

## Nonquantitative Treatment Limitation (NQTL) Reporting Submission Form

[Latest update DATE]

- *Name, title, and position of persons who performed or participated in the comparative analysis*
- *Name, title, and position of persons who performed or participated in the comparative analysis*
- *Name, title, and position of persons who performed or participated in the comparative analysis*

<b>NQTL Type:</b>	
<b>Classification(s):</b>	
<b>Step 1 – Identify the specific plan or coverage terms or other relevant terms regarding the NQTL and a description of all mental health (MH) or substance use disorder (SUD) and medical or surgical benefits (M/S) to which each such term applies in each respective benefits classification</b> <ul style="list-style-type: none"> <li>• <i>Provide a clear description of the specific NQTL, plan terms, and policies at issue</i></li> <li>• <i>Identify which M/S and MH/SUD benefits are subject to the NQTL</i></li> </ul>	
<i>Step 1(a): Provide a clear description of the specific NQTL, plan terms, and policies at issue:</i>	
<i>Step 1(b): Identify the M/S benefits/services for which the NQTL is required:</i>	<i>Step 1(b): Identify the MH/SUD benefits/services for which the NQTL is required:</i>
<b>Step 2 – Identify the factors used to determine that the NQTL will apply to mental health or substance use disorder benefits and medical or surgical benefits. Include factors that were identified but ultimately rejected.</b>	

<b>Medical/Surgical:</b>	<b>MH/SUD:</b>
<p><b>Step 3 – Identify the evidentiary standards used in selecting the factors identified in Step 2, when applicable. Define every factor, and include any other source or evidence relied upon to design and apply the NQTL to mental health or substance use disorder benefits and medical or surgical benefits.</b></p> <ul style="list-style-type: none"> <li><i>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.</i></li> <li><i>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.</i></li> </ul>	
<b>Medical/Surgical:</b>	<b>MH/SUD:</b>
<p><b>Step 4 – Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to mental health or substance use disorder 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 in the benefits classification.</b></p> <ul style="list-style-type: none"> <li><i>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.</i></li> <li><i>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).</i></li> <li><i>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.</i></li> </ul>	
<b>Medical/Surgical:</b>	<b>MH/SUD:</b>

**Step 5 – Provide the specific findings and conclusions reached by the group health plan or health insurance issuer with respect to the health insurance coverage, including any results that indicate that the plan or coverage is or is not in compliance with this section**

- *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*