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; see attached - Table 5

Part 2.
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 NQTL 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. If there are no evidentiary standards being applied to support a specific criteria or factor, please provide a clear description of that criteria or factor; see attached - Table 5

Part 3.
Provide all NQTL Comparative Analyses and results both "As-Written" and "In-Operation" (actual outcomes experienced from each NQTL) between MH, SUD and Med/MedSurg 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 that this summary includes all Six (6) Classifications: (1) In-Patient/INN (2) Out-Patient/INN (3) In-Patient/ODN (4) Out-Patient/ODN (5) Emergency Services (6) Pharmacy Services.
*Note: The MHPAEA regulation states, “Disparate results alone do not mean that the NQTLs in use do not comply with these requirements.” 79 Fed. Reg. 68240, 68245.

Part 4.
Disclose information to sufficiently demonstrate consistent compliance with Sec. 38a-477ee(b),(3),(E)

Part 5.
CERTIFICATION

THE FOLLOWING CERTIFICATION MUST BE COMPLETED BY AN OFFICER OF THE COMPANY

I hereby acknowledge that the information that he/she has provided is true and accurate on this first day of March, 2021 and that he/she has the authority to execute such instrument.

Signature of Corporate Officer

[Printed Name]

[Title of Officer]

[Company]