

## Carrier Information

A. Insurer Name: [REDACTED]  
C. Contact Name: [REDACTED]

B. Date: 3/1/2021  
D. Telephone Number: [REDACTED]

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

Description of All NQTL's & All Medical Necessity Criteria Used & Developed Under Each Benefit Category						
	Non-Quantitative Treatment Limitations			Medical Necessity Criteria Used & Developed		
	Mental Health	Substance Use Disorder	Medical/Surgical	Mental Health	Substance Use Disorder	Medical/Surgical
Pre-Authorization & on-going Auth. Review process:	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
Concurrent Review Process:	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
Retrospective Review Process:	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
Emergency Services Process:	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
Pharmacy Services Process:	The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469, but does not have a pharmacy benefit associated to some of its Medicare Supplement policies. The tests have not been performed on this benefit, and its co-pays vary only on the basis of generic vs. non-preferred, without regard to mental or physical diagnosis.	The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469, but does not have a pharmacy benefit associated to some of its Medicare Supplement policies. The tests have not been performed on this benefit, and its co-pays vary only on the basis of generic vs. non-preferred, without regard to mental or physical diagnosis.	The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469, but does not have a pharmacy benefit associated to some of its Medicare Supplement policies. The tests have not been performed on this benefit, and its co-pays vary only on the basis of generic vs. non-preferred, without regard to mental or physical diagnosis.	The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469, but does not have a pharmacy benefit associated to some of its Medicare Supplement policies. The tests have not been performed on this benefit, and its co-pays vary only on the basis of generic vs. non-preferred, without regard to mental or physical diagnosis.	The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469, but does not have a pharmacy benefit associated to some of its Medicare Supplement policies. The tests have not been performed on this benefit, and its co-pays vary only on the basis of generic vs. non-preferred, without regard to mental or physical diagnosis.	The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469, but does not have a pharmacy benefit associated to some of its Medicare Supplement policies. The tests have not been performed on this benefit, and its co-pays vary only on the basis of generic vs. non-preferred, without regard to mental or physical diagnosis.

<b>Rx Formulary Design &amp; Management:</b>	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
<b>Case Management Services &amp; Medical Management of Specific Benefits:</b>	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
<b>Process for assessing new technologies &amp; treatments:</b>	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
<b>Network Adequacy, provider network standards and reimbursement rates:</b>	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
<b>Exclusions for failure to complete course of treatment:</b>	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
<b>Restrictions that limit duration or scope of benefits for services:</b>	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
<b>Restrictions on provider billing codes:</b>	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
<b>Method for determining usual, customary and reasonable charges:</b>	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 classification

**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 \_\_\_\_\_, herby 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)

  
\_\_\_\_\_  
(Print Name)