

Plan Name:  
Benefit Plan Design Effective Date:

Benefit Plan Design Identifier:

## Federal Mental Health Parity and Addiction Equity Filing

### Table 5: Non-Quantitative Treatment Limitations

**Submit a separate form for each benefit plan design.**

A. Plan Name:		B. Date:	
C. Contact Name:	D. Telephone Number:	E. Email:	
F. Line of Business (HMO, EPO, POS, PPO):			
G. Contract Type (large group, small group, individual):			
H. Benefit Plan Effective Date:		I. Benefit Plan Design(s) Identifier(s): <sup>1</sup>	

Area	Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits	Explanation
	Summarize the plan's applicable NQTLs, including any variations by benefit.	Summarize the plan's applicable NQTLs, including any variations by benefit.	Describe the processes, strategies, evidentiary standards or other factors used to apply the NQTLs. Explain how the application of these factors is consistent with 45 CFR § 146.136(c)(4). Provide the relevant pages of the documents in which the NQTLs are described <i>and list this documentation on Table 6.</i>
<b>A. Definition of Medical Necessity</b>			
What is the definition of medical necessity?			

<sup>1</sup> Use the same benefit plan design identifier(s) as for Tables 1-4.

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<p><b>B. Prior-authorization Review Process</b></p> <p>Include all services for which prior-authorization is required. Describe any step-therapy or “fail first” requirements and requirements for submission of treatment request forms or treatment plans.</p> <p>Inpatient, In-Network:</p>			
Outpatient, In-Network: Office Visits:			
Outpatient, In-Network: Other Outpatient Items and Services:			
Inpatient, Out-of-Network:			

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Outpatient, Out-of-Network: Office Visits:			
Outpatient, Out-of-Network: Other Items and Services:			
<b>C. Concurrent Review Process</b> , including frequency and penalties for all services. Describe any step-therapy or "fail first" requirements and requirements for submission of treatment request forms or treatment plans.  Inpatient, In-Network:			
Outpatient, In-Network: Office Visits:			
Outpatient, In-Network: Other Outpatient Items and Services:			

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Inpatient, Out-of-Network:			
Outpatient, Out-of-Network: Office Visits:			
Outpatient, Out-of-Network: Other Items and Services:			
<b>D. Retrospective Review Process,</b> including timeline and penalties.  Inpatient, In-Network:			
Outpatient, In-Network: Office Visits:			
Outpatient, In-Network: Other Outpatient Items and Services:			

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Inpatient, Out-of-Network:			
Outpatient, Out-of-Network: Office Visits:			
Outpatient, Out-of-Network: Other Items and Services:			
<b>E. Emergency Services</b>			
<b>F. Pharmacy Services</b>  Include all services for which prior-authorization is required, any step-therapy or "fail first" requirements, any other NQTLs.  Tier 1:			

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Tier 2:			
Tier 3:			
Tier 4:			
<p><b>G. Prescription Drug Formulary Design</b></p> <p>How are formulary decisions made for the diagnosis and medical necessary treatment of medical, mental health and substance use disorder conditions?</p>			
Describe the pertinent pharmacy management processes, including, but not limited to, cost-control measures, therapeutic substitution, and step therapy.			

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<p>What disciplines, such as primary care physicians (internists and pediatricians) and specialty physicians (including psychiatrists) and pharmacologists, are involved in the development of the formulary for medications to treat medical, mental health and substance use disorder conditions.</p>			
<p><b>H. Case Management</b></p> <p>What case management services are available?</p>			
<p>What case management services are required?</p>			
<p>What are the eligibility criteria for case management services?</p>			

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<b>I. Process for Assessment of New Technologies</b>  Definition of experimental/investigational:			
Qualifications of individuals evaluating new technologies:			
Evidence consulted in evaluating new technologies:			



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<b>J. Standards for provider credentialing and contracting</b>			
Is the provider network open or closed?			
What are the credentialing standards for physicians?			
What are the credentialing standards for licensed non-physician providers? Specify type of provider and standards; e.g., nurse practitioners, physician assistants, psychologists, clinical social workers.			
What are the credentialing/contracting standards for unlicensed personnel; e.g., home health aides, qualified autism service professionals and paraprofessionals?			
<b>K. Exclusions for Failure to Complete a</b>			

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<p><b>Course of Treatment</b></p> <p>Does the Plan exclude benefits for failure to complete treatment?</p>			
<p><b>L. Restrictions that limit duration or scope of benefits for services</b></p> <p>Does the Plan restrict the geographic location in which services can be received; e.g., service area, within California, within the United States?</p>			
<p>Does the Plan restrict the type(s) of facilities in which enrollees can receive services?</p>			

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<b>M.</b> Does the Plan restrict the types of provider specialties that can provide certain M/S and/or MH/SUD benefits?			