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| **NQTL: Blanket Exclusions of Services** |
| **Classification(s):**  |
| **Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding Blanket Exclusions of Services and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification** |
| ***Step 1(a): Define Blanket Exclusions of Services***: **“Blanket Exclusions of Services” means exclusions of benefits that apply uniformly to all claims or service requests for identified services for all Plan beneficiaries, with no consideration of Medical Necessity or other factors.** **“Blanket Exclusions of Services” excludes Experimental/Investigational Determinations, Exclusions for Court-Ordered Treatment or Involuntary Holds, Provider-Type Exclusions, Out-of-Network Coverage Standards, and Geographic Restrictions.** |
| ***Step 1(b): Identify the M/S benefits/services for which a Blanket Exclusions of Services is required***: | ***Step 1(b): Identify the MH/SUD benefits/services for which a Blanket Exclusion of Services is required***: |
| **Step 2 – Identify the factors used to determine that Blanket Exclusions of Services will apply to mental health or substance use disorder benefits and medical or surgical benefits** |
| ***Step 2: Identify the factors used to determine which M/S benefits are subject to a Blanket Exclusion of Services*** | ***Step 2: Identify the factors used to determine which MH/SUD benefits are subject to a Blanket Exclusion of Services*** |
| **Step 3 – Identify the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply Blanket Exclusions of Services to mental health or substance use disorder benefits and medical or surgical benefits.** |
| ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for M/S benefits in Step 2*** | ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for MH/SUD benefits in Step 2*** |
| **Step 4 – Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply Blanket Exclusions of Services to medical or surgical benefits in the benefits classification** |
| ***Step 4(a) Where some but not all benefits in a classification are subject to a Blanket Exclusion of Services, identify which of the factor(s) in Step 3 were met for each M/S benefit.*** | ***Step 4(a) Where some but not all benefits in a classification are subject to a Blanket Exclusion of Services, identify which of the factor(s) in Step 3 were met for each MH/SUD benefit.*** |
| ***Step 4(b) : Identify and define the factors and processes that are used to monitor and evaluate the application of Blanket Exclusions of Services for M/S benefits***: | ***Step 4(b) : Identify and define the factors and processes that are used to monitor and evaluate the application of Blanket Exclusions of Services for MH/SUD benefits***: |
| ***Step 4(c): Identify and define the factors and processes that are used to monitor and evaluate the application of Blanket Exclusions of Services***: | ***Step 4(c): Identify and define the factors and processes that are used to monitor and evaluate the application of Blanket Exclusions of Services***: |
| **Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section** |
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| **NQTL: Exclusions for Court-Ordered Treatment or Involuntary Holds** |
| **Classification(s):**  |
| **Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding Exclusions for Court-Ordered Treatment or Involuntary Holds and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification** |
| ***Step 1(a): Define Exclusions for Court-Ordered Treatment or Involuntary Holds***: **Exclusions for Court-Ordered Treatment or Involuntary Holds (COT Exclusions) is defined to mean an exclusion of coverage for all court-ordered treatment or involuntary holds for all Plan beneficiaries, with no consideration of Medical Necessity or other factors.** **COT Exclusions do not include Blanket Exclusions of Services, Experimental/ Investigational Determinations, Provider-type Exclusions, Out-of-Network Coverage Standards, or Geographic Restrictions.** |
| ***Step 1(b): Identify the M/S benefits/services for which Exclusions for Court-Ordered Treatment or Involuntary Holds are required***: | ***Step 1(b): Identify the MH/SUD benefits/services for which Exclusions for Court-Ordered Treatment or Involuntary Holds are required***: |
| **Step 2 – Identify the factors used to determine that Exclusions for Court-Ordered Treatment or Involuntary Holds will apply to mental health or substance use disorder benefits and medical or surgical benefits** |
| ***Step 2: Identify the factors used to determine which M/S benefits are subject to Exclusions for Court-Ordered Treatment or Involuntary Holds*** | ***Step 2: Identify the factors used to determine which MH/SUD benefits are subject to Exclusions for Court-Ordered Treatment or Involuntary Holds*** |
| **Step 3 – Identify the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply Exclusions for Court-Ordered Treatment or Involuntary Holds to mental health or substance use disorder benefits and medical or surgical benefits.** |
| ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for M/S benefits in Step 2*** | ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for MH/SUD benefits in Step 2*** |
| **Step 4 – Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply Exclusions for Court-Ordered Treatment or Involuntary Holds to medical or surgical benefits in the benefits classification** |
| ***Step 4(a) Where some but not all benefits in a classification are subject to Exclusions for Court-Ordered Treatment or Involuntary Holds, identify which of the factor(s) in Step 3 were met for each M/S benefit.*** | ***Step 4(a) Where some but not all benefits in a classification are subject to Exclusions for Court-Ordered Treatment or Involuntary Holds, identify which of the factor(s) in Step 3 were met for each MH/SUD benefit.*** |
| ***Step 4(b) : Identify and define the factors and processes that are used to monitor and evaluate the application of Exclusions for Court-Ordered Treatment or Involuntary Holds for M/S benefits***: | ***Step 4(b) : Identify and define the factors and processes that are used to monitor and evaluate the application of Exclusions for Court-Ordered Treatment or Involuntary Holds for MH/SUD benefits***: |
| ***Step 4(c): Identify and define the factors and processes that are used to monitor and evaluate the application of Exclusions for Court-Ordered Treatment or Involuntary Holds***: | ***Step 4(c): Identify and define the factors and processes that are used to monitor and evaluate the application of Exclusions for Court-Ordered Treatment or Involuntary Holds***: |
| **Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section** |
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| **NQTL: Provider Type Exclusions** |
| **Classification(s):**  |
| **Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding Provider Type Exclusions and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification** |
| ***Step 1(a): Define Provider Type Exclusions***: **“Provider-Type Exclusions” (PT Exclusions) means exclusions of coverage for all covered services by any provider of a licensed healthcare provider type, as the provider type is defined by the Plan, without regard to Member-specific considerations such as the Medical Necessity of the service.** **Provider-Type Exclusions do not include Experimental/Investigational Determinations, Blanket Exclusions of Services, Exclusions for Court-Ordered Treatment or Involuntary Holds, Out-of-Network Coverage Standards, and Geographic Restrictions.** |
| ***Step 1(b): Identify the M/S benefits/services for which Provider Type Exclusions are required***: | ***Step 1(b): Identify the MH/SUD benefits/services for which Provider Type Exclusions are required***: |
| **Step 2 – Identify the factors used to determine that Provider Type Exclusions will apply to mental health or substance use disorder benefits and medical or surgical benefits** |
| ***Step 2: Identify the factors used to determine which M/S benefits are subject to Provider Type Exclusions*** | ***Step 2: Identify the factors used to determine which MH/SUD benefits are subject to Provider Type Exclusions*** |
| **Step 3 – Identify the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply Provider Type Exclusions to mental health or substance use disorder benefits and medical or surgical benefits.** |
| ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for M/S benefits in Step 2*** | ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for MH/SUD benefits in Step 2*** |
| **Step 4 – Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply Provider Type Exclusions to medical or surgical benefits in the benefits classification** |
| ***Step 4(a) Where some but not all benefits in a classification are subject to Provider Type Exclusions, identify which of the factor(s) in Step 3 were met for each M/S benefit.*** | ***Step 4(a) Where some but not all benefits in a classification are subject to Provider Type Exclusions, identify which of the factor(s) in Step 3 were met for each MH/SUD benefit.*** |
| ***Step 4(b) : Identify and define the factors and processes that are used to monitor and evaluate the application of Provider Type Exclusions for M/S benefits***: | ***Step 4(b) : Identify and define the factors and processes that are used to monitor and evaluate the application of Provider Type Exclusions for MH/SUD benefits***: |
| ***Step 4(c): Identify and define the factors and processes that are used to monitor and evaluate the application of Provider Type Exclusions***: | ***Step 4(c): Identify and define the factors and processes that are used to monitor and evaluate the application of Provider Type Exclusions***: |
| **Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section** |
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| **NQTL: Out-Of-Network Coverage Standards** |
| **Classification(s):**  |
| **Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding Out-Of-Network Coverage Standards and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification** |
| ***Step 1(a): Define Out-Of-Network Coverage Standards*:** **“Out-of-Network Coverage Standards” means the standards and processes used by the Plan to authorize coverage for treatments and services delivered by out-of-network providers.** |
| ***Step 1(b): Identify the M/S benefits/services for which Out-Of-Network Coverage Standards is required***: | ***Step 1(b): Identify the MH/SUD benefits/services for which Out-Of-Network Coverage Standards is required***: |
| **Step 2 – Identify the factors used to determine that Out-Of-Network Coverage Standards will apply to mental health or substance use disorder benefits and medical or surgical benefits** |
| ***Step 2: Identify the factors used to determine whether M/S benefits are subject to Out-Of-Network Coverage Standards*** | ***Step 2: Identify the factors used to determine whether MH/SUD benefits are subject to Out-Of-Network Coverage Standards*** |
| **Step 3 – Identify the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply Out-Of-Network Coverage Standards to mental health or substance use disorder benefits and medical or surgical benefits.** |
| ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for M/S benefits in Step 2*** | ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for MH/SUD benefits in Step 2*** |
| **Step 4 – Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply Out-Of-Network Coverage Standards to medical or surgical benefits in the benefits classification** |
| ***Step 4(a) : Identify and define the factors and processes that are used to monitor and evaluate the application of Out-Of-Network Coverage Standards for M/S benefits***: | ***Step 4(a) : Identify and define the factors and processes that are used to monitor and evaluate the application of Out-Of-Network Coverage Standards for MH/SUD benefits***: |
| ***Step 4(b): Identify and define the factors and processes that are used to monitor and evaluate the application of Out-Of-Network Coverage Standards***: | ***Step 4(b): Identify and define the factors and processes that are used to monitor and evaluate the application of Out-Of-Network Coverage Standards***: |
| **Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section** |
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| **NQTL: Geographic Restrictions** |
| **Classification(s):**  |
| **Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding Geographic Restrictions and a description of all mental health or substance use disorder and medical or surgical benefits to which each such term applies in each respective benefits classification** |
| ***Step 1(a): Define Geographic Restrictions***: **“Geographic Restrictions” means coverage limits based only on the geographic location of the provider, such as limits on coverage for treatments and services delivered by out-of-area or out-of-state providers on an in-person (non-telehealth) basis, where such limit is applied differently to MH/SUD providers from the application to M/S providers.****Geographic Restrictions does not include limits on coverage for out-of-network services that are analyzed under the out-of-network benefit classifications for other reported NQTLs.** |
| ***Step 1(b): Identify the M/S benefits/services for which Geographic Restrictions is required***: | ***Step 1(b): Identify the MH/SUD benefits/services for which Outlier Management is required***: |
| **Step 2 – Identify the factors used to determine that Geographic Restrictions will apply to mental health or substance use disorder benefits and medical or surgical benefits** |
| ***Step 2: Identify the factors used to determine whether M/S benefits are subject to Geographic Restrictions*** | ***Step 2: Identify the factors used to determine whether MH/SUD benefits are subject to Geographic Restrictions*** |
| **Step 3 – Identify the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply Geographic Restrictions to mental health or substance use disorder benefits and medical or surgical benefits.** |
| ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for M/S benefits in Step 2*** | ***Step 3: Identify the evidentiary standards and sources applied to the factors listed for MH/SUD benefits in Step 2*** |
| **Step 4 – Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to mental health or substance use disorder benefits, as written and in operation, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply Geographic Restrictions to medical or surgical benefits in the benefits classification** |
| ***Step 4(a) : Identify and define the factors and processes that are used to monitor and evaluate the application of Geographic Restrictions for M/S benefits***: | ***Step 4(a) : Identify and define the factors and processes that are used to monitor and evaluate the application of Geographic Restrictions for MH/SUD benefits***: |
| ***Step 4(b): Identify and define the factors and processes that are used to monitor and evaluate the application of Geographic Restrictions***: | ***Step 4(b): Identify and define the factors and processes that are used to monitor and evaluate the application of Geographic Restrictions***: |
| **Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section** |
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