



A. INSTRUCTIONS

Overview

The Mental Health and Substance Use Disorder Parity Plan/State Fee-for-Service Program Reporting Template (Reporting Template) is intended to standardize and improve States' documentation of parity compliance associated with their delivery of fee-for-service (FFS) benefits to beneficiaries enrolled in Medicaid Managed Care Plans, Medicaid Alternative Benefit Plans, and Separate CHIPs. The Reporting Template aims to streamline monitoring, and reduce administrative burden for States. It includes worksheets for States to document their assessments of Federal parity requirements regarding aggregate lifetime and annual dollar limits (AL-ADLs), financial requirements (FRs), quantitative treatment limitations (QTLs), and nonquantitative treatment limitations (NQTLs). Lastly, it includes worksheets for the State to document any issues it identifies that require discussion. Certain worksheets, depending on the dropdown choice responses, will fill a cell and/or series of cells with dark gray color. This means the user does not need to complete data in that particular cell with gray color. If a user enters data in the dark gray cell, the data entry will appear in yellow font and these will be considered invalid responses.

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PRA Statement (Placeholder)

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B. State FFS Program Data

Refer to Instructional Guide section 2.2 for more detail.

Category	Response Type	Response
State	Dropdown	
State FFS Program	Free Text	
State FFS Program Contact Name	Free Text	
State FFS Program Contact Title	Free Text	
State FFS Program Contact Phone Number	Phone Number	
State FFS Program Contact Email Address	Free Text	
Alternative State FFS Program Contact Name	Free Text	
Alternative State FFS Program Contact Title	Free Text	
Alternative State FFS Program Contact Phone Number	Phone Number	
Alternative State FFS Program Contact Email Address	Free Text	
What is the Change Requiring the Reporting Template Submission?	Free Text	
Effective Date for Analysis Change Requiring Submission	Date	
Indicate number of workbook(s) the State FFS Program is submitting.	Whole Number	
Applicable Benefit Package(s) - List all that apply	Free Text	
For which type of benefit (e.g., MH, SUD, M/S or some combination thereof) does the State FFS Program provide benefits services?	Dropdown	

<p>Please describe/list all policies, procedures, contract requirements, and/or limitations relevant to parity that the State requires of the State FFS Program and the corresponding State regulation(s) and/or contractual provision(s).</p>	<p>Free Text</p>	
<p>Notes</p>	<p>Free text</p>	

C. All Financial Requirements and Treatment Limitations

General Section - Aggregate Lifetime and Annual Dollar Limits, Financial Requirements, Quantitative Treatment Limits, and Nonquantitative Treatment Limitations
Refer to Instructional Guide section 2.3 for more detail.

ID Number	Question	Response Type	Response	Instructions
C-1	Does the State FFS Program apply aggregate lifetime dollar limit(s) (AL) to MH/SUD benefits in any benefit package?	Dropdown		If Yes for Medicaid managed care benefit packages, complete the AL-ADL worksheet. If Yes for CHIP benefit packages or for EHBs delivered through ABP benefit packages, report in Issues for Discussion worksheet.
C-2	Does the State FFS Program apply annual dollar limit(s) (ADL) to MH/SUD benefits in any benefit package?	Dropdown		If Yes for Medicaid managed care benefit packages, complete the AL-ADL worksheet. If Yes for CHIP benefit packages or for EHBs delivered through ABP benefit packages, report in Issues for Discussion worksheet.
C-3	For the inpatient, outpatient, or emergency care benefit classifications, does the State FFS Program apply any financial requirement(s) (FR) to any MH/SUD benefits in any benefit package?	Dropdown		If Yes, complete the FR worksheet.
<u>C-4 through C-7 is for prescription drug benefit classification</u>				
C-4	For the prescription drug benefit classification, does the State FFS Program apply FRs to any MH/SUD benefits in any benefit package?	Dropdown		If Yes, respond to #5.
C-5	If Yes to #4, does the State FFS Program apply different levels of FRs to different tiers of prescription drug benefits in any benefit package?	Dropdown		If No, complete the FR worksheet. If Yes, respond to #6.
C-6	If Yes to #5, does the State FFS Program attest to applying different levels of FRs to different tiers of prescription drug benefits based on reasonable factors and without regard to whether a drug is generally prescribed for M/S benefits or for MH or SUD benefits per the special rule for multi-tiered prescription drugs at 42 CFR § 440.395(b)(3)(ii)(A), 42 CFR § 457.496(d)(3)(ii)(A), and 42 CFR § 438.910(c)(2)(i)?	Dropdown		If No, complete the FR worksheet and describe why the State FFS Program could not answer "Yes" in the Issues for Discussion worksheet.
C-7	If Yes to #6, describe the reasonable factor(s) (e.g., cost, efficacy, generic versus brand name, and mail order versus pharmacy pick-up/delivery) per the special rule for multi-tiered prescription drugs at 42 CFR § 440.395(b)(3)(ii)(A), 42 CFR § 457.496(d)(3)(ii)(A), and 42 CFR § 438.910(c)(2)(i).	Free Text		If Yes to #6 and the State FFS Program provided an explanation of reasonable factors, there is no need to complete the FR worksheet.
C-8	Does the State FFS Program apply quantitative treatment limitation(s) (QTL) to any MH/SUD benefits in any benefit package and in any benefit classification?	Dropdown		If Yes, complete the QTL worksheet.

C-9	Does the State FFS Program apply nonquantitative treatment limitation(s) (NQTL) to any MH/SUD benefits in any benefit package and in any benefit classification?	Dropdown		If Yes, complete the NQTL worksheet for each NQTL and benefit classification, as applicable.
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This section relates to ALI/ADLs applied to benefits delivered to enrollees of Medicaid State FPS Programs in accordance with 42 CFR 54.338.905. Please note that ALI/ADLs cannot be applied to benefits delivered to Children's Health Insurance Program (CHIP) enrollees and for essential health benefits (EHBs) delivered to Alternative Benefit Plan (ABP) enrollees, regardless of delivery system. Refer to Instructional Guide section 2.4 for more detail.

Q	Benefit Package	Question	Response1	Response2	Response3	Response4	Response5	Response6	Response7	Response8	Response9	Response10
D-1		If the State FFS Program provides MSA/MLD benefits, describe the aggregate average dollar limit (AL) or annual dollar limit (ADL) applied to MSA/MLD benefits.	True/Not									
D-2		If the State FFS Program provides MS benefits, what is the total dollar amount of expected payments for all MS benefits subject to the AL or ADL in a plan year?	Number									
D-3		If the State FFS Program provides MS benefits, what is the total dollar amount of expected payments for all MS benefits in a plan year?	Number									
D-4		If the State FFS Program provides MS benefits, what is the percentage of all expected payments for all MS benefits subject to the AL or ADL in a plan year?	Percentage calculated									
D-5		If the State FFS Program provides MS benefits, does the AL or ADL apply to the State's all MS benefits?	Dropdown									
D-6		If the AL or ADL of the State FFS Program provides MS and MSA/MLD benefits, explain why the limit is not applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c), and report to the State in the Issues for Discussion worksheet.	True/Not									
D-7		If the AL or ADL of the State FFS Program provides MS benefits, does the AL or ADL apply to all MS benefits?	Dropdown									
D-8		If the AL or ADL of the State FFS Program provides MS and MSA/MLD benefits, describe how the State FFS Program applies the AL or ADL to both MS and MSA/MLD benefits in a manner that does not distinguish between MS and MSA/MLD benefits.	True/Not									
D-9		If the AL or ADL of the State FFS Program cannot describe in #6 how it applies the AL or ADL to both MS and MSA/MLD benefits in a manner that does not distinguish between the types of benefits, and if the State FFS Program provides MS and MSA/MLD benefits, describe how the State FFS Program applies the AL or ADL to MSA/MLD benefits in a manner that does not distinguish between MS and MSA/MLD benefits.	True/Not									
D-10		If the State FFS Program cannot describe either #6 or #8 and if the State FFS Program provides MS and MSA/MLD benefits, explain why the limit will be applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c) and report to the State in the Issues for Discussion worksheet.	True/Not									
D-11		If the AL or ADL of the AL or ADL, applies to something other than less than 1% of all MS benefits or at least 1% of all MS benefits, and if the State FFS Program provides MS and MSA/MLD benefits, describe how the State FFS Program applies the AL or ADL to MS benefits in a manner that does not distinguish between MS and MSA/MLD benefits, explain why the limit will be applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c) and report to the State in the Issues for Discussion worksheet.	True/Not									
D-12		If the State FFS Program described in #11 how the application of the AL or ADL to MSA/MLD benefits is not more restrictive than an average limit calculated for MS benefits using the weighted average of the AL or ADL, as appropriate, that is applicable to the category of MS benefits and the State FFS Program provides MS benefits, what is the average limit?	Number									
D-13		If the State FFS Program did not describe in #11 how the application of the AL or ADL to MSA/MLD benefits is not more restrictive than an average limit calculated for MS benefits using the weighted average of the AL or ADL, as appropriate, that is applicable to the category of MS benefits and the State FFS Program provides MS benefits, explain why the limit will be applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c) and report to the State in the Issues for Discussion worksheet.	True/Not									
D-14		If the State FFS Program provides MSA/MLD benefits, describe the aggregate average dollar limit (AL) or annual dollar limit (ADL) applied to MSA/MLD benefits.	True/Not									
D-15		If the State FFS Program provides MS benefits, what is the total dollar amount of expected payments for all MS benefits subject to the AL or ADL in a plan year?	Number									
D-16		If the State FFS Program provides MS benefits, what is the total dollar amount of expected payments for all MS benefits in a plan year?	Number									
D-17		If the State FFS Program provides MS benefits, what is the percentage of all expected payments for all MS benefits subject to the AL or ADL in a plan year?	Percentage calculated									
D-18		If the State FFS Program provides MS benefits, does the AL or ADL apply to the State's all MS benefits?	Dropdown									
D-19		If the AL or ADL of the State FFS Program provides MS and MSA/MLD benefits, explain why the limit is not applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c), and report to the State in the Issues for Discussion worksheet.	True/Not									
D-20		If the AL or ADL of the State FFS Program provides MS benefits, does the AL or ADL apply to all MS benefits?	Dropdown									
D-21		If the AL or ADL of the State FFS Program provides MS and MSA/MLD benefits, describe how the State FFS Program applies the AL or ADL to both MS and MSA/MLD benefits in a manner that does not distinguish between MS and MSA/MLD benefits.	True/Not									
D-22		If the AL or ADL of the State FFS Program cannot describe in #6 how it applies the AL or ADL to both MS and MSA/MLD benefits in a manner that does not distinguish between the types of benefits, and if the State FFS Program provides MS and MSA/MLD benefits, describe how the State FFS Program applies the AL or ADL to MSA/MLD benefits in a manner that does not distinguish between MS and MSA/MLD benefits.	True/Not									
D-23		If the State FFS Program cannot describe either #6 or #8 and if the State FFS Program provides MS and MSA/MLD benefits, explain why the limit will be applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c) and report to the State in the Issues for Discussion worksheet.	True/Not									
D-24		If the AL or ADL of the AL or ADL, applies to something other than less than 1% of all MS benefits or at least 1% of all MS benefits, and if the State FFS Program provides MS and MSA/MLD benefits, describe how the State FFS Program applies the AL or ADL to MS benefits in a manner that does not distinguish between MS and MSA/MLD benefits, explain why the limit will be applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c) and report to the State in the Issues for Discussion worksheet.	True/Not									
D-25		If the State FFS Program described in #11 how the application of the AL or ADL to MSA/MLD benefits is not more restrictive than an average limit calculated for MS benefits using the weighted average of the AL or ADL, as appropriate, that is applicable to the category of MS benefits and the State FFS Program provides MS benefits, what is the average limit?	Number									
D-26		If the State FFS Program did not describe in #11 how the application of the AL or ADL to MSA/MLD benefits is not more restrictive than an average limit calculated for MS benefits using the weighted average of the AL or ADL, as appropriate, that is applicable to the category of MS benefits and the State FFS Program provides MS benefits, explain why the limit will be applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c) and report to the State in the Issues for Discussion worksheet.	True/Not									
D-27		If the State FFS Program provides MSA/MLD benefits, describe the aggregate average dollar limit (AL) or annual dollar limit (ADL) applied to MSA/MLD benefits.	True/Not									
D-28		If the State FFS Program provides MS benefits, what is the total dollar amount of expected payments for all MS benefits subject to the AL or ADL in a plan year?	Number									
D-29		If the State FFS Program provides MS benefits, what is the total dollar amount of expected payments for all MS benefits in a plan year?	Number									
D-30		If the State FFS Program provides MS benefits, what is the percentage of all expected payments for all MS benefits subject to the AL or ADL in a plan year?	Percentage calculated									
D-31		If the State FFS Program provides MS benefits, does the AL or ADL apply to the State's all MS benefits?	Dropdown									
D-32		If the AL or ADL of the State FFS Program provides MS and MSA/MLD benefits, explain why the limit is not applied to MSA/MLD benefits despite not meeting the requirements in 42 CFR § 438.305(c), and report to the State in the Issues for Discussion worksheet.	True/Not									
D-33		If the AL or ADL of the State FFS Program provides MS benefits, does the AL										



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This section relates to FFOs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.210(a)-(c); benefits delivered to CHP enrollees in accordance with 42 CFR § 437.496(d)(3); and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR § 440.320(b). Refer to Instructional Guide for section 2.5 more detail.

The product relates to PPS applied to benefits provided to members of Medicaid State PPS Programs in accordance with 42 CFR § 438.30(a)(1)-(3). Benefits delivered to DSH enrollees in accordance with 42 CFR § 437.40(a)(2)(1), and benefits delivered to members of Medicaid State PPS Programs in accordance with 42 CFR § 440.30(a)(2)(1). Both 42 CFR § 438.30(a)(1)-(3) and 42 CFR § 440.30(a)(2)(1) are included in the scope of this table.													
E-1	Result Package	Result Classification	Question	Response1	Response2	Response3	Response4	Response5	Response6	Response7	Response8	Response9	Response10
E-1			If the State PPS Program provides MREDCD benefits, indicate the type of financial requirement (FR) (e.g., contingent, commensurate, identifiable) that applies to MREDCD benefits in this classification.	Free Text									
E-2			If the State PPS Program provides MREDCD benefits, describe the level (e.g., magnitude) of FR (e.g., 0% to 10%) that applies to MREDCD benefits in this classification and the service to which the FR is applied (e.g., primary care only) <u>Do not include a column.</u>	Free Text									
E-3			If the State PPS Program provides MRS and MREDCD benefits, is the FR applied to MREDCD benefits identical to or less restrictive than the same FR applied to MRS benefits in this classification?	Disjunctive									
E-4			If the FR is not the FR that the PPS Program provides MRS and MREDCD benefits, describe how the FR applied to MREDCD benefits is identical to or less restrictive than the FR that the PPS Program provides MRS benefits in this classification.	Free Text									
E-5			If the FR is not the FR that the PPS Program provides MRS benefits, explain the total dollar amount of expected payments for MRS benefits in this classification subject to the FR in a single year.	Number									
E-6			If the FR is not the FR that the State PPS Program provides MRS benefits, what is the total dollar amount of expected payments for all MRS benefits in this classification in a single year?	Number									
E-7			If the FR is not the FR that the State PPS Program provides MRS benefits, what is the percentage of all expected payments for all MRS benefits subject to the FR in this classification in a single year?	Percentage calculated FR									
E-8			If the FR is not the FR that the State PPS Program provides MRS benefits and did not complete a cost analysis, explain why the FR was not completed to satisfy requirements at 42 CFR § 438.30(a)(1)(1), 42 CFR § 437.40(a)(2)(1), and 42 CFR § 440.30(a)(2)(1) and report to the State in the Issues for Discussion column.	Free Text									
E-9			If the percentage in FR is less than 50.7% and if the State PPS Program provides MRS and MREDCD benefits, explain why the FR is not applied despite not meeting the requirements at 42 CFR § 438.30(a)(1)(1), 42 CFR § 437.40(a)(2)(1), and 42 CFR § 440.30(a)(2)(1) and report to the State in the Issues for Discussion column.	Free Text									
E-10			If the percentage in FR is 50.7% or greater and if the State PPS Program provides MRS benefits, what is the predominant level of the FR for MRS benefits in this classification subject to the type of FR? The predominant level is either a single level of the FR that applies to at least 50% of MRS benefits in the classification subject to the type of FR, or the least restrictive level within a combination of levels of the FR used to reach 50% of MRS benefits in the classification subject to the type of FR.	Free Text									
E-11			If the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR, or the least restrictive level within a combination of levels of the FR used to reach 50% of MRS benefits in the classification subject to the type of FR, the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR. If the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR, the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR. If the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR, the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR.	Disjunctive									
E-12			If the State PPS Program provides MREDCD benefits, indicate the type of financial requirement (FR) (e.g., contingent, commensurate, identifiable) that applies to MREDCD benefits in this classification.	Free Text									
E-13			If the State PPS Program provides MREDCD benefits, describe the level (e.g., magnitude) of FR (e.g., 0% to 10%) that applies to MREDCD benefits in this classification and the service to which the FR is applied (e.g., primary care only) <u>Do not include a column.</u>	Free Text									
E-14			If the State PPS Program provides MRS and MREDCD benefits, is the FR applied to MREDCD benefits identical to or less restrictive than the same FR applied to MRS benefits in this classification?	Disjunctive									
E-15			If the FR is not the FR that the PPS Program provides MRS and MREDCD benefits, describe how the FR applied to MREDCD benefits is identical to or less restrictive than the FR that the PPS Program provides MRS benefits in this classification.	Free Text									
E-16			If the FR is not the FR that the State PPS Program provides MRS benefits, explain the total dollar amount of expected payments for MRS benefits in this classification subject to the FR in a single year.	Number									
E-17			If the FR is not the FR that the State PPS Program provides MRS benefits, what is the total dollar amount of expected payments for all MRS benefits in this classification in a single year?	Number									
E-18			If the FR is not the FR that the State PPS Program provides MRS benefits, what is the percentage of all expected payments for all MRS benefits subject to the FR in this classification in a single year?	Percentage calculated FR									
E-19			If the FR is not the FR that the State PPS Program provides MRS benefits and did not complete a cost analysis, explain why the FR was not completed to satisfy requirements at 42 CFR § 438.30(a)(1)(1), 42 CFR § 437.40(a)(2)(1), and 42 CFR § 440.30(a)(2)(1) and report to the State in the Issues for Discussion column.	Free Text									
E-20			If the percentage in FR is less than 50.7% and if the State PPS Program provides MRS and MREDCD benefits, explain why the FR is not applied despite not meeting the requirements at 42 CFR § 438.30(a)(1)(1), 42 CFR § 437.40(a)(2)(1), and 42 CFR § 440.30(a)(2)(1) and report to the State in the Issues for Discussion column.	Free Text									
E-21			If the percentage in FR is 50.7% or greater and if the State PPS Program provides MRS benefits, what is the predominant level of the FR for MRS benefits in this classification subject to the type of FR? The predominant level is either a single level of the FR that applies to at least 50% of MRS benefits in the classification subject to the type of FR, or the least restrictive level within a combination of levels of the FR used to reach 50% of MRS benefits in the classification subject to the type of FR.	Free Text									
E-22			If the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR, or the least restrictive level within a combination of levels of the FR used to reach 50% of MRS benefits in the classification subject to the type of FR, the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR. If the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR, the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR. If the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR, the predominant level is MRS in a single level of the FR that applies to more than 50% of MRS benefits in the classification subject to the type of FR.	Disjunctive									
E-23			If the State PPS Program provides MREDCD benefits, indicate the type of financial requirement (FR) (e.g., contingent, commensurate, identifiable) that applies to MREDCD benefits in this classification.	Free Text									
E-24			If the State PPS Program provides MREDCD benefits, describe the level (e.g., magnitude) of FR (e.g., 0% to 10%) that applies to MREDCD benefits in this classification and the service to which the FR is applied (e.g., primary care only) <u>Do not include a column.</u>	Free Text									
E-25			If the State PPS Program provides MRS and MREDCD benefits, is the FR applied to MREDCD benefits identical to or less restrictive than the same FR applied to MRS benefits in this classification?	Disjunctive									
E-26			If the FR is not the FR that the PPS Program provides MRS and MREDCD benefits, describe how the FR applied to MREDCD benefits is identical to or less restrictive than the FR that the PPS Program provides MRS benefits in this classification.	Free Text									
E-27			If the FR is not the FR that the State PPS Program provides MRS benefits, explain the total dollar amount of expected payments for MRS benefits in this classification subject to the FR in a single year.	Number									
E-28			If the FR is not the FR that the State PPS Program provides MRS benefits, what is the total dollar amount of expected payments for all MRS benefits in this classification in a single year?	Number									
E-29			If the FR is not the FR that the State PPS Program provides MRS benefits, what is the percentage of all expected payments for all MRS benefits subject to the FR in this classification in a single year?	Percentage calculated FR									









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F. Quantitative Treatment Limitations

This section relates to FROs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.9(a)(4)-(c), benefits delivered to CHIP enrollees in accordance with 42 CFR § 457.496(d)(3), and benefits delivered to enrollees of Medicaid ACPs in accordance with 42 CFR § 440.395(a). Refer to Instructional Guide section 2.6 for more detail.



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C. Nonquantitative Treatment Limitations - Prior Authorization - Important		
The information on this CMS form is to be used to provide the information to the State for review and approval of the request for prior authorization. It is not to be used for any other purpose. The information on this form is to be used to provide the information to the State for review and approval of the request for prior authorization. It is not to be used for any other purpose.		
Is the request for prior authorization for a service or supply that is not covered by the plan?	Yes/No	Yes/No
Is the request for prior authorization for a service or supply that is covered by the plan?	Yes/No	Yes/No
Is the request for prior authorization for a service or supply that is covered by the plan?	Yes/No	Yes/No
Is the request for prior authorization for a service or supply that is covered by the plan?	Yes/No	Yes/No

Requestor	Medical Assistant 1	Medical Assistant 2	Medical Assistant 3	Medical Assistant 4	Medical Assistant 5	Medical Assistant 6	Medical Assistant 7	Medical Assistant 8	Medical Assistant 9
Requestor: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									
Medical Assistant: What are the strategies that the State FFS Program utilizes through the NCL, as well as a separate? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.									

This section relates to NOTIs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.301(c), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(iv), and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR § 440.385(b)(4). Refer to Instructional Guide section 2.7 for more detail.

[illegible]

Nonquantitative Treatment Limitations - Prior Authorization, Emergency Care

Nonquantitative Treatment Limitations - Prior Authorization, Emergency Care
 This section relates to NQTL matters that benefit denials or limitations of Standard Care PPO. Programs in accordance with 45 CFR 148.191(c), benefit denials are CHIP enrollees in accordance with 45 CFR 148.191(d)(1)(ii) and health plan enrollees of Medicaid CHIP in accordance with 45 CFR 148.191(d)(1)(iii). Refer to the section Quality review 3.7 for more detail.

[illegible]

J. Nonquantitative Treatment Limitations - Prior Authorization, Prescription Drugs

Nonquantitative Treatment Limitations - Prior Authorization, Prescription Drugs

[illegible]

K. Nonquantitative Treatment Limitations - Concurrent Review, Inpatient

C Nonquantitative Treatment Limitations - Concurrent Review, Inpatient

The facility meets or exceeds all quality standards described in various Maryland State PSI Programs in accordance with C-COR 4-039.0100, besides electronic CofP enrollee in accordance with C-COR 4-039.0100 electronic and security elements of Maryland C-COR 4-039.0100. Refer to structural audit report 12-7-2016.

[illegible]

Nonquantitative Treatment Limitations - Concurrent Review, Outpatient

[illegible][illegible]

Questions	M01Q1 - Research Package 1	M01Q2 - Research Package 1	M01Q3 - Research Package 1	M01Q4 - Research Package 1	M01Q5 - Research Package 1	M01Q6 - Research Package 1	M01Q7 - Research Package 1	M01Q8 - Research Package 1
Can the benefits to which the NCLT applies								
intended. What are the strategies for the State ITD Program under design the NCLT, as written and its operation? If programs are offered by benefit package, specify the information about strategies by benefit package using the appropriate columns.								
Cashiering Standards: What monetary standards do the State ITD Program consider if the agent's strategy is based on interest in the NCLT, possibly resulting from the same or different financial resources or other factors? Specify the information about monetary standards by benefit package using the appropriate columns.								
Procedures: What are the procedures for the State ITD Program under the NCLT, as written and its operation? Procedures are offered by benefit package, specify the information about procedures by benefit package using the appropriate columns.								
Other factors: What factors not already addressed in the questions above do the program take into account in its quest to design the NCLT, its operations and the NCLT, agents to provide with the benefit packages? Address all other factors that the NCLT is required by the State. If other factors are offered by benefit package, specify the information about other factors by benefit package using the appropriate columns.								

M. Nonquantitative Treatment Limitations - Concurrent Review, Emergency Care

14. Nonquantitative Treatment Limitations - Concurrent Review, Emergency Care

This section relates to HCA's payment benefits determinations of Standardized FFS Programs in accordance with 42 CFR 438.9(f)(3). Benefits determinations for concurrent review are in accordance with 42 CFR 438.9(f)(4)(ii)(b) and benefits determinations for Standard Care in accordance with 42 CFR 438.9(f)(4)(ii)(c). Refer to the respective Quality Review 3.7 for more detail.

[illegible]

Nonquantitative Treatment Limitations

Concurrent Review

Prescription Drugs


The information on this CCR is derived from benefit packages from 2019. Coverage is determined with the CCR's published version. Benefits are subject to change without notice. Please refer to the CCR's published version for the most current information.

For the CCR, please refer to the CCR's published version for the most current information.

For the CCR, please refer to the CCR's published version for the most current information.

For the CCR, please refer to the CCR's published version for the most current information.

Prescription	Medicaid (Medicaid) Section 4	Medicaid (Medicaid) Section 1	Medicaid (Medicaid) Section 2	Medicaid (Medicaid) Section 3	Medicaid (Medicaid) Section 4	Medicaid (Medicaid) Section 5	Medicaid (Medicaid) Section 6	Medicaid (Medicaid) Section 7
For information on which the CCR applies								
Prescription: What are the strategies that the State CCR Program utilizes through the CCR, as well as a separate CCR program, are offered by benefit packages? Specify the information about strategies by benefit package using the appropriate columns.								
Exclusionary Strategies: What exclusionary strategies do the State CCR Program consider or the State CCR Program has implemented in the CCR, including exclusions, co-payments, or other strategies? Exclusionary strategies are different by benefit package. Specify the information about exclusionary strategies by benefit package using the appropriate columns.								
Processors: What are the processors that the State CCR Program applies to the CCR, as well as a separate CCR program, are offered by benefit packages? Specify the information about processors by benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the previous items did the Medicaid and/or other factors or any other factors to the CCR, or to determine how the CCR applies to benefit plans by benefit package? Specify the other factors or other factors not already addressed in the previous items. Specify the information about other factors by benefit package using the appropriate columns.								



O. Nonquantitative Treatment Limitations - Step Therapy/Fail First, Inpatient

C. Noninvasive Treatment Limitations - Step Therapy/First, Inpatient

[illegible]

P. Nonquantitative Treatment Limitations - Step Therapy/Fail First, Outpatient

Nonquantitative Treatment Limitations - Soap Therapy/Fall First, Outpatient
 The action taken by HCA to limit benefits benefits delivered to members of Individual Self FFO. Programs in accordance with HC Code 430.9100. Benefits delivered CHIP enrollees in accordance with HC Code 437.0000 and monthly, beneficiary enrollees of Individual Self FFO in accordance with HC Code 437.0000. Refer to Insurance Guide section 3.7 for more detail.

[illegible]

Q. Nonquantitative Treatment Limitations - Stop Therapy/Fall First, Emergency Care

C. Noncurative Treatment Limitations – Step Therapy/Fail First, Emergency Care
 The sector must not require patients to receive treatment at a maximum of 10 visits for Step Therapy Programs in accordance with CCR 4.030.0100. Benefits delivered CRP envelopes in accordance with CCR 4.010.0100 and monthly allowances envelopes of Medicaid CCR 4.010.0100 in accordance with CCR 4.010.0100. Refer to Insurance Guide section 3.7 for more detail.

[illegible]

R. Nonquantitative Treatment Limitations - Step Therapy/Fail First, Prescription Drugs

Nonquantitative Treatment Limitations - Step Therapy/Fail First Prescription Drugs
This section contains the NQTLs pertaining to the following: (1) medical necessity as defined in Medical Policy Code 4.0-030-010; benefit determined CDR enrollees in accordance with CDR 4.030-010; and benefit determined enrollees of Medicaid APDs in accordance with CDR 4.040-000-010. Refer to Instructional Guide section 7.2 for more details.

[illegible]

Nonquantitative Treatment Limitations – Standards for Provider Network Admission, Important Note: State FFS Programs likely do not apply this NQTL, in which case this worksheet is not needed.

The information shown on this NQTL worksheet is based on information provided by the plan sponsor. The plan sponsor is responsible for ensuring that the information provided is accurate and complete. The plan sponsor is also responsible for ensuring that the information provided is consistent with the requirements of the ACA and the NQTL.

Is the NQTL applied to all members of the plan?	
Is the NQTL applied to all members of the plan who are eligible for the plan?	
Is the NQTL applied to all members of the plan who are eligible for the plan who are not eligible for the plan?	
Is the NQTL applied to all members of the plan who are eligible for the plan who are not eligible for the plan who are not eligible for the plan?	

Procedure	Medical NQTL Exemption 1	Medical NQTL Exemption 2	Medical NQTL Exemption 3	Medical NQTL Exemption 4	Medical NQTL Exemption 5	Medical NQTL Exemption 6	Medical NQTL Exemption 7	Medical NQTL Exemption 8
Is the procedure covered by the NQTL?								
Procedure: What are the strategies that the State FFS Program utilizes through the NQTL, as written and in operation? For example, are different benefit packages used for the information about strategies, by benefit package using the appropriate columns.								
Exclusionary Exemptions: What exclusionary exemptions did the State FFS Program consider at the point of design in line with respect to the NQTL, including generally applicable or discretionary? Exclusionary exemptions are different by benefit package, specify the information about exclusionary exemptions by benefit package using the appropriate columns.								
Procedures: What are the processes that the State FFS Program applies to the NQTL, as written and in operation? Exemptions are different by benefit package, specify the information about processes by benefit package using the appropriate columns.								
Other Exemptions: What factors not already addressed in the previous column did the program consider at the point of design in line with respect to the NQTL, or in operation how the NQTL applies to benefit plans by benefit package? Exemptions are different by benefit package, specify the information about other factors by benefit package using the appropriate columns.								

This section relates to NOTAs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.610(d), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(vi), and benefits delivered to enrollees of Medicaid ACPs in accordance with 42 CFR § 443.365(b)(4). Refer to Instructional Guide section 2.7 for more detail.

This section relates to NOTAs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.610(d), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(vi), and benefits delivered to enrollees of Medicaid ACPs in accordance with 42 CFR § 443.365(b)(4). Refer to Instructional Guide section 2.7 for more detail.

Παρατηρήσεις	Μερίδιο : Βασική Δοκιμασία 1	Μερίδιο : Βασική Δοκιμασία 1
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List the benefits to which the NGLL applies								
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This section relates to NOTAs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.60(d). It does not relate to benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR § 440.365(i)(4). Refer to Instructional Guide section 2.7 for more details.



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V. Nonquantitative Treatment Limitations - Standards for Provider Network Admission, Prescription Drugs (Note: State FFS Programs likely do not apply this NQTL, in which case this worksheet is not needed.)
This section relates to NQTLs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.101(c), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.40(a)(2)(i), and

This section relates to NOTUs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR 4.438(f)(1)(ii), benefits delivered to CHIP enrollees in accordance with 42 CFR 4.437(d)(i)(ii), and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR 4.460.355(i)(4). Refer to Instructional Guide section 2.7 for more detail.

<p> <input type="checkbox"/> NOT - Standards for Provider Network Admission <input type="checkbox"/> Is the MTO needed for the <i>expedited</i> dispute formal classification? <input type="checkbox"/> Is the MTO required by the State? <input type="checkbox"/> Applicable Benefit Packagers - List all that apply <input type="checkbox"/> Applicable Documentation or Provider Determination </p>	<p> <input type="checkbox"/> Yes - Add our ID information into this worksheet </p>
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Question	MS101 - Research Question 1	MS101 - Research Question 2	MS101 - Research Question 3	MS101 - Research Question 4	MS101 - Research Question 5	MS101 - Research Question 6	MS101 - Research Question 7	MS101 - Research Question 8
Call for Research to select the NCTC, again								
Instructions: What are the strategies that the State/STC Program currently employs to manage the NCTC, an action and is operational? For strategies, are different by research packages. Identify the information about strategies by research package using the appropriate columns.								
Instructions: Identify the strategies that the State/STC Program currently employs to manage the NCTC, an action and is operational? For strategies, are different by research packages. Identify the information about strategies by research package using the appropriate columns.								
Instructions: What are the processes that the State/STC Program applies to the NCTC, an action and is operational? For processes, are different by research packages. Identify the information about processes by research package using the appropriate columns.								
Instructions: What are the processes that the State/STC Program applies to the NCTC, an action and is operational? For processes, are different by research packages. Identify the information about processes by research package using the appropriate columns.								
Other factors: What factors not already addressed in the questions above did the research participants use to select the NCTC, an action and is operational? For factors, are different by research packages. Identify the information about other factors by research package using the appropriate columns.								

IV. Nonquantitative Treatment Limitations - Standards for Prioritizing Access to Out-of-Network Providers, Inpatient (Note: State FFS Programs likely do not apply this NQTL, in which case this worksheet is not needed.)

The information on this NQTL worksheet is based on information provided by the plan sponsor and is not intended to be used for purposes of determining the plan sponsor's obligations under ERISA or the ACA. The plan sponsor is responsible for ensuring that the information provided is accurate and complete. The plan sponsor is also responsible for ensuring that the information provided is consistent with the plan's terms and conditions.

For the NQTL, please provide the following information:

Is the NQTL applied to all plan members?	
Is the NQTL applied to all plan members who are not active?	
Is the NQTL applied to all plan members who are not active and who are not active?	
Is the NQTL applied to all plan members who are not active and who are not active and who are not active?	

For the NQTL, please provide the following information:

Procedure	Medical Necessity Standard 1	Medical Necessity Standard 2	Medical Necessity Standard 3	Medical Necessity Standard 4	Medical Necessity Standard 5	Medical Necessity Standard 6	Medical Necessity Standard 7	Medical Necessity Standard 8
For procedures to which the NQTL applies:								
Procedures: What are the strategies that the State FFS Program utilizes through the NQTL, as written and in operation? For strategies are affected by benefit package? Specify the information about strategies, by benefit package using the appropriate columns.								
Exclusionary Exclusions: What exclusionary conditions do the State FFS Program consider at the point of design to limit with respect to the NQTL, including generally applicable or individual? Exclusionary conditions are different by benefit package? Specify the information about exclusionary conditions by benefit package using the appropriate columns.								
Procedures: What are the processes that the State FFS Program applies to the NQTL, as written and in operation? Exclusionary conditions are different by benefit package? Specify the information about processes by benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the previous column did the plan sponsor take into consideration or rely upon to design the NQTL, or to determine how the NQTL applies to benefit plans? For benefit packages? Exclusionary conditions are different by benefit package? Specify the information about other factors by benefit package using the appropriate columns.								

X. Nonquantitative Treatment Limitations - Standards for Providing Access to Out-of-Network Providers, Outpatient (Note: State FFS Programs may not apply this NQTL, in which case this worksheet is not needed.)

The sector refers to NCT's ability to identify delivered to residents of Medicaid State DSH Programs in accordance with 42 CFR § 438.90(c). Identify delivered DSH programs in accordance with 42 CFR § 438.90(c) and benefits delivered to residents of Medicaid ADPs in accordance with 42 CFR § 440.365(a)(4). Refer to Instructional Guide section 2.7 for more detail.

[illegible][illegible]

Nonquantitative Treatment Limitations – Standards for Providing Access to Out-of-Network Providers, Emergency Care (Note: State FFS Programs likely do not apply this NQTL, in which case this worksheet is not needed.)

The information on this NQTL worksheet is based on information provided by your program and is not intended to be used for any other purpose. It is not intended to be used for any other purpose. It is not intended to be used for any other purpose.

Benefits determined in accordance with the NQTL are not intended to be used for any other purpose. It is not intended to be used for any other purpose. It is not intended to be used for any other purpose.

Is the NQTL applied to all members of the plan?	
Is the NQTL applied to all members of the plan?	
Is the NQTL applied to all members of the plan?	
Is the NQTL applied to all members of the plan?	

Program	Medicaid (Managed Care) 1	Medicaid (Managed Care) 2	Medicaid (Managed Care) 3	Medicaid (Managed Care) 4	Medicaid (Managed Care) 5	Medicaid (Managed Care) 6	Medicaid (Managed Care) 7	Medicaid (Managed Care) 8	Medicaid (Managed Care) 9
Program: What are the strategies that the State FFS Program utilizes through the NQTL, as written and in operation? For example, are different benefit packages used to provide information about benefits to benefit packages using the appropriate columns.									
Exclusionary Exclusions: What exclusionary exclusions do the State FFS Program consider or the plan to design a benefit with respect to the NQTL, including exclusions, exclusions, or exclusions? For example, exclusionary exclusions are different benefit packages used to provide information about benefits to benefit packages using the appropriate columns.									
Process: What are the processes that the State FFS Program applies to the NQTL, as written and in operation? For example, are different benefit packages used to provide information about processes to benefit packages using the appropriate columns.									
Other Factors: What factors not already addressed in the previous column did the managed care plan consider or the plan to design the NQTL, or in accordance with the NQTL, applies to benefit plans to benefit packages? For example, are other factors or factors that are not already addressed in the previous column used to provide information about other factors to benefit packages using the appropriate columns.									

J. Nonquantitative Treatment Limitations - Standards for Providing Access to Out-of-Network Providers, Prescription Drugs (Note: State FFS Programs likely do not apply this NQTL, in which case this worksheet is not needed.)

The section involves the AOTU's assertion to benefits delivered to enrollees of Medicaid State FPS Programs in accordance with 42 CFR 440.69(b)(3). Benefits delivered to CHIP enrollees in accordance with 42 CFR 440.640(d)(3) are not included in the AOTU's assertion to benefits delivered to enrollees of Medicaid State FPS Programs in accordance with 42 CFR 440.69(b)(3). Refer to Instructional Guide section 17 for more detail.

[illegible]

AA. Issues for Discussion

Refer to Instructional Guide section 2.8 for detailed instructions.

ID Number	Entry Type (New, Update, No Changes)	Relevant Benefit Package(s)	Relevant Reporting Template Section	Relevant Benefit Classification(s)	Description of Issue for Discussion	Does the Issue for Discussion relate to Operations, Documentation, or Both?	Description of Past and/or Future Action(s) to Address the Issue for Discussion	Issue Resolved - EXPECTED Date	Issue Resolved - ACTUAL Date
AA-1									
AA-2									
AA-3									
AA-4									
AA-5									
AA-6									
AA-7									
AA-8									
AA-9									
AA-10									
AA-11									
AA-12									
AA-13									
AA-14									
AA-15									
AA-16									
AA-17									
AA-18									
AA-19									
AA-20									
AA-21									
AA-22									
AA-23									
AA-24									
AA-25									
AA-26									
AA-27									
AA-28									
AA-29									
AA-30									
AA-31									
AA-32									
AA-33									
AA-34									
AA-35									
AA-36									
AA-37									
AA-38									
AA-39									
AA-40									
AA-41									
AA-42									
AA-43									
AA-44									
AA-45									
AA-46									
AA-47									
AA-48									
AA-49									
AA-50									

Nonquantitative Treatment Limitations - Other 1

Nonquantitative Treatment Limitations - Other 1
 The facility meets the NQTL standard for benefits delivered to enrollees of Medicaid and FFS Programs in accordance with 42 CFR 435.910(c), benefits delivered to enrollees in accordance with 42 CFR 435.910(c) effective and equally delivered to enrollees of Medicaid and FFS in accordance with 42 CFR 435.910(c)(3)(iv). There is no distinction made between the two programs.

[illegible]

This section relates to NOTAs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.40(d), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.46(d)(iv), and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR § 440.385(b)(4). Refer to Instructional Guide section 2.7 for more detail.



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Nonquantitative Treatment Limitations - Column 4

The section states that NQTL applies to benefit packages for a group of employees. State FFS Programs in accordance with 40 CFR 146.103(c), identify elements of FFS programs in accordance with 40 CFR 146.103(c)(1) and identify the benefits determined to be essential to the health of the population in accordance with 40 CFR 146.103(c)(2) and 40 CFR 146.103(c)(3). Refer to Instructional Guide section 3.7 for more detail.

State	
Is the NQTL applied to the FFS?	
Is the NQTL applied to the FFS?	
Is the NQTL applied to the FFS?	
Is the NQTL applied to the FFS?	

Program	Health Benefit Package 1	Health Benefit Package 2	Health Benefit Package 3	Health Benefit Package 4	Health Benefit Package 5	Health Benefit Package 6	Health Benefit Package 7	Health Benefit Package 8
Programs that are not subject to the NQTL, explain:								
Programs: What are the programs that are not subject to the NQTL? Explain why the NQTL, as written and as interpreted, does not apply to these programs. Identify the information about programs, by benefit package, using the appropriate columns.								
Exclusionary Elements: What exclusionary elements do the State FFS Programs consider or the State FFS Programs have with respect to the NQTL, including any elements of the program? Exclusionary elements are different from benefit packages. Identify the information about exclusionary elements by benefit package, using the appropriate columns.								
Procedures: What are the procedures that the State FFS Programs apply to the NQTL, as written and as interpreted? Procedures are different from benefit packages. Identify the information about procedures by benefit package, using the appropriate columns.								
Other Factors: What factors not already addressed in the previous items did the program consider or the State FFS Programs have with respect to the NQTL, or to determine how the NQTL applies to benefit packages? Factors are different from benefit packages. Identify the information about other factors by benefit package, using the appropriate columns.								

Consequential Treatment Limitations - Column 2

The section states that CTRs generally apply to benefit packages for a limited set of purposes. State FFS Programs in accordance with 40 CFR 1.404(c)(2)(ii), generally determine CTRF remedies in accordance with 40 CFR 1.404(c)(2)(iii) and benefits determined to remedies of Medicaid (MHPs) in accordance with 40 CFR 1.404(c)(2)(iv) and 2003-1-6. Refer to Instructional Guide section 3.7 for more detail.

State	
Is the CTRF remedy for the State?	
Medicaid (MHP) Remedies - List all that apply	
Medicaid (MHP) Remedies - List all that apply	

Provisions	Medicaid (MHP) Remedies 1	Medicaid (MHP) Remedies 2	Medicaid (MHP) Remedies 3	Medicaid (MHP) Remedies 4	Medicaid (MHP) Remedies 5	Medicaid (MHP) Remedies 6	Medicaid (MHP) Remedies 7	Medicaid (MHP) Remedies 8
Provisions that are the strategies that the State FFS Program applies to the MHPs, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Provisions that are the strategies that the State FFS Program applies to the MHPs, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Provisions that are the strategies that the State FFS Program applies to the MHPs, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Provisions that are the strategies that the State FFS Program applies to the MHPs, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Provisions that are the strategies that the State FFS Program applies to the MHPs, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Provisions that are the strategies that the State FFS Program applies to the MHPs, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								

This section relates to NOTAs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.9(f)(1)(i), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(vi), and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR § 440.395(b)(4). Refer to Instructional Guide section 2.7 for more detail.



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Nonquantitative Treatment Limitations - Other 7

Nonquantitative Treatment Limitations - Other 7

The second survey is a CD-28 patient-specific benefit survey of Medical Device FTS Prostate in accordance with 42 CFR 4.149(d)(1)(ii). Benefits delivered to CRP enrollees in accordance with 42 CFR 4.149(d)(1)(ii) and benefits delivered to enrollees of Medical Device in accordance with 42 CFR 4.149(d)(1)(ii). Refer to Instructions Guide section 7.7 for more details.

<p> Prüfung: 1. Semester Prüfungsfach: Mathematik Prüfungstermin: 1. Semester Prüfungsort: ... </p>	
<p> Prüfung: 2. Semester Prüfungsfach: Mathematik Prüfungstermin: 2. Semester Prüfungsort: ... </p>	

Question	Benefit - Research Question 1	Benefit - Research Question 2	Benefit - Research Question 3	Benefit - Research Question 4	Benefit - Research Question 5	Benefit - Research Question 6	Benefit - Research Question 7	Benefit - Research Question 8
Let the benefits to which the NGLS applies								
Programs: What are the strategies for the State FES Program under which the NGLS is applied and is operated? If programs are offered by benefit package, specify the information about strategies by benefit package using the appropriate columns.								
Expenditure standards: What expenditure standards did the State FES Program consider if the expenditure factors will subject to the NGLS, usually specify exactly the information about expenditure standards by benefit package using the appropriate columns.								
Processes: What are the processes that the State FES Program applies to the NGLS, as well as a separate framework are different to benefit package, specify the information about processes by benefit package using the appropriate columns.								
Other factors: What factors not already addressed in the system above did the management consider or rely upon to design the NGLS, or to determine how the NGLS applies to benefits under the benefit package? Indicate if any other factor (or factors) is required by the State, or other factors are different to benefit package, specify the information about other factors by benefit package using the appropriate columns.								

Consequential Treatment Limitations - Column 2

The section states that CTRs generally do not require payment for treatment. State FFS Procedures in accordance with 42 CFR 438.2(d)(2)(ii) identify elements CTR involves in accordance with 42 CFR 438.2(d)(2)(iv) and benefits determined in accordance with Medicaid (MHP) in accordance with 42 CFR 438.2 and 438.3(d). Refer to Instructional Guide section 3.7 for more detail.

State	
Is the CTR covered by the State?	
Medicaid Benefit Package(s) - List all that apply	
Medicaid Benefit Package(s) - List all that apply	

Procedures	Medicaid Benefit Package 1	Medicaid Benefit Package 2	Medicaid Benefit Package 3	Medicaid Benefit Package 4	Medicaid Benefit Package 5	Medicaid Benefit Package 6	Medicaid Benefit Package 7	Medicaid Benefit Package 8
Procedures: What are the strategies that the State FFS Program utilizes through the MCLT, as written and is operational? For strategies are offered by benefit package(s) specify the information about strategies by benefit package using the appropriate column(s).								
Exemptions: What are the strategies that the State FFS Program utilizes through the MCLT, as written and is operational? For strategies are offered by benefit package(s) specify the information about strategies by benefit package using the appropriate column(s).								
Exemptions: What are the strategies that the State FFS Program utilizes through the MCLT, as written and is operational? For strategies are offered by benefit package(s) specify the information about strategies by benefit package using the appropriate column(s).								
Procedures: What are the processes that the State FFS Program applies to the MCLT, as written and is operational? For processes are offered by benefit package(s) specify the information about processes by benefit package using the appropriate column(s).								
Other Factors: What factors not already addressed in the previous column did the Medicaid and/or private carrier or any other in design the MCLT, or in determine how the MCLT applies to benefits under the benefit package(s) listed from other than the Medicaid benefit package(s) listed. If other factors are offered to benefit package(s) specify the information about other factors by benefit package using the appropriate column(s).								

Consequential Treatment Limitations - Column 2

The section states that CTSU applies to benefit packages for members of preferred State FFS Programs in accordance with 40 CFR 1.401.001(c)(2)(i), benefits otherwise COTF members in accordance with 40 CFR 1.401.001(c)(2)(ii), and benefits otherwise to members of Medicaid (MHP) in accordance with 40 CFR 1.401.001(c)(3). Refer to Instructional Guide section 3.7 for more detail.

State Name State Abbreviation State Fiscal Year State Fiscal Year End Date Medicaid Benefit Package ID Medicaid Benefit Package Name Medicaid Benefit Package Description								
Programs	Medicaid Benefit Package 1	Medicaid Benefit Package 2	Medicaid Benefit Package 3	Medicaid Benefit Package 4	Medicaid Benefit Package 5	Medicaid Benefit Package 6	Medicaid Benefit Package 7	Medicaid Benefit Package 8
and programs to which the CTSU applies								
Programs: What are the strategies that the State FFS Program utilizes through the MCHL, as written and to operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Exclusionary Exclusions: What exclusionary conditions do the State FFS Program consider at the point of design to have with respect to the MCHL, including generally applicable, or otherwise? Exclusionary conditions are affecting benefit package? Specify the information about exclusionary conditions by benefit package using the appropriate columns.								
Provisions: What are the provisions that the State FFS Program applies to the MCHL, as written and to operational? Provisions are affecting benefit package? Specify the information about provisions by benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the previous column did the member and plan consider or may plan to design the MCHL, or to determine how the MCHL applies to benefit plan? For benefit package? List and other factors that are required by the State. Other factors are affected by benefit package? Specify the information about other factors by benefit package using the appropriate columns.								

Nonquantitative Treatment Limitations - Other 10

Nonquantitative Treatment Limitations - Other 10
 The sector-wide is NOT a sector-level delivery or services of Medicaid Step FFS Programs in accordance with 42 CFR 438.9100, sector-level delivery of services in accordance with 42 CFR 438.444 effective and monthly payments of Medicaid capitated payments in accordance with 42 CFR 438.300. Refer to instructions (table 10.1.2) for details.

[illegible]

Nonquantitative Treatment Limitations - Column 12

The section states that QALYs are used to measure the benefit of preventive State FFS Procedures in accordance with 42 CFR 410.10(c)(2)(ii), specialty services to COPD patients in accordance with 42 CFR 410.10(c)(2)(iii), and benefits delivered to residents of Medicaid (MHPs) in accordance with 42 CFR 410.10(c)(2)(iv). Refer to Instructional Guide section 3.7 for more detail.

State	
Is the NQTL applied to all services?	
Is the NQTL applied to all payers?	
Is the NQTL applied to all providers?	
Is the NQTL applied to all patients?	

Procedure	Medicaid (MHP) Exclusion 1	Medicaid (MHP) Exclusion 2	Medicaid (MHP) Exclusion 3	Medicaid (MHP) Exclusion 4	Medicaid (MHP) Exclusion 5	Medicaid (MHP) Exclusion 6	Medicaid (MHP) Exclusion 7	Medicaid (MHP) Exclusion 8
For procedures to which the NQTL applies								
Exclusions: What are the strategies that the State FFS Program utilizes through the NQTL, as written and in operation? If strategies are different by benefit package, specify the information about strategies by benefit package using the appropriate columns.								
Exclusionary Exclusions: What exclusionary conditions did the State FFS Program consider at the point of design in line with respect to the NQTL, including generally applicable conditions of exclusions? If exclusionary conditions are different by benefit package, specify the information about exclusionary conditions by benefit package using the appropriate columns.								
Procedures: What are the processes that the State FFS Program applies to the NQTL, as written and in operation? If processes are different by benefit package, specify the information about processes by benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the previous column did the managed care plan consider at the point of design the NQTL, or in determining how the NQTL applies to benefits under the benefit package? List and specify the information about other factors that the plan considers by benefit package using the appropriate columns.								

This section relates to NOTEs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR 6.438.9(c)(1), benefits delivered to CHIP enrollees in accordance with 42 CFR 6.437.466(d)(iv), and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR 6.440.265(b)(4). Refer to Instructional Guide section 2.7 for more detail.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Nonquantitative Treatment Limitations - Column 12

The section states that NQTLs generally require payment of no more than the cost of comparable State FFS Programs in accordance with 42 CFR 158.10(c)(2). Generally, amounts determined by FFS providers in accordance with 42 CFR 158.10(c)(2) are not effective, and benefits determined by Medicaid (MHPs) in accordance with 42 CFR 158.10(c)(2) are not effective. Refer to Instructional Guide section 3.7 for more detail.

State:	
Is the NQTL subject to the NQTL?	
Medicaid (MHP) Provider(s): List all of them.	
Medicaid (MHP) Provider(s): List all of them.	

Provider(s)	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):	Medicaid (MHP) Provider(s):
For purposes of this NQTL, specify:								
Providers: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? If strategies are offered by benefit package(s), specify the information about strategies by benefit package using the appropriate column(s).								
Exclusionary Practices: What exclusionary practices do the State FFS Program consider or the State FFS Program is likely to consider in the NQTL, including generally applicable, non-quantitative, or financial? If exclusionary practices are offered by benefit package(s), specify the information about exclusionary practices by benefit package using the appropriate column(s).								
Processors: What are the processes that the State FFS Program applies to the NQTL, as written and is operational? If processes are offered by benefit package(s), specify the information about processes by benefit package using the appropriate column(s).								
Other Factors: What factors not already addressed in the previous column did the Medicaid and/or provider or any other in the NQTL, or in accordance with the NQTL, require a benefit plan to benefit package(s) beyond from other factors or factors as required by the State. If other factors are offered by benefit package(s), specify the information about other factors by benefit package using the appropriate column(s).								

Nonquantitative Treatment Limitations - Column 14

The section states that QALYs generally is based on the number of projected QALYs. However, in accordance with 42 CFR 435.103(d)(2)(ii), benefits determined by QALYs are not affected by benefits determined by limitations of Medicaid (MPLs) in accordance with 42 CFR 435.103(d)(2)(ii). Refer to Instructional Guide section 3.7 for more detail.

State:	
Is the NQTL applied to the NQTL?	
Is the NQTL applied to the NQTL?	
Is the NQTL applied to the NQTL?	
Is the NQTL applied to the NQTL?	

Provision	Medicaid Benefit Section 1	Medicaid Benefit Section 2	Medicaid Benefit Section 3	Medicaid Benefit Section 4	Medicaid Benefit Section 5	Medicaid Benefit Section 6	Medicaid Benefit Section 7	Medicaid Benefit Section 8
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and is operational? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								

This section relates to NOTLE applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.9(c)(1)(i), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(ii), and benefits delivered to enrollees of Medicaid ASPs in accordance with 42 CFR § 440.385(b)(4). Refer to Instructional Guide section 3.7 for more detail.

Question	Section 1 - Research Question 1	Section 2 - Research Question 2	Section 3 - Research Question 3	Section 4 - Research Question 4	Section 5 - Research Question 5	Section 6 - Research Question 6	Section 7 - Research Question 7	Section 8 - Research Question 8
Let the benefits to which the NCLT applies								
Processes: What are the strategies for the State IIS Program within design the NCLT, as either an a separate? If programs are offered by benefit package, specify the information about strategies by benefit package using the appropriate columns.								
Exclusionary Standards: What exclusionary standards do the State IIS Program consider? If the agency design a facility will meet the NCLT, typically usually specify the information about exclusionary standards by benefit package using the appropriate columns.								
Processes: What are the processes that the State IIS Program applies in the NCLT, as either an a separate? If programs are offered by benefit package, specify the information about processes by benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the questions above do the managed care provider or the agency design the NCLT, as a separate? If the NCLT applies to a facility, what the benefit package? If not, what other factors is required by the State. If other factors are offered by benefit package, specify the information about other factors by benefit package using the appropriate columns.								

Nonquantitative Treatment Limitations - Other 16

Nonquantitative Treatment Limitations - Other 16
 The sector relies on NCI's assets to benefit delivered services of National Drug PD Programs in accordance with 42 CFR 438.9100, benefit delivered Opioid services in accordance with 42 CFR 438.446 electric and benefit delivered services of National Drug PD Programs in accordance with 42 CFR 438.446. Refer to the instructions (page 12) for details.

[illegible]

Nonquantitative Treatment Limitations - Column 12

The section states that QALYs are used to benefit patients based on projected State FY19 Priorities in accordance with 40 CFR 148.61(c)(3). Benefits determined by CBOF priorities in accordance with 40 CFR 148.61(c)(3) are not affected by benefits determined by Medicaid (MHP) in accordance with 40 CFR 148.61(c)(4) and 2003-14. Refer to Instructional Guide section 3.7 for more detail.

State	
Is the NQTL applied to all services?	
Is the NQTL applied to all payers?	
Is the NQTL applied to all providers?	
Is the NQTL applied to all patients?	

Response	Medicaid Benefit Extension 1	Medicaid Benefit Extension 2	Medicaid Benefit Extension 3	Medicaid Benefit Extension 4	Medicaid Benefit Extension 5	Medicaid Benefit Extension 6	Medicaid Benefit Extension 7	Medicaid Benefit Extension 8
For purposes of using the NQTL, apply:								
Response: What are the strategies that the State FY19 Program utilizes through the NQTL, as written and in operation? If strategies are affected by benefit package, specify the information about strategies by benefit package using the appropriate column.								
Exclusionary Exclusions: What exclusionary extensions did the State FY19 Program consider at the point of design in line with respect to the NQTL, including generally applicable or discretionary? Exclusionary extensions are different by benefit package, specify the information about exclusionary extensions by benefit package using the appropriate column.								
Processors: What are the processes that the State FY19 Program applies to the NQTL, as written and in operation? Exclusionary extensions are different by benefit package, specify the information about processes by benefit package using the appropriate column.								
Other Factors: What factors not already addressed in the previous column did the Maryland state plan consider at the point of design the NQTL, or in response from the NQTL, applies to benefit prior to the benefit package? Factors from other than a factor is required by the State. If other factors are affected by benefit package, specify the information about other factors by benefit package using the appropriate column.								

Consequential Treatment Limitations - Color 12

The section states that CTRs are to be applied to benefit packages based on the type of program. State FFS Programs in accordance with 40 CFR 1.401.001, specialty programs in accordance with 40 CFR 1.401.001, and benefit determined by Medicare/Medicaid in accordance with 40 CFR 1.401.001. Refer to Instructional Guide section 3.7 for more detail.

<table><tr><td>State</td><td></td></tr><tr><td>Is the CTR applied to the benefit?</td><td></td></tr><tr><td>Is the CTR applied to the benefit?</td><td></td></tr><tr><td>Is the CTR applied to the benefit?</td><td></td></tr></table>									State		Is the CTR applied to the benefit?		Is the CTR applied to the benefit?		Is the CTR applied to the benefit?	
State																
Is the CTR applied to the benefit?																
Is the CTR applied to the benefit?																
Is the CTR applied to the benefit?																
Programs	Medicaid (Specialty) Section 1	Medicaid (Specialty) Section 2	Medicaid (Specialty) Section 3	Medicaid (Specialty) Section 4	Medicaid (Specialty) Section 5	Medicaid (Specialty) Section 6	Medicaid (Specialty) Section 7	Medicaid (Specialty) Section 8								
Programs that are not subject to the CTR, explain																
Programs: What are the programs that are not subject to the CTR? Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR.																
Exemptions: What are the exemptions that are not subject to the CTR? Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR.																
Exemptions: What are the exemptions that are not subject to the CTR? Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR.																
Exemptions: What are the exemptions that are not subject to the CTR? Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR.																
Exemptions: What are the exemptions that are not subject to the CTR? Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR.																
Exemptions: What are the exemptions that are not subject to the CTR? Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR. Explain why the CTR, as written and in operation, is not subject to the CTR.																

Consequential Treatment Limitations - Color 12

The action taken by HCSA pursuant to benefit payment is subject to provisions of pertinent State FFS Programs in accordance with 40 CFR 146.103(c), benefit payments to CDPD members in accordance with 40 CFR 146.103(c)(1), and benefits determined to members of Medicaid (MHPs) in accordance with 40 CFR 146.103(c)(4). Refer to Instructional Guide section 3.7 for more detail.

State:	
Is the HCSA subject to the State?	
Medicaid Benefit Package(s) - List all that apply:	
Medicaid Benefit Package(s) - List all that apply:	

Provision	Medicaid Benefit Package 1	Medicaid Benefit Package 2	Medicaid Benefit Package 3	Medicaid Benefit Package 4	Medicaid Benefit Package 5	Medicaid Benefit Package 6	Medicaid Benefit Package 7	Medicaid Benefit Package 8
Provision: What are the strategies that the State FFS Program utilizes through the HCSA, as writer and a sponsor? If strategies are offered by benefit package(s), specify the information about strategies by benefit package using the appropriate column(s).								
Exclusionary Strategies: What exclusionary strategies did the State FFS Program consider at the point of design or in response to the HCSA, including generally applicable or individualized exclusionary strategies? If exclusionary strategies are offered by benefit package(s), specify the information about exclusionary strategies by benefit package using the appropriate column(s).								
Provision: What are the processes that the State FFS Program applies to the HCSA, as writer and a sponsor? If processes are offered by benefit package(s), specify the information about processes by benefit package using the appropriate column(s).								
Other Factors: What factors not already addressed in the provision above did the HCSA consider prior to design or in response to design the HCSA, or in response to the HCSA applying to benefit prior to benefit package(s) design? If other factors are offered by benefit package(s), specify the information about other factors by benefit package using the appropriate column(s).								

This section relates to NOTEs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR 6.438.9(c)(1), benefits delivered to CHIP enrollees in accordance with 42 CFR 6.437.466(d)(4), and benefits delivered to enrollees of Medicaid ABPs in accordance with 42 CFR 6.440.265(b)(4). Refer to Instructional Guide section 2.7 for more detail.

Question	Section 1 - Research Question 1	Section 2 - Research Question 2	Section 3 - Research Question 3	Section 4 - Research Question 4	Section 5 - Research Question 5	Section 6 - Research Question 6	Section 7 - Research Question 7	Section 8 - Research Question 8
Let the benefits to which the NCLs apply								
Processes: What are the strategies for the State IIS Program under which the NCLs are written and to operational programs are offered to benefit package. Specify the information about strategies to benefit package using the appropriate columns.								
Exclusionary Standards: What exclusionary standards of the State IIS Program consider of the agent's strategy to be in the NCLs, usually resulting from the information about strategies to benefit package using the appropriate columns.								
Processes: What are the processes that the State IIS Program applies to the NCLs, as written and to operational programs are offered to benefit package. Specify the information about processes to benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the questions above do the managed care plan consider in its agent's strategy to be in the NCLs, usually resulting from the information about strategies to benefit package using the appropriate columns. If the NCLs apply to agents, what the managed care plan's strategy to be in the NCLs is required by the State. If the factors are offered to benefit package, specify the information about other factors to benefit package using the appropriate columns.								

This section relates to NOTLs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.101(c), benefits delivered to CHP enrollees in accordance with 42 CFR § 437.46(d)(2)(i), and benefits delivered to enrollees of Medicaid APOs in accordance with 42 CFR § 440.305(b)(4). Refer to Instructional Guide section 3.7 for more detail.



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Nonquantitative Treatment Limitations - Cluster 22

The section states that QALYs are used to measure the benefit of proposed State FFS Programs in accordance with 40 CFR 146.103(c), directly addresses COOP measures in accordance with 40 CFR 146.103(d)(1)(ii), and benefits determined to residents of Medicaid (MHPs) in accordance with 40 CFR 146.103(d)(1)(iv). Refer to Instructional Guide section 3.7 for more detail.

Data: Is the NQTL applied to all MHPs? Is the NQTL applied to all services? Is the NQTL applied to all providers? Is the NQTL applied to all settings?								
Provision:	Medicaid Benefit Extension 1	Medicaid Benefit Extension 2	Medicaid Benefit Extension 3	Medicaid Benefit Extension 4	Medicaid Benefit Extension 5	Medicaid Benefit Extension 6	Medicaid Benefit Extension 7	Medicaid Benefit Extension 8
Provision: What are the strategies that the State FFS Program utilizes through the NQTL, as written and in operation? For strategies are affected by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Explanatory Statement: What explanatory statement did the State FFS Program consider at the point of design in line with respect to the NQTL, including generally applicable to Medicaid? Explanatory statement on different benefit package, specify the information about explanatory statement by benefit package using the appropriate column.								
Provision: What are the processes that the State FFS Program applies to the NQTL, as written and in operation? For processes are affected by benefit package? Specify the information about processes by benefit package using the appropriate column.								
Other Factors: What factors not already addressed in the provision above did the Medicaid and plan consider at the point of design the NQTL, or in determine how the NQTL applies to benefit plan by benefit package? List and other factors not covered by the State FFS Rules are affected by benefit package, specify the information about other factors by benefit package using the appropriate column.								

Nonquantitative Treatment Limitations - C-0042

The attached version of the C-0042 form is to be completed by the sponsor of a proposed State FFS Program in accordance with 42 CFR 438.6(d)(2)(ii)(C), identify elements of C-0042 in accordance with 42 CFR 438.6(d)(2)(ii)(C), and identify elements of Medicaid (MHP) in accordance with 42 CFR 438.6(d)(2)(ii)(C). Refer to Instructional Guide section 3.7 for more detail.

State:	
Is the FFS program a new program?	
Is the FFS program a new program?	
Is the FFS program a new program?	
Is the FFS program a new program?	

Program	Medicaid (MHP) Section 4	Medicaid (MHP) Section 5	Medicaid (MHP) Section 6	Medicaid (MHP) Section 7	Medicaid (MHP) Section 8	Medicaid (MHP) Section 9	Medicaid (MHP) Section 10	Medicaid (MHP) Section 11
Program: What are the strategies that the State FFS Program utilizes through the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Exclusionary Exclusions: What exclusionary exclusions did the State FFS Program consider at the point of design to be in compliance with the MHP, including generally applicable exclusions? Exclusionary exclusions are offered by benefit package. Specify the information about exclusionary exclusions by benefit package using the appropriate columns.								
Processors: What are the processes that the State FFS Program applies to the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about processors by benefit package using the appropriate columns.								
Other Factors: What factors not already addressed in the previous section did the program consider at the point of design to be in compliance with the MHP, or to determine how the MHP applies to benefit plans by benefit package? Factors not already addressed by the State FFS Program are offered by benefit package. Specify the information about other factors by benefit package using the appropriate columns.								

This section relates to NOTLEs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.9(c)(1)(i), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(iv), and benefits delivered to enrollees of Medicaid ASPs in accordance with 42 CFR § 440.385(b)(4). Refer to Instructional Guide section 3.7 for more detail.



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Nonquantitative Treatment Limitations - Cluster C2

The section states that C22 applies to benefit packages that are part of a preferred State FFS Program in accordance with 40 CFR 146.103(c), directly administered FFS providers in accordance with 40 CFR 146.103(d)(1)(ii), and benefits administered to members of Medicaid (MHPs) in accordance with 40 CFR 146.103(d)(1)(iii). Refer to Instructional Guide section 3.7 for more detail.

State:	
Is the NQTL identical for all MHPs?	
Is the NQTL identical for all FFS providers?	
Is the NQTL identical for all MHPs and FFS providers?	

Question	MHPs - Benefit Package 1	MHPs - Benefit Package 2	MHPs - Benefit Package 3	MHPs - Benefit Package 4	MHPs - Benefit Package 5	MHPs - Benefit Package 6	MHPs - Benefit Package 7	MHPs - Benefit Package 8
For purposes of writing the NQTL, explain:								
Providers: What are the strategies that the State FFS Program utilizes through the NQTL, as written and in operation? If strategies are different by benefit package, specify the information about strategies by benefit package using the appropriate column.								
Excluded Providers: What strategies did the State FFS Program consider at the point of design in line with respect to the NQTL, including specially constructed or modified? Excluded providers are different by benefit package, specify the information about strategies separate by benefit package using the appropriate column.								
Processors: What are the processes that the State FFS Program applies to the NQTL, as written and in operation? Excluded providers are different by benefit package, specify the information about processes by benefit package using the appropriate column.								
Other Factors: What factors not already addressed in the questions above did the marketplace plan consider or rely upon to design the NQTL, or to determine how the NQTL applies to benefits under the benefit package? Excluded from other factors is a factor as required by the State. If other factors are different by benefit package, specify the information about other factors by benefit package using the appropriate column.								

Consequential Treatment Limitations - Color C2

The action taken by HCSA pursuant to benefit payment is subject of proposed State FFS Processes in accordance with 40 CFR 146.103(c), benefit payments to CDPD providers in accordance with 40 CFR 146.103(c)(2), and benefit payments to providers of Medicaid (MHPs) in accordance with 40 CFR 146.103(c)(3) and 2003-14. Refer to Instructional Guide section 3.7 for more detail.

State:	
Is the MCL subject to the State?	
Medicaid Benefit Package(s) - List all that apply:	
Medicaid Benefit Package(s) - List all that apply:	

Process:	Medicaid Benefit Package 1	Medicaid Benefit Package 2	Medicaid Benefit Package 3	Medicaid Benefit Package 4	Medicaid Benefit Package 5	Medicaid Benefit Package 6	Medicaid Benefit Package 7	Medicaid Benefit Package 8
Process: What are the strategies that the State FFS Program utilizes through the MCL, as written and in operation? For strategies are affected by benefit package(s), specify the information about strategies by benefit package using the appropriate column(s).								
Exclusionary Strategies: What exclusionary strategies did the State FFS Program consider at the point of design in line with respect to the MCL, including generally applicable or otherwise? For exclusionary strategies are affected by benefit package(s), specify the information about exclusionary strategies by benefit package using the appropriate column(s).								
Process: What are the processes that the State FFS Program applies to the MCL, as written and in operation? For processes are affected by benefit package(s), specify the information about processes by benefit package using the appropriate column(s).								
Other Factors: What factors not already addressed in the previous column did the Medicaid and/or provider or any other to design the MCL, or to determine how the MCL applies to benefit rates by benefit package(s) beyond from other factors as required by the State. If other factors are affected by benefit package(s), specify the information about other factors by benefit package using the appropriate column(s).								

This section relates to NOTLs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.101(c), benefits delivered to CHP enrollees in accordance with 42 CFR § 437.46(d)(2)(i), and benefits delivered to enrollees of Medicaid APOs in accordance with 42 CFR § 440.305(b)(4). Refer to Instructional Guide section 3.7 for more detail.



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This section relates to NOTLE applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.9(c)(1)(i), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(iv), and benefits delivered to enrollees of Medicaid ASPs in accordance with 42 CFR § 440.385(b)(4). Refer to Instructional Guide section 3.7 for more detail.



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CENTRO PER MEDICINA E MEDICINA SPORT

Consequential Treatment Limitations - Cluster 12

The section states that CCLC provides health services to members of preferred State FFS Programs in accordance with the CCLC's self-funded, self-insured health plan and in accordance with the CCLC's self-insured health plan. The section also states that CCLC provides health services to members of preferred State FFS Programs in accordance with the CCLC's self-funded, self-insured health plan and in accordance with the CCLC's self-insured health plan.

State	
Is the CCLC a self-funded health plan?	
Is the CCLC a self-funded health plan?	
Is the CCLC a self-funded health plan?	

Question	Health Plan/Program 1	Health Plan/Program 2	Health Plan/Program 3	Health Plan/Program 4	Health Plan/Program 5	Health Plan/Program 6	Health Plan/Program 7	Health Plan/Program 8
1. What are the strategies that the State FFS Program utilizes through the HCLC, as written and in operation? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
2. What are the strategies that the State FFS Program utilizes through the HCLC, as written and in operation? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
3. What are the strategies that the State FFS Program utilizes through the HCLC, as written and in operation? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
4. What are the strategies that the State FFS Program utilizes through the HCLC, as written and in operation? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
5. What are the strategies that the State FFS Program utilizes through the HCLC, as written and in operation? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
6. What are the strategies that the State FFS Program utilizes through the HCLC, as written and in operation? For strategies, are different by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								

This section relates to NOTLs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.101(c), benefits delivered to CHP enrollees in accordance with 42 CFR § 437.46(d)(2)(i), and benefits delivered to enrollees of Medicaid APOs in accordance with 42 CFR § 440.305(b)(4). Refer to Instructional Guide section 3.7 for more detail.



Consequential Treatment Limitations - Cluster 12

The section states that CCLC provides health services to a limited number of patients. State FFS Procedures in accordance with the CCLC's policies, identify elements of CCLC services in accordance with the CCLC's policies and benefits determined by Medicaid (MHP) in accordance with the CCLC's and MHP's policies. Refer to Instructional Guide section 3.7 for more detail.

State	
Is the CCLC a provider of services?	
Is the CCLC a provider of services?	
Is the CCLC a provider of services?	
Is the CCLC a provider of services?	

Procedure	Medicaid Benefit Category 1	Medicaid Benefit Category 2	Medicaid Benefit Category 3	Medicaid Benefit Category 4	Medicaid Benefit Category 5	Medicaid Benefit Category 6	Medicaid Benefit Category 7	Medicaid Benefit Category 8
Procedure: What are the strategies that the State FFS Program utilizes through the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Procedure: What are the strategies that the State FFS Program utilizes through the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Procedure: What are the strategies that the State FFS Program utilizes through the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Procedure: What are the strategies that the State FFS Program utilizes through the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
Procedure: What are the strategies that the State FFS Program utilizes through the MHP, as well as a separate FFS program, are offered by benefit package? Specify the information about strategies by benefit package using the appropriate column.								
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Nonquantitative Treatment Limitations - C-004-12

The section states that QALYs are used to measure the benefit of treatment. State PPS Programs in accordance with 42 CFR 438.2(c)(2)(ii) identify elements of PPS programs in accordance with 42 CFR 438.2(c)(2)(ii) and identify the elements of Medicaid PPSs in accordance with 42 CFR 438.2(c)(2)(ii) and 42 CFR 438.2(c)(2)(ii). Refer to Instructional Guide section 3.7 for more detail.

<table><tr><td>State</td><td></td></tr><tr><td>Is the PPS program in effect?</td><td></td></tr><tr><td>Is the PPS program in effect?</td><td></td></tr><tr><td>Is the PPS program in effect?</td><td></td></tr><tr><td>Is the PPS program in effect?</td><td></td></tr></table>									State		Is the PPS program in effect?		Is the PPS program in effect?		Is the PPS program in effect?		Is the PPS program in effect?	
State																		
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Is the PPS program in effect?																		
Is the PPS program in effect?																		
Programs	Medicaid (Section 4)	Medicaid (Section 4)	Medicaid (Section 4)	Medicaid (Section 4)	Medicaid (Section 4)	Medicaid (Section 4)	Medicaid (Section 4)	Medicaid (Section 4)										
Programs: What are the programs that are State PPS Programs, including the Medicaid, as well as a separate PPS program, are offered by benefit package? Specify the information about programs by benefit package using the appropriate column.																		
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Nonquantitative Treatment Limitations - Other 34

Nonquantitative Treatment Limitations - Other 34
 The facility meets the NQTL standard for benefits delivered to enrollees of Medicaid and FFS Programs in accordance with 42 CFR § 435.910(c), benefits delivered to enrollees in accordance with 42 CFR § 435.910(c), and benefits delivered to enrollees of Medicaid and FFS Programs in accordance with 42 CFR § 435.910(c). There is no distinction made between inpatient and outpatient services.

[illegible]

Nonquantitative Treatment Limitations - Other 35

Nonquantitative Treatment Limitations - Other 35
 The facility meets the NQTL standard for benefits delivered to enrollees of Medicaid and FFS Programs in accordance with 42 CFR 435.910(c), benefits delivered to enrollees in accordance with 42 CFR 435.910(c) effective and equally delivered to enrollees of Medicaid and FFS in accordance with 42 CFR 435.910(c)(3)(i). There is no distinction made between the two groups.

[illegible]

Nonquantitative Treatment Limitations - Other 37

Nonquantitative Treatment Limitations - Other 37
 The sector-wide is NOT a sector-level database of services of Medicaid Non-FPS Programs in accordance with 42 CFR 438.910(c), sector-level database of services in accordance with 42 CFR 438.414(c) effective and monthly payments of Medicaid cap in accordance with 42 CFR 438.414(c)(3)(iv). Refer to instructions (table 12.7) for detail.

[illegible]

This section relates to NOTLEs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.9(c)(1)(i), benefits delivered to CHIP enrollees in accordance with 42 CFR § 437.466(d)(ii), and benefits delivered to enrollees of Medicaid ASPs in accordance with 42 CFR § 440.385(b)(4). Refer to Instructional Guide section 3.7 for more detail.



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Consequential Treatment Limitations - Cluster 22

The section states that CTS22 applies to benefit packages that are part of a plan that is subject to the State FFS Program in accordance with the CTS22 and CTS23, except for those that are not subject to the State FFS Program in accordance with the CTS22 and CTS23. Refer to Instructional Guide section 2.7 for more detail.

Plan	
Is the plan subject to the CTS22?	
Is the plan subject to the CTS23?	
Is the plan subject to the CTS22 and CTS23?	

Question	Health Benefit Package 1	Health Benefit Package 2	Health Benefit Package 3	Health Benefit Package 4	Health Benefit Package 5	Health Benefit Package 6	Health Benefit Package 7	Health Benefit Package 8
Question 1: What are the strategies that the State FFS Program utilizes through the MCHL, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Question 2: What are the strategies that the State FFS Program utilizes through the MCHL, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Question 3: What are the strategies that the State FFS Program utilizes through the MCHL, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
Question 4: What are the strategies that the State FFS Program utilizes through the MCHL, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								
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Question 6: What are the strategies that the State FFS Program utilizes through the MCHL, as written and is operational? For strategies are offered by benefit package? Specify the information about strategies by benefit package using the appropriate columns.								

This section relates to NOTLs applied to benefits delivered to enrollees of Medicaid State FFS Programs in accordance with 42 CFR § 438.101(c), benefits delivered to CHP enrollees in accordance with 42 CFR § 437.46(d)(2)(i), and benefits delivered to enrollees of Medicaid APOs in accordance with 42 CFR § 440.305(b)(4). Refer to Instructional Guide section 3.7 for more detail.



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