

Carrier Information

A. Insurer Name:	
C. Contact Name:	

B. Date:	03/01/2021
D. Telephone Number:	

E. Email: [REDACTED]

Part 1.

Providing a description of process used to develop and select criteria used to select Medical Necessity Criteria and a description of all the NQTL's applied to Mental Health, Substance Use Disorders and Medical/Surgical Benefits; see attached - Table 5

[illegible]

Case Management Services & Medical Management of Specific Benefits:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification
Process for assessing new technologies & treatments:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification
Network Adequacy, provider network standards and reimbursement rates:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification
Exclusions for failure to complete course of treatment:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification
Restrictions that limit duration or scope of benefits for services:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification
Restrictions on provider billing codes:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification
Method for determining usual, customary and reasonable charges:	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification	N/A no such classification

Part 2.

Disclosing a results analysis of all Evidentiary Standards, processes, strategies and other factors used in the development and qualification of each criteria used in the assessment of Medical Necessity and each NQTL applied under Mental Health, Substance Use Disorder and Medical/Surgical Benefits. Identifying any and all evidentiary standards and which are qualitative or quantitative in nature.

If there are no evidentiary standards being applied to support a specific criteria or factor, please provide a clear description of that criteria or factor; see attached - Table 5

See enclosed completed Table 5

Part 3.

Provide all NQTL Comparative Analyses and results both "As-Written" and "In-Operation" (actual outcomes experienced from each NQTL) between MH, SUD and Med/Surg benefits, demonstrating that the Mental Health and Substance Use Disorder benefit practices are comparable and being applied no more stringently than to the equivalent Medical/Surgical benefits; please ensure that this summary includes all Six (6) Classifications: (1) In-Patient/INN (2) Out-Patient/INN (3) In-Patient/OON (4) Out-Patient/OON (5) Emergency Services (6) Pharmacy Services.

*Note: The MHPAEA regulation states, "Disparate results alone do not mean that the NQTLs in use do not comply with these requirements." 78 Fed. Reg. 68240, 68245.

N/A - no such classifications

Part 4.

Disclose information to sufficiently demonstrate consistent compliance with Sec. 38a-477ee(b),(3),(E)

N/A

Part 5.

CERTIFICATION

THE FOLLOWING CERTIFICATION MUST BE COMPLETED BY AN OFFICER OF THE COMPANY

I, _____, _____
(Printed Name) (Title of Officer)

of _____, hereby acknowledge that the information that he/she
(Company)

has provided is true and accurate on this ____1st____ day of ____March, 2021____ and that he/she has the authority to execute such instrument.

Signature of Corporate Officer

(Signature)

[REDACTED]

(Print Name)