

State of Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101 For consumer assistance: [Banking] 888-568-4547 [Insurance] 800-964-1784 [Securities] 877-550-3907 www.dfr.vermont.gov

Insurance Bulletin No. 230

Health Insurance Mandates Checklist and Mental Health Parity Data Collection

May 1, 2024

AUTHORITY: The Commissioner is authorized to issue this Bulletin pursuant to 8 V.S.A. § 15.

APPLICABILITY: This bulletin applies to all health insurance plans subject to Rule H-2009-03 (revised).

The Insurance Division (Division) provides the following guidance to insurers and other health plans subject to the Department of Financial Regulation's oversight (collectively, issuers) seeking to demonstrate compliance with mental health parity requirements. The Division requires issuers to file all certificates for health insurance policies to be offered, issued or renewed in Vermont through the System for Electronic Rates & Forms Filing (SERFF). Beginning on January 1, 2025, the Division will require issuers to:

- 1. Include a completed Vermont Major Medical Checklist, specifically identifying compliance with Vermont insurance mandates, in certificates filed on SERFF prior to plan approval.
- 2. File Vermont's Non-Quantitative Treatment Limitations (NQTL) self-compliance worksheet with the Division within 90 days of certificate form approval.

The Vermont Major Medical Checklist will be added to H15 and H16 lines of insurance as a required document to accompany certificate form filings including revisions to certificates. This checklist will require an attestation that plans comply with applicable federal and state law and will ask for a certificate page number where compliance can be found.

The Checklist will further require an attestation that the Vermont NQTL self-analysis worksheet will be filed with the Division within 90 days of the associated form filing's disposition. The NQTL self-analysis worksheet to be used in Vermont is provided below as an attachment. This is the required format for submission. The Division may deem an issuer's self-analysis insufficient for many reasons including that the analysis is

outdated due to the passage of time, a change in plan structure, or for any other reason allowed under federal law.¹

The Division also reminds issuers that the federal Consolidated Appropriations Act of 2021 requires insurers to provide NQTL comparative analyses to state and federal regulators upon request.²

Questions about this bulletin may be directed to the Insurance Division's Director of Insurance Regulation.

Docusigned by: Levin Gaffiney

5/01/2024

Kevin J. Gaffney, Commissioner

Date

 ¹ See U.S. Departments of Labor, Health and Human Services, and the Treasury, <u>FAQs About</u> Mental Health and Substance Use Disorder Parity Implementation and the Consolidated <u>Appropriations Act, 2021 Part 45 (Apr. 2, 2021)</u>
² 42 U.S.C. § 300gg-26(a)(8)(A).

