

Nonquantitative Treatment Limitation (NQTL) Reporting Submission Form

[Insert NQTL]

This NQTL reporting submission form follows the comparative analysis format specified at 42 U.S.C. 300gg-26(a)(8)(A); 29 U.S.C. 1185a(a)(8)(A); 26 U.S.C. 9812(a)(8)(A).

Step 1: Specify the specific Plan or coverage terms or other relevant terms regarding the NQTL, that applies to such Plan or coverage, and provide a description of all mental health or substance use disorder (MH/SUD) and medical or surgical benefits to which the NQTL applies.

FAQ 45 Guidance: [The FAQ 45](#) (Q2, #'s 1 and 2) guidance stipulate that a sufficient analysis should include:

A clear description of the specific NQTL, plan terms, and policies at issue; and

Identification of the specific MH/SUD and medical/surgical benefits to which the NQTL applies within each benefit classification, and a clear statement as to which benefits identified are treated as MH/SUD and which are treated as medical/surgical.

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 all the factors used to determine that the NQTL will apply to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: [The FAQ 45](#) (Q2, #3) guidance stipulates that a sufficient analysis includes:

Identification of any factors, evidentiary standards or sources, or strategies or processes considered in the design or application of the NQTL and in determining which benefits, including both MH/SUD benefits and medical/surgical benefits, are subject to the NQTL. Analyses should explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination.

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 3: Provide 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 the NQTL to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: [The FAQ 45](#) (Q 2, # 4) guidance stipulates that a sufficient response includes:

To the extent the plan or issuer defines any of the factors, evidentiary standards, strategies, or processes in a quantitative manner, it must include the precise definitions used and any supporting sources.

The FAQ 45 guidance (Q 3, # 5) states that the following is insufficient:

Reference to factors and evidentiary standards that were defined or applied

in a quantitative manner, without the precise definitions, data, and information necessary to assess their development or application.

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 4: Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD 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 the NQTLs to medical or surgical benefits.

FAQ 45 Guidance: [The FAQ 45](#) guidance states that the following is appropriate for a sufficient response:

(Q2, #5) The analyses, as documented, should explain whether there is any variation in the application of a guideline or standard used by the plan or issuer between MH/SUD and medical/surgical benefits and, if so, describe the process and factors used for establishing that variation.

(Q 2, # 6) If the application of the NQTL turns on specific decisions in administration of the benefits, the plan or issuer should identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s).

(Q2, #7) If the plan's or issuer's analyses rely upon any experts, the analyses, as documented, should include an assessment of each expert's qualifications and the extent to which the plan or issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and medical/surgical benefits.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 1) Production of a large volume of documents without a clear explanation of how and why each document is relevant to the comparative analysis.

(Q3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

(Q 3, # 3) Identification of processes, strategies, sources, and factors without the required or clear and detailed comparative analysis.

(Q 3, # 4) Identification of factors, evidentiary standards, and strategies without

a clear explanation of how they were defined and applied in practice.

Simply insert "same as ____" whenever an entry is identical to another entry

Inpatient, in-network:

As written:

In operation:

Inpatient, out-of-network:

As written:

In operation:

Outpatient, in-network:

As written:

In operation:

If subclassifications are used

Office visit:

As written:

In operation:

Outpatient other:

As written:

In operation:

Outpatient, out-of-network:

As written:

In operation:

If subclassifications are used

Office visit:

As written:

In operation:

Outpatient other:

As written:

In operation:

Emergency:

As written:

In operation:

Prescription drug:

As written:

In operation:

Step 5: The specific findings and conclusions reached by the Plan or issuer with respect to the health insurance coverage, including any results of the analyses described in the previous steps that indicate that the Plan or issuer is or is not in compliance with the MHPAEA NQTL requirements.

FAQ 45 Guidance: [The FAQ 45](#) guidance states that a sufficient response should include:

(Q 2, # 8) A reasoned discussion of the plan's or issuer's findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above within each affected classification, and their relative stringency, both as applied and as written. This discussion should include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

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:

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