



# The “Six-Step” Parity Compliance Guide for Non-Quantitative Treatment Limitation (NQTL) Requirements

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## The Purpose of this Guide

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The purpose of this guide and its accompanying spreadsheet is to provide regulators, health plans, and issuers with a tool that enables them to perform the comparative analyses necessary to determine if a plan or issuer is in compliance with the non-quantitative treatment limitation (NQTL) requirements specified in the final regulations of the Mental Health Parity and Addiction Equity Act (MHPAEA).

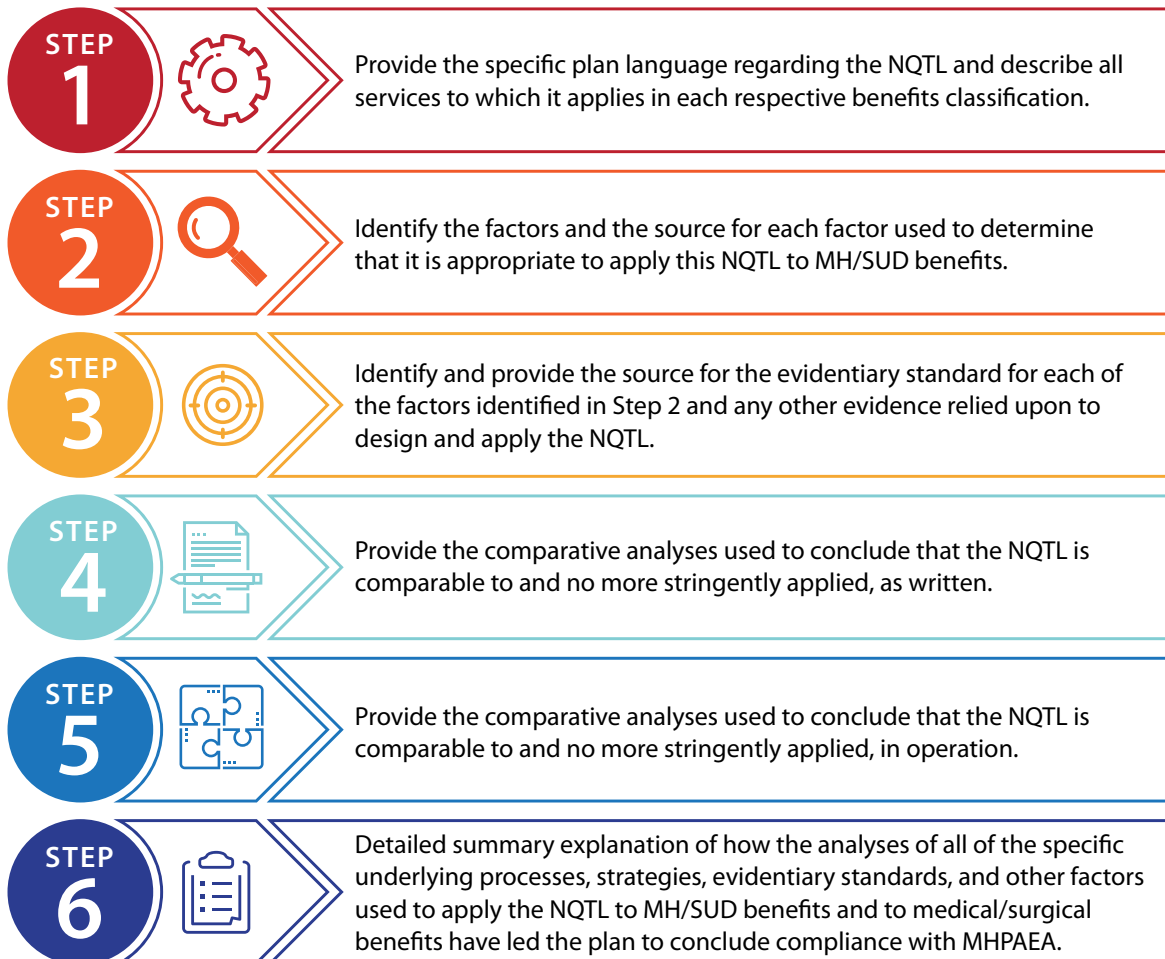
Specifically, this guide and spreadsheet establish a cohesive structure for performing these analyses in the context of the key terms within the final regulations found at 26 CFR 54.9812-1(c)(4)(i), 29 CFR 2590.712(c)(4)(i), and 45 CFR 146.136(c)(4)(i).<sup>1</sup>

It should be noted that the plan or issuer response protocol required by this six-step approach reflects and operationalizes the NQTL guidance the Federal Departments of Health and Human Services, Labor, and Treasury are to produce as stipulated by the 21st Century Cures Act at Section 13001(b), contained within 42 U.S.C. 300gg-26(a)(7)(C). It also provides a defined approach to addressing the model forms for determining plan/issuer NQTL compliance identified in Affordable Care Act Implementation FAQs Part 34 issued on October 27, 2016 and restated in FAQs About Mental Health and Substance Use Disorder Parity Implementation and the 21st Century Cures Act Part 38 issued on June 16, 2017.

The first group of terms is processes, strategies, evidentiary standards, and factors used in applying an NQTL to mental health or substance use disorder (MH/SUD) benefits and medical surgical benefits. The second group of terms is comparable and no more stringently applied. The third group of terms is as written and in operation. The guide and spreadsheet create a six-step approach for unpacking those groups of key terms in a way that facilitates a logical and structured set of comparative analyses.


The purpose of this guide and its accompanying spreadsheet is to provide regulators, health plans, and issuers with a tool that enables them to perform the comparative analyses necessary to determine if a plan or issuer is in compliance with the non-quantitative treatment limitation (NQTL) requirements specified in the final regulations of the Mental Health Parity and Addiction Equity Act (MHPAEA).

These six steps are described below and embedded within the spreadsheet for 19 different NQTLs ranging from prior authorization, to provider credentialing, to formulary design, among others. There certainly are other NQTLs that may be used by a plan or issuer and should be analyzed for compliance through this six-step approach. The six steps, which are described in further detail below, are comprised of:




The description below explains the requirements of each step and provides examples of things that fall within each of the terms of processes, strategies, evidentiary standards, and factors. In the spreadsheet, the steps have been adapted for each specific NQTL. The steps are identical for some NQTLs, very similar for others, and for some, certain steps are omitted or significantly reduced.

## The Six-Step Approach

**STEP 1**  Provide the specific plan language regarding the NQTL and describe all services to which it applies in each respective benefits classification.

Identify and provide the specific language of the NQTL as provided in the plan documents. This shall include each step, associated triggers, timelines, forms and requirements.

**STEP 2**  Identify the factors and the source for each factor used to determine that it is appropriate to apply this NQTL to MH/SUD benefits.

Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of the NQTL for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.

*Examples of factors for medical management and utilization review include (these examples are merely illustrative and not exhaustive):*

- Excessive utilization
- Recent medical cost escalation
- Lack of adherence to quality standards
- High levels of variation in length of stay
- High variability in cost per episode of care
- Clinical efficacy of the proposed treatment or service
- Provider discretion in determining diagnoses
- Claims associated with a high percentage of fraud
- Severity or chronicity of the MH/SUD or medical/surgical condition

*Examples of sources for medical management and utilization review factors include:*

- Internal claims analyses
- Internal quality standard studies
- Expert medical review

*Examples of factors for provider network adequacy include:*

- Service type
- Geographic market
- Current demand for services
- Projected demand for services
- Practitioner supply and provider-to-enrollee ratios
- Wait times
- Geographic access standards
- Out-of-network utilization rates

*Examples of sources for provider network adequacy factors include:*

- State and federal regulatory requirements
- National accreditation standards
- Internal plan market analyses
- CAHPS data

*Examples of factors for provider reimbursement include:*

- Geographic market (i.e., market rate and payment type for provider type and/or specialty)
- Provider type (i.e., hospital, clinic, and practitioner) and/or specialty
- Supply of provider type and/or specialty
- Network need and/or demand for provider type and/or specialty
- Medicare reimbursement rates
- Training, experience, and licensure of provider

*Examples of sources for provider reimbursement factors include:*

- External healthcare claims database (e.g., Fair Health)
- Current Medicare Physician Fee Schedule
- Internal market and competitive analysis
- Medicare RVUs for CPT codes.

As noted above, these are illustrations of factors and sources are not exhaustive lists of factors and sources. While not illustrated, additional factors and sources would apply to different types of NQTLs.

STEP  
3



Identify and provide the source for the evidentiary standard for each of the factors identified in Step 2 and any other evidence relied upon to design and apply the NQTL.

Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the NQTL for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the NQTL for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected and the rationale for rejecting those evidentiary standards.

Please note the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence a plan considers in designing and applying its medical management techniques, such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional medical associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.


*Examples of evidentiary standards to define the factors identified in Step 2, their sources, and other evidence considered include:*

- Two standard deviations above average utilization per episode of care may define excessive utilization based on internal claims data.
- Medical costs for certain services increased 10% or more per year for 2 years may define recent medical cost escalation per internal claims data.
- Not in conformance with generally accepted quality standards for a specific disease category more than 30% of time based on clinical chart reviews may define lack of adherence to quality standards.
- Claims data showed 25% of patients stayed longer than the median length of stay for acute hospital episodes of care may define high level of variation in length of stay.
- Episodes of outpatient care are 2 standard deviations higher in total costs than the average cost per episode 20% of the time in a 12-month period may define high variability in cost per episode.
- More than 50% of outpatient episodes of care for specific disease entities are not based on evidence-based interventions (as defined by treatment guidelines published by professional organizations or based on health services research) in a medical record review of a 12-month sample (may define lack of clinical efficacy or inconsistency with recognized standards of care).



- Two published RCTs required to establish a treatment or service is not experimental or investigational.
- Professionally recognized treatment guidelines used to define clinically appropriate standards of care such as ASAM criteria or APA treatment guidelines.
- State regulatory standards for health plan network adequacy.
- Health plan accreditation standards for quality assurance.

As noted above, these are illustrations of evidentiary standards and are not an exhaustive list of evidentiary standards. While not illustrated, additional evidentiary standards would apply to different types of NQTLs.



**STEP 4**

Provide the comparative analyses used to conclude that the NQTL is comparable to and no more stringently applied, as written.

Provide the comparative analyses demonstrating that the processes and strategies used to design the NQTL, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the NQTL, as written, for medical/surgical benefits.

Processes and strategies used to design NQTLs as written include, but are not limited to, the composition and deliberations of decision-making staff, i.e. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.

Include the results and conclusions from these analyses that clearly substantiate the NQTL regulatory tests of comparability and equitable application have been met.

*Examples of comparative analyses include:*

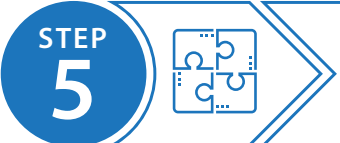
- Results from analyses of the health plan’s paid claims that established that the identified factors and evidentiary standards (e.g., recent medical cost escalation which exceeds 10%/year) were present in a comparable manner for both MH/SUD and medical/surgical benefits subject to the NQTL.
- Internal review of published information (e.g., an information bulletin by a major actuary firm) which identified increasing costs for services for both MH/SUD and medical/surgical conditions and a determination (e.g., an internal claims analyses) by the plan that this key



factor(s) was present with similar frequency and magnitude for specific categories of the health plan’s MH/SUD and medical/surgical services.

- A defined process (e.g., internal claims analysis) for analyzing which medical/surgical and MH/SUD services within a specified benefits classification had “high cost variability” (defined by identical factors and evidentiary standards for all services) and, therefore, are subject to a prior authorization, concurrent review and/or retrospective review protocols.
- A market analysis of various factors to establish provider rates for both MH/SUD and medical/surgical services and to establish that the fee schedule and/or usual and customary rates were comparable.
- Internal review of published treatment guidelines by appropriate clinical teams to identify covered treatments or services which lack clinical efficacy.
- Internal review to determine that the issuer or health plan’s panel of experts that determine whether a treatment is medically appropriate were comprised of comparable experts for MH/SUD conditions and medical/surgical conditions, and that such experts evaluated and applied nationally-recognized treatment guidelines or other criteria in a comparable manner.
- Internal review to determine that whether the process of determining which benefits are deemed experimental or investigative for MH/SUD benefits is comparable to the process for determining which medical/surgical benefits are deemed experimental or investigational.

As noted above, these are illustrations of comparative analyses and are not an exhaustive list of comparative analyses. While not illustrated, additional comparative analyses would apply to different types of NQTLs.



**STEP 5** Provide the comparative analyses used to conclude that the NQTL is comparable to and no more stringently applied, in operation.

Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing the NQTL for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing the NQTL for medical surgical benefits.

Please identify each process employed for a particular NQTL (e.g., consultations with expert reviewers, clinical rationale used in approving or denying benefits, the selection of information deemed reasonably necessary to make a medical necessity determination, etc.) and the analyses which supports comparability and appropriate application stringency.

*Illustrative analyses includes:*


*Medical Management*

- Audit results that demonstrate that the frequency of all types of utilization review for medical/surgical vs. MH/SUD, where applicable, are comparable.
- Audit results that demonstrate physician-to-physician utilization reviews for prior or continuing coverage authorization were similar in frequency and content (e.g., review intervals, length of time, documentation required, etc.) of review for medical/surgical vs. MH/SUD within the same classifications of benefits.
- Audit results that demonstrate the process of consulting with expert reviewers for MH/SUD medical necessity determinations is comparable to and no more stringent than the process of consulting with expert reviewers for medical/surgical medical necessity determinations, including the frequency of consultation with expert reviewers and qualifications of staff involved.
- Audit results that demonstrates utilization review staff follow comparable processes for determining which information is reasonably necessary for making medical necessity determinations for both MH/SUD reviews and medical/surgical reviews.
- Audit results that demonstrate that frequency of and reason for reviews for the extension of initial determinations (e.g., outpatient visits or inpatient days) for MH/SUD benefits were comparable to the frequency of reviews for the extension of initial determinations for medical/surgical benefits.
- Audit results that demonstrate that reviews for the extension of initial determinations (e.g., outpatient visits or inpatient days) for MH/SUD benefits were of equivalent stringency to the reviews for the extension of initial determinations for medical/surgical benefits.
- Audit/review of denial and appeal rates (both medical and administrative) by service type or benefit category.
- Audit/review of utilization review documentation requirements.
- Audit results that indicate that coverage approvals and denials correspond to the plan’s criteria and guidelines.
- A comparison of inter-rater reliability results between MH/SUD reviewers and medical/surgical reviewers.

*Network Adequacy*

- Analyses to determine whether out-of-network and emergency room utilization by beneficiaries for MH/SUD services are comparable to those for out-of-network utilization for similar types of medical services within each benefits classification.
- Analyses of provider in-network participation rates (e.g., wait times for appointments, volume of claims filed, types of services provided).

As noted above, these are illustrations of comparative analyses and are not an exhaustive list of comparative analyses. While not illustrated, additional analyses would apply to different types of NQLs.



Detailed summary explanation of how the analyses of all of the specific underlying processes, strategies, evidentiary standards, and other factors used to apply the NQL to MH/SUD benefits and to medical/surgical benefits have led the plan to conclude compliance with MHPAEA.

Based on the responses provided in the steps above, clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose the NQL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose the NQL on medical/surgical benefits in each classification of benefits in which the NQL is imposed.

## Notes

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## Endnote

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- <sup>1</sup> (4) *Nonquantitative treatment limitations—(i) General rule.* A group health plan (or health insurance coverage) may not impose a nonquantitative treatment limitation with respect to mental health or substance use disorder benefits in any classification unless, under the terms of the plan (or health insurance coverage) as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitation to mental health or substance use disorder 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 medical/surgical benefits in the classification.



# The “Six-Step” Parity Compliance Guide

## NQTL WORKSHEETS

### Contents

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Prior Authorization .....	1	Fail-First Protocols .....	71
Concurrent Review .....	8	Failure to Complete/Initiate .....	78
Retrospective Review .....	15	Provider Reimbursement .....	85
Outlier Review .....	22	UCR Determination.....	92
Coding Edits .....	29	Provider Credentialing.....	99
Medical Necessity Criteria.....	36	Certification Requirements .....	106
OON Coverage Standards .....	43	Unlicensed Provider/Staff Requirements .....	113
Geographic Restrictions .....	50	Provider Type Exclusions .....	120
Experimental/Investigational Determinations .....	57	Formulary Design.....	127
Exclusions for Court-Ordered Treatment or Involuntary Holds .....	64		



# Prior Authorization

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Benefit/Service(s) to which prior authorization applies.	[List the services to which prior authorization applies]	[List the services to which prior authorization applies]	[List the services to which prior authorization applies]	[List the services to which prior authorization applies]	[List the services to which prior authorization applies]	[List the services to which prior authorization applies]

**Prior Authorization** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the prior authorization procedures for both MH/SUD benefits and medical/surgical benefits. Include each step, associated triggers, timelines, forms and requirements.</li> <li>Are the required qualifications/training for persons performing prior authorization review for MH/SUD benefits and medical/surgical benefits comparable? If not, provide a rationale (i.e., state law requirements, etc.)</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Prior Authorization** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of prior authorization for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that prior authorization is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Prior Authorization** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the prior authorization protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the prior authorization protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its prior authorization protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Prior Authorization** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the prior authorization protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the prior authorization protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Prior Authorization** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing prior authorization for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing prior authorization for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Prior Authorization** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer's conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose prior authorization on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose prior authorization on medical/surgical benefits in each classification of benefits in which prior authorization is imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]



# Concurrent Review

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) to which concurrent review applies.</b>	[List the services to which concurrent review applies]	[List the services to which concurrent review applies]	[List the services to which concurrent review applies]	[List the services to which concurrent review applies]	[List the services to which concurrent review applies]	[List the services to which concurrent review applies]

**Concurrent Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the concurrent review procedures for both MH/SUD benefits and medical/surgical benefits. Include each step, associated triggers, timelines, forms and requirements.</li> <li>Are the required qualifications/training for persons performing concurrent review for MH/SUD benefits and medical/surgical benefits comparable? If not, provide a rationale (i.e., state law requirements, etc.)</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Concurrent Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of concurrent review for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that concurrent review is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Concurrent Review** *(continued)*

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the concurrent review protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the concurrent review protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its concurrent review protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Concurrent Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the concurrent review protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the concurrent review protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Concurrent Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing concurrent review for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing concurrent review for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Concurrent Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose concurrent review on MH/ SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose concurrent review on medical/surgical benefits in each classification of benefits in which prior authorizaiton is imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]



# Retrospective Review

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) to which concurrent review applies.</b>	[List the services to which retrospective review applies]	[List the services to which retrospective review applies]	[List the services to which retrospective review applies]	[List the services to which retrospective review applies]	[List the services to which retrospective review applies]	[List the services to which retrospective review applies]

**Retrospective Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the retrospective review procedures for both MH/SUD benefits and medical/surgical benefits. Include each step, associated triggers, timelines, forms and requirements.</li> <li>Are the required qualifications/training for persons performing retrospective review for MH/SUD benefits and medical/surgical benefits comparable? If not, provide a rationale (i.e., state law requirements, etc.)</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Retrospective Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of retrospective review for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that retrospective review is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Retrospective Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the retrospective review protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the retrospective review protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its retrospective review protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Retrospective Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the retrospective review protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the retrospective review protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Retrospective Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing retrospective review for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing retrospective review for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Retrospective Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose retrospective review on MH/ SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose retrospective review on medical/surgical benefits in each classification of benefits in which prior authorization is imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Outlier Review

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) to which concurrent review applies.</b>	[List the services to which outlier review applies]	[List the services to which outlier review applies]	[List the services to which outlier review applies]	[List the services to which outlier review applies]	[List the services to which outlier review applies]	[List the services to which outlier review applies]



**Outlier Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the outlier review procedures for both MH/SUD benefits and medical/surgical benefits. Include each step, associated triggers, timelines, forms and requirements.</li> <li>Are the required qualifications/training for persons performing outlier review for MH/SUD benefits and medical/surgical benefits comparable? If not, provide a rationale (i.e., state law requirements, etc.)</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Outlier Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of outlier review for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that outlier review is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Outlier Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the outlier review protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the outlier review protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its outlier review protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Outlier Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the outlier review protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the outlier review protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Outlier Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing outlier review for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing outlier review for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Outlier Review** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose outlier review on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose outlier review on medical/surgical benefits in each classification of benefits in which prior authorization is imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Coding Edits

*(e.g. requiring providers to limit bill codes that could otherwise be applicable)*

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan's Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) to which the coding edits apply. For example, if same-day claims for certain services are prohibited pursuant to a claims edit.</b>	[List the services to which coding edits apply]	[List the services to which coding edits apply]	[List the services to which coding edits apply]	[List the services to which coding edits apply]	[List the services to which coding edits apply]	[List the services to which coding edits apply]

**Coding Edits** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the coding edit protocols for both MH/SUD benefits and medical/surgical benefits. Include each step, associated triggers, timelines, forms and requirements.</li> <li>Are the required qualifications/training for persons performing coding edits for MH/SUD benefits and medical/surgical benefits comparable? If not, provide a rationale (i.e., state law requirements, etc.)</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]



**Coding Edits** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of coding edits for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that coding edits are appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Coding Edits** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the coding edit protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the coding edit protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its coding edit protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Coding Edits** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the coding edit protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the coding edit protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Coding Edits** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing coding edits for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing coding edits for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Coding Edits** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose coding edits on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose coding edits on medical/surgical benefits in each classification of benefits in which prior authorization is imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Medical Necessity Criteria

## *Development/Modification/Addition of Medical Necessity/ Medical Appropriateness/Level of Care Guidelines*

**Instructions:** Complete a chart for the application of the medical necessity criteria within each classification of benefits. If the medical necessity criteria is applied differently for a different benefit package, complete charts for the medical necessity criteria for each benefit package.

**Plan's Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Benefit/Service(s) to which the medical necessity applies. Medical necessity will also apply as a component of the application of prior authorization, concurrent review, retrospective review, outlier review, and appeals. However, it must be analyzed as a separate NQTL.</b></p>	[List the services which the medical necessity criteria is relied upon during utilization review]	[List the services which the medical necessity criteria is relied upon during utilization review]	[List the services which the medical necessity criteria is relied upon during utilization review]	[List the services which the medical necessity criteria is relied upon during utilization review]	[List the services which the medical necessity criteria is relied upon during utilization review]	[List the services which the medical necessity criteria is relied upon during utilization review]

*Medical Necessity Criteria (continued)*

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <p>NA (proceed to steps 3-6)</p>	N/A	N/A	N/A	N/A	N/A	N/A

**Medical Necessity Criteria** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>NA (proceed to steps 3-6)</p>	N/A	N/A	N/A	N/A	N/A	N/A



**Medical Necessity Criteria** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) and other evidence relied upon in the creation the medical necessity criteria for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) and other evidence relied upon in the creation the medical necessity criteria for medical/surgical benefits. Describe evidentiary standards and evidence considered, but rejected.</p> <p>Evidentiary standards include all evidence or guidelines the plan or issuer considers in designing and applying its medical necessity criteria, such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Medical Necessity Criteria** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design the medical necessity criteria as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the medical necessity criteria, as written for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the medical necessity criteria, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Medical Necessity Criteria** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of the medical necessity criteria in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in applying the medical necessity criteria, in operation, to MH/SUD benefits are comparable and no more stringently applied than the processes and strategies used in applying the medical necessity criteria, in operation, to medical surgical benefits.</p> <p>Processes and strategies used in applying the medical necessity criteria may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in applying the criteria, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p> <p>A key indicator for determining if the medical necessity criteria has been applied comparably and no more stringently may be an examination and comparison of interrater reliability audits for MH/SUD and medical/surgical utilization reviewers.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Medical Necessity Criteria** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and apply the medical necessity criteria for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and apply the medical necessity criteria for medical/surgical benefits in each classification of benefits in which utilization review is performed involving the use of the medical necessity criteria.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# OON Coverage Standards

## Standards for out-of-network coverage (OON)

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan's Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Benefit/Service(s) to which the OON coverage applies.	N/A	[List the services that are covered out-of-network]	N/A	[List the services that are covered out-of-network]	N/A	N/A

**OON Coverage Standards** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the procedures that must be followed for the coverage of OON services. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons implementing the OON coverage determination protocols?</li> </ul>	N/A	[Provide the Step 1 documentation and answer the question]	N/A	[Provide the Step 1 documentation and answer the question]	N/A	N/A

*OON Coverage Standards (continued)*

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>NA (proceed to steps 3-6)</p>	N/A	N/A	N/A	N/A	N/A	N/A

**OON Coverage Standards** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to develop the OON approval protocols for MH/SUD benefits are comparable to the evidentiary standards used to develop the OON approval protocols for medical/surgical benefits.</p>	N/A	[Provide the Step 3 documentation]	N/A	[Provide the Step 3 documentation]	N/A	N/A



**OON Coverage Standards** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the OON approval protocols, as written, for MH/SUD benefits are comparable to and no more stringent than the processes and strategies used to design the OON approval protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	N/A	[Provide the Step 4 documentation]	N/A	[Provide the Step 4 documentation]	N/A	N/A

**OON Coverage Standards** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing OON approval protocols for MH/SUD benefits are comparable and no more stringent than the processes and strategies used in operationalizing the OON approval protocols for medical surgical benefits.</p>	N/A	[Provide the Step 5 documentation]	N/A	[Provide the Step 5 documentation]	N/A	N/A

**OOO Coverage Standards** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and apply the OON approval protocols for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and apply the OON approval protocols for medical/surgical benefits in each applicable classification of benefits.</p>	N/A	[Provide the Step 6 documentation]	N/A	[Provide the Step 6 documentation]	N/A	N/A

# Geographic Restrictions

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Benefit/Service(s) for which there are standards for out-of-area-coverage	N/A	[List the services for which out-of-area coverage is provided]	N/A	[List the services for which out-of-area coverage is provided]	N/A	N/A

**Geographic Restrictions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the procedures that must be followed for the coverage of out-of-area services. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons implementing the out-of-area coverage determination protocols?</li> </ul>	N/A	[Provide the Step 1 documentation and answer the question]	N/A	[Provide the Step 1 documentation and answer the question]	N/A	N/A

**Geographic Restrictions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>NA (proceed to steps 3-6)</p>	N/A	N/A	N/A	N/A	N/A	N/A

**Geographic Restrictions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to develop the out-of-area approval protocols for MH/SUD benefits are comparable to the evidentiary standards used to develop the out-of-area approval protocols for medical/surgical benefits.</p>	N/A	[Provide the Step 3 documentation]	N/A	[Provide the Step 3 documentation]	N/A	N/A

**Geographic Restrictions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the out-of-area approval protocols, as written, for MH/SUD benefits are comparable to and no more stringent than the processes and strategies used to design the out-of-area approval protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	N/A	[Provide the Step 4 documentation]	N/A	[Provide the Step 4 documentation]	N/A	N/A



**Geographic Restrictions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing out-of-area approval protocols for MH/SUD benefits are comparable and no more stringent than the processes and strategies used in operationalizing the out-of-area approval protocols for medical/surgical benefits.</p>	N/A	[Provide the Step 5 documentation]	N/A	[Provide the Step 5 documentation]	N/A	N/A

**Geographic Restrictions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and apply the out-of-area approval protocols for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and apply the out-of-area approval protocols for medical/surgical benefits in each applicable classification of benefits.</p>	N/A	[Provide the Step 6 documentation]	N/A	[Provide the Step 6 documentation]	N/A	N/A

# Experimental/Investigational Determinations



**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan's Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) which have been subject to review to determine if they are experimental or investigational.</b>	[List the services or items that have been reviewed to determine if they are experimental or investigational]	[List the services or items that have been reviewed to determine if they are experimental or investigational]	[List the services or items that have been reviewed to determine if they are experimental or investigational]	[List the services or items that have been reviewed to determine if they are experimental or investigational]	[List the services or items that have been reviewed to determine if they are experimental or investigational]	[List the services or items that have been reviewed to determine if they are experimental or investigational]

**Experimental/Investigational Determinations** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <p>Benefit/Service(s) to which the an approval protocols for experimental/investigational service coverage applies.</p> <ul style="list-style-type: none"> <li>• What are the required qualifications/training for persons that review services, items, and medications to determine if they are experimental or investigational?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Experimental/Investigational Determinations** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to identify services, items, or medications for review to determine if they are experimental or investigational, for MH/SUD benefits and for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Experimental/Investigational Determinations** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define a factor identified in Step 2 and any other evidence relied upon to determine if a service, item, or medication is experimental are comparable and applied no more stringently for MH/SUD benefits and medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Experimental/Investigational Determinations** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to determine whether services, items, or medications are deemed experimental or investigational, as written, for MH/SUD benefits are comparable to and no more stringent than the processes and strategies used to determine whether services, items, or medications are deemed experimental or investigational, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Experimental/Investigational Determinations** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing any experimental or investigational restrictions or limitations for MH/SUD benefits are comparable and no more stringent than the processes and strategies used in operationalizing any experimental or investigational restrictions or limitations for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, and adherence to criteria hierarchy and written protocols.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]



**Experimental/Investigational Determinations** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine if services, items, or medications are experimental or investigational for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to determine if services, items, or medications are experimental or investigational for medical/surgical benefits in each classification of benefits.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Exclusions for Court-Ordered Treatment or Involuntary Holds



**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan's Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Identify any benefits subject to a blanket coverage exclusion if ordered by a court.</b></p> <p><b>If all court-ordered benefits are excluded from coverage indicate as such and specify whether this is the case for both MH/SUD benefits and medical/surgical benefits or not. The plan or issuer need not complete the six steps if this is the case.</b></p> <p><b>If there are no benefits subject to a blanket coverage exclusion if ordered by a court indicate as such and do not complete the six steps.</b></p>	[List the services or items that are excluded because they are court ordered or the result of an involuntary hold]	[List the services or items that are excluded because they are court ordered or the result of an involuntary hold]	[List the services or items that are excluded because they are court ordered or the result of an involuntary hold]	[List the services or items that are excluded because they are court ordered or the result of an involuntary hold]	[List the services or items that are excluded because they are court ordered or the result of an involuntary hold]	[List the services or items that are excluded because they are court ordered or the result of an involuntary hold]

**Exclusions for Court-Ordered Treatment or Involuntary Holds** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the procedures in place for any benefits that is subject to a court ordered treatment or involuntary hold exclusion. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons implementing the exclusion?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Exclusions for Court-Ordered Treatment or Involuntary Holds** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to identify benefits that will not be covered because they are court ordered or the result of an involuntary hold for MH/SUD benefits and for medical/surgical benefits. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Exclusions for Court-Ordered Treatment or Involuntary Holds** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define a factor identified in Step 2 and any other evidence relied upon to determine that a MH/SUD benefit will not be covered because it is court ordered or the result of an involuntary hold are comparable to and applied no more stringently than the evidentiary standard(s) used to define a factor and any other evidence relied upon to determine that a medical/surgical benefit will not be covered because it is court ordered or the result of an involuntary hold. Describe evidentiary standards that were considered, but rejected.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Exclusions for Court-Ordered Treatment or Involuntary Holds** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to determine whether services, items, or medications will not be covered because they are court ordered or the result of an involuntary hold, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to determine whether services, items, or medications will not be covered because they are court-ordered or the result of an involuntary holds, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Exclusions for Court-Ordered Treatment or Involuntary Holds** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing any exclusions of coverage for services, items, or medications that are court ordered or the result of an involuntary hold for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing any exclusions of coverage for services, items, or medications that are court ordered or the result of an involuntary hold for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, and adherence to criteria hierarchy and written protocols.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Exclusions for Court-Ordered Treatment or Involuntary Holds** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine if MH/SUD benefits are excluded because they are court ordered or the result of an involuntary hold are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to determine if medical/surgical benefits are excluded because they are court ordered or the result of an involuntary hold.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]



# Fail-First Protocols (Step Therapy)

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) which require the beneficiary to have tried and failed a lower level of care prior to coverage.</b>	[List the services to which fail-first protocols apply]	[List the services to which fail-first protocols apply]	[List the services to which fail-first protocols apply]	[List the services to which fail-first protocols apply]	[List the services to which fail-first protocols apply]	[List the services to which fail-first protocols apply]

**Fail-First Protocols (Step Therapy) (continued)**

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the fail first procedures. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons determining which benefits shall be subject to a fail-first requirement?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Fail-First Protocols (Step Therapy) (continued)**

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of fail-first protocols for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that a fail-first protocol is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Fail-First Protocols (Step Therapy) (continued)**

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the fail-first protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the fail-first protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its fail-first protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Fail-First Protocols (Step Therapy) (continued)**

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the fail-first protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the fail-first protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Fail-First Protocols (Step Therapy) (continued)**

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing fail-first protocols for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing fail-first protocols for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Fail-First Protocols (Step Therapy) (continued)**

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose fail-first protocols on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose fail-first protocols on medical/surgical benefits in each classification of benefits in which fail-first protocols are imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Failure to Complete/Initiate

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<b>Benefit/Service(s) which require the beneficiary to have completed a prior course of treatment or initiated a specific course of treatment prior to coverage.</b>	[List the services to which complete/initiate first protocols apply]	[List the services to which complete/initiate first protocols apply]	[List the services to which complete/initiate first protocols apply]	[List the services to which complete/initiate first protocols apply]	[List the services to which complete/initiate first protocols apply]	[List the services to which complete/initiate first protocols apply]



**Failure to Complete/Initiate** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the complete/initiate first procedures. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons determining which benefits shall be subject to a complete/initiate-first requirement?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Failure to Complete/Initiate** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine the applicability of complete/initiate first protocols for the identified MH/SUD benefits as were used for medical/surgical benefits, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining that a complete/initiate first protocol is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Excessive utilization</li> <li>• Recent medical cost escalation</li> <li>• Lack of adherence to quality standards</li> <li>• High levels of variation in length of stay</li> <li>• High variability in cost per episode of care</li> <li>• Clinical efficacy of the proposed treatment or service</li> <li>• Provider discretion in determining diagnoses</li> <li>• Claims associated with a high percentage of fraud</li> <li>• Severity or chronicity of the MH/SUD condition</li> </ul> <p>Examples of sources for data to identify factors:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Failure to Complete/Initiate** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to establish the complete/initiate first protocols for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to establish the complete/initiate first protocols for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Please note, the term “evidentiary standards” is not limited to a means for defining “factors”. Evidentiary standards also include all evidence considered in designing and applying its complete/initiate first protocols such as recognized medical literature, professional standards and protocols (including comparative effectiveness studies and clinical trials), published research studies, treatment guidelines created by professional guild associations or other third-party entities, publicly available or proprietary clinical definitions, and outcome metrics from consulting or other organizations.</p> <p>Examples of evidentiary standards and their sources are provided in the toolkit.</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Failure to Complete/Initiate** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the complete/initiate first protocols, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to design the complete/initiate first protocols, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Failure to Complete/Initiate** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing complete/initiate first protocols for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing complete/initiate first protocols for medical surgical benefits.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Failure to Complete/Initiate** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose complete/initiate first protocols on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose complete/initiate first protocols on medical/surgical benefits in each classification of benefits in which complete/initiate first protocols are imposed.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Provider Reimbursement

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
N/A go to step 1	N/A	N/A	N/A	N/A	N/A	N/A

**Provider Reimbursement** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the provider reimbursement rate determination/negotiation procedures. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons implementing the provider reimbursement process? NOTE: MHPAEA does not require outcome parity in reimbursement rates. MHPAEA requires process parity in the establishment of reimbursement rates.</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]



**Provider Reimbursement** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors are used to set the initial and final reimbursement rate for MH/SUD benefits and for medical/surgical benefits. Examples of factors for determining that a given reimbursement rate is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Market price</li> <li>• Volume of service capacity</li> <li>• Value-added services</li> <li>• Geographic location</li> <li>• Languages spoken</li> <li>• Disability accommodations</li> <li>• Multi-specialty co-location</li> <li>• Community reputation</li> <li>• Additional training/skills</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Provider Reimbursement** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard used to support the application of a factor identified in Step 2 and any other evidence or data relied upon to set reimbursement rates for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard used to support the application of a factor identified in Step 2 and any other evidence or data relied upon to set reimbursement rates for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Examples of evidentiary standards, their sources, and other evidence considered include:</p> <ul style="list-style-type: none"> <li>• Patient experience surveys</li> <li>• Provider professional profiles</li> <li>• Provider rating services</li> <li>• Word of mouth/reputation</li> </ul>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Provider Reimbursement** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to set reimbursement rates, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to set reimbursement rates, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Provider Reimbursement** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing preliminary reimbursement rates and negotiating final reimbursement rates for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing preliminary reimbursement rates and negotiating final reimbursement rates for medical surgical benefits. This shall include a comparison of the negotiation processes between the plan and providers as well as any processes in place for adjusting rates for MH/SUD providers and the negotiation processes between the plan and providers as well as any processes in place for adjusting rates for medical/surgical providers.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Provider Reimbursement** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine reimbursement rates for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to set reimbursement rates for medical/surgical benefits in each classification of benefits.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# UCR Determination

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Under which circumstances are providers paid the UCR?	N/A		N/A		N/A	N/A

**UCR Determination** *(continued)*

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the UCR procedures. Include each step in the UCR process.</li> <li>What are the required qualifications/training for persons who create and implement the UCR process?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**UCR Determination** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors that are used to set the UCR for MH/SUD benefits and for medical/surgical benefits. Examples of factors for determining that the UCR is appropriate include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Market price</li> <li>• Volume of service capacity</li> <li>• Value-added services</li> <li>• Geographic location</li> <li>• Languages spoken</li> <li>• Disability accommodations</li> <li>• Multi-specialty co-location</li> <li>• Community reputation</li> <li>• Additional training/skills</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]



**UCR Determination** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard used to support the application of a factor identified in Step 2 and any other evidence or data relied upon to set the UCR for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard used to support the application of a factor identified in Step 2 and any other evidence or data relied upon to set the UCR for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p> <p>Examples of evidentiary standards, their sources, and other evidence considered include:</p> <ul style="list-style-type: none"> <li>• Patient experience surveys</li> <li>• Provider professional profiles</li> <li>• Provider rating services</li> <li>• Word of mouth/reputation</li> </ul>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**UCR Determination** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to set the UCR, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to set the UCR, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**UCR Determination** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing UCR payments for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used in operationalizing UCR payments for medical surgical benefits.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**UCR Determination** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to determine reimbursement rates for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to set reimbursement rates for medical/surgical benefits in each classification of benefits.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Provider Credentialing

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Providers for which provider credentialing applies. Simply state “all in-network providers must be credentialed” and nothing else if that is the case.	List types of providers and facilities that must go through the credentialing process for both MH/SUD benefits and medical/surgical benefits.	N/A	List types of providers and facilities that must go through the credentialing process for both MH/SUD benefits and medical/surgical benefits.	N/A	N/A	List types of providers and prescribers that must go through the credentialing process for both MH/SUD benefits and medical/surgical benefits.

**Provider Credentialing** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the provider credentialing procedures. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons implementing the provider credentialing process?</li> </ul>	[Provide the Step 1 documentation and answer the question]	N/A	[Provide the Step 1 documentation and answer the question]	N/A	N/A	[Provide the Step 1 documentation and answer the question]

**Provider Credentialing** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>NA (proceed to steps 3-6)</p>	[Provide the Step 2 documentation]	N/A	[Provide the Step 2 documentation]	N/A	N/A	[Provide the Step 2 documentation]

**Provider Credentialing** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and Provide Source for Evidence</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to create the credentialing procedures for MH/SUD providers is comparable to and applied no more stringently than the evidentiary standard(s) used to create the credentialing procedures for medical/surgical providers. Describe evidentiary standards that were considered, but rejected.</p>	[Provide the Step 3 documentation]	N/A	[Provide the Step 3 documentation]	N/A	N/A	[Provide the Step 3 documentation]



**Provider Credentialing** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the credentialing procedures, as written, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to design the credentialing procedures, as written, for medical/surgical providers.</p> <p>Processes include, but are not limited to the composition and deliberations of decision-making staff, the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	N/A	[Provide the Step 4 documentation]	N/A	N/A	[Provide the Step 4 documentation]

**Provider Credentialing** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Describe the operation of the NQTL process in practice</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to implement the credentialing procedures, in operation, for MH/SUD providers are comparable to and applied no more stringently than the processes and strategies used to implement the credentialing procedures, in operation, for medical/surgical providers.</p> <p>This includes the duration of the process, the documentaiton requests, the exceptions, stringency of analysis of submitted materials, fidelity of the credentialing system to the drafted process, as well as interrator reliability in the application of the credentialing process.</p>	[Provide the Step 5 documentation]	N/A	[Provide the Step 5 documentation]	N/A	N/A	[Provide the Step 5 documentation]

**Provider Credentialing** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to design and implement the provider credentialing procedures for medical/surgical benefits in each applicable classification of benefits.</p>	[Provide the Step 6 documentation]	N/A	[Provide the Step 6 documentation]	N/A	N/A	[Provide the Step 6 documentation]

# Certification Requirements

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Benefit/Service(s) for which a requirement for provider certification in the absence of licensure applies. [Identify which benefits within this classification this NQTL applies to.]	[Identify the services and/or provider types for which provider certification is required in absence of a license.]	[Identify the services and/or provider types for which provider certification is required in absence of a license.]	[Identify the services and/or provider types for which provider certification is required in absence of a license.]	[Identify the services and/or provider types for which provider certification is required in absence of a license.]	[Identify the services and/or provider types for which provider certification is required in absence of a license.]	[Identify the services and/or provider types for which provider certification is required in absence of a license.]

**Certification Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the procedures the plan or issuer uses to determine whether and when to require specialized certifications in the absence of an applicable license. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/ training for persons determining whether to allow for licensure in the absence of a license?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Certification Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that the factors used to determine whether and when to require specialized certification in the absence of an applicable license for MH/SUD providers are comparable to the factors used to determine when to require specialized certification in the absence of an applicable license for medical/surgical providers. List factors considered but rejected.</p>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Certification Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define a factor or other evidence relied upon to establish the certification requirements are for MH/SUD providers are comparable to and applied no more stringently than the evidentiary standard(s) used to define a factor or other evidence relied upon to establish the certification requirements for medical/surgical providers. List evidentiary standards considered but rejected.</p> <ul style="list-style-type: none"> <li>• What standards or evidence support(s) the rationale for applying the certification requirement to the(se) benefit(s) (e.g., practice guidelines, published research, data analysis, statistics)?</li> </ul>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Certification Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the certification approval protocol, as written, for MH/SUD providers are comparable to and no more stringently applied than the processes and strategies used to design the certification approval protocol, as written, for medical/surgical providers</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]



**Certification Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing the certification approval protocol for MH/SUD providers are comparable to and no more stringently applied than the processes and strategies used in operationalizing the certification approval protocol for medical surgical providers.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Certification Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to establish certification requirements for MH/SUD providers are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to establish certification requirements for medical/surgical providers in each classification of benefits.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Unlicensed Provider/Staff Requirements



**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan's Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
Benefit/Service(s) for which the plan or issuer allows service provision by unlicensed/uncertified practitioners or staff. The NQTL analysis will involve the comparison of the requirements, processes, and procedures that apply to the provision of services by unlicensed/uncertified providers.	[Identify the services and/or provider types for which there are approval requirements in place unlicensed/uncertified practitioners or staff.]	[Identify the services and/or provider types for which there are approval requirements in place unlicensed/uncertified practitioners or staff.]	[Identify the services and/or provider types for which there are approval requirements in place unlicensed/uncertified practitioners or staff.]	[Identify the services and/or provider types for which there are approval requirements in place unlicensed/uncertified practitioners or staff.]	[Identify the services and/or provider types for which there are approval requirements in place unlicensed/uncertified practitioners or staff.]	[Identify the services and/or provider types for which there are approval requirements in place unlicensed/uncertified practitioners or staff.]

**Unlicensed Provider/Staff Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the procedures the plan or issuer uses to determine whether and when to require specialized certifications in the absence of an applicable license. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/ training for persons determining whether to allow for licensure in the absence of a license?</li> </ul>	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]	[Provide the Step 1 documentation and answer the question]

**Unlicensed Provider/Staff Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that the factors used to determine the applicability of the unlicensed/uncertified practitioners/staff approval requirements for MH/SUD providers are comparable to the factors used to determine the applicability of the unlicensed/uncertified practitioners/staff approval requirements for medical/surgical providers. List factors considered but rejected. Examples of factors for determining that unlicensed/uncertified practitioners/staff should be subject to the process include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• Compliance with credentialing requirements</li> <li>• Variability in provider/staff competency</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Unlicensed Provider/Staff Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the standards or evidence that supports the rationale for applying the unlicensed/uncertified practitioners/staff requirements to MH/SUD benefit(s) are comparable and no more stringently applied than the standards or evidence that supports the rationale for applying the unlicensed/uncertified practitioners/staff requirements to medical/surgical benefits (e.g., practice guidelines, published research, data analysis, statistics)</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Unlicensed Provider/Staff Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design the unlicensed/uncertified practitioners/staff approval requirements for MH/SUD benefits, as written, are comparable to and applied no more stringently than processes and strategies used to design the unlicensed/uncertified practitioners/staff approval requirements, as written, for medical/surgical benefits.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Unlicensed Provider/Staff Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing the unlicensed/uncertified practitioners/staff approval requirements for MH/SUD providers are comparable to and no more stringently applied than the processes and strategies used in operationalizing the unlicensed/uncertified practitioners/staff approval requirements for medical surgical providers. This must include discussion of the timelines and approval rates for MH/SUD unlicensed/uncertified practitioners/staff in comparison to those for M/S unlicensed/uncertified practitioners/staff. It should also include information on exceptions to the policy (if any) as well as information on the fidelity and consistency of the application of the process.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]



**Unlicensed Provider/Staff Requirements** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to establish unlicensed/uncertified practitioners/ staff approval requirements for MH/SUD providers are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to establish unlicensed/uncertified practitioners/ staff approval requirements for medical/surgical providers in each classification of benefits.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]

# Provider Type Exclusions

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package. If the NQTL is not applied to MH/SUD benefits within a classification, stop and do not complete the sheet for that benefit classification. Conversely, if the NQTL does not apply to medical/surgical benefits within a classification but is applied to MH/SUD benefits within that classification, the NQTL will violate MHPAEA and must either be eliminated or applied to medical/surgical benefits. See the accompanying guide for more information.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Identify, if any, the benefits/services for which the plan or issuer imposes categorical exclusions for certain provider types.</b></p> <p><b>Identify, if any, the provider types for which the plan or issuer imposes categorical exclusions regardless of benefits/services involved.</b></p>	[List the benefits/ services for which categorical exclusions are imposed for certain provider types and list the types of providers for which coverage is always excluded.]	[List the type of providers for which coverage is excluded.]	[List the type of providers for which coverage is excluded.]	[List the type of providers for which coverage is excluded.]	[List the type of providers for which coverage is excluded.]	[List the type of providers for which coverage is excluded.]

**Provider Type Exclusions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the procedures governing categorical exclusions of provider types. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons determining that certain provider types will be excluded?</li> </ul>	[Provide the Step 1 documentation and answer the question]	N/A	[Provide the Step 1 documentation and answer the question]	N/A	N/A	[Provide the Step 1 documentation and answer the question]

**Provider Type Exclusions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that the factors used to determine the applicability of a categorical exclusion of certain MH/SUD provider types are comparable to the factors used to determine the applicability of a categorical exclusion of certain medical/surgical provider types. List factors considered but rejected. Examples of factors for determining that certain providers be subject to categorical exclusions include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• State licensing laws/regulations</li> <li>• State corporate practice of medicine laws/regulations</li> <li>• Historical beneficiary confusion about coverage of services by a provider</li> </ul> <p>Examples of sources for data to satisfy the factors for determining that a provider type exclusion is appropriate include:</p> <ul style="list-style-type: none"> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]	[Provide the Step 2 documentation]

**Provider Type Exclusions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>Provide the comparative analysis demonstrating that the standards or evidence that supports the rationale for applying a categorical exclusion of certain MH/SUD provider types are comparable to and no more stringently applied than the standards or evidence that supports the rationale for applying a categorical exclusion of certain medical/surgical provider types. (e.g., practice guidelines, published research, data analysis, statistics)</p>	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]	[Provide the Step 3 documentation]

**Provider Type Exclusions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to design any categorical exclusions of certain MH/SUD provider types, as written, are comparable to and applied no more stringently than processes and strategies used to design any categorical exclusions of certain medical/surgical provider types, as written.</p>	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]	[Provide the Step 4 documentation]

**Provider Type Exclusions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in operationalizing any categorical exclusions of certain MH/SUD provider types are comparable to and no more stringently applied than the processes and strategies used in operationalizing any categorical exclusions of certain medical surgical provider types.</p>	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]	[Provide the Step 5 documentation]

**Provider Type Exclusions** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose categorical exclusions of certain MH/SUD provider types are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose categorical exclusions of certain medical/surgical provider types in each classification of benefits.</p>	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]	[Provide the Step 6 documentation]



# Formulary Design

**Instructions:** Complete a chart for the application of the NQTL to each classification of benefits. If the NQTL is applied differently for a different benefit package, complete charts for each NQTL for each benefit package.

**Plan’s Description of NQTL:** Provide the documentation of and results of the comparative analyses that substantiate that the processes, strategies, evidentiary standards, and factors are comparable and no more stringently applied, as specified in each step.

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
N/A proceed to step 1	N/A	N/A	N/A	N/A	N/A	N/A

**Formulary Design** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 1: Describe the NQTL's requirements and associated procedures</b></p> <ul style="list-style-type: none"> <li>Describe the Formulary Design procedures and requirement. Include each step, associated triggers, timelines, forms and requirements.</li> <li>What are the required qualifications/training for persons developing and applying the formulary?</li> </ul>	N/A	N/A	N/A	N/A	N/A	[Provide the Step 1 documentation and answer the question]

**Formulary Design** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 2: Describe the reason for applying the NQTL</b></p> <p>Provide the comparative analysis demonstrating that comparable factors were used to determine how and whether to include drugs on the formulary for MH/SUD medications as were used for medical/surgical medications, including the sources for ascertaining each of these factors. List factors that were relied upon but subsequently rejected and the rationale for rejecting those factors.</p> <p>Examples of factors for determining how and whether medications will be included on the formulary include (these examples are merely illustrative and not exhaustive):</p> <ul style="list-style-type: none"> <li>• contract requirement</li> <li>• Recent prescription drug cost escalation</li> <li>• Lack of adherence to quality standards in prescribing</li> <li>• High levels of variation in prescribing practices</li> <li>• High variability in cost per patient with similar diagnoses</li> <li>• Prescriptions associated with a high percentage of fraud</li> </ul> <p>What standards or evidence support(s) the rationale for applying a formulary/PDL to the(se) benefit(s) (e.g., practice guidelines, published research, data analysis, statistics)?</p> <p>Examples of sources include:</p> <ul style="list-style-type: none"> <li>• Internal claims analyses</li> <li>• Internal quality standard studies</li> <li>• Expert medical review</li> </ul>	N/A	N/A	N/A	N/A	N/A	[Provide the Step 2 documentation]

**Formulary Design** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 3: Identify and describe evidentiary standards and other evidence relied upon</b></p> <p>“Provide the comparative analysis demonstrating that the evidentiary standard(s) used to define factors identified in Step 2 and any other evidence relied upon to develop the formulary for MH/SUD benefits are comparable to and applied no more stringently than the evidentiary standard(s) used to define factors and any other evidence relied upon to develop the formulary for medical/surgical benefits. Describe evidentiary standards that were considered, but rejected.</p>	N/A	N/A	N/A	N/A	N/A	[Provide the Step 3 documentation]

**Formulary Design** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 4: Processes and strategies used to design NQTL as written</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used to formulary, as written, for MH/SUD benefits are comparable to and no more stringently applied than the processes and strategies used to develop the formulary, as written, for medical/surgical benefits.</p> <p>These processes may include, but are not limited to, the composition and deliberations of decision-making staff, e.g. the number of staff members allocated, time allocated, qualifications of staff involved, breadth of sources and evidence considered, deviation from generally accepted standards of care, consultations with panels of experts, and reliance on national treatment guidelines or guidelines provided by third-party organizations.</p>	N/A	N/A	N/A	N/A	N/A	[Provide the Step 4 documentation]

**Formulary Design** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 5: Processes in implementation of NQTL in operation</b></p> <p>Provide the comparative analysis demonstrating that the processes and strategies used in providing coverage for MH/SUD medications that are not on the formulary in certain instances are comparable to and no more stringently applied than the processes and strategies used in providing coverage for medical surgical medications in certain instances.</p> <p>Processes and strategies may include, but are not limited to, peer clinical review, consultations with expert reviewers, clinical rationale used in approving or denying benefits, reviewer discretion, adherence to criteria hierarchy, and the selection of information deemed reasonably necessary to make a medical necessity determination.</p>	N/A	N/A	N/A	N/A	N/A	[Provide the Step 5 documentation]

**Formulary Design** (continued)

Prompt	Inpatient Benefits		Outpatient Benefits		Emergency Benefits	Prescription Drugs
	In network	Out-of-network	In network	Out-of-network		
<p><b>Step 6: Summary conclusion of how plan or issuer has determined overall compliance</b></p> <p>Based on the responses provided in the steps above, please clearly summarize the basis for the plan or issuer’s conclusion that both as written and in operation, the processes, strategies, evidentiary standards, and factors used to impose prior authorization on MH/ SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose prior authorization on medical/surgical benefits in each classification of benefits in which prior authorization is imposed.</p>	N/A	N/A	N/A	N/A	N/A	[Provide the Step 6 documentation]





