**NQTL Reporting Submission Form**

**[*Insert NQTL*]**

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

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.

*Simply insert “same as \_\_\_\_” whenever an entry is identical to another entry*

**Inpatient, in-network:**

**Inpatient, out-of-network:**

**Outpatient, in-network:**

**If subclassifications are used**

**Office visit:**

**Outpatient other:**

**Outpatient, out-of-network:**

**If subclassifications are used**

**Office visit:**

**Outpatient other:**

**Emergency:**

**Prescription drug:**

**Step 2: Identify the factors that trigger the application of the NQTL.**

Demonstrate 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.

*Simply insert “same as \_\_\_\_” whenever an entry is identical to another entry*

**Inpatient, in-network:**

**Inpatient, out-of-network:**

**Outpatient, in-network:**

**If subclassifications are used**

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**Step 3: Identify and describe the evidentiary standard for each of the factors identified in step 2 and any other evidence relied upon to design and apply the NQTL.**

Demonstrate 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.

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**Step 4: Provide the comparative analyses used to determine as written comparability and equivalent stringency.**

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.

Additional as written processes may include, but are not limited to, utilization management manuals, utilization review criteria, specific criteria hierarchy for performing utilization review, factors considered when applying utilization review criteria, initial screening scripts and algorithms, case management referral criteria, stipulations about submitting written treatment plans, utilization management committee and/or quality management committee notes, description of processes for identifying and evaluating clinical issues and utilizing performance goals, delegation agreements, network contracting information, factors that determine reimbursement rates, among others.

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

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**Outpatient, in-network:**

**If subclassifications are used**

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**Step 5: Provide the comparative analyses used to determine in operation comparability and equivalent stringency.**

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. In operation processes include, but are not limited to, peer clinical review, telephonic consultations with attending providers, 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, adherence to utilization review criteria and criteria hierarchy, professional judgment used in lieu of utilization review criteria, actions taken when incomplete information is received from attending providers, utilization review decision timeliness, requests of patient medical records, process for sharing all clinical and demographic information on individual patients among various clinical and administrative departments, among others.

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**Outpatient, in-network:**

**If subclassifications are used**

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**Step 6: Summary statement justifying how performing the comparative analyses required by the subsequent steps has led the plan to conclude that it is in compliance.**

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 NQTL on MH/SUD benefits are comparable to and applied no more stringently than the processes, strategies, evidentiary standards, and factors used to impose the NQTL on medical/surgical benefits in each classification of benefits in which the NQTL is imposed.

*Simply insert “same as \_\_\_\_” whenever an entry is identical to another entry*

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**Outpatient, in-network:**

**If subclassifications are used**

**Office visit:**

**Outpatient other:**

**Outpatient, out-of-network:**

**If subclassifications are used**

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**Outpatient other:**

**Emergency:**

**Prescription drug:**