

MHPAEA Summary Form

MHPAEA Summary Form Instructions

The below summary form is prepared to satisfy the requirements of §15-144 (m)(2), Insurance Article, Annotated Code of Maryland. The summary form must be made available to plan members and to the public on the carrier's website.

Confidential and proprietary information must be removed from the summary form. Confidential and proprietary information that is removed from the summary form must satisfy § 15-144(h)(1), Insurance Article, Annotated Code of Maryland.

The MHPAEA Summary Form includes the MHPAEA Data Report.

Carriers must use the terms defined in COMAR 31.10.51 and the *Instructions for MHPAEA NQTL Analysis Report and Data Report* to complete the summary form.

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Under a federal law called the Mental Health Parity and Addiction Equity Act (MHPAEA), National Health Insurance Company must make sure that there is “parity” between mental health and substance use disorder benefits, and medical and surgical benefits. This generally means that financial requirements and treatment limitations applied to mental health or substance use disorder benefits cannot be more restrictive than the financial requirements and treatment limitations applied to medical and surgical benefits. The types of limits covered by parity protections include:

- Financial requirements—such as deductibles, copayments, coinsurance, and out-of-pocket limits; and
- Treatment limitations—such as limits on the number of days or visits covered, or other limits on the scope or duration of treatment (for example, being required to get prior authorization).

National Health Insurance Company has performed an analysis of mental health parity as required by Maryland law and has submitted the required report to the State of Maryland. Below is a summary of that report.

If you have any questions on this summary, please contact Tina Butler at tina.butler@ngic.com.

If you have questions on your specific health plan, please call 866-596-5817.

Overview:

We have identified the five health benefit plans with the highest enrollment for each product we offer in the individual, small, and large group markets, as applicable. These plans contain items called Non-Quantitative Treatment Limitations (NQTLs) that put limits on benefits paid. What these NQTL’s are and how the health plans achieve parity are discussed below.

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This report is specific to our Maryland Short-Term Limited Duration Medical plan.

1. Definition of Medical Necessity

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;

Medically Necessity means care, service or supply that a prudent doctor would provide to a patient for the purpose of preventing, diagnosing or treating an injury or a sickness* or its symptoms in a manner that the attending doctor determines to be:

1. In accordance with generally accepted standards of medical practice;
2. Clinically appropriate in terms of type, frequency, extent, site and duration; and

Not primarily for the convenience of the patient or the doctor.

*Sickness means an illness, complications of pregnancy, mental and nervous disorder, infection, disease or any other abnormal physical condition not caused by an accident.

- B. Identify the factors used in the development of the limitation(s);

All services must be medically necessary to be covered services.

- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;

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The NQTL factors used in developing medical necessity criteria, utilization management criteria, and case management criteria for our short-term limited benefit plan is performed by American Health Holding, Inc. (AHH). The processes applied are identical for both Medical/Surgical and Behavioral Health/Substance Use Disorder.

D. Identify the methods and analysis used in the development of the limitation(s); and

AHH's UR Nurses, the Medical Director and physician reviewers shall adhere to the following review criteria/guideline hierarchy when conducting UM reviews:

1. For all SUD reviews: ASAM criteria - Adult Levels of Care and ASAM criteria - Adolescent Levels of Care criteria shall be used.
2. For ABA Therapy Reviews: Applied Behavioral Analysis (ABA) Medical Necessity Guide shall be used.
3. For BH and/or Med/Surg Reviews: MCG criteria shall be used first. If there are no MCG criteria or if MCG cannot be met, then Aetna CPBs may be used. For cancer-related reviews, the licensed web-based NCCN Guidelines are used where AHH and MCG do not have the necessary content.
4. AHH Internal Guidelines for Exceptions to Standard Review

If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. AHH reserves the right to consult expert opinion in determining whether health care services are medically necessary. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within AHH's sole discretion.

AHH contracts with its Medical Director and a panel of board-certified physicians who must hold active unrestricted license(s). These physicians provide support to the UR Nurses for the purpose of consultation and clinical review of medical necessity determinations.

If the UR Nurse is unable to certify a request because the clinical information received does not meet the review criteria, the case will be referred to the AHH Medical Director who will review the case or refer it to a clinical peer (on the AHH Physician Reviewer Panel or one of the URAC-Accredited contracting IROs) for review.

E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

There is no variance between mental health, substance use disorder, and medical/surgical benefits for clinical rationale used in

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determining medical necessity.

Being sensitive to the individualized nature of the use of clinical judgement in the utilization review process, AHH has implemented robust processes and strategies to further support comparability and stringency analysis in operation. AHH maintains a comparative analysis (conducted by its parent company) of denials rates and average length of stays that demonstrate that on scale, BH/SUD benefits historically have significantly fewer denials per 1,000 admissions and longer average lengths of stays than medical surgical comparable benefits.

For Nurse/Physician Reviewer audits, the intent is to identify both strengths and opportunities for improvement in the delivery of UM services and to measure compliance with URAC standards (which evaluate both BH and medical surgical UM practices). A random sample of UM reviews (for all services) is conducted each month by a staff of three QM Analysts and reported monthly to the Department Heads and quarterly for oversight by the AHH TQM Committee. The goal for each audit is an aggregate audit score of at least 95%. A TQM File Review tool is used to complete the audits. Quantitative and qualitative feedback is provided by the audit process each month via email to the Senior Director of Clinical Services, Medical Director, Department Head, Manager and Supervisor(s) of Clinical Health Services.

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2. Prior Authorization Review Process

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;

Pre-authorization is used to determine whether services are medically necessary. There is no variance between BH, SUD and Med/Surg for prior authorization/precertification requirements. Pre-authorization is required for the following services:

Non-Emergency Confinements

Emergency Confinements

Organ Transplant or Marrow Reconstitution or Support

Skilled Nursing Facility Confinements

Inpatient Rehabilitation Programs

Outpatient Physical Medicine

Outpatient or Day Surgery Procedures

Home Health Care

Durable Medical Equipment

Dental Anesthesia Performed in a Hospital or Free-Standing Ambulatory Surgical Facility

Habilitative Services

Hospice

Lymphedema

Iatrogenic Infertility

Male Sterilization

- B. Identify the factors used in the development of the limitation(s);

AHH's UR Nurses, the Medical Director and physician reviewers shall adhere to the following review criteria/guideline hierarchy when conducting UM reviews:

1. For all SUD reviews: ASAM criteria - Adult Levels of Care and ASAM criteria - Adolescent Levels of Care criteria shall be used.
2. For ABA Therapy Reviews: Applied Behavioral Analysis (ABA) Medical Necessity Guide shall be used.

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3. For BH and/or Med/Surg Reviews: MCG criteria shall be used first. If there are no MCG criteria or if MCG cannot be met, then Aetna CPBs may be used. For cancer-related reviews, the licensed web-based NCCN Guidelines are used where AHH and MCG do not have the necessary content.
4. AHH Internal Guidelines for Exceptions to Standard Review

If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. AHH reserves the right to consult expert opinion in determining whether health care services are medically necessary. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within AHH's sole discretion.

- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;

The NQTL factors used in developing medical necessity criteria, utilization management criteria, and case management criteria for our short-term limited benefit plan is performed by American Health Holding, Inc. (AHH). The processes applied are identical for both Medical/Surgical and Behavioral Health/Substance Use Disorder.

- D. Identify the methods and analysis used in the development of the limitation(s); and

AHH utilizes comparable processes, strategies, evidentiary standards, and other factors to determine NQTL requirements in its medical management process (precertification, concurrent and retrospective review) for all plan services including behavioral health, substance use disorder, medical and surgical. Moreover, these determinants are applied equally and no more stringently to behavioral health and substance use disorder benefits than they are applied to medical and surgical prior authorizations.

- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

Being sensitive to the individualized nature of the use of clinical judgement in the utilization review process, AHH has implemented robust processes and strategies to further support comparability and stringency analysis in operation. AHH maintains a comparative

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analysis (conducted by its parent company) of denials rates and average length of stays that demonstrate that on scale, BH/SUD benefits historically have significantly fewer denials per 1,000 admissions and longer average lengths of stays than medical surgical comparable benefits.

For Nurse/Physician Reviewer audits, the intent is to identify both strengths and opportunities for improvement in the delivery of UM services and to measure compliance with URAC standards (which evaluate both BH and medical surgical UM practices). A random sample of UM reviews (for all services) is conducted each month by a staff of three QM Analysts and reported monthly to the Department Heads and quarterly for oversight by the AHH TQM Committee. The goal for each audit is an aggregate audit score of at least 95%. A TQM File Review tool is used to complete the audits. Quantitative and qualitative feedback is provided by the audit process each month via email to the Senior Director of Clinical Services, Medical Director, Department Head, Manager and Supervisor(s) of Clinical Health Services.

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3. Concurrent Review Process

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;

Concurrent review is utilization review for ongoing health care or for an extension of treatments beyond previously approved health care.

Concurrent review is applicable to both Medical/Surgical and Mental Health/Substance Use Disorder benefits, classifications, and sub-classifications.

- B. Identify the factors used in the development of the limitation(s);

There is no variance between BH, SUD and Med/Surg for concurrent review.

The AHH UR Nurse assigns an approved length of stay based on the severity of the member's condition, and the complexity of treatment and discharge planning.

AHH relies on the following processes and strategies to ensure clinical judgement remains a process/strategy that exceeds the minimum requirements of parity BH/SUD concurrent review frequency determinations:

- Nurse/Physician Reviewer audits
- URAC accreditation
- Monthly TQM Review, and
- Medical Director Quality Review.

- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;

The NQTL factors used in developing medical necessity criteria, utilization management criteria, and case management criteria for concurrent reviews on our short-term limited benefit plan is performed by American Health Holding, Inc. (AHH). The processes applied are identical for both Medical/Surgical and Behavioral Health/Substance Use Disorder.

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- D. Identify the methods and analysis used in the development of the limitation(s); and

AHH utilizes comparable processes, strategies, evidentiary standards, and other factors to determine NQTL requirements in its medical management process (precertification, concurrent and retrospective review) for all plan services including behavioral health, substance use disorder, medical and surgical. Moreover, these determinants are applied equally and no more stringently to behavioral health and substance use disorder benefits than they are applied to medical and surgical concurrent reviews.

- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

Being sensitive to the individualized nature of the use of clinical judgement in the utilization review process, AHH has implemented robust processes and strategies to further support comparability and stringency analysis in operation. AHH maintains a comparative analysis (conducted by its parent company) of denials rates and average length of stays that demonstrate that on scale, BH/SUD benefits historically have significantly fewer denials per 1,000 admissions and longer average lengths of stays than medical surgical comparable benefits.

For Nurse/Physician Reviewer audits, the intent is to identify both strengths and opportunities for improvement in the delivery of UM services and to measure compliance with URAC standards (which evaluate both BH and medical surgical UM practices). A random sample of UM reviews (for all services) is conducted each month by a staff of three QM Analysts and reported monthly to the Department Heads and quarterly for oversight by the AHH TQM Committee. The goal for each audit is an aggregate audit score of at least 95%. A TQM File Review tool is used to complete the audits. Quantitative and qualitative feedback is provided by the audit process each month via email to the Senior Director of Clinical Services, Medical Director, Department Head, Manager and Supervisor(s) of Clinical Health Services.

4. Retrospective Review Process

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;

Retrospective review is utilization review of health care that has already been provided to a member.

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Retrospective review is applicable to both Medical/Surgical and Mental Health/Substance Use Disorder benefits, classifications, and sub-classifications.

B. Identify the factors used in the development of the limitation(s);

AHH's UR Nurses, the Medical Director and physician reviewers shall adhere to the following review criteria/guideline hierarchy when conducting UM reviews:

1. For all SUD reviews: ASAM criteria - Adult Levels of Care and ASAM criteria - Adolescent Levels of Care criteria shall be used.
2. For ABA Therapy Reviews: Applied Behavioral Analysis (ABA) Medical Necessity Guide shall be used.
3. For BH and/or Med/Surg Reviews: MCG criteria shall be used first. If there are no MCG criteria or if MCG cannot be met, then Aetna CPBs may be used. For cancer-related reviews, the licensed web-based NCCN Guidelines are used where AHH and MCG do not have the necessary content.
4. AHH Internal Guidelines for Exceptions to Standard Review

C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;

The NQTL factors used in developing medical necessity criteria, utilization management criteria, and case management criteria for retrospective reviews on our short-term limited benefit plan is performed by American Health Holding, Inc. (AHH). The processes applied are identical for both Medical/Surgical and Behavioral Health/Substance Use Disorder.

D. Identify the methods and analysis used in the development of the limitation(s); and

AHH utilizes comparable processes, strategies, evidentiary standards, and other factors to determine NQTL requirements in its medical management process (precertification, concurrent and retrospective review) for all plan services including behavioral health, substance use disorder, medical and surgical. Moreover, these determinants are applied equally and no more stringently to behavioral health and substance use disorder benefits than they are applied to medical and surgical retrospective reviews.

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- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

Being sensitive to the individualized nature of the use of clinical judgement in the utilization review process, AHH has implemented robust processes and strategies to further support comparability and stringency analysis in operation. AHH maintains a comparative analysis (conducted by its parent company) of denials rates and average length of stays that demonstrate that on scale, BH/SUD benefits historically have significantly fewer denials per 1,000 admissions and longer average lengths of stays than medical surgical comparable benefits.

For Nurse/Physician Reviewer audits, the intent is to identify both strengths and opportunities for improvement in the delivery of UM services and to measure compliance with URAC standards (which evaluate both BH and medical surgical UM practices). A random sample of UM reviews (for all services) is conducted each month by a staff of three QM Analysts and reported monthly to the Department Heads and quarterly for oversight by the AHH TQM Committee. The goal for each audit is an aggregate audit score of at least 95%. A TQM File Review tool is used to complete the audits. Quantitative and qualitative feedback is provided by the audit process each month via email to the Senior Director of Clinical Services, Medical Director, Department Head, Manager and Supervisor(s) of Clinical Health Services.

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5. Emergency Services

There are no additional NQTLs that are applicable to emergency services, but which are not separately reported under one of the other NQTL categories. Therefore, this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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6. Pharmacy Services

Our short-term limited duration plan sold in Maryland does not include prescription drug coverage. Therefore, this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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7. Prescription Drug Formulary Design

Our short-term limited duration plan sold in Maryland does not include prescription drug coverage. Therefore, this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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8. Case Management

The Case Management Services available include:

- Maternity
- Medical
- Neonatology/Peds
- Oncology
- Psych/SA
- Rehabilitation
- Transplant

Case Management is not required.

The eligibility for case management services is defined by a trigger diagnosis list.

There are no other NQTLs associated with this process that are not already reported under the other NQTL categories, therefore the rest of this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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9. Process for Assessment of New Technologies

Experimental/Investigative means a drug, device or medical care or treatment will be considered *Experimental/ Investigative* if:

1. The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration, and approval for marketing has not been given at the time the drug or device is furnished;
2. Either the drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;

AHH uses the Aetna Clinical Policy Bulletins, which are reviewed on an annual basis, to assess new technologies.

There are no other NQTLs associated with this process that are not already reported under the other NQTL categories, therefore the rest of this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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10. Standards for Provider Credentialing and Contracting

Our short-term limited duration plan sold in Maryland is not a network plan and therefore this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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11. Exclusions for Failure to Complete a Course of Treatment

Our short-term limited duration plan sold in Maryland does not have exclusions for failure to complete a course of treatment. Therefore, this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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12. Restrictions that Limit Duration or Scope of Benefits for Services

Our short-term limited duration plan will not pay for expenses incurred outside the United States or its possessions or Canada. This restriction applies to both medical/surgical and MH/SUD benefits. There are no other NQTLs associated with this restriction that are not already reported under the other NQTL categories, therefore this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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13. Restrictions for Provider Specialty

Our short-term limited duration plan sold in Maryland is not a network plan and therefore this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.

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14. Reimbursement for INN Providers, OON Providers, INN Facilities, OON Facilities (separately)

Our short-term limited duration plan sold in Maryland is not a network plan and therefore this section is not applicable.

- A. Provide the specific plan language for each NQTL in the above defined category and identify the medical/surgical and mental health and/or substance use disorder benefits to which it applies;
- B. Identify the factors used in the development of the limitation(s);
- C. Identify the sources (including any processes, strategies, or evidentiary standards) used to evaluate the factors identified above;
- D. Identify the methods and analysis used in the development of the limitation(s); and
- E. Provide any evidence and documentation to establish that the limitation(s) is applied no more stringently, as written and in operation, to mental health and substance use disorder benefits than to medical and surgical benefits.