



State of Vermont

Department of Financial Regulation

NQTL Comparative Analysis Submission Template

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Submission Instructions

The Department of Financial Regulation (Department) has made available the NQTL Comparative Analysis Template (template) for use by health insurance issuers on an annual basis. The exercise is for insurers to self-identify and correct issues that are identified and provide the Department a window into the processes in place if a practice is questioned.

Issuers are required to submit the NQTL template on an annual basis to the Department of Financial Regulation by 7/1/2024. Electronic submissions shall be sent to Vermont DFR Insurance Division Market Conduct attention Marcia Violette (insert email) and considered received and approved once the data is deemed complete by the Department. The Department will consider out-of-date submissions as insufficient and require revision(s) to ensure a complete and accurate filing.

When completing the template, please note the following submission tips:

- Please provide the full definition of a term before you include any abbreviations and/or acronyms.
- If available and where applicable, please provide the link to the location of submission information online via hyperlink or link to ensure the Department can reference the applicable documents. For example, when completing the section regarding drugs subject to prior authorization, please also include the link to where in the formulary this NQTL is noted.

In future submission years, a redline version will be acceptable to crosswalk any changes or note edits from previous submission years. Background:

The [Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008](#) (MHPAEA or Parity Law) requires that for group health plans or health insurance coverage that offers medical/surgical (Med/Surg) benefits and mental health/substance use disorder (MH/SUD) benefits, the same financial requirements or treatment limitations that apply to med/surg benefits must be apply to MH/SUD benefits. Examples of the application of parity review include but are not limited to:

- If the plan or coverage provides for out-of-network medical/surgical benefits, it must provide for out-of-network MH/SUD benefits;
- Standards for medical necessity determinations and reasons for any denial of benefits relating to MH/SUD benefits must be disclosed upon request.
- Deductibles, copays, out-of-pocket maximums, and treatment limitations for MH/SUD must not be more restrictive than corresponding requirements or parameters offered for med/surg.
- May not impose a nonquantitative treatment limitation (NQTLs) with respect to MH/SUD benefits in any classification unless, under the terms of the plan (or coverage) as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitation to MH/SUD benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to med/surg /benefits in the classification.

As required by [the Consolidated Appropriations Act, 2021](#) (“CAA”) group health plans and health insurance issuers must make available to the applicable State authority or the Secretaries of the Departments of Health and Human Services, Labor, and the Treasury (the “Secretaries”), upon request, the comparative analysis and information outlined below (the “NQTL Comparative Analysis”). This disclosure requirement requires plans and health insurance issuers to make available, upon request:

- The specific plan or coverage terms or other relevant terms regarding the non-quantitative treatment limitation (“NQTL”) and a description of all mental health or substance use disorder (“MH/SUD”) or medical/surgical benefits to which each such term applies in each respective benefit classification.
- The factors and evidentiary standards used to determine that the NQTLs will apply to MH/SUD benefits and M/S benefits.
- The comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to MH/SUD benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary

standards, and other factors used to apply the NQTLs to medical/surgical benefits in the benefits classification.

- The specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results of the analyses.

| Health Plan/Health Insurance Issuer | |
|-------------------------------------|--|
| Health Plan/Issuer Name | |
| Contact Name | |
| Contact Telephone Number | |
| Contact Email | |
| Original Submission Filing Date | |
| List all dates template was updated | |

| Market | Plan Categories | Plans | Comments/Notes |
|--|-----------------|-------|----------------|
| Example: Small Group and Individual Market (fully insured) | | | |
| | | | |
| | | | |
| | | | |

In the space provided below, please describe any substantial changes or improvements made to ensure compliance with MHPAEA and [8 V.S.A. §4089b](#). DFR has provided the following non-exhaustive list as examples of substantial changes that it expects to be included below: 1) a change to the criteria used for a medical necessity determination for MH and SUD benefits; 2) a revision to disclosure standards or reasons for a denial of benefits for MH and SUD, including the evidentiary standards; and 3) changes to the factors used to apply a NQTL for MH/SUD and M/S benefits. changes to the factors used to apply a NQTL for MH/SUD and M/S benefits.

| In the space provided below, please provide the definitions utilized by your organization for the following terms: | |
|--|--|
| Medical/Surgical (Med/Surg) | |
| Mental Health/ Substance Use Disorder (MH/SUD) | |
| Medical Necessity | |

NQTLs and Factors Considered in Design

Health insurance Issuers can consider a variety of factors when designing an NQTL. These factors may include but are not limited to:

- Excessive utilization
- Recent medical cost escalation
- Provider discretion in determining diagnosis
- High variability in cost per episode of care
- High levels of variation in length of stay
- Lack of adherence to quality standards
- Claim types with a high percentage of fraud
- Current and projected demand for services

Health insurance Issuers can determine the sources of factors to apply to NQTLs if they are applied comparably and no more stringently to MH/SUD benefits as to Med/Surg benefits. These sources are:

- Internal claims analysis
- Medical expert reviews
- State and federal requirements
- National accreditation standards
- Internal market and competitive analysis
- Medicare physician fee schedules
- Evidentiary standards (including any published standards as well as internal plan or issuer standards)

1. Prior Authorization Requirements

If applicable, please specify the total number of drugs subject to prior authorization in each section below. For example: 47 drugs are subject to PA requirements of which 5 are MH/SUD-specific medications.

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|--|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA; (c) explain whether any factors were given more | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|--|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. § 4089b. | | | | | | |
| 7 | Provide a link to the plans internal list, if applicable, that displays all Prior Authorization applicability. | | | | | | |

2. Concurrent Review

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|--|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|--|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA or VSA 4089b. | | | | | | |

3. Formulary Design

If applicable, please specify the total number of drugs subject to prior authorization in each section below. For example: 47 drugs are subject to PA requirements of which 5 are MH/SUD specific medications.

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? (i.e., clinical criteria by drug class, which require prior authorization, what are the requirements for prior authorization) | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | <p>strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit (Ex: When an NQTL does not apply to a service or service category that does not have an analogous M/S benefit and therefore is excluded from the protection (residential mental health is not analogous to inpatient according to some carriers); (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts.</p> | | | | | | |

| | | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| ID | Question | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA. | | | | | | |
| 7 | Provide the link for the Prescription Drug Formularies according to the plan. | | | | | | |
| 8 | Identify any third parties and/or delegates which are involved in any of the decision-making process. | | | | | | |

4. Benefit Exclusions

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | with MHPAEA; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert’s qualifications and the extent to which the issuer ultimately relied upon each expert’s evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b. | | | | | | |
| 7 | Provide the exclusions listed in the certificate or policy. If there are further exclusions not listed in the legal contracts please provide them here. | | | | | | |

5. Medically Necessary Services

Please specify the process in which these are reviewed subject to medically necessary services in each section below, i.e., prior approval, staff and organizational structure in which decisions are made, criteria in which medically necessary services are determined, are they concurrent. Please provide policy information for one (1) item from each section below for comparison.

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|--|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | as written; (b) include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b. | | | | | | |

6. Standards for Provider Admissions

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of analyses | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|--|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | indicating that the plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA. (An example would be a finding that a provider reimbursement NQTL discounting mental health and substance use disorder masters level licensures disproportionately). | | | | | | |

| ID | Question | Medical Surgical (M/S) | | | Mental Health/Substance Use Disorder (MH/SUD) | | |
|----|---|---|--|----|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 7 | Specify which criteria the credentials committee utilizes to determine the Standards for Provider Admissions. | | | | | | |
| 8 | How many providers were added to the network in the recent 12-month period? | | | | | | |
| 9 | How many providers were denied addition to the network? | | | | | | |

7. Provider Reimbursement Rates

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | Mental Health/Substance Use Disorder (MH/SUD) | | | |
|----|--|---|--|---|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; | | | | | | |

| ID | Question | Medical Surgical (M/S) | | Mental Health/Substance Use Disorder (MH/SUD) | | | |
|----|---|---|--|---|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b. | | | | | | |

8. Restrictions on Billing Codes

For each requirement, indicate the page number(s) and/or link(s) to documentation(s) where the required information may be found in the submitted materials.

| ID | Question | Medical Surgical (M/S) | | Mental Health/Substance Use Disorder (MH/SUD) | | | |
|----|--|---|--|---|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| 1 | a) Document the specific Plan or coverage terms or other relevant terms regarding the NQTL, and b) Describe all M/S and MH/SUD benefits to which such term applies in each classification. | | | | | | |
| 2 | What factor(s) were used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits described above? | | | | | | |
| 3 | How is each factor defined? | | | | | | |
| 4 | What were the sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits? | | | | | | |
| 5 | Document the comparative analysis demonstrating that the process, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, as written and in operation, are comparable to and are applied no more stringently than the process, strategies, evidentiary standards, and other factors used to apply the NQTL to M/S benefits in the benefit classification. – (a) include a discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above and their relative stringency, both as applied and as written; (b) include citations to any specific evidence considered and any results of | | | | | | |

| ID | Question | Medical Surgical (M/S) | | Mental Health/Substance Use Disorder (MH/SUD) | | | |
|----|--|---|--|---|---|--|----|
| | | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED | Inpatient (In-Network and Out-of-Network) | Outpatient (In-Network and Out-of-Network) | ED |
| | analyses indicating that the plan or coverage is or is not in compliance with MHPAEA; (c) explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination; (d) include an explanation of whether there is any variation in the application of a guideline or standard used between MH/SUD and M/S benefits and, if so, the process and factors used for establishing that variation; (e) identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s) if application of the NQTL turns on specific decisions in administration of the benefit; (f) include an assessment of each expert's qualifications and the extent to which the issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and M/S benefits if the analyses relies upon any experts. (g) describe and include any E&M policies and procedures or standards by which E&M is applied to ensure equitable application to providers across MH/SUD and M/S. | | | | | | |
| 6 | Document the specific findings and conclusions reached by the Plan, including any results of the comparative analyses that indicate that the Plan or coverage is or is not in compliance with MHPAEA or 8 V.S.A. §4089b. | | | | | | |

In the space provided below, please describe the applicability of NQTL utilization across other business practice categories or services not outlined in the following eight required submission categories.

Empty response box for describing NQTL utilization across other business practice categories or services.

APPENDIX A: Review Process and Best Practices

Centers for Medicare & Medicaid Services (CMS) NQTL Comparative Analysis Review Process

Review Process

- CMS requests at least 20 NQTL comparative analyses each year.
- An NQTL comparative analysis is requested in the following circumstances:
 - CMS determines that a plan involves a potential MHPAEA violation.
 - CMS receives a complaint regarding potential noncompliance with MHPAEA that concerns NQTLs; and
 - Any other instance that the CMS deems appropriate.
- In the instance an issuer is selected for an NQTL comparative analysis review, CMS will send an initial letter which will:
 - Identify the NQTLs for which CMS is requesting the comparative analyses and supporting documents.
 - Describe the documents that the issuer must provide to be deemed as responsive to the review.
 - Describe the process by which documents should be submitted to CMS; and
 - Provide contact names and email addresses for CMS staff and any applicable contractors to assist the issuer with any questions while they gather information and documentation for response.

Insufficient Information:

If the CMS deems that an issuer did not submit sufficient information to review an NQTL comparative analysis:

- CMS will send a notice of insufficient documentation.
- The notice will specify the information that the issuer must submit to be responsive to CMS's request.

Non-Compliance:

If CMS determines that an issuer is not in compliance with the MHPAEA after its initial review:

- CMS will send an initial notice of non-compliance to the issuer detailing the compliance issues uncovered in its review.
 - The issuer will have 45 calendar days from the date of the initial notice of non-compliance to specify the actions they will take to come in compliance **AND**
 - Submit an additional NQTL comparative analysis that demonstrates compliance, even if the actions have yet to be implemented.

Actions Against Non-Compliance:

If CMS determines that an issuer is not in compliance with MHPAEA after review of the updated NQTL comparative analysis that was submitted within the 45-day corrective period:

- CMS will send a final notice of non-compliance to the issuer describing the remaining compliance issues and required corrective actions the issuer must take.
- Then, the issuer will have 7 calendar days to send notification to enrollees that they are not in compliance with MHPAEA.
- In their annual report to Congress, CMS will identify the issuer and the corrective actions the issuer must take to come into compliance with MHPAEA.
- CMS will follow up with the issuer to ensure the corrective actions required in the final determination notice are implemented by the issuer.

Actions if no compliance issues are identified:

If CMS does not find any MHPAEA compliance issues after their initial review:

- CMS will send a notice stating that no MHPAEA compliance issues were found.
- If the initial review was conducted based on a complaint or other indication of a potential violation of this section of MHPAEA, CMS will investigate compliance with other MHPAEA provisions, including:
 - Financial requirements; and
 - Quantitative treatment limitations

Practices to Avoid

When an issuer is responding to requests for NQTL comparative analyses, the following are insufficient:

- A general statement of compliance or conclusory references to broadly stated processes,
- Strategies,
- Evidentiary standards, or
- Other factors.

Issuers should also avoid the following practices:

- Production of a large volume of documents without a clear explanation of how and why each document is relevant to the NQTL comparative analysis.
- Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.
- Identification of processes, strategies, sources, and factors without the required or clear and detailed NQTL comparative analysis.
- Identification of factors, evidentiary standards, and strategies without a clear explanation of how they were defined and applied in practice.
- Reference to factors and evidentiary standards that were defined or applied in a quantitative manner, without the precise definitions, data, and information necessary to assess their development or application; or
- Analysis that is outdated due to the passage of time, a change in plan structure, or for any other reason.