Exhibit A
Annual Mental Health and Substance Use Benefits Compliance Report
Non-Quantitative Treatment Limitations

Carrier Information
A. Insurer Name: [Redacted]
B. Date: 3/2/2021
C. Contact Name: [Redacted]
D. Telephone Num: [Redacted]
E. Email: [Redacted]

Part 1.
Providing a description of process used to develop and select criteria used to select Medical Necessity Criteria and a description of all the NQTL's applied to Mental Health, Substance Use Disorders and Medical/Surgical Benefits;

| Description of All NQTL's & All Medical Necessity Criteria Used & Developed Under Each Benefit Category |
|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| **Non-Quantitative Treatment Limitations** | **Medical Necessity Criteria Used & Developed** | **Medical Necessity Criteria Used & Developed** |
| **Mental Health** | **Substance Use Disorder** | **Medical/Surgical** |
| Pre-Authorization & on-going Auth. Review process: | Pre-certification: Concurrent review | Pre-certification: Concurrent review | Pre-certification: Concurrent review |
| Concurrent Review Process: | Concurrent Review | Concurrent Review | Concurrent Review |
| Retrospective Review Process: | Retrospective review | Retrospective review | Retrospective review |

The process for selecting and implementing criteria for medical necessity is based on a comprehensive review of the medical literature and other sources of information, including the safety and effectiveness of medical and behavioral health services, therapies, procedures, devices, technologies, and pharmaceuticals. The process involves the following steps:

1. **Pre-Authorization & on-going Auth. Review process:**
   - Pre-certification: Concurrent review
   - Pre-certification: Concurrent review
   - Pre-certification: Concurrent review

2. **Concurrent Review Process:**
   - Concurrent Review
   - Concurrent Review
   - Concurrent Review

3. **Retrospective Review Process:**
   - Retrospective review
   - Retrospective review
   - Retrospective review

The process uses evidence-based assessments of the medical literature and other sources of information to determine the safety and effectiveness of mental health, substance use disorder, and medical/surgical services. The process involves the following steps:

1. **Pre-Authorization & on-going Auth. Review process:**
   - Pre-certification: Concurrent review
   - Pre-certification: Concurrent review
   - Pre-certification: Concurrent review

2. **Concurrent Review Process:**
   - Concurrent Review
   - Concurrent Review
   - Concurrent Review

3. **Retrospective Review Process:**
   - Retrospective review
   - Retrospective review
   - Retrospective review

The process is designed to ensure that the criteria for medical necessity are applied consistently and fairly, and that the selection of criteria is based on the best available scientific evidence. The process involves the following steps:

1. **Pre-Authorization & on-going Auth. Review process:**
   - Pre-certification: Concurrent review
   - Pre-certification: Concurrent review
   - Pre-certification: Concurrent review

2. **Concurrent Review Process:**
   - Concurrent Review
   - Concurrent Review
   - Concurrent Review

3. **Retrospective Review Process:**
   - Retrospective review
   - Retrospective review
   - Retrospective review

The process is intended to promote the safe, effective, and efficient delivery of mental health, substance use disorder, and medical/surgical services to beneficiaries.
<table>
<thead>
<tr>
<th>Network Adequacy, provider network standards and reimbursement rates</th>
<th>None</th>
<th>None</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum requirements for credentialing include a completed signed and dated application, a completed, signed and dated authorization and release form (if not included in the application form), documented work history for the past 5 years (initial certified only), current unrestricted license to practice medicine, current unrestricted DEA certificate (if applicable), current unrestricted medical license (if applicable), Board Certification (if applicable), verifiable education/training (if not board certified), unrestricted admitting privileges to at least one participating hospital if applicable, current professional liability insurance with required minimum coverage, acceptable history of professionalism and related experience, acceptable history related to all types of disciplinary action by any hospital and health care institution and any licensing, regulatory or other professional organization.</td>
<td>None</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>The provider continues to be in good standing with state and federal regulatory bodies at the time of initial credentialing, recredentialing and in between cycles, and, if applicable, reviewed and approved by an accrediting body.</td>
<td>None</td>
<td>None</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusions for failure to complete course of treatment</th>
<th>None</th>
<th>None</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network controls all network contracting, it creates all network rates and reimbursements and determines the allowable costs for each claim. It has no input on network rates and reimbursements.</td>
<td>None</td>
<td>None</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restrictions that limit duration or scope of benefits for services</th>
<th>None</th>
<th>None</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Reasonable distance” has specified definitions depending on the member’s location in an urban, suburban or rural area, based on mileage and/or travel time.</td>
<td>None</td>
<td>None</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Part 3.

Disclosing a results analysis of all evidentiary standards, processes, strategies and other factors used in the development and qualification of each criteria used in the assessment of Medical Necessity and each NQTI applied under Mental Health, Substance Use Disorder and Medical/Surgical Benefits. Identifying any and all evidentiary standards and which are qualitative or quantitative in nature.

Table: Evidentiary Standards and Criteria

<table>
<thead>
<tr>
<th>Method for determining usual, customary and reasonable charges</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
</table>

Note: These criteria are based on the NQTI, the NQTI inpatient, and the NQTI outpatient criteria. The criteria are developed and reviewed by the NQTI Committee. The NQTI Committee is composed of medical professionals, including medical directors, pharmacists, and other healthcare providers. The criteria are updated annually to reflect changes in medical practice and technology.

Part 3.

Provide all NQTI. Comparative Analyses and results both "As-Written" and "In-Operation" (actual outcomes experienced from each NQTI) between MH, SUD and Med/Surg benefits, demonstrating that the Mental Health and Substance Use Disorder benefit practices are comparable and being applied no more stringently than to the equivalent Medical/Surgical benefits. Please ensure this summary includes all six (6) classifications: (1) In-Patient/MH (2) Out-Patient/MH (3) In-Patient/SUD (4) Out-Patient/SUD (5) Emergency Services (6) Pharmacy Services.
has reviewed policies related to MH/SUD and medical/surgical services to ensure that NOCTIs imposed on MH/SUD services are no more stringent than those applied to medical/surgical services, as written and in operation. Consistent with the NOCTI requirement for comparability/configurability, has confirmed that all the M/S services that meet the criteria for inclusion on the prior authorization or concurrent review list are included on such lists, and that all of the MM/SUD services included on the lists meet the criteria for inclusion.

"Use and Application of Medical Necessity Considerations" policy outlines our process for monitoring consistent utilization review pertaining to mental health and substance use disorder levels of care ensuring they are clinically appropriate and consistent. To ensure consistency of review, cases/encounters are selected for Medical Directors to participate in an inter-rater reliability (IRR) testing. The results of IRR activity are aggregated and reporting is produced that includes the percentage of participation in the IRR activity, the percentage of consensus regarding the application of criteria, rationale, benefits information, and information. The results report is reviewed and discussed to identify root causes of inconsistencies and opportunities to improve the medical review process. The application of criteria and increase consensus in medical decisions-making over time. Annually, IRR results and evaluated to develop and action plan and goals for the upcoming year.

In the past year, also conducted an actual review of a randomized representative sample of denial for both M/S and MH/SUD utilization review requests. Approximately 40 cases were reviewed. The findings of the review are summarized as follows:

• All M/S cases were reviewed by a peer reviewer prior to issuing a denial. This mandatory peer reviewer requirement applies to M/S cases, affords a more advantageous review process to M/S providers as compared to M/S providers, ensures that any denial is preceded by a peer-to-peer review not always offered to M/S providers.

• The type of care/service and reviewed by both medical/surgical and MH/SUD reviewers was appropriate and consistent for the particular review.

• Both medical/surgical and MH/SUD reviewers consistently adhered to clinical guidelines and coverage policies when rendering an adverse determination.

The reviewers noted the care review, as well as the IRR process, concluded that utilization review was being applied in operation, in a comparable and no more stringent manner for mental health/substance use disorder services as compared to medical/surgical services.

Regarding NOCTIs under the prescription drug benefit, performed analysis to determine that the processes and strategies used to design each NOCTI, written and in operation, for mental health/substance use disorder benefits are comparable to, and applied no more stringently than, the same for medical/surgical benefits. The first analysis included sampling a selection of criteria specific to drugs used to treat medical, mental health, and substance use disorder conditions. The sample included all eight criteria that apply to drugs used to treat mental health and substance use disorders for ten examples of criteria that apply to drugs used to treat medical conditions.

The second analysis reviewed the criteria for coverage limited to certain diagnoses and other areas that would post parity concerns. The goal of this analysis was to determine if there were differences in requirements that applied to drugs used to treat medical conditions compared to drugs used to treat mental health and substance use disorder conditions. The analysis concluded that the same categories of requirements applied to both sets of drugs. The second analysis focused on prior authorization and appeals denial rates and turnaround times. These metrics were compared for reasons pertaining to drugs used to treat medical conditions compared to drugs used to treat mental health and substance use disorders.

No significant differences or concerns were identified. The third analysis aimed to confirm that NOCTIs were applied consistently across classes of drugs used to treat medical conditions compared to classes of drugs used to treat mental health and substance use disorders. Reviewed all general therapeutic classes covered under the formulary to determine that there are not any classes of drugs to which NOCTIs apply to all drugs under the class. One finding was that quantity limits apply to all medications within the smoking cessation class, but there were no parity concerns due to a similar quantity limit across all opioids to prevent abuse. The other finding was that there is an age limit of 18 years old on all drugs under the smoking cessation class; however, determined that this was encourage because smoking cessation products are not FDA approved or indicated for use by patients under the age of 18.

Part 4.

Disclose in accordance with 42 CFR 477.3(b)(3)(i)(C)

See the results of the analyses described in Part 2 above.

Regarding operational parity compliance of all benefits except the prescription drug benefits, has confirmed that its utilization management programs are applied comparably, and no more stringently, to MH/SUD benefits as compared to M/S benefits. While disparate outcomes of applying an NOCTI to MH/SUD and M/S benefits do not necessarily evidence non-compliance, comparable outcomes like those described above can offer evidence of compliance with the NOCTI requirement and support the conclusion that its application of utilization management NOCTIs to MH/SUD benefits complies with the NOCTI requirement.

Regarding operational parity compliance under the prescription drug benefit, has confirmed that its analyses indicate that the issuer is in compliance with this Directive and the Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations.

Part 5.

CERTIFICATION

The following Certification must be completed by an officer of the company.

I, (Printed Name) ______________________________ (Title of Officer) ______________________________

of ______________________________ (Company) ______________________________ hereby acknowledge that the information that is set forth

has provided is true and accurate on this _______ day of ________, 2021 and that he/she has the authority to execute such instrument.

Signature of Corporate Officer ______________________________

(printed name) ______________________________