Federal Mental Health Parity and Addiction Equity Filing

Table 5: Non-Quantitative Treatment Limitations

Submit a separate form for each benefit plan design.

Below, please find the responses from [redacted] noted in blue font.

A. Plan Name: N/A – The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469.		B. Date:
C. Contact Name:	D. Telephone Number:	E. Email:
F. Line of Business (HMO, EPO, POS, PPO): N/A – The company provides no such health insurance coverage of the types specific in subdivisions (1), (2), (4), (11), (12) of CGS §38a-469.		
G. Contract Type (large group, small group, individual):		
H. Benefit Plan Effective Date:		I. Benefit Plan Design(s) Identifier(s):[1]

Area	Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits	Explanation
	Summarize the plan's applicable NQTLs, including any variations by benefit.	Summarize the plan's applicable NQTLs, including any variations by benefit.	Describe the processes, strategies, evidentiary standards or other factors used to apply the NQTLs. Explain how the application of these factors is consistent with 45 CFR § 146.136(c)(4).
A. Definition of Medical Necessity What is the definition of medical necessity?	N/A	N/A	N/A

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B. Prior-authorization Review Process Include all services for which prior-authorization is required. Describe any step-therapy or "fail first" requirements and requirements for submission of treatment request forms or treatment plans. Inpatient, In-Network:	N/A	N/A	N/A
Prior Authorization - Outpatient, In-Network: Office Visits:	N/A	N/A	N/A
Prior Authorization - Outpatient, In-Network: Other Outpatient Items and Services:	N/A	N/A	N/A
Prior Authorization - Inpatient, Out-of-Network:	N/A	N/A	N/A

Area	Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits	Explanation
	Summarize the plan's applicable NQTLs, including any variations by benefit.	Summarize the plan's applicable NQTLs, including any variations by benefit.	Describe the processes, strategies, evidentiary standards or other factors used to apply the NQTLs. Explain how the application of these factors is consistent with 45 CFR § 146.136(c)(4).
Prior Authorization - Outpatient, Out-of-Network: Office Visits:	N/A	N/A	N/A
Prior Authorization - Outpatient, Out-of-Network: Other Items and Services:	N/A	N/A	N/A
C. Concurrent Review Process, including frequency and penalties for all services. Describe any step-therapy or "fail first" requirements and requirements for submission of treatment request forms or treatment plans. Inpatient, In-Network:	N/A	N/A	N/A
Concurrent Review - Outpatient, In-Network: Office Visits:	N/A	N/A	N/A
Concurrent Review - Outpatient, In-Network: Other Outpatient Items and Services:	N/A	N/A	N/A

Area	Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits	Explanation
	Summarize the plan's applicable NQTLs, including any variations by benefit.	Summarize the plan's applicable NQTLs, including any variations by benefit.	Describe the processes, strategies, evidentiary standards or other factors used to apply the NQTLs. Explain how the application of these factors is consistent with 45 CFR § 146.136(c)(4).
Concurrent Review - Inpatient, Out-of-Network:	N/A	N/A	N/A
Concurrent Review - Outpatient, Out-of-Network: Office Visits:	N/A	N/A	N/A
Concurrent Review - Outpatient, Out-of-Network: Other Items and Services:	N/A	N/A	N/A
D. Retrospective Review Process, including timeline and penalties. Inpatient, In-Network:	N/A	N/A	N/A
Retrospective Review - Outpatient, In-Network: Office Visits:	N/A	N/A	N/A
Retrospective Review - Outpatient, In-Network: Other Outpatient Items and Services:	N/A	N/A	N/A

Area	Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits	Explanation
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Retrospective Review - Inpatient, Out-of-Network:	N/A	N/A	N/A
Retrospective Review - Outpatient, Out-of-Network: Office Visits:	N/A	N/A	N/A
Retrospective Review - Outpatient, Out-of-Network: Other Items and Services:	N/A	N/A	N/A
E. Emergency Services	N/A	N/A	N/A
F. Pharmacy Services Include all services for which prior-authorization is required, any step-therapy or "fail first" requirements, any other NQTLs. Tier 1:	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.

Area	Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits	Explanation
	Summarize the plan's applicable NQTLs, including any variations by benefit.	Summarize the plan's applicable NQTLs, including any variations by benefit.	Describe the processes, strategies, evidentiary standards or other factors used to apply the NQTLs. Explain how the application of these factors is consistent with 45 CFR § 146.136(c)(4).
Tier 2:	N/A	N/A	N/A
Tier 3:	N/A	N/A	N/A
Tier 4:	N/A	N/A	N/A
G. Prescription Drug Formulary Design How are formulary decisions made for the diagnosis and medical necessary treatment of medical, mental health and substance use disorder conditions?	N/A	N/A	N/A
Describe the pertinent pharmacy management processes, including, but not limited to, cost-control measures, therapeutic substitution, and step therapy.	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	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	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.

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Area	**Medical/Surgical Benefits**	**Mental Health/Substance Use Disorder Benefits**	**Explanation**
	Summarize the plan's applicable NQTLs, including any variations by benefit.	Summarize the plan's applicable NQTLs, including any variations by benefit.	Describe the processes, strategies, evidentiary standards or other factors used to apply the NQTLs. Explain how the application of these factors is consistent with 45 CFR § 146.136(c)(4).
What disciplines, such as primary care physicians (internists and pediatricians) and specialty physicians (including psychiatrists) and pharmacologists, are involved in the development of the formulary for medications to treat medical, mental health and substance use disorder conditions.	N/A	N/A	N/A
H. Case Management What case management services are available?	N/A	N/A	N/A
What case management services are required?	N/A	N/A	N/A

What are the eligibility criteria for case management services?	N/A	N/A	N/A
Area	**Medical/Surgical Benefits**	**Mental Health/Substance Use Disorder Benefits**	**Explanation**
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I. Process for Assessment of New Technologies Definition of experimental/investigational:	N/A	N/A	N/A
Qualifications of individuals evaluating new technologies:	N/A	N/A	N/A
Evidence consulted in evaluating new technologies:	N/A	N/A	N/A

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J. Standards for provider credentialing and contracting	N/A	N/A	N/A
Is the provider network open or closed?	N/A	N/A	N/A
What are the credentialing standards for physicians?	N/A	N/A	N/A
What are the credentialing standards for licensed non-physician providers? Specify type of provider and standards; e.g., nurse practitioners, physician assistants, psychologists, clinical social workers.	N/A	N/A	N/A
What are the credentialing/contracting standards for unlicensed personnel; e.g., home health aides, qualified autism service professionals and paraprofessionals?	N/A	N/A	N/A
K. Exclusions for Failure to Complete a	N/A	N/A	N/A

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Course of Treatment Does the Plan exclude benefits for failure to complete treatment?	N/A	N/A	N/A
L. Restrictions that limit duration or scope of benefits for services Does the Plan restrict the geographic location in which services can be received; e.g., service area, within California, within the United States?	N/A	N/A	N/A
Does the Plan restrict the type(s) of facilities in which enrollees can receive services?	N/A	N/A	N/A

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M. Does the Plan restrict the types of provider specialties that can provide certain M/S and/or MH/SUD benefits?	N/A	N/A	N/A
N. Network Adequacy	N/A	N/A	N/A
O. In-Network Provider Reimbursement	N/A	N/A	N/A
P. Method for determining usual, customary and reasonable charges	N/A	N/A	N/A
Q. Restrictions on provider billing codes	N/A	N/A	N/A