,000 enrollees • Readmission rates within 30 days As part of Humana's Quality Improvement program and reviewed as a component of the MM committee, trends of over and underutilization of services are identified, reviewed, and acted on. The reports on over and underutilization are included on the annual quality improvement work plan and findings are included in the annual quality improvement evaluation. Humana analyzes available data ensure that our enrollees are properly accessing care. Analysis, barriers/opportunities, and action items will be reported through the Quality Improvement Committee for review. Collectively this will ensure that appropriate

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	limited to: • Availability of staff for inbound calls regarding MM issues (Mon.-Fri. 8 a.m.-5 p.m. CST). • After-hours staff able to receive calls regarding MM issues. • Outbound capabilities regarding inquiries about MM during normal business hours. • Identification of staff by name, title, and Plan name, when initiating or returning calls. • Tailored communication strategies to overcome barriers, at no cost to the enrollee. • A toll-free number. Humana staff coordinate with providers to meet the medical needs of our enrollees through PA reviews for pre-admission for non-emergency admissions. Authorization requests submitted by an out of network	• Providing real-time approvals, using integrated clinical criteria to approve services. • Allowing for gold carding to remove PA requirements for high-performing providers. • Facilitation and coordination of appropriate care and services. • Facilitation of timely discharge planning, continuity and appropriate setting of care and services, where applicable. • Responding to enrollee and provider needs and requests in a timely manner. • Assisting with data collection, analysis, and interpretation in order to promote continuous quality improvement and measurement of outcome.; • Sharing knowledge and providing education to enrollees, staff,	utilization of services to enrollees is rendered. Enrollee and Provider satisfaction with the MM process is monitored at least annually by Humana. Mechanisms for evaluating enrollee satisfaction include: CAHPS 4.0H Survey (questions 22 and 26 of the Medicaid insured version), provider survey, advisory boards and tracking enrollee complaints and compliments that relate specifically to MM/UM. Information about practitioner and provider satisfaction with MM/UM is collected at least annually by way of a satisfaction survey; HHH of Oklahoma also tracks practitioner complaints that relate specifically to MM/UM and solicits feedback from network practitioners serving on health plan committees. The information is evaluated and used to improve satisfaction with the process. The **ASAM criteria** is the nationally recognized gold standard for determining appropriate care for members with substance use and co-occurring disorders. ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer of

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	provider will pend for review. Authorization requests containing a service that requires PA will also pend for review. Authorizations are routed to the appropriate clinician(s) for processing. Upon receipt of a request for authorization, the appropriate clinical reviewer will ensure that all necessary information is available to perform a clinical review, this information can be received via fax or electronically via Plan access to a provider's electronic health record (EHR). If the necessary information is not available, the reviewer will make a minimum of 2 (two) attempts consisting of telephonic outreach and/or facsimile, to obtain the necessary information for review. Only relevant clinical information is requested to prevent the process from being burdensome for all parties involved. Additional information the Plan may request from an	providers, and the community to promote optimal levels of care and services. • Identifying gaps in care or service, to promote quality care and improve enrollees' health outcomes. • Improving Health care Effectiveness Data and Information Set (HEDIS) measures and Stars Ratings. • Collaborating with quality improvement and risk management staff in identifying and reporting critical quality of care issues and/or service concerns. • Identifying enrollees for care management, complex case management to identify and address barriers to optimal medical/surgical treatment. • Collaborating with treating physicians and ancillary providers to	patients with addiction and co-occurring conditions. It defines the standards for assessing patients with substance use disorder to determine the type and intensity of treatment needed. MCG is a nationally recognized, evidence-based criteria to support effective MM. MCG criteria was selected because it is based on clinically validated best practices that support optimal clinical decision-making and is consistent with the state and federal laws, and rules and regulations of the State Plan for managed care. The Plan does not alter or edit MCG criteria. Annual review of MCG criteria is completed by Humana physicians and subject matter experts. After the review, Humana transitions to the new integrated MCG care guidelines version, on an annual basis.

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	enrollee or provider may include any of the following data: • Diagnosis and/or procedure descriptions and codes. • Facility/provider name. • Office and hospital records, • History of the presenting problem. • Clinical examination. • Diagnostic testing results. • Progress notes. • Patient psychosocial history. • Information on consults with the treating practitioner. • Evaluations from other health care practitioners and providers. • Operative and pathological reports. • Rehabilitation evaluations. • Information regarding the local delivery system.	reduce the risk of a treatment failure or unfavorable outcomes. • Detecting inappropriate utilization trends by selecting and monitoring various utilization indicators. • Monitoring medical and behavioral service determinations to identify trends and compliance to standards and applicable regulations. • Conducting provider profiling by collaborating with applicable Humana departments (e.g., Provider Networking and/or Quality) to collect, analyze and compare physicians. • Promoting equal provision for all enrollees prohibiting discrimination based on race, color, national origin, age, disability, sex, sexual	

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	• Patient characteristics and information. • Information from responsible family members and/or significant others. Once the information has been received, the appropriate reviewer will review all provided documentation for medical necessity and appropriateness using the most appropriate clinical guidelines based on the enrollee's condition. Only licensed associates can review and approve a PA request based on medical necessity. For any request that does not meet medical necessity, the associate will route to the appropriate Medical Director(s) who completes a second medical necessity review. If the documentation is not provided to the Plan as requested within one (1) day of the receipt of the request, the authorization will be denied for lack of	orientation, gender, gender identity, ancestry, marital status or religion. The goal of utilizing ASAM is to determine the appropriate level of care based off a member's individual needs and unique circumstances from a holistic perspective. ASAM criteria is a set of guidelines that provides clinicians a way to standardize treatment planning and allow patients to be placed in appropriate treatment levels, as well as provide continuing integrative care and ongoing service planning. Humana utilizes MCG criteria because it provides our clinicians access to evidence-based best practices for clinical decision making. MCG also supports care planning and promotes efficient transitions between care settings providing our enrollees support for all their physical health care needs.	

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	clinical information. Only Medical Directors can deny, in whole or in part, based on medical necessity. **Clinical Criteria and Reviews** Humana uses industry standards for clinical criteria: • American Society of Addiction Medicine (ASAM) to performs required prior authorization reviews for enrollees with non-emergency mental health, addiction, and co-occurring SUD. • MCG criteria to perform required prior authorization reviews for enrollees with non-emergency physical health needs. On standard and/or expedited PA requests, if the enrollee, or provider on behalf of the enrollee in the case of standard authorizations, requests an extension or if the Plan receives		

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	approval from OHCA the need for additional information and show that an extension is in the enrollee's best interest, the determination may have an extension of up to fourteen (14) calendar days from the receipt of the request and at least forty-eight (48) hours for an expedited request to complete the PA request. If an extension is granted that is not requested by the enrollee, the Plan will provide a written explanation to the enrollee and include information on how the enrollee can file an appeal, in response to the extension. Clinical reviews are fully documented in the enterprise's clinical documentation system which provides the authorization number, effective dates for authorization to participating providers and applicable non-participating providers. The clinical documentation system also stores		

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	and reports the time and date all service authorization requests are received, determinations made by the Plan, clinical data to support the determination, and time frames for notification of providers and enrollees of determinations. After an authorization request has been reviewed and approved and the enrollee and provider notification process are complete, the Plan will not rescind the approval unless the approval was based on grossly misleading or false information. For any PA request that is denied or authorized in an amount, duration, or scope less than requested, the Plan provides written notification to enrollees and providers in accordance with adverse benefit determinations. In the event of a request for services for an individual under twenty-one (21) years of age, the Plan's Medical		

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	Director reviews all available clinical information and makes a medical necessity determination, providing the full range of Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) services, including necessary health care, diagnostic services, treatment, and other services described in section 1905(a) of The Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screening, whether or not it is a covered service under the State Plan. The Plan also reviews all covered benefit authorization requests for medical necessity for enrollees twenty-one (21) and over. Once a determination is made, notification is completed to the enrollee and the provider, in accordance with PA approvals or adverse benefit determination notification. We inform the provider of their right and the process to request a Peer-to-Peer review,		

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	when applicable.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: Clinical reviews for all inpatient behavioral health PA requests will be determined within twenty-four (24) hours. **M/S:** Within the clinical review process, the reviewer completes standard PA request within seventy-two (72) hours of receipt of the request or as expeditiously as the enrollee's health requires. If the provider indicates, or the MM associate is aware, that adhering to the standard seventy-two (72) hour timeframe could jeopardize the enrollee's life, health, or ability to attain, maintain, or regain maximum function, Humana will make a determination as	N/A	N/A

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	expeditiously as necessary and, in no event, later than twenty-four (24) hours after receipt of the request for service.		
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for inpatient services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services. Humana's clinical review timeframe for behavioral health PA requests is shorter than the timeframe for M/S and therefore meets parity.		
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**		
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will	N/A		

INPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION
be modified to comply with parity.	

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION	
All outpatient services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis • Behavioral health (residential treatment) (residential treatment services provided in a community setting verses an acute inpatient setting) • Certified Community Behavioral Health (CCBH) Services • Clinic Services • Day Treatment Services • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Licensed Behavioral Health Provider (who can bill independently) • Maternal and Infant LCSW Services • Outpatient Behavioral Health Agency Services • Partial Hospitalization • Peer Recovery Support Services • Psychiatrist • Psychologist (who can bill independently) (317:30-5-276) • School-Based Health Related Services • Therapeutic Behavioral Services, Family Support and Training • Therapeutic Foster Care **Substance Use Disorder Services:** • Behavioral Health (Residential treatment) (residential treatment services provided in a community setting verses an acute inpatient setting) • Clinic Services • Drug Screen	• Advance Practice Registered Nurse • Ablation • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgery Center • Bone Growth Stimulators • Bladder Slings • Breast Procedures • Capsule Endoscopy • Cardiac Devices • Cardiac Procedures/Surgeries • Certified Registered Nurse Anesthetist and Anesthesiology Assistants • Chemotherapy • Clinic Services • Cosmetic and Reconstructive Surgeries • Diabetes Education • Diagnostic Testing Entities • Diagnostic/Cardiac Imaging • Donor Human Breast Milk • Drug Tests • Durable Medical Equipment • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Enteral formula • Eye Care to Treat a medical or surgical condition • Facility-based sleep studies (PSG) • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Hearing Services and Hearing Aids • Hip, knee, and shoulder Arthroscopy • Home Health Care Services/Home Infusion

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION	
	• Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Early intervention Services • Licensed Behavioral Health Provider (who can bill independently) • Opioid Treatment Programs • Partial Hospitalization • Peer Recovery Support Services • Psychiatrist • Psychologist (who can bill independently) • School-Based Health Related Services • Substance Abuse Treatment (Outpatient) (ASAM 3.3 and 3.1) • Tobacco Cessation Services (counseling)	• Hospice Care • Hyperbaric Therapy • Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lactation Consultant • Mammograms • Maternal and Infant LCSW Services • Molecular Diagnostic/Genetic Testing • Negative Pressure Wound Therapy • Non-emergent medical transportation (NEMT) • Nurse Midwives • Nutrition Services (Dietician) • Nutrition Infusion Pumps and Supplies • Oral orthognathic temporomandibular joint surgeries • Other DME • Other surgeries • Outpatient Hospital and Surgery Services • Pain Management • Parenteral / Enteral Nutrition • Personal Care (317:30-5-950 – 317:30-5-953) • Physician and Physician Assistant Services • Podiatry • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Prenatal and Postpartum • Preventive Care and Screening • Private Duty Nursing • Prosthetic Devices • Public Health Clinic Services • Radiation therapy • Radiology

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
		• Renal Dialysis Facility Services • Routine Patient Cost in Qualifying Clinical Trials • School Based Health Related Services • Surgery • Telehealth • Therapy: Physical Therapy (PT), Occupational Therapy (OT) Speech Therapy (ST) • Tobacco Cessation Services (counseling) • Transplant Services • Transportation services • Urgent Care Centers/Facilities • Varicose vein: surgical treatment and sclerotherapy • Vision Services • Wound Care and Skin and Tissue Substitutes	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The enrollee, their primary care provider (PCP) or treating provider is responsible for initiating a request for prior authorization (PA). Online requests are encouraged through www.Availity.com	Humana requires prior authorization for physical and behavioral health services and supplies on the prior authorization list (PAL) to ensure medical necessity is met. The PAL program's function is	The MM program incorporates numerous measures to monitor and evaluate progress toward meeting goals. Data is collected, analyzed, trended, and monitored on a systematic basis to facilitate corporate Quality Improvement

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	our secure, payer-agnostic provider portal. To promote simplicity and ease of use, Availity offers a single sign-on for fully automated electronic authorizations, referrals, eligibility, and benefits verification, as well as a customized page for Oklahoma Medicaid providers to access tailored education programs. Providers may submit requests at any time and upload supporting clinical documentation. Another electronic submission capability includes connecting to Epic, allowing providers to seamlessly submit requests within their workflow and attach clinical information. Humana offers alternative methods of submission including phone, fax, and claims. Humana does not require PA for any urgent/emergent medically necessary services. Providers can communicate with Humana's CIT by calling the IVR toll-free number. The IVR gives them the opportunity to create	to provide access to quality health care services for all covered benefits delivered to all enrollees in the appropriate care delivery setting, at the appropriate time, improve Humana enrollees' health status, and manage cost trends associated with UM by reducing inappropriate and duplicative services. Humana has a PAL committee comprised of Medical Directors, Operational Leaders, and Policy Researchers. The PAL committee reviews and discusses clinical rationale, data analysis and impacts to staff, members and providers when considering whether to add or remove items and services from the PAL. Humana employs a multifaceted approach to reduce provider burden to promote timely delivery of high-quality and appropriate care. Our goals include, but are not limited to: • Having a streamlined authorization submission process,	and to address any barriers that may be identified. To monitor over and underutilization, utilization indicators are selected and monitored to detect trends indicative of over- and underutilization. Leaders target specific measures to monitor for over and underutilization of services. We use our first year of operations as a data collection period in new markets and set targets based on that data. Our target rates are adjusted based on these evaluations. Potential measures include but are not limited to the following: • Acute admits per 1,000 enrollees • Inpatient days per 1,000 enrollees • Emergency room visits per 1,000 enrollees • Readmission rates within 30 days As part of Humana's Quality Improvement program and reviewed as a component of the MM committee, trends of over and underutilization of services are identified, reviewed, and acted on. The reports on over and underutilization are included on the annual

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	an outpatient notification using speech or keypad options. At any time, if the caller chooses to opt out, a representative will assist them. Providers have access to staff and/or access to submit notifications electronically through our Provider portal. Access to staff regarding MM issues include, but are not limited to: • Availability of staff for inbound calls regarding MM issues (Mon-Fri 8 a.m.-5 p.m. CST). • After hours staff able to receive calls regarding MM issues. • Outbound capabilities regarding inquiries about MM during normal business hours. • Identification of staff by name, title, and Plan name, when initiating or returning calls. • Tailored communication strategies to overcome	encourage providers to submit authorization requests electronically, providing free access to training and customer support. • Providing an online prior-authorization look-up tool, to promote transparency. • Providing real-time approvals, using integrated clinical criteria to approve services. • Allowing for gold carding to remove PA requirements for high-performing providers. • Facilitation and coordination of appropriate care and services. • Facilitation of timely discharge planning, continuity and appropriate setting of care and services, where applicable. • Responding to enrollees' and providers' needs and requests in a timely manner.	quality improvement work plan and findings are included in the annual quality improvement evaluation. Humana analyzes available data ensure that our enrollees are properly accessing care. Analysis, barriers/opportunities, and action items will be reported through the Quality Improvement Committee for review. Collectively this will ensure that appropriate utilization of services to enrollees is rendered. Enrollee and provider satisfaction with the MM process is monitored at least annually by Humana. Mechanisms for evaluating enrollee satisfaction include: CAHPS 4.0H Survey (questions 22 and 26 of the Medicaid insured version), provider survey, advisory boards and tracking enrollee complaints and compliments that relate specifically to MM/UM. Information about practitioner and provider satisfaction with MM/UM is collected at least annually by way of a satisfaction survey; HHH of Oklahoma also tracks practitioner complaints that relate specifically to MM/UM and solicits feedback from network

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	barriers, at no cost to the enrollee. • A toll-free number. Humana Healthy Horizons of Oklahoma staff coordinate with providers to meet the medical needs of our enrollees through PA, for services and items delivered in an outpatient setting. Authorization requests submitted by an out of network provider will pend for review. Authorization requests containing a service that requires PA will also pend for review. Authorizations are routed to the appropriate clinician(s) for processing. Upon receipt of a request for authorization, the appropriate clinical reviewer will ensure that all necessary information is available to perform a clinical review, this information can be received via fax or electronically via Plan access to a provider's EHR. If the necessary	• Assisting with data collection, analysis, and interpretation to promote continuous quality improvement and measurement of outcomes. • Sharing knowledge and providing education to enrollees, staff, providers and the community to promote optimal levels of care and services. • Identifying gaps in care or service, to promote quality care and improve enrollee health outcomes. • Improving Health care Effectiveness Data and Information Set (HEDIS) measures and Stars Ratings. • Collaborating with quality improvement and risk management staff in identifying and reporting critical quality of care issues and/or service concerns.	practitioners serving on health plan committees. The information is evaluated and used to improve satisfaction with the process. The **ASAM criteria** is the nationally recognized gold standard for determining appropriate care for members with substance use and co-occurring disorders. ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer of patients with addiction and co-occurring conditions. It defines the standards for assessing patients with substance use disorder to determine the type and intensity of treatment needed. MCG is a nationally recognized, evidence-based criteria to support effective MM. MCG criteria was selected because it is based on clinically validated best practices that support optimal clinical decision-making and is consistent with the state and federal laws, and rules and regulations of the State Plan for managed care. The Plan does not alter or edit MCG criteria. Annual review of MCG criteria is completed by

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	information is not available, the reviewer will make a minimum of 2 (two) attempts consisting of telephonic outreach and/or facsimile, to obtain the necessary information for review. Only relevant clinical information is requested to prevent the process from being burdensome for all parties involved. Additional information the Plan may request from an enrollee or provider may include any of the following data: • Diagnosis and/or procedure descriptions and codes • Facility/provider name • Office and hospital records • History of the presenting problem • Clinical examination • Diagnostic testing results • Progress notes • Patient psychosocial history • Information on consults with	• Identifying enrollees for care management, complex case management to identify and address barriers to optimal medical/surgical treatment. • Collaborating with treating physicians and ancillary providers to reduce the risk of a treatment failure or unfavorable outcomes. • Detecting inappropriate utilization trends by selecting and monitoring various utilization indicators. • Monitoring medical and behavioral service determinations to identify trends and compliance to standards and applicable regulations. • Conducting provider profiling by collaborating with applicable Humana departments (e.g., Provider Networking and/or Quality)	Humana physicians and subject matter experts. After the review, Humana transitions to the new integrated MCG care guidelines version, on an annual basis

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	the treating practitioner • Evaluations from other health care practitioners and providers • Operative and pathological reports • Rehabilitation evaluations • Information regarding the local delivery system • Patient characteristics and information • Information from responsible family members and/or significant others Once the information has been received, the appropriate reviewer will review all provided documentation for medical necessity and appropriateness using the most appropriate clinical guidelines based on the enrollee's condition. Only licensed associates can review and approve a PA request based on medical necessity. For any request that does not meet medical necessity,	to collect, analyze and compare physicians. • Promoting equal provision for all enrollees prohibiting discrimination based on race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. The goal of utilizing ASAM is to determine the appropriate level of care based off a member's individual needs and unique circumstances from a holistic perspective. ASAM criteria is a set of guidelines that provides clinicians a way to standardize treatment planning and allow patients to be placed in appropriate treatment levels, as well as provide continuing integrative care and ongoing service planning. Humana utilizes MCG criteria because it provides our clinicians access to evidence-based best practices for clinical	

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	the associate will route to the appropriate Medical Director(s) who completes a second medical necessity review. If the documentation is not provided to the Plan as requested within one (1) day of the receipt of the request, the authorization will be denied for lack of clinical information. Only Medical Directors can deny, in whole or in part, based on medical necessity. **Clinical Criteria and Reviews** Humana uses industry standards for clinical criteria: • American Society of Addiction Medicine (ASAM) to performs required prior authorization reviews for enrollees with non-emergency mental health, addiction, and co-occurring SUD. • MCG criteria to perform required prior authorization reviews for enrollees with non-emergency	decision making. MCG also supports care planning and promotes efficient transitions between care settings providing our enrollees support for all their physical health care needs.	

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	physical health needs. On standard and/or expedited PA requests, if the enrollee, or provider on behalf of the enrollee in the case of standard authorizations, requests an extension or if the Plan receives approval from OHCA the need for additional information and show that an extension is in the enrollee's best interest, the determination may have an extension of up to fourteen (14) calendar days from the receipt of the request and at least forty-eight (48) hours for an expedited request to complete the PA request. If an extension is granted that is not requested by the enrollee, the Plan will provide a written explanation to the enrollee and include information on how the enrollee can file an appeal, in response to the extension. Clinical reviews are fully documented in the enterprise's clinical documentation system which		

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	provides the authorization number, effective dates for authorization to participating providers and applicable non-participating providers. The clinical documentation system also stores and reports the time and date all service authorization requests are received, determinations made by the Plan, clinical data to support the determination, and time frames for notification of providers and enrollees of determinations. After an authorization request has been reviewed and approved and the enrollee and provider notification process are complete, the Plan will not rescind the approval unless the approval was based on grossly misleading or false information. For any PA request that is denied or authorized in an amount, duration, or scope less than requested, the Plan provides written notification to enrollees and		

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	providers in accordance with adverse benefit determinations. In the event of a request for services for an individual under twenty-one (21) years of age, the Plan's Medical Director reviews all available clinical information and makes a medical necessity determination, providing the full range of Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) services, including necessary health care, diagnostic services, treatment, and other services described in section 1905(a) of The Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screening, whether or not it is a covered service under the State Plan. The Plan also reviews all covered benefit authorization requests for medical necessity for enrollees twenty-one (21) and over. Once a determination is made, notification is completed to the		

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
	enrollee and the provider, in accordance with PA approvals or adverse benefit determination notification. We inform the provider of their right and the process to request a Peer-to-Peer review, when applicable. Within the clinical review process, the reviewer completes standard PA request within seventy-two (72) hours of receipt of the request or as expeditiously as the enrollee's health requires. If the provider indicates, or the MM associate is aware, that adhering to the standard seventy-two (72) hour timeframe could jeopardize the enrollee's life, health or ability to attain, maintain, or regain maximum function, Humana will make a determination as expeditiously as necessary and, in no event, later than twenty-four (24) hours after receipt of the request for service.		
Key Differences			
Process, Strategies and	**Processes:** Describe the process, both in	**Strategies:** Why does CE require Prior	**Evidentiary Standards:**

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION		
Evidentiary Standards	writing and in practice, for Prior Authorization that CE uses.	Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	**MH/SUD:** For those MH and SUD residential treatment services provided within a community setting, Humana has chosen to review authorize those within outpatient services. These services are not provided in an acute inpatient setting and typically include additional community-based services in conjunction with residential treatment services. **M/S:** N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable**	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for outpatient services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services. Humana renders all inpatient MH/SUD PA determinations within 24 hours, while the CE has up to 72 hours to render M/S determination. Because the CE has the burden to render quicker MH/SUD determinations than M/S determination, the prior authorization process is less stringently applied to MH/SUD services than M/S services for inpatient services.		

OUTPATIENT SERVICES	HUMANA PRIOR AUTHORIZATION
and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	HUMANA PRIOR AUTHORIZATION		
All emergency services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	There is no application of Prior Authorization criteria for emergency MH/SUD services.	There is no application of Prior Authorization criteria for emergency M/S services.	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Comparability and Stringency	N/A		

EMERGENCY SERVICES	HUMANA PRIOR AUTHORIZATION
Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	HUMANA PRIOR AUTHORIZATION		
All pharmacy services requiring Prior Authorization	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: None **Substance Use Disorder Services:** • Sublocade (buprenorphine extended release)	• Prescription Drugs see PAL "402604OK0224_OK Medicaid 2024-02-19"	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	PA criteria for drugs covered under the medical and pharmacy benefits will be no more restrictive than that utilized by OHCA. As such, Humana follows OHCA's PDL and PA criteria. For claims where a pharmacist is unable to fill a medication that denies at point of sale for error codes requiring a prior authorization, Humana Pharmacy Solutions will allow the pharmacists to fill an emergency 72-hour supply based on the pharmacist's clinical	The PA process is used to help promote utilization of prescription benefits that are safe and cost-effective. Drugs or biologics are reviewed to determine need for PA criteria. Humana applies medical necessity checks to ensure that usage is appropriate per members' benefits, state and federal regulations, and OHCA's medically	Humana's evidentiary standards for pharmacy prior authorizations include: • All covered outpatient drugs subject to PA, as referenced in OAC 317:30-5-77.2 and 317:30-5-77.3 • Federal and State laws, rules, and regulations concerning the practice of pharmacy • Agreement with Oklahoma Health

PHARMACY SERVICES	HUMANA PRIOR AUTHORIZATION		
	judgement. This includes unbreakable package items as well, example: Albuterol Inhalers or Insulin. In operation clinical reviewers follow the same policies, processes, guidelines, and review standards across all therapeutic classes. Illustrative Analysis of clinical review standards in operation includes: • Audit/reviews of utilization review documentation requirements. • Audit/reviews of notifications to ensure comparable timeliness. • Audit/reviews of denial rates by drug category/class • Audit results that demonstrate that the frequency of all types of utilization review for medical/surgical vs. MH/SUD, where applicable, are comparable. • Audit/reviews of the process followed when reviewing clinical criteria. • Audit/reviews that demonstrate consistent clinical review criteria. • Audit/reviews that demonstrate consistent policy application.	acceptable criteria. In instances in which OHCA drug-specific criteria are available, Humana references that for prior authorization reviews.	Care Authority (OHCA) • National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans

PHARMACY SERVICES	HUMANA PRIOR AUTHORIZATION		
	• Audit/reviews that demonstrate the selection of appropriate indications for reasonable and necessary criteria to determine medical necessity.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorization that CE uses.	**Strategies:** Why does CE require Prior Authorization for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorization for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No differences between MH/SUD and M/S processes for PAs for pharmacy services.	No differences between MH/SUD and M/S strategies for PAs for pharmacy services.	No difference between evidentiary standards for MH/SUD and M/S pharmacy services**.**
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable**	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for pharmacy services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

PHARMACY SERVICES	HUMANA PRIOR AUTHORIZATION
and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorization requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorization is in parity. No additional information is needed. If Prior Authorization requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorization is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorization processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Oklahoma Complete Health (Medical & CSP) – NQTL Analysis Templates

Concurrent Reviews

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
All inpatient services requiring Concurrent Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	

	Mental Health Services:
	• Psychiatric Residential Treatment Facility
	• Inpatient Hospital – Freestanding Psychiatric
	• Inpatient Hospital – General Acute
	Substance Use Disorder Services:
	• Substance Abuse Treatment (Inpatient, and Residential)
	• Inpatient Hospital – Freestanding Psychiatric
	• Inpatient Hospital – General Acute
		• Inpatient Hospital Services to include:
		  ○ IP Hospital Services
		  ○ IP Physician Services
		  ○ IP Surgical Services
		  ○ IP Rehab hospital services
		• Long-Term Care Hospital for Children
		• Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services	

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Once a prior authorization is approved, the request and authorization information are	The concurrent review process assesses the clinical status of the	Concurrent reviews are used to ensure the appropriate

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	transferred to the appropriate Inpatient Care Clinician assigned to the specific hospital requested. If a member is out of the area, the request is forwarded to the appropriate Inpatient clinician. Refer to Inpatient Concurrent Review Policy. When a member is admitted, the practitioner or facility notifies the Plan that a member has been admitted to an inpatient or observation setting. All admissions must be reviewed in a timely manner consistent with applicable processes and timeframes. The concurrent review team may be comprised of reviewers who work and review requests remotely and/or who have facility access and review live charts or submitted documentation. The concurrent review clinician applies medical necessity criteria (NCD/LCD, clinical policy, InterQual, MCG care guidelines, *American Society of Addiction Medicine (ASAM))* using the clinical information received. Both clinical inpatient criteria and level of care criteria are assessed during the review. Additional information on the review criteria is listed in CP.CPC.05 Medical Necessity Review Criteria.	member, verifies the need and level of continued hospitalization, facilitates the implementation of the practitioner's plan of care, promotes timely care, determines the appropriateness of treatment rendered, and monitors the quality of care to verify professional standards of care are met. The Plan performs concurrent reviews for covered persons using approved clinical criteria to facilitate medical appropriateness, promote quality and continuity of care, and to coordinate discharge planning. InterQual and ASAM provides a clear, consistent, evidence-based platform for care decisions that promote appropriate use of services, enhance quality, and improve health outcomes	addressing of member needs during an inpatient event throughout hospitalization. InterQual and ASAM are developed by generalist and specialist physicians representing a national panel from academic as well as community-based practice, both within and outside the managed care industry In OCH's contract with OHCA Chapter 1.8.2 Medical Necessity Criteria section notes that nationally recognized Medical Necessity Criteria such as InterQual may be utilized. Additionally, the contract requires that OCH utilize the American Society of Addiction Medicine (ASAM) criteria for authorizing SUD services.

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	If the hospital stay meets medical necessity criteria, the facility is notified of the approved days the approval notification is documented in the clinical documentation system. A. If the hospital stay does not meet medical necessity criteria, as necessary, the concurrent review clinician requests additional information from the appropriate facility contacts and/or the attending physician to obtain additional clinical information, if available, and enters this information in the clinical documentation system. Additional clinical information requested depends on the criteria being utilized based on services requested and can include. B. Office and hospital records. C. A history of the presenting problem. D. Clinical or mental status exam notes. E. Diagnostic testing results. F. Treatment plans and progress notes.		

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	G. Patient psychosocial history or assessments. H. Information on consultations with the treating practitioner. I. Evaluations from other health care practitioners and providers. J. Photographs. K. Operative and pathological reports. L. Rehabilitation evaluations. M. Printed copy of criteria related to the request. N. Information regarding benefits for service or procedure. O. Information regarding the local delivery system. P. Patient characteristics and information. Q. Information from responsible family members. R. LOCUS, CALOCUS, or other level of care assessment. S. ASAM PPC. T. Physical or behavioral health screenings and results. If the admission is approved as requested, the medical officer documents the decision		

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	and rationale in the clinical documentation system. The Plan provides electronic or written (i.e., email, fax, mail or EMR) notification of the approval to the requesting practitioner, not to exceed the original time frame. The facility or other treating provider is also notified, as applicable. The facility and attending/servicing practitioner must be notified of approved days and levels of care (as applicable per Plan), and date of next anticipated review (remote/onsite) with updated clinical information to support a continued length of stay, as necessary (refer to attached workflow: Next Review Date). If the request is denied, the Medical Officer documents the decision and rationale in the clinical documentation system, and the facility/practitioner is notified in a manner consistent with applicable processes and timeframes. If the Medical Officer recommends an alternative level of care, the Medical Officer documents this determination in the clinical documentation system. The facility UM staff is notified of the level of care at which the		

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	member is approved. For Continued Stays (requests to determine if continued hospital stay is necessary and that care is being rendered at an appropriate level), the frequency of case reviews is based on multiple factors including current level of care, severity or complexity of the illness, expected length of stay, Diagnostic Related Group (DRG) status, how close to discharge the member is, discharge planning, etc. All hospitalized members are reviewed based on guidelines and recommendations from the Medical Officer or leadership of Population Health and Clinical Operations. For inpatient stays, the concurrent review time frames must be applied if the member is still currently inpatient or in an observation setting, (e.g., if a discharge date/time cannot be verified at the time of the initial request/notification of the admission, even if the Plan is notified of discharge once the concurrent review process is underway). • When reviewed, if discharge can be confirmed at the time of the initial request/notification of the admission, post-service review		

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	time frames may be applied. • The request to extend urgent concurrent care was not made at least one (1) calendar day prior to the expiration of the prescribed period of time or number of treatments. The Plan may make the decision within three (3) calendar days. • The request to approve additional days for urgent concurrent care is related to care not previously approved by the Plan and the Plan documents that it made at least one attempt and was unable to obtain the needed clinical information within the initial one (1) calendar day after the request for coverage of additional days. In this case, the Plan has up to three (3) calendar days to make the decision. • If a determination cannot be made due to lack of necessary information, the UM designee must document attempts to obtain the additional		

INPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	information. • Whenever possible, documentation in the clinical documentation system should be entered while on-site at the facility, utilizing the provided laptop, as this allows the best utilization of time.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Medical Necessity Review Process for Concurrent Reviews CE uses InterQual for M/S and psychiatric concurrent reviews and ASAM as the medical necessity criteria for SUD.	No identified differences in strategies for concurrent reviews between MH/SUD and M/S services.	No identified differences in evidentiary standards for concurrent reviews between MH/SUD and M/S services.
Comparability and Stringency Describe how	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to concurrent reviews for inpatient services. OCH uses industry standards as the medical necessity criteria for all MH/SUD and M/S benefit concurrent reviews.		

INPATIENT SERVICES	OCH CONCURRENT REVIEWS
the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Reviews is in parity. No additional information is needed. If Concurrent Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	OCH CONCURRENT REVIEWS	
All outpatient services requiring Concurrent Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	None	• Home Health Care Services • Outpatient Therapy Services- PT/OT/ST • Rental of Durable Medical Equipment

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.

OUTPATIENT SERVICES	OCH CONCURRENT REVIEWS		
	N/A	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability**: N/A **Stringency**: N/A		
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Reviews is in parity. No additional information is needed. If Concurrent Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Reviews is not in parity. Proceed to the following row.**		
Modifications Describe how Concurrent Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A		

EMERGENCY SERVICES	OCH CONCURRENT REVIEWS		
All emergency services requiring Concurrent Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	OCH CONCURRENT REVIEWS
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability**: N/A **Stringency**: N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Reviews is in parity. No additional information is needed. If Concurrent Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	OCH CONCURRENT REVIEWS		
All pharmacy services requiring Concurrent Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Concurrent Reviews that CE uses.	**Strategies:** Why does CE require Concurrent Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Concurrent Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Comparability and Stringency	**Comparability**: N/A **Stringency**: N/A		

PHARMACY SERVICES	OCH CONCURRENT REVIEWS
Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Concurrent Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Concurrent Reviews is in parity. No additional information is needed. If Concurrent Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Concurrent Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Concurrent Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Medical Necessity Criteria

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA	
All inpatient services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**

	Mental Health Services:
	• Inpatient Hospital – Freestanding Psychiatric
	• Inpatient Hospital – General Acute
	• Psychiatric Residential Treatment Facility
	
	Substance Use Disorder Services:
	• Inpatient Hospital – Freestanding Psychiatric
	• Inpatient Hospital Services
	• Substance Abuse Treatment (Inpatient, and Residential)
		• Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376)
		• Bariatric Surgery
		• Hospice Care
		• Inpatient Hospital Services including;
		  ○ Inpatient Hospital Services
		  ○ Inpatient Physician Services
		  ○ Inpatient Surgical Services
		  ○ Inpatient Rehab Hospital Services
		• Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs)
		• Lodging and Meals for the enrollee and/or one (1) approved medical escort
		• Long-Term Care Hospital for Children
		• Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services
		• Physician and Physician Assistant Services
		• Post-Stabilization Care Services
		• Pregnancy and Maternity Services, including Delivery
		• Prosthetic Devices
		• Reconstructive Surgery

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:**[10,11] Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:**[1,12] Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:**[1,2,3] What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	OCH uses industry guidelines to determine medical necessity and appropriateness of physical care and behavioral health inpatient, partial hospitalization, behavioral health residential/PRTF (and outpatient M/S and BH services). Industry guidelines are also used to determine medical necessity and appropriateness for substance use disorder services. Medical necessity criteria is applied when a prior authorization, concurrent review or retrospective review is needed for a service, based on the type of services being requested.	OCH works collaboratively to ensure members have timely access to high quality health care and appropriate health care resources. The goal in utilization management is to help guide best practice medicine in the most efficient and economical manner while addressing patient-specific needs. To that end, the clinical decision criteria utilized aligns the interests of OCH, the practitioner, and the member. The UM criteria are	InterQual provides a clear, consistent, evidence-based platform for care decisions that promote appropriate use of services, enhance quality, and improve health outcomes. OCH uses InterQual's Level of Care and Care Planning Criteria for Pediatric Acute, Adult Acute, Home Care, Durable Medical Equipment, Behavioral Health and Procedures to determine medical necessity and appropriateness of care. OCH uses ASAM criteria for substance abuse. Medically Necessary or Medical Necessity

[10] OK.UM.01. Accessed by OHCA through OCH_DR6_No3_Deliverble3.1.
[11] OK.UM.41. Accessed by OHCA through OCH_DR6_No1_Deliverable1.
[12] OK.UM.02. Accessed by OHCA through OCH_DR6_No2_Deliverable1.

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	Medical necessity determinations are made on a case-by-case basis in situations where there are no viable non-experimental treatment options or all other treatment options have been exhausted. <u>Levels of Medical Necessity Review</u> There are no differences in the utilization management (UM) process for MH/SUD and M/S inpatient services. UM consists of prior authorizations (PA), concurrent reviews, and retrospective reviews. The UM process follows the processes set forth in the respective charts of the forementioned reviews. Two levels of UM medical necessity review that are applied consistently for MH/SUD and M/S services are available for all authorization requests: 1. **Level I** reviews intend to determine if a service meets medical necessity criteria. Level I reviews are part of the PA, concurrent review, and retrospective review processes. A Level I review is conducted on covered medical benefits by a Care Manager who has been appropriately trained in the principles, procedures,	nationally recognized, evidence-based standards of care and include input from recognized medical experts. OCH ensures that medical review criteria are objective and based on sound medical evidence, and that appropriate health care professionals are involved in the development, adoption and updating of the utilization medical review criteria. OCH implements the medical necessity criteria through training. Departmental training is provided to Utilization Management staff who utilize the approved medical review criteria. Consistency of staff and medical director use and decision making when determining authorization determinations is evaluated according to the Interrater Reliability Policy.	for evaluating the appropriateness of services is established under OAC 317:30-3-1 and through consideration of the following standards: a. Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis, or treatment of symptoms of illness, disease, or disability b. Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's need for the service c. Treatment of the member's condition, disease or injury must be based on reasonable and predictable health outcomes d. Services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the enrollee, family or medical provider

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	and standards of utilization and medical necessity review. A Level I review is conducted utilizing Change Health care's InterQual®, the American Society of Addiction Medicine's (ASAM) criteria, or applicable state or company developed clinical policy, while taking into consideration the individual member needs and complications at the time of the request, in addition to the local delivery system available for care. Other factors that must be considered when applying medical necessity criteria to a given individual situation includes the member's age, co-morbidities, complications, progress of treatment, psychosocial situation, and home environment, when applicable. At no time does a Level I review result in a reduction, denial, or termination of service. Adverse determinations can only be made by a Medical Officer, or other health care professional as appropriate, during a Level II review.		e. Services must be delivered in the most cost-effective manner and most appropriate setting; and f. Services must be appropriate for the member's age and health status and developed for the member to achieve, maintain or promote functional capacity or age-appropriate growth and development.

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	If the existing medical necessity criteria is not met following a Level 1 review, a Level II review will be necessary. 2. **Level II** reviews are conducted when an MNC determination cannot be made at the level I review. Level II review is conducted on a case-by-case basis by an appropriate practitioner with a current license to practice without restriction, or other health care professional as appropriate. For instance, if the request is for a behavioral health service, a qualified behavioral health practitioner conducts the Level II review or is consulted during the review. If the request is for dental services, a qualified dental practitioner conducts the Level II review. Automatic referral for Level II review includes requests for services or procedures that require service determination (such as exceeding benefit limits, new codes, or coverage under EPSDT as certain service types may not be covered except		

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	under EPSDT), services that do not have existing medical necessity criteria, or are potentially experimental or new in practice. Although OCH does not require PA for preventative care, PA may be required for other diagnostic and treatment products, which could then then warrant a Level II review to confirm medical necessity. A Level II review is also indicated when the request does not meet the existing medical necessity criteria following a Level 1 review. All Level II reviews are conducted with consideration given to continuity of care, individual member needs at the time of the request, and the local delivery system available for care. A board-certified consultant may be used or consulted in making a medical necessity determination. If the qualified Level II practitioner denies the services, then the Medical Officer (or other appropriate practitioner as defined by OCH), reviews all potential medical necessity denials for medical appropriateness and has		

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	authority to implement an adverse determination which results in reduction, suspension, denial, or termination of services. This process follows the processes used in the respective charts of PAs, concurrent reviews, and retrospective reviews. <u>New Technology (Emerging Treatment Modalities)</u> In instances of determining benefit coverage and medical necessity of new and emerging technologies, the new application of existing technologies, or application of technologies for which no InterQual Criteria exists, OCH's Medical Officer consults available Clinical Policies. The Clinical Policy Committee (CPC) develops these statements. The CPC is responsible for evaluating new technologies or new applications of existing technologies for inclusion as medical necessity criteria. The CPC develops, disseminates and at least annually updates clinical policies related to medical procedures, behavioral health procedures, devices and pharmaceuticals. The CPC or assigned designee reviews appropriate information including published scientific evidence, applicable		

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	government regulatory body information, CMS's National and Local Coverage Decisions database/manual, and input from relevant specialists and professionals who have expertise in the technology. <u>Out-of-Network Services</u> In MH/SUD and M/S service cases where services cannot be reasonably obtained by a network provider, out-of-network services can be rendered if the services are medically necessary, covered, and authorized by OCH: 1. The decision to authorize use of an out-of-network provider is based on continuity of care, complexity of the case and the lack of availability of an in-network provider of the same specialty and expertise. 2. Services are authorized for as long as the service is needed or until the service can be provided by an in-network provider. 3. OCH coordinates payment with the out-of-network provider and ensures the cost to the member is not		

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
	greater than it would be if the services were furnished by an in-network provider. 4. OCH coordinates with the out-of-network provider about payment and communication between the member's primary care physician (PCP).		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:**[13] Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	SUD: Industry guidelines OCH uses for medical necessity reviews of SUD services: ASAM criteria. **MH/M/S:** Industry guidelines OCH uses for medical necessity reviews of MH and medical services: InterQual criteria.	No differences between MH/SUD and M/S strategies for medical necessity for inpatient services.	No differences between MH/SUD and M/S evidentiary standards for medical necessity for inpatient services.

[13] OK.UM.01. Accessed by OHCA through OCH_DR6_No3_Deliverble3.1.

INPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to medical necessity criteria for inpatient services. OCH uses industry standards as the medical necessity criteria for all MH/SUD and M/S services determinations. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA	
All outpatient services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis • Day Treatment Services • Electroconvulsive Therapy (ECT) • Partial Hospitalization • Therapeutic Foster Care • Intensive Treatment Family Care (ITFC)[14] **Substance Use Disorder Services:** • Opioid Treatment Programs • Peer Recovery Support Services • Substance Abuse Treatment (Outpatient)	• Advanced Practice Registered Nurse • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgical Center • Certified Registered Nurse Anesthetist and Anesthesiologist Assistants • Chemotherapy • Diagnostic Testing Entities • Donor Human Breast Milk • Durable Medical Equipment Supplies and Appliances • Some Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Eye Care to treat a medical or surgical condition • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care • Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Non-Emergency Medical Transportation (NEMT) • Nurse Midwives • Orthotics

[14] Intensive Treatment Family Care (ITFC) is only a covered benefit under SoonerSelect CSP.

<table>
<tr><th>OUTPATIENT SERVICES</th><th colspan="3">OCH MEDICAL NECESSITY CRITERIA</th></tr>
<tr><td></td><td colspan="2"></td><td>• Outpatient Hospital and Surgery Services
• Parenteral/Enteral Nutrition
• Personal Care (317:30-5-950 – 317:30-5-953)
• Physician and Physician Assistant Services
• Podiatry
• Post-Stabilization Care Services
• Private Duty Nursing
• Prosthetic Devices
• Radiation
• Renal Dialysis Facility Services
• Routine Patient Cost in Qualifying Clinical Trials
• Therapy Services: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)
• Transplant Services</td></tr>
<tr><th colspan="4">Congruent Approach for MH/SUD and M/S Services</th></tr>
<tr><td rowspan="2">Process, Strategies and Evidentiary Standards</td><td>Processes:[15,16,17]
Describe the process, both in writing and in practice, for Medical Necessity that CE uses.</td><td>Strategies:[4,6]:
Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?</td><td>Evidentiary Standards:
What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.</td></tr>
<tr><td>Outpatient MNC processes are the same as inpatient MNC processes.</td><td>Outpatient MNC strategies are the same as inpatient MNC strategies.</td><td>Outpatient MNC evidentiary standards are the same as inpatient MNC evidentiary standards.</td></tr>
</table>

[15] OK.UM.01. Accessed by OHCA through OCH_DR6_No3_Deliverable3.1
[16] OK.UM.41. Accessed by OHCA through OCH_DR6_No1_Deliverable1
[17] OK.UM.02. Accessed by OHCA through OCH_DR6_No2_Deliverable1

OUTPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:**[18] Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	SUD: OCH uses ASAM criteria for medical necessity reviews of SUD services. **MH/M/S:** OCH uses InterQual criteria for medical necessity reviews of MH and medical services.	No differences between MH/SUD and M/S strategies for medical necessity for outpatient services.	No differences between MH/SUD and M/S evidentiary standards for medical necessity for outpatient services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently**	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to medical necessity criteria for outpatient services. OCH uses industry standards as the medical necessity criteria for all MH/SUD and M/S services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

[18] OK.UM.01. Accessed by OHCA through OCH_DR6_No3_Deliverble3.1.

OUTPATIENT SERVICES	OCH MEDICAL NECESSITY CRITERIA
applied to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	OCH MEDICAL NECESSITY CRITERIA		
All emergency services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	OCH MEDICAL NECESSITY CRITERIA
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	OCH MEDICAL NECESSITY CRITERIA		
All pharmacy services requiring Medical Necessity	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: • Prescription Drugs • Psychotropic Medications **Substance Use Disorder Services:** • Prescription Drugs • Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone)	• Chemotherapy • Prescription Drugs	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes[19]:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies[20]:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The Clinical Criteria for both MH/SUD and M/S pharmacy services, medical necessity determinations are made on a case-by-case basis. Oklahoma Complete Health will utilize pharmacy clinical criteria developed and distributed by the Oklahoma Health Care Authority to evaluate medical necessity.	Medical necessity review will help manage pharmacy service resources effectively and efficiently while ensuring quality care is provided and will assist in actively monitoring utilization to guard against over-utilization of services and fraud or abuse.	For both MH/SUD and M/S pharmacy services, medical necessity determinations are made on a case-by-case basis. Oklahoma Complete Health will utilize pharmacy clinical criteria developed and distributed by the Oklahoma Health care Authority to

[19] OK.UM.02. Accessed by OHCA through OCH_DR6_No2_Deliverable1
[20] OK.PHAR.09. Accessed by OHCA through OCH_DR6_No6_Deliverable1.10

PHARMACY SERVICES	OCH MEDICAL NECESSITY CRITERIA		
			evaluate medical necessity.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No differences between MH/SUD and M/S processes for medical necessity for pharmacy services.	No differences between MH/SUD and M/S strategies for medical necessity for pharmacy services.	No difference between evidentiary standards for MH/SUD and M/S pharmacy services**.**
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to medical necessity criteria for pharmacy services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		
Evaluation of Processes, Strategies and	**If Medical Necessity requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Medical Necessity is in parity. No additional information is needed. If Medical**		

PHARMACY SERVICES	OCH MEDICAL NECESSITY CRITERIA
Evidentiary Standards	**Necessity requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Medical Necessity is not in parity. Proceed to the following row.**
Modifications Describe how Medical Necessity processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Practice Guideline Selection and Criteria

<table>
<tr><th>INPATIENT SERVICES</th><th colspan="3">OCH PRACTICE GUIDELINE SELECTION AND CRITERIA</th></tr>
<tr><td rowspan="2">All inpatient services requiring Practice Guideline Selection and Criteria</td><td>Mental Health/Substance Use Disorder (MH/SUD) Services</td><td colspan="2">Medical/Surgical (M/S) Services</td></tr>
<tr><td>Mental Health Services:
Inpatient Hospital – Freestanding Psychiatric
Inpatient Hospital – General Acute
Psychiatric Residential Treatment Facility
Substance Use Disorder Services:
Inpatient Hospital – Freestanding Psychiatric
Inpatient Hospital Services
Substance Abuse Treatment (Inpatient, and Residential)</td><td colspan="2">Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376)
Bariatric Surgery
Hospice Care
Inpatient Hospital Services
Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs)
Lodging and Meals for the enrollee and/or one (1) approved medical escort
Long-Term Care Hospital for Children
Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services
Physician and Physician Assistant Services
Post-Stabilization Care Services
Pregnancy and Maternity Services, including Delivery
Prosthetic Devices
Reconstructive Surgery</td></tr>
<tr><th colspan="4">Congruent Approach for MH/SUD and M/S Services</th></tr>
<tr><td>Process, Strategies and Evidentiary Standards</td><td>Processes:
Describe the process, both in writing and in practice, for Practice Guideline Selection and Criteria that CE uses.</td><td>Strategies:
Why does CE require Practice Guideline Selection and Criteria for these services, and why does CE</td><td>Evidentiary Standards:
What evidence supports the use of Practice Guideline Selection and Criteria for the</td></tr>
</table>

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
		use the process described? What is the rationale and/or goal CE is trying to achieve?	listed services? Evidence may include practice guidelines and internal CE utilization data.
	Clinical practice guidelines (CPGs) are developed consistently across MH/SUD and M/S services. OCH adopts CPGs which are relevant to their population. OCH also adopts applicable preventive health guidelines for perinatal care, care for children up to 24 months old, care for children 2–19 years old, care for adults 20–64 years old, and care for adults 65 years and older. OCH adopts clinical practice guidelines (CPG) from recognized sources for the provision of acute and chronic or behavioral health services relevant to the populations served. OCH presents guidelines to the Quality Improvement Committee (QIC) and/or applicable subcommittees for appropriate physician review and adoption. Guidelines are updated at least annually or upon significant new scientific evidence or changes in national standards. Clinical practice guidelines reflect evidence-based best practices in patient care and help to improve quality of care. They are published externally to increase awareness of best practices and include guidelines from professional societies such as	Guidelines are based on the population's health needs and/or opportunities for improvement as identified through the Quality Assessment and Performance Improvement (QAPI) Program. Whenever possible, guidelines from recognized sources are adopted. OCH adopts clinical practice guidelines to ensure clinical decisions made utilize all relevant clinical information and are based on objective and evidence-based criteria considering individual circumstances and local delivery systems. Clinical Practice Guidelines	OCH follows federal requirement 42 C.F.R. § 438.236, requiring OHCA to adopt physical Clinical Practice Guidelines that meet the following requirements: a. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field; b. Consider the needs of members in each of the eligibility groups enrolled with OCH; c. Are adopted in consultation with Participating providers; and d. Are reviewed and updated as needed, or at least every two (2) years.

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
	the American Heart Association, American Psychological Association, CDC, USPSTF and ASAM, etc. ASAM also offers medical necessity criteria that is used for utilization management review, as does InterQual. <u>Development and Revision of Guidelines</u> • Source data is documented in the guidelines to include scientific basis or the authority upon which it is based. • Board-certified practitioners who will utilize the guidelines have the opportunity to review and give advice on the guidelines through the Physical Health Clinical Policy Committee (PH CPC) or the Behavioral Health Clinical Policy Committee (BH CPC) and OCH's QIC or applicable subcommittee. • If guidelines from a recognized source cannot be found, OCH's PH CPC or BH CPC is consulted for assistance in guideline sourcing or development. • Clinical policy staff update guidelines upon significant new scientific evidence or change in national standards and guidelines are reviewed by OCH's PH CPC or BH CPC and QIC at least annually. <u>Internal Use of Guidelines</u> • OCH uses evidence-based clinical practice	While practice guidelines are not used as criteria for medical necessity determinations, the Medical Officer and UM staff make UM decisions that are consistent with national evidence-based guidelines distributed to network practitioners. OCH coordinates the development of CPGs with other CEs to avoid the possibility that Providers receive conflicting Clinical Practice Guidelines from different CEs. OCH shall disseminate Clinical Practice Guidelines to all affected participating providers and, upon request, to members or eligibles. OCH shall include the Clinical Practice Guidelines within provider agreements and measure provider compliance with the clinical practice guidelines.	

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
	guidelines, preventative health guidelines, and/or other scientific evidence, as applicable, in developing, implementing, and maintaining clinical decision support tools used to support utilization and care management. • When appropriate, OCH may choose to use a utilization management vendor's clinical decision support tool. If chosen, the selected vendor has the applicable medical necessity criteria based on what services they are contracted for, such as Evolent's medical necessity criteria for Radiology. OCH will ensure through due diligence and regular updates that evidence-based practice is utilized in development of the clinical decision support tools. • When OCH deems necessary, customized assessments or utilization management tools are developed as follows: ○ Utilize clinical sources with documented evidence-based practice guidelines ○ A team consisting of OCH and corporate staff, which includes licensed clinical staff, develops the necessary tools, such as training		

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
	materials and job aids o The Vice President of Population Health and Clinical Operations, the Chief Medical Officer, and Director of Behavioral Health review and approve the modifications, such as updated references, as applicable. • The clinical documentation system provides a link to the clinical practice guidelines as applicable for access by clinical staff during utilization management and care management. <u>Plan Distribution to Practitioners and Members</u> • OCH distributes MH/SUD and M/S CPG in the same manner. • OCH distributes CPGs to all internal practitioners who are likely to use them and upon request to members, potential members, and external providers. Revised guidelines are distributed on a timely basis. • New/updated CPGs will be disseminated to providers via OCH website as soon as possible (or per contract timeframe). • A listing of adopted CPGs is maintained in the provider manual, with the links to the full guidelines or with a notation that the		

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
	links and/or full guidelines are available on OCH's website or hard copy upon request. • Members may be notified of their right to request guidelines in the member handbook, member newsletter or other member materials. • CPG are posted to OCH's website for members or potential members to view. OCH will mail the member a hard copy upon request. • Mechanisms to notify and distribute guidelines may include, but are not limited to: o New practitioner orientation materials. o Provider/member newsletters. o Member handbook. o Special mailings. OCH providers are expected to provide quality care to members in alignment with nationally recognized clinical practice guidelines, regardless of authorization requirements.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Practice Guideline Selection and Criteria that CE uses.	**Strategies:** Why does CE require Practice Guideline Selection and Criteria for these services, and why does CE use the process	**Evidentiary Standards:** What evidence supports the use of Practice Guideline Selection and Criteria for the listed services?

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
		described? What is the rationale and/or goal CE is trying to achieve?	Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: <u>Development and Revision of Guidelines</u> The Behavioral Health Clinical Policy Committee (BH CPC) is responsible for researching BH evidence-based guidelines. **Medical/Surgical:** <u>Development and Revision of Guidelines</u> The Physical Health Corporate Clinical Policy Committee (PH CPC) is responsible for researching PH evidence-based guidelines.	No identified differences in strategy for the selection and criteria of practice guidelines between MH/SUD and M/S services.	No identified differences in evidentiary standards for selection and criteria of practice guidelines between MH/SUD and M/S services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** While OCH uses separate committees for MH/SUD guidelines (the BH CPC) and M/S guidelines (the PH CPC), the committees follow the same processes and procedures for overseeing the practice guidelines and criteria for inpatient services and therefore are deemed comparable. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

INPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA
Evaluation of Processes, Strategies and Evidentiary Standards	**If Practice Guideline Selection and Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Practice Guideline Selection and Criteria is in parity. No additional information is needed. If Practice Guideline Selection and Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Practice Guideline Selection and Criteria is not in parity. Proceed to the following row.**
Modifications Describe how Practice Guideline Selection and Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA	
All outpatient services requiring Practice Guideline Selection and Criteria	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis • Certified Community Behavioral Health (CCBH) Services • Clinic Services • Day Treatment Services • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Licensed Behavioral Health Provider (who can bill independently) • Maternal and Infant LCSW Services • Outpatient Behavioral Health Agency Services • Outpatient Hospital and Surgery Services • Partial Hospitalization • Peer Recovery Support Services • Program for Assertive Community Treatment (PACT) Services in accordance with OAC • Psychiatrist • Psychologist (who can bill independently) (317:30-5-276) • School-Based Health Related Services • Targeted Case Management • Therapeutic Behavioral Services, Family Support and Training • Therapeutic Foster Care **Substance Use Disorder Services:** • Clinic Services • Licensed Behavioral Health Provider (who can bill independently)	• Advanced Practice Registered Nurse • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgical Center • Certified Registered Nurse Anesthetist and Anesthesiologist Assistants • Chemotherapy • Clinic Services • Diabetes Education • Diagnostic Testing Entities • Donor Human Breast Milk • Durable Medical Equipment Supplies and Appliances • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Eye Care to treat a medical or surgical condition • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care • Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lactation Consultant • Mammograms • Maternal and Infant LCSW Services

OUTPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA	
	• Nutrition Services (dietician) • Opioid Treatment Programs • Peer Recovery Support Services • Psychiatrist • Psychologist (who can bill independently) • School-Based Health Related Services • Substance Abuse Treatment (Outpatient) • Targeted Case Management • Tobacco Cessation Services	• Non-Emergency Medical Transportation (NEMT) • Nurse Midwives • Nutrition Services (Dietician) • Orthotics • Outpatient Hospital and Surgery Services • Parenteral/Enteral Nutrition • Personal Care (317:30-5-950 – 317:30-5-953) • Physician and Physician Assistant Services • Podiatry • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Prenatal and Postpartum • Preventive Care and Screening • Private Duty Nursing • Prosthetic Devices • Public Health Clinic Services • Radiation • Renal Dialysis Facility Services • Routine Patient Cost in Qualifying Clinical Trials • School-Based Health Related Services • Telehealth • Therapy Services: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) • Tobacco Cessation Services • Transplant Services • Urgent Care Centers/Facilities • Vision Services

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Practice Guideline Selection and Criteria that CE uses.	**Strategies:** Why does CE require Practice Guideline Selection and Criteria for these services, and why does CE use the	**Evidentiary Standards:** What evidence supports the use of Practice Guideline Selection and Criteria for the listed services? Evidence

OUTPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
		process described? What is the rationale and/or goal CE is trying to achieve?	may include practice guidelines and internal CE utilization data.
	OCH congruent outpatient practice guideline selection and criteria processes are the same as inpatient practice guideline selection and criteria processes.	OCH congruent outpatient practice guideline selection and criteria strategies are the same as inpatient practice guideline selection and criteria strategies.	OCH congruent outpatient practice guideline selection and criteria evidentiary standards are the same as inpatient practice guideline selection and criteria evidentiary standards.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	OCH differing outpatient practice guideline selection and criteria processes are the same as inpatient practice guideline selection and criteria processes.	No identified differences in strategy for the selection and criteria of practice guidelines between MH/SUD and M/S services.	No identified differences in evidentiary standards for selection and criteria of practice guidelines between MH/SUD and M/S services.
Comparability and Stringency	**Comparability:** While OCH uses separate committees for MH/SUD guidelines (the BH CPC) and M/S guidelines (the PH CPC), the committees follow the same processes and procedures for overseeing the practice guidelines and criteria for outpatient services and therefore		

OUTPATIENT SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA
Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	are deemed comparable. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.
Evaluation of Processes, Strategies and Evidentiary Standards	**If Practice Guideline Selection and Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Practice Guideline Selection and Criteria is in parity. No additional information is needed. If Practice Guideline Selection and Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Practice Guideline Selection and Criteria is not in parity. Proceed to the following row.**
Modifications Describe how Practice Guideline Selection and Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
All emergency services requiring Practice Guideline Selection and Criteria	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health / Substance Use Disorder (MH/SUD) Services: • Emergency Department (317:30-5-42.7)	• Emergency Department (317:30-5-42.7)	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Practice Guideline Selection and Criteria that CE uses.	**Strategies:** Why does CE require Practice Guideline Selection and Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Practice Guideline Selection and Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Congruent emergency practice guideline selection and criteria processes are the same as inpatient practice guideline selection and criteria processes.	Congruent emergency practice guideline selection and criteria strategies are the same as inpatient practice guideline selection and criteria strategies.	Congruent emergency practice guideline selection and criteria evidentiary standards are the same as inpatient practice guideline selection and criteria evidentiary standards.
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Practice Guideline Selection	**Strategies:** Why does CE require Practice Guideline Selection and	**Evidentiary Standards:** What evidence supports the use of Practice Guideline

EMERGENCY SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
	and Criteria that CE uses.	Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	Selection and Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	Differing emergency practice guideline selection and criteria processes are the same as inpatient practice guideline selection and criteria processes.	No identified differences in strategy for the selection and criteria of practice guidelines between MH/SUD and M/S services.	No identified differences in evidentiary standards for selection and criteria of practice guidelines between MH/SUD and M/S services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** While OCH uses separate committees for MH/SUD guidelines (the BH CPC) and M/S guidelines (the PH CPC), the committees follow the same processes and procedures for overseeing the practice guidelines and criteria for emergency services and therefore are deemed comparable. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		
Evaluation of Processes, Strategies and Evidentiary Standards	**If Practice Guideline Selection and Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Practice Guideline Selection and Criteria is in parity. No additional information is needed. If Practice Guideline Selection and Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Practice Guideline**		

EMERGENCY SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA
	Selection and Criteria is not in parity. Proceed to the following row.
Modifications Describe how Practice Guideline Selection and Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

<table>
<tr><th>PHARMACY SERVICES</th><th colspan="3">OCH PRACTICE GUIDELINE SELECTION AND CRITERIA</th></tr>
<tr><td rowspan="2">All pharmacy services requiring Practice Guideline Selection and Criteria</td><td colspan="2">Mental Health/Substance Use Disorder (MH/SUD) Services</td><td>Medical/Surgical (M/S) Services</td></tr>
<tr><td colspan="2">Mental Health (MH) Services:
Prescription Drugs
Psychotropic medications
Substance Use Disorder (SUD) Services:
Prescription Drugs
Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone)</td><td>Chemotherapy
Prescription Drugs</td></tr>
<tr><th colspan="4">Congruent Approach for MH/SUD and M/S Services</th></tr>
<tr><td rowspan="2">Process, Strategies and Evidentiary Standards</td><td>Processes:
Describe the process, both in writing and in practice, for Practice Guideline Selection and Criteria that CE uses.</td><td>Strategies:
Why does CE require Practice Guideline Selection and Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?</td><td>Evidentiary Standards:
What evidence supports the use of Practice Guideline Selection and Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.</td></tr>
<tr><td>Congruent pharmacy practice guideline selection and criteria processes are the same as inpatient practice guideline selection and criteria processes.

The only difference with inpatient practice guideline selection and criteria processes, is that MH/SUD and M/S pharmacy services do not</td><td>Congruent pharmacy practice guideline selection and criteria strategies are the same as inpatient practice guideline selection and criteria strategies.</td><td>Congruent pharmacy practice guideline selection and criteria evidentiary standards are the same as inpatient practice guideline selection and criteria evidentiary standards.</td></tr>
</table>

PHARMACY SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA		
	go through the PH CPC and the BH CPC for review.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Practice Guideline Selection and Criteria that CE uses.	**Strategies:** Why does CE require Practice Guideline Selection and Criteria for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Practice Guideline Selection and Criteria for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No identified differences in processes for the selection and criteria of practice guidelines between MH/SUD and M/S pharmacy services.	No identified differences in strategy for the selection and criteria of practice guidelines between MH/SUD and M/S pharmacy services.	No identified differences in evidentiary standards for selection and criteria of practice guidelines between MH/SUD and M/S pharmacy services.
Comparability and Stringency Describe how the processes strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently**	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to practice guideline selection and criteria for pharmacy services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

PHARMACY SERVICES	OCH PRACTICE GUIDELINE SELECTION AND CRITERIA
applied to M/S services.	
Evaluation of Processes Strategies and Evidentiary Standards	**If Practice Guideline Selection and Criteria requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Practice Guideline Selection and Criteria is in parity. No additional information is needed. If Practice Guideline Selection and Criteria requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Practice Guideline Selection and Criteria is not in parity. Proceed to the following row.**
Modifications Describe how Practice Guideline Selection and Criteria processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Prior Authorization

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS	
All inpatient services requiring Prior Authorizations	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	MH/SUD Services: • All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admit including but not limited to: o Inpatient ECT o Psychiatric Residential Treatment o Residential substance abuse MH/SUD does not utilize an observation status for inpatient care. MH/SUD emergent/urgent IP admissions do not require a prior authorization.	**M/S Services:** All inpatient benefits, including: • All emergent/urgent inpatient admissions (within 1 business day of admission), except Labor/Delivery o Observation stays exceeding 48 hours only - Notification is required within 1 business day if admitted o Post-stabilization urgent/emergent admissions • Transplants (not including evaluations) • All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admit including but not limited to: o Medical admissions o Surgical admissions o Hospice care o Rehabilitation facilities Plans may require prior authorization for "called out" procedures such as bariatric surgery, joint replacement surgery, potentially cosmetic surgery, spinal surgery, ["called out" = procedures requiring both an Inpatient Authorization for the facility (room and board) and a Service/Procedure authorization for the physician fees be entered in TruCare]. (Refer to the Plan Authorization Guidelines.) If so, both are reviewed for medical necessity.

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	To ease provider administrative burden, the Plan will, at a minimum, utilize the standardized OHCA-developed prior authorization request criteria for all requests (MH/SUD and M/S). Prior authorization requests for elective or pre-scheduled hospital-based services require plan notification ≥ 5 days prior to the requested service date. There is no difference in the application of this policy between BH and M/S. Prior authorization requires the provider or practitioner to make	Prior Authorization/ Precertification is conducted by a specially trained or currently licensed, registered, or certified health care professional who is appropriately trained in the principles, procedures and standards of utilization review.	• **State and federal policies, regulations, and laws**: OCH ensures that its UM requirements conform with all federal and state laws relating to UM. ○ *Evidentiary standards*: OCH's UM requirements must conform with all federal and state laws relating to UM. ○ *Sources:* Federal and state laws, including but not limited to: ▪ 29 CFR § 2590.715-2719A – Patient protections ▪ The Women's Health and Cancer Rights Act of 1998 (WHCRA) ▪ The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	a formal request to the Plan prior to the service being rendered. Upon receipt, the prior authorization request is screened for eligibility and benefit coverage and assessed for medical necessity and appropriateness of the health services proposed, including the setting in which the proposed care takes place. There is no difference in the application of this policy between BH and M/S. <u>Urgent Inpatient Admissions:</u> 1. Requests for urgent admissions from a physician's office are processed involving the application of review criteria for medical necessity service authorization requests. Refer to the Initial Inpatient and Continued Stay Review Process Job Aid currently available on the Centene SharePoint. For medical/surgical and behavioral health services that the Plan has determined require prior authorization and/or certification, only the minimally		• **High levels of fraud, waste, and abuse**: OCH's Special Investigations Unit (SIU) recommends UM for certain services due to the volume or intensity of identified or potential fraud, waste, or abuse and the relative infeasibility of provider-specific remedies. ○ *Evidentiary standards:* "High" risk is a non-quantitative standard based on the SIU's industry experience and knowledge regarding the estimated volume of providers, claims or spending determined to be at high risk for fraud, waste or abuse, and the relatively infeasibility of provider-specific remedies, as evaluated and balanced by the consensus opinion of the SIU and recommended to the UM committee. ○ *Sources:* Claims and authorizations data, SIU investigation findings, professional judgment of the SIU, professional judgment of the Quality Improvement and Utilization Management Committees. • **Cost-effectiveness of UM**: OCH applies UM to services for which the estimated cost savings of applying UM to the service

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	necessary information is obtained: • Office and hospital records • A history of the presenting problem • Clinical or mental status exam notes • Diagnostic testing results • Treatment plans and progress notes • Patient psychosocial history or assessments • Information on consultations with the treating practitioner • Evaluations from other health care practitioners and providers • Photographs • Operative and pathological reports • Rehabilitation evaluations • Printed copy of criteria related to the request • Information regarding benefits for service or procedure • Information regarding the local delivery system		is anticipated to substantially outweigh the administrative cost of applying UM. ○ *Evidentiary standards:* Ballpark, non-numerical projections of cost-effectiveness are based on estimates of the average cost of service, estimates of administrative cost of authorizations, anticipated or documented volume of authorizations relative to Plan size and revenue, as determined and evaluated by the opinion of the Quality Improvement/ Utilization Management Committee and the Medical Director. ○ *Sources:* Claims data, authorizations data, administrative cost analysis. • **Quality of care/safety concerns**: OCH applies UM to services for which the application of UM is expected to enhance the quality of care for members by promoting continuity of care and services, especially during member transitions between different levels of care, and providing a mechanism for identifying potential safety issues. ○ *Evidentiary standards:* OCH applies UM where the Medical Director's

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	• Patient characteristics and information • Information from responsible family members • LOCUS, CALOCUS or other level of care assessment • ASAM PPC • Physical or behavioral health screenings and results		professional judgment determines that the identified sources support a finding that UM will substantially enhance the quality of care for the service and reduce safety concerns. ○ *Sources:* Peer-reviewed medical literature, industry standard clinical practice guidelines, and recommendations of nonprofit health care provider professional associations, specialty societies and federal government agencies. • **Clinical efficacy**: How well a service or procedure works for treating a certain condition. ○ *Evidentiary standard:* OCH uses the professional judgment of the Utilization Management Committee to ensure there is alignment with evidence-based clinical practice guidelines and criteria. ○ *Sources:* Evidence-based clinical practice guidelines, peer-reviewed medical literature, industry standards, Medical Advisory Council.

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	MH/SUD: Per the contract with OHCA, OCH must render all inpatient BH PA determinations within 24 hours. **M/S:** OCH has up to 72 hours to render inpatient M/S determinations.	No differences identified between MH/SUD and M/S strategies for prior authorizations for inpatient services.	No differences identified between MH/SUD and M/S evidentiary standards for prior authorizations for inpatient services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently**	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for inpatient services. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services. OCH renders all inpatient MH/SUD PA determinations within 24 hours, while the CE has up to 72 hours to render M/S determination. Because the CE has the burden to render quicker MH/SUD determinations than M/S determination, the prior authorization process is less stringently applied to MH/SUD services than M/S services for inpatient services.		

INPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS
applied to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorizations requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorizations is in parity. No additional information is needed. If Prior Authorizations requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorizations is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorizations processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS	
All outpatient services requiring Prior Authorizations	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Mental Health Services: • Applied Behavioral Analysis • Day Treatment Services • Electro Convulsive shock Therapy (ECT) • Intensive Treatment Family Care (ITFC)[21] • Partial Hospitalization • Therapeutic Foster Care **Substance Use Disorder Services:** • Opioid Treatment Programs • Peer Recovery Support Services • Substance Abuse Treatment (Outpatient)	• Alternative Treatment for Pain Management • Chemotherapy • Diagnostic Testing Entities • Donor Human Breast Milk • DME • Some EPSDT services • Eye Care/Vision to treat Medical or Surgical Condition • Family Planning Services • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care • Infusion Therapy • Lodging and Meals for the Member and/or (1) Approved Medical Escort • Non-Emergent Medical Transportation (NEMT) • Nutrition Services • Orthotics • Some Outpatient Hospital and Surgical Services such as Capsule Endoscopy, Dental Anesthesia, Blepharoplasty, Hernia Repair, certain laparoscopic procedures, vascular procedures • Some Parenteral / Enteral Nutrition • Personal Care Services • Private Duty Nursing • Prosthetic Devices • Some Public Health Clinic Services • Radiation • Reconstructive Surgery • Renal Dialysis Facility Services • Routine Patient Cost in Qualifying Clinical Trials • Therapy Services (PT/OT/ST)

[21] Intensive Treatment Family Care is only a covered service under SoonerSelect CSP.

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
		• Transplant Services (with exception of cornea and kidney)	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	To ease provider administrative burden, the Plan will, at a minimum, utilize the standardized OHCA-developed prior authorization request criteria. There is no difference in the application of this policy between BH and M/S. Prior authorization requests for non-hospital services and elective or pre-scheduled hospital-based services require plan notification ≥ 5 days prior to the requested service date. There is no difference in the application of this policy between BH and M/S. 1. The utilization manager processes requests involving	Congruent outpatient PA strategies are the same as inpatient PA strategies.	Congruent outpatient PA evidentiary standards are the same as inpatient PA evidentiary standards.

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	the application of review criteria for medical necessity service authorization requests. 2. The medical information received with the request is reviewed and the appropriate criteria are applied to determine medical necessity. The clinical reviewer reviews medical information including but not limited to the following: a. Medical history related to current condition b. Co-morbid conditions or ongoing illnesses which impact the present diagnosis c. Diagnostic tests and results d. Previous treatment and patient response to treatment 3. If the above information is not available, the authorization is pended, and additional information is requested from the requesting provider's office.		

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	4. The utilization manager attempts to obtain necessary clinical information from the requesting provider. 5. If supporting information is received regarding the request for service and the appropriate criteria is met for the requested service, then the service is authorized, and the provider is notified within the specified timeframes. 6. If no further information is received, the request with any supporting information, and the criteria used is submitted to the Medical Officer or other appropriate reviewer for review of medical necessity. 7. If the Medical Officer or pharmacist reviewer approves the request, the service is authorized, and the provider is notified within the specified timeframes. If the Medical Officer does not approve the service request, the provider is notified by fax or phone followed by written notification to member, facility and		

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	attending and/or treating provider within the specified timeframes. The requesting provider is also given the option of speaking with the Medical Officer. There is no difference in the application of this policy between BH and M/S. For medical/surgical and behavioral health services that the Plan has determined require prior authorization and/or certification, only the minimally necessary information is obtained: • Office and hospital records • A history of the presenting problem • Clinical or mental status exam notes • Diagnostic testing results • Treatment plans and progress notes • Patient psychosocial history or assessments • Information on consultations with the treating practitioner • Evaluations from other health care practitioners and providers • Photographs • Operative and pathological reports • Rehabilitation evaluations		

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS		
	• Printed copy of criteria related to the request • Information regarding benefits for service or procedure • Information regarding the local delivery system • Patient characteristics and information • Information from responsible family members • LOCUS, CALOCUS or other level of care assessment • ASAM PPC • Physical or behavioral health screenings and results		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No differences identified between MH/SUD and M/S processes for prior authorization outpatient services.	No differences identified between MH/SUD and M/S strategies for prior authorizations for outpatient services.	No differences identified between MH/SUD and M/S evidentiary standards for prior authorizations for outpatient services.

OUTPATIENT SERVICES	OCH PRIOR AUTHORIZATIONS
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for outpatient services. **Stringency**: The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorizations requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorizations is in parity. No additional information is needed. If Prior Authorizations requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorizations is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorizations processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	OCH PRIOR AUTHORIZATIONS	
All emergency services requiring Prior Authorizations	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	None	None

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Comparability and Stringency	N/A		

EMERGENCY SERVICES	OCH PRIOR AUTHORIZATIONS
Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorizations requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorizations is in parity. No additional information is needed. If Prior Authorizations requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorizations is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorizations processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	OCH PRIOR AUTHORIZATIONS	
All pharmacy services requiring Prior Authorizations	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Oklahoma Complete Health will only require PA for prescription drugs that are required to be prior authorized by OHCA, including new drugs added to OHCA list of covered drugs.[22] **Mental Health Services:** • Prescription Drugs • Psychotropic medications **Substance Use Disorder Services:** • Prescription Drugs • Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone)	Oklahoma Complete Health will only require PA for prescription drugs that are required to be prior authorized by OHCA, including new drugs added to OHCA list of covered drugs. • Prescription Drugs • Physician Administered Drugs • Diabetic/other supplies • Vaccines

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The PA criteria for approval of drug coverage is developed by the Oklahoma Health Care Authority (OHCA). PA guidelines generally require that certain conditions be met	The prior authorization (PA) process was developed to promote clinically appropriate utilization of selected high risk	Oklahoma Complete Health will adhere to medical management policies developed by OHCA for physician administered drugs.

[22] OK.PHAR.09. Accessed by OHCA through OCH_DR6_No6_Deliverable1.10.

PHARMACY SERVICES	OCH PRIOR AUTHORIZATIONS		
	before coverage of drug therapy can be authorized. All drugs, regardless of if a drug is provided in an IP or OP setting, follow the same process. Oklahoma Complete Health will utilize the criteria established by the OHCA Drug Utilization Review Board for medication PA determinations. Any step therapy limitations or requirements shall adhere to the requirements of 63 O.S. § 7310. Quantity limits shall not exceed those established by OHCA. Oklahoma Complete Health may require as a condition of coverage or payment for a covered outpatient drug for which Federal Financial Participation (FFP) is available the approval of the drug before its dispensing for any medically accepted indication. Only if the system for approval generates a response by telephone or other telecommunications device within twenty-four (24) Hours of a request for PA. There is no difference in the application of this policy between BH and M/S. All PA requests for M/S and MH/SUD drugs are required to have a response within twenty-four (24) Hours. PA	and/or high-cost medications, and those subject to a high potential for abuse. Oklahoma Complete Health will only require PA for prescription drugs that are required to be prior authorized by OHCA, including new drugs added to OHCA list of covered drugs. PA criteria for these drugs and outpatient drugs covered under the medical benefit will be no more restrictive than that utilized by OHCA. Oklahoma Complete Health will be able to demonstrate coverage for prescription and outpatient drugs is consistent with the amount, duration, and scope as described by the Medicaid Fee-for-Service program, including off-label use and the prohibition on experimental treatment.	The PA process is delegated to OHCA Pharmacy Services and administered in accordance with applicable state and federal requirements, accreditation standards, and recognized high quality practice standards. The PA criteria for approval of drug coverage will be developed by the Oklahoma Health Care Authority. PA guidelines generally require that certain conditions be met before coverage of drug therapy can be authorized.

PHARMACY SERVICES	OCH PRIOR AUTHORIZATIONS		
	requests shall not be denied by non-licensed medical personnel. If a pharmacist is unable to refill the enrollee's prescription due to a PA requirement and the prescribing Provider is unreachable, Oklahoma Complete Health must require the pharmacist to dispense a seventy-two (72) hour supply of the prescribed medicine. This requirement does not apply if the dispensing pharmacist establishes that dispensing this dosage would jeopardize the health or safety of the enrollee, in which case the pharmacist should contact the prescribing Provider. Oklahoma Complete Health shall compensate the pharmacy for this dosage including the required dispensing fee. The seventy-two (72) hour supply shall not count against the monthly prescription limitation. Oklahoma Complete Health will adhere to medical management policies developed by OHCA for physician administered drugs. Oklahoma Complete Health will be able to demonstrate coverage for prescription and outpatient drugs is consistent with the amount, duration and		

PHARMACY SERVICES	OCH PRIOR AUTHORIZATIONS		
	scope as described by the Medicaid Fee-for-Service program, including off-label use and the prohibition on experimental treatment. PA criteria for these drugs and outpatient drugs covered under the medical benefit will be no more restrictive than that utilized by OHCA. New drugs are added to the common list of covered drugs following the protocol of Oklahoma statute 63 O.S. § 5030.5 which applies prior authorization requirements to new drugs. If the new drug is in a category which is already subject to prior authorization, the new drug will be subject to prior authorization until such time as the OHCA DUR Board reviews the category. If the new drug is not part of a category that is already subject to prior authorization, it may be prior authorized within one hundred (100) days of the Food and Drug Administration (FDA) approval before the DUR Board must review it and recommend prior authorization. Oklahoma Complete Health will provide coverage of any new drug additions to the list of covered drugs and adhere to prior authorization policies		

PHARMACY SERVICES	OCH PRIOR AUTHORIZATIONS		
	developed by OHCA.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Prior Authorizations that CE uses.	**Strategies:** Why does CE require Prior Authorizations for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Prior Authorizations for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No differences between MH/SUD and M/S processes for prior authorizations for pharmacy services.	No differences between MH/SUD and M/S strategies for prior authorizations for pharmacy services.	No differences between MH/SUD and M/S evidentiary standards for prior authorizations for pharmacy services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to the prior authorization process for pharmacy services. **Stringency**: The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

PHARMACY SERVICES	OCH PRIOR AUTHORIZATIONS
Evaluation of Processes, Strategies and Evidentiary Standards	**If Prior Authorizations requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Prior Authorizations is in parity. No additional information is needed. If Prior Authorizations requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Prior Authorizations is not in parity. Proceed to the following row.**
Modifications Describe how Prior Authorizations processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Retrospective Reviews

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS	
All inpatient services requiring Retrospective Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	Any inpatient service that was provided to a Member, but Prior Authorization and/or timely notification was not obtained due to extenuating circumstances (i.e., Member was unconscious at presentation, Member did not have their Medicaid ID card, or otherwise indicated Medicaid coverage, services authorized by another payer who subsequently determined Member was not eligible at the time of service) will be subject to retrospective review. **Mental Health Services:** • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital – General Acute • Psychiatric Residential Treatment Facility **Substance Use Disorder Services:** • Inpatient Hospital – Freestanding Psychiatric • Inpatient Hospital Services • Substance Abuse Treatment (Inpatient, and Residential)	Any inpatient service that was provided to a Member, but Prior Authorization and/or timely notification was not obtained due to extenuating circumstances (i.e., Member was unconscious at presentation, Member did not have their Medicaid ID card, or otherwise indicated Medicaid coverage, services authorized by another payer who subsequently determined Member was not eligible at the time of service) will be subject to retrospective review. • Inpatient Hospital Services • Advanced Practice Registered Nurse (317:30-5-375 – 317:30-5-376) • Bariatric Surgery • Hospice Care • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lodging and Meals for the enrollee and/or one (1) approved medical escort • Long-Term Care Hospital for Children • Nursing Facility and Intermediate Care Facility for Individuals with Intellectual Disorder (ICF/IID) Services • Physician and Physician Assistant Services • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Delivery • Prosthetic Devices • Reconstructive Surgery

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	The same retrospective review processes are applied regardless of it is a MH/SUD or M/S service. Retrospective review guidelines are the same for both participating and non-participating providers. All retrospective reviews are conducted according to processes as outlined in OK.UM.02 - Clinical Decision Criteria and Application and based solely on the medical information available to the attending physician or ordering provider at the time the care or service was rendered. For retrospective reviews, in order to render an informed and objective review determination, OCH requires submission of	OCH makes retrospective medical necessity review decisions when: • A member was discharged from an inpatient admission prior to timely notification to the Plan, including non-routine obstetrical admissions and the request is still within the contractually required inpatient admission notification timeframe. • Non-routine obstetrical admission	OCH applies the following evidentiary standards and sources to determine whether to develop or adopt medical necessity criteria. Decisions are made considering all of the following factors, sources, and evidentiary standards: • Medical necessity criteria are developed for all services that are subject to retrospective review. • The service is subject to retrospective review, when prior authorization was required and was not able to be obtained due to extenuating circumstances. OCH's clinical policies are intended to be reflective of current scientific research and clinical

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
	adequate clinical documentation to complete the review and determination. The sufficiency of the information collected to conduct a clinical review is dependent on the criteria selected for review based on the requested service. NCQA requires, at a minimum, a diagnosis, to conduct a medical necessity review. For medical and BH services that the Plan has determined require prior authorization and/or certification, only the minimally necessary information is obtained: A. Office and hospital records B. A history of the presenting problem C. Clinical or mental status exam notes D. Diagnostic testing results E. Treatment plans and progress notes F. Patient psychosocial history or assessments G. Information on consultations with the treating practitioner H. Evaluations from other health care	requiring additional days of service. • Required per provider and/or state contract specifics post service reviews. • Authorization or timely notification was not obtained due to extenuating circumstances (i.e., member was unconscious at presentation, member did not have his/her ID card or otherwise indicated other coverage, services authorized by another payer who subsequently determined member was not eligible at the time of service) Refer to OK.UM.30 Administrative Denials for a complete list. OCH uses retrospective reviews to ensure a consistent and standard approach to retrospective	practice and judgment. OCH uses the following evidentiary standards and sources to develop medical policies: • MM, InterQual, and ASAM as custom content); • The following evidentiary standards and sources are applied to create the Plan's Medical Necessity guidelines: ○ A critical appraisal of the current published medical literature from peer-reviewed publications including systematic reviews, randomized controlled trials, cohort studies, case control studies, and diagnostic test studies with statistically sound methods. ○ Evidence-based guidelines developed by national organizations and recognized authorities. ○ Opinions and assessments by nationally recognized medical associations including physician specialty societies,

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
	practitioners and providers I. Photographs J. Operative and pathological reports K. Rehabilitation evaluations L. Printed copy of criteria related to the request M. Information regarding benefits for service or procedure N. Information regarding the local delivery system O. Patient characteristics and information P. Information from responsible family members Q. LOCUS, CALOCUS, or other level of care assessment R. ASAM PPC S. Physical or behavioral health screenings and results The Medical Director or designee reviews the request for retrospective authorization. If supporting documentation satisfies the administrative waiver of notification, the	(post-service) review of services delivered without prior authorization and/or without timely Plan notification. The retrospective review evaluates the appropriateness of care previously received by a member and also includes evaluation of suspended claims and delivers the decision on coverage to the provider no later than the next Business Day after a decision is reached. Retrospective review requests are reviewed to determine if any of the following circumstances exist: • The provider was not able to determine the member's eligibility. • The service was urgent in nature and there was not time to submit a request prior to service delivery.	consensus panels, or other nationally recognized research or technology assessment organizations such as Hayes, UpToDate, or ECRI. ○ Reports and publications of government agencies such as the Food and Drug, Administration (FDA), Centers for Disease Control (CDC), or National Institutes of Health (NIH). ○ External review organization recommendations • If no Plan- or Centene-specific clinical policy exists, then InterQual Clinical Decision Support Criteria are used. ○ Evidentiary standard: availability of an InterQual guideline ○ Sources: InterQual, CP.CPC.05 Medical Necessity Criteria

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
	request is reviewed utilizing the standard medical necessity review process. If the supplied documentation meets medical necessity criteria, the request is authorized. If the supporting documentation is questionable, the Director or designee requests a Medical Officer review. If the service is for a retrospective review and the claim has been denied, the Appeals Department reviews the request. Requests and supporting clinical information for review may be submitted by phone, facsimile, or web portal from the servicing/managing practitioner and/or the facility. Medical necessity review decisions and timeframes occur for the following request types as follows and take into consideration the member's needs at the time of service: • *Timely Notification* - Inpatient admission - post discharge: ○ For hospital services when the member has been discharged, and	• The service is part of an ongoing plan of treatment for a newly eligible member. • Extenuating circumstances existed that precluded the provider from submitting a timely pre-service or concurrent review authorization request.	

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
	the request is still within the required inpatient admission notification timeframe of one (1) business day, the applicable nurse reviewer requests the information needed and conducts a Level I Review. Post-service decision and notification timelines apply. o If the obstetrical admission is non-routine, requiring additional days of service, a Level I review is conducted on the additional dates of service and authorized as appropriate. o If the member remains inpatient at the time of notification, urgent concurrent decision and notification timelines apply. o If the member has been discharged at time of notification, post-service review		

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
	decisions and notification timelines apply. • *Untimely Notification* – Inpatient admission – pre-discharge: ○ For Per Diem services, when services are already being received, services received prior to the date of notification are not retrospectively reviewed for medical necessity, but are administratively denied, and medical necessity review applies to date of notification forward. (OK.UM.30 - Administrative Denials.) ○ For DRG, a denial is issued for the entire stay. • Extension of Post-service Timeframe: ○ If the Reviewer cannot approve the services requested based on the information received from the facility and/or physician, the case, along with		

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
	supporting documentation is forwarded to the Medical Director for review and possible extension of review time frame, as appropriate per state-specific requirements. o If an extension is necessary, OCH notifies the member or the member's authorized representative (requesting provider) prior to the expiration of the original time frame of the circumstances requiring the extension and the date when OCH intends to make a decision. o If the member or requesting provider fails to submit the necessary information to decide the case, the notice of extension specifically describes the required information.		

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	OCH uses the Medical Necessity Review Process for Retrospective Reviews. OCH uses InterQual for M/S and psychiatric retrospective reviews and ASAM as the medical necessity criteria for SUD.	No differences between MH/SUD and M/S strategies for retrospective reviews for inpatient services.	No difference between MH/SUD and M/S evidentiary standards for retrospective reviews for inpatient services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S	**Comparability:** The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to retrospective reviews for inpatient services. OCH uses industry standards as the medical necessity criteria for all MH/SUD and M/S services retrospective reviews. **Stringency:** The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

INPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS
services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Retrospective Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Retrospective Reviews is in parity. No additional information is needed. If Retrospective Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Retrospective Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Retrospective Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

OUTPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS	
All outpatient services requiring Retrospective Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**
	None	• Advanced Practice Registered Nurse • Allergy Testing • Alternative Treatment for Pain Management • Ambulatory Surgical Center • Certified Registered Nurse Anesthetist and Anesthesiologist Assistants • Chemotherapy • Clinic Services • Diabetes Education • Diagnostic Testing Entities • Donor Human Breast Milk • Durable Medical Equipment Supplies and Appliances • Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Early intervention Services • Eye Care to treat a medical or surgical condition • Family Planning Services • Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services • Genetic Counseling and Testing • Hearing Services • Home Health Care Services • Hospice Care • Immunizations as recommended by the Advisory Committee of Immunization Practices (ACIP) • Infusion Therapy • Laboratory, X-ray, Diagnostic Imaging, Imaging (CT/PET Scans; MRIs) • Lactation Consultant • Mammograms • Maternal and Infant LCSW Services

OUTPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS	
		• Non-Emergency Medical Transportation (NEMT) • Nurse Midwives • Nutrition Services (Dietician) • Orthotics • Outpatient Hospital and Surgery Services • Parenteral / Enteral Nutrition • Personal Care (317:30-5-950 – 317:30-5-953) • Physician and Physician Assistant Services • Podiatry • Post-Stabilization Care Services • Pregnancy and Maternity Services, including Prenatal and Postpartum • Preventive Care and Screening • Private Duty Nursing • Prosthetic Devices • Public Health Clinic Services • Radiation • Renal Dialysis Facility Services • Routine Patient Cost in Qualifying Clinical Trials • School-Based Health Related Services • Telehealth • Therapy Services: Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) • Tobacco Cessation Services • Transplant Services • Urgent Care Centers / Facilities • Vision Services

Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and

OUTPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS		
		and/or goal CE is trying to achieve?	internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Medical Necessity that CE uses.	**Strategies:** Why does CE require Medical Necessity for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Medical Necessity for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability**: N/A **Stringency**: N/A		
Evaluation of Processes, Strategies	**If Retrospective Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Retrospective Reviews is in**		

OUTPATIENT SERVICES	OCH RETROSPECTIVE REVIEWS
and Evidentiary Standards	**parity. No additional information is needed. If Retrospective Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Retrospective Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Retrospective Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

EMERGENCY SERVICES	OCH RETROSPECTIVE REVIEWS		
All emergency services requiring Retrospective Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	None	None	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	N/A	N/A	N/A

EMERGENCY SERVICES	OCH RETROSPECTIVE REVIEWS
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable** and **no more stringently applied** to M/S services.	**Comparability**: N/A **Stringency**: N/A
Evaluation of Processes, Strategies and Evidentiary Standards	**If Retrospective Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Retrospective Reviews is in parity. No additional information is needed. If Retrospective Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Retrospective Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Retrospective Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

PHARMACY SERVICES	OCH RETROSPECTIVE REVIEWS		
All pharmacy services requiring Retrospective Reviews	**Mental Health/Substance Use Disorder (MH/SUD) Services**	**Medical/Surgical (M/S) Services**	
	Mental Health Services: • Prescription Drugs • Psychotropic medications **Substance Use Disorder Services:** • Prescription Drugs • Medication Assisted Treatment (Suboxone® (buprenorphine/ naloxone SL films), Vivitrol, Methadone)	• Prescription Drugs • Physician Administered Drugs • Diabetic/other supplies • Vaccines	
Congruent Approach for MH/SUD and M/S Services			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	• OCH uses OHCA's pharmacy drug list (PD) and criteria for conducting retrospective reviews for both MH/SUD and M/S services. • DUR projects are agreed upon by the mutual consent of the health plan	OCH has a retrospective DUR to ensure the services are medically necessary, appropriate to the patient's condition, rendered in the appropriate setting, and meet professionally recognized standards of pharmaceutical care. The Pharmacy Program seeks to provide useful feedback about current	OCH's Retrospective Drug Utilization Review (DUR) will comply with Section 1004 of the SUPPORT for Patients and Communities Act and 42 C.F.R. Part 456, Subpart K and 42 C.F.R. §

PHARMACY SERVICES	OCH RETROSPECTIVE REVIEWS		
	OHCA Pharmacy Department and Centene Pharmacy Services. Once established, Centene Pharmacy Services provides the health plan a list of members whose prescription history deviates from the protocols of the retrospective DUR initiatives. • Retrospective DUR shall review for, at a minimum Fraud, Abuse, gross overuse, including potential Fraud or Abuse of opiates and controlled substances, inappropriate utilization, inappropriate or medically unnecessary care, duplicative therapies, or prescribing or billing practices that indicate Abuse or excessive utilization. As required by the SUPPORT for Patients and Communities Act, retrospective DUR program shall also include review of	prescribing patterns to improve the quality of patient care. OCH uses retrospective DUR to promote safe and cost-effective drug therapy, manage pharmacy benefit resources effectively and efficiently while ensuring quality care is provided and actively monitor utilization to guard against over-utilization of services and fraud or abuse. The goals of the DUR program include but are not limited to: • Identify and analyze prescribing patterns and share the information with the appropriate providers to impact prescribing, dispensing, and overall drug utilization practices. • Identify changes in pharmacotherapy to improve member outcomes. • Identify medication non-adherence and	438.3(s)(4). The Pharmacy Program administers a retrospective drug utilization review program (DUR), delegated to Pharmacy Services, utilizing the standards, criteria, protocols, and procedures approved by the Centene Corporate P&T and Health Plan Utilization Management Committees, and in accordance with applicable state and federal requirements, accreditation standards, and recognized medical practice standards.

PHARMACY SERVICES	OCH RETROSPECTIVE REVIEWS		
	concurrent use of opiates and benzodiazepines, opiates and antipsychotics, and a review of the appropriateness of antipsychotic Agents for all Children under eighteen (18), including FCC based on approved indications and guidelines. • Pharmacies and prescribing Providers will be contacted about aberrant drug use patterns, and Oklahoma Complete Health will report on program outcomes on a quarterly basis as specified in the Reporting Manual. • OCH will coordinate with the State to identify retroDUR initiatives, perform data-mining and analysis, producing and mailing letters or otherwise delivering correspondence, and measuring and reporting on results. The program shall include an	report incidences to prescribers or care managers as appropriate. • Identify and address potential member, prescriber, or pharmacy provider fraud and abuse.	

PHARMACY SERVICES	OCH RETROSPECTIVE REVIEWS		
	educational component to pharmacies, prescribing Providers and/or enrollees, as approved by OHCA.		
Key Differences			
Process, Strategies and Evidentiary Standards	**Processes:** Describe the process, both in writing and in practice, for Retrospective Reviews that CE uses.	**Strategies:** Why does CE require Retrospective Reviews for these services, and why does CE use the process described? What is the rationale and/or goal CE is trying to achieve?	**Evidentiary Standards:** What evidence supports the use of Retrospective Reviews for the listed services? Evidence may include practice guidelines and internal CE utilization data.
	No differences between MH/SUD and M/S processes for retrospective reviews for pharmacy services.	No differences between MH/SUD and M/S strategies for retrospective reviews for pharmacy services.	No differences between MH/SUD and M/S evidentiary standards for retrospective reviews for pharmacy services.
Comparability and Stringency Describe how the processes, strategies and evidentiary standards applied to MH/SUD services are **comparable**	**Comparability**: The processes, strategies and evidentiary standards applied to MH/SUD services are comparable to M/S services as applicable to retrospective reviews for pharmacy services. **Stringency**: The processes, strategies and evidentiary standards applied to MH/SUD services are not more stringently applied than to M/S services.		

PHARMACY SERVICES	OCH RETROSPECTIVE REVIEWS
and **no more stringently applied** to M/S services.	
Evaluation of Processes, Strategies and Evidentiary Standards	**If Retrospective Reviews requirements are applied comparably between MH/SUD and M/S services and are not applied more stringently, then the application of Retrospective Reviews is in parity. No additional information is needed. If Retrospective Reviews requirements are not comparably applied between MH/SUD and M/S services, or are applied more stringently, then the application of Retrospective Reviews is not in parity. Proceed to the following row.**
Modifications Describe how Retrospective Reviews processes for MH/SUD and/or M/S services will be modified to comply with parity.	N/A

Appendix D. NQTLs Applied Uniformly to MH/SUD and M/S Services

CEs attested that for all processes, strategies, evidentiary standards, or other factors used in applying the below identified NQTLs to SoonerSelect MH/SUD services are comparable to, and applied no more stringently than the processes, strategies, evidentiary standards, and other factors used for SoonerSelect M/S services within their respective benefits classification in accordance with 42 C.F.R. § 438.910(d) and are delivered in full compliance with MHPAEA.

NQTL	Aetna	DentaQuest	Humana	LIBERTY	OCH	OCH-CSP
Coding Edits	NA	NA	X	NA	NA	NA
Concurrent Reviews	X	NA	X	NA	X	X
Experimental/Investigational Determinations	NA	NA	X	NA	X	X
Formulary Design for Prescription Drugs	X	NA	X	NA	NA	NA
Generic vs. Brand Name Drugs	X	NA	X	NA	NA	NA
Identification of Emergency Department Utilization Data	NA	NA	NA	NA	X	X
Medical Necessity Criteria Development/Appropriateness Reviews/Clinical Criteria	X	X	X	X	X	X
Methods for Determining Usual, Customary, and Reasonable	NA	NA	X	NA	NA	NA
Network Adequacy	NA	NA	X	NA	NA	NA
Out-of-Network Access Standards	NA	NA	X	NA	NA	NA
Pharmacy Lock-In	NA	NA	X	NA	NA	NA
Practice Guideline Selection/Criteria	NA	NA	X	NA	X	X
Pre-Admissions for Non-Emergency Admissions	NA	NA	X	NA	X	X
Prescription Drug Benefit Tiers	X	NA	X	NA	NA	NA
Prescription Drug Exclusions	X	NA	X	NA	NA	NA

NQTL	Aetna	DentaQuest	Humana	LIBERTY	OCH	OCH-CSP
Prior Authorizations	X	X	X	X	X	X
Prospective Drug Utilization Reviews	NA	NA	X	NA	NA	NA
Provider Credentialing	NA	NA	X	NA	NA	NA
Reimbursement Rates	NA	NA	X	NA	NA	NA
Requirements for Lower Cost Therapies (i.e., step therapy)	X	NA	X	NA	NA	NA
Retrospective Reviews	X	NA	X	NA	X	X

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