Supplemental Information - A

Filing Guidance 2025-O – Annual Mental Health Parity Compliance Certifications

I. GENERAL INSTRUCTIONS

Health Insurance Carriers (Carriers) are to submit the information and documentation contained within this Filing Guidance via an Informational Filing within the System for Electronic Rate and Form Filings (SERFF). The SERFF submission is due by **July 1, 2025** and covers the reporting period of January 1, 2024 through December 31, 2024. No filing fee is required for the SERFF submission. The submission will be submitted within the "Supporting Documentations" tab within SERFF. Within this tab, carriers are asked to create separate entries for each of the different documents/templates described below.

A checklist will be distributed for carriers to use to ensure that all materials have been included and submitted in their SERFF filing. This checklist can be submitted in the Checklist entry within the Supporting Documentation tab.

Carriers are to submit a Certification of Compliance, to be signed by the carrier's Chief Executive Officer and Chief Medical Officer. ***Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes this certification.***

Please note that for the following Section II items, it is NOT necessary to create separate entries for EACH separate NQTL category.

II. M.G.L. CHAPTER 26, SECTION 8M

According to M.G.L. c. 26, section 8M, carriers are to submit the following information:

(i) the specific plan or coverage terms or other relevant terms regarding the nonquantitative treatment limitations and a description of all mental health and substance use disorder benefits and medical and surgical benefits to which each term applies in each respective benefits classification; provided, however, that the nonquantitative treatment limitations shall include the processes, strategies, evidentiary standards or other factors used to develop and apply the carrier's reimbursement rates for mental health and substance use disorder benefits and medical and surgical benefits in each respective benefits classification;

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(ii) the factors used to determine that the nonquantitative treatment limitations will apply to mental health and substance use disorder benefits and medical and surgical benefits;

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(iii) the evidentiary standards used for the factors identified in clause (ii), when applicable, and any other source or evidence relied upon to design and apply the nonquantitative treatment limitations to mental health and substance use disorder benefits and medical and surgical benefits; provided, however, that every factor shall be defined;

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(iv) a comparative analysis demonstrating that the processes, strategies, evidentiary standards and other factors used to apply the nonquantitative treatment limitations to mental health and 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 nonquantitative treatment limitations to medical and surgical benefits in the benefits classification;

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

Please note that the above comparative analysis is required for the following nonquantitative treatment limitation categories:

Prior authorization, concurrent review, retrospective review, step-therapy, network admission standards, reimbursement rates and geographic restrictions

(v) the specific findings and conclusions reached by the carrier with respect to health insurance coverage, including any results of the analysis described in clause (iv) that indicate whether the carrier is in compliance with this section and the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, as amended, and any federal guidance or regulations relevant to the act, including, but not limited to, 45 CFR Part 146.136, 45 CFR Part 147.160 and 45 CFR Part 156.115(a)(3);

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(vi) the number of requests for parity documents received under 29 CFR 2590.712(d)(3) or 45 CFR 146.136(d) (3) and the number of any such requests for which the plan refused, declined or was unable to provide documents;

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(vii) the additional information, if any, that a carrier is required to provide under 42 U.S.C. 300gg-26(a)(8)(B)(ii);

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(viii) any other data or information the commissioner deems necessary to assess a carrier's compliance with mental health parity requirements.

For this section (viii), please submit the information as follows:
M.G.L. c. 26, Section 8M requires certain data to be collected on an annual basis. The Division will continue to work with carriers to ensure that carriers' IT systems will be able to produce the information starting with Calendar Year 2025, due July 1, 2026.

For CY 2024, please submit data as follows:

1. Please use the Excel Template [MHP_Request Data_Template_07012025] to complete the data for calendar year 2024.

2. Please ensure that:
    i. The reported information is only for requests for services for fully insured members.

ii. The reported information is only for requests for services for persons covered under insured health plans that were issued or renewed within Massachusetts.
iii. The reported information does not include requests for prescription medications.

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

III. *RESPONSES TO CHAPTER 110 OF THE ACTS OF 2017*

Chapter 110 of the Acts of 2017 requires that Carriers certify whether their coverage includes the following mental health home-based and community-based services for a child. Each Carrier must include a certification using the Excel template ***[MHP Template 2024_Chapter 110].***

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

(i) Intensive care coordination for a child with a serious emotional disturbance;[3]
service that facilitates care planning and coordination that provides a single point of accountability for assessment, and developing and implementing a plan of care ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and ethnically, culturally, and linguistically relevant manner, and includes, but is not limited to, the following services[4]:

- Comprehensive home-based assessment
- Care Planning Team (CPT) meetings
- Individual Care Plans (ICP)
- Risk management/safety plan(s)
- Care coordination, including:
  - Links and referrals for supports and services
  - Assistance with systems navigation
  - Collateral contacts (phone and face-to-face)
  - Direct time with providers (e.g., attendance at IEP, hospital discharge, and other meetings)
  - Aftercare planning
- Education, advocacy and support to youth and parent(s)/caregiver(s)
- Individualized and family-driven interventions and/or supports for the youth and parent/caregiver
- Regular contact with youth and parent/caregiver
- Telephone support for youth and parent/caregiver
- 24/7 crisis monitoring and assistance in accessing ESP/MCI services

3 For further reference, please see Massachusetts Behavioral Health Partnership at: Children's Behavioral Health Initiative
4 For further reference, please see Massachusetts Behavioral Health Partnership at: Children's Behavioral Health Initiative

- Member transportation provided by staff
- Member outreach (up to 30 minutes)
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications)

Please certify whether your organization covers these services. If your organization does not cover these services as described above, please identify what services are covered and what is not covered.

(ii) Mobile crisis intervention;

"Mobile crisis intervention", a short-term, mobile, on-site, face-to-face therapeutic response service that is available 24 hours a day, 7 days a week to a child experiencing a behavioral health crisis to identify, assess, treat and stabilize a situation and reduce the immediate risk of danger to the child or others; provided, however, that the intervention shall be consistent with the child's risk management or safety plan, if any.

Please certify whether your organization covers this service. If your organization does not cover this service as defined, please identify what services are covered and what is not covered.

(iii) Family support and training;

"Family support and training", a service provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs and to parent; provided, however, that such service shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting.

Please certify whether your organization covers this service. If your organization does not cover this service as defined, please identify what services are covered and what is not covered.

(iv) In-home therapy;

"In-home therapy", therapeutic clinical intervention or ongoing training and therapeutic support; provided however, that the intervention or support shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting.

Please certify whether your organization covers this service. If your organization does not cover this service as defined, please identify what services are covered and what is not covered.

(v) Therapeutic mentoring services; and

"Therapeutic mentoring services", services provided to a child designed to support age-appropriate social functioning or to ameliorate deficits in the child's age-appropriate social functioning; provided, however, that such services may include supporting, coaching and training the child in age-appropriate behaviors, interpersonal communication, problem solving, conflict resolution and relating appropriately to other children and adolescents and to adults in recreational and social activities; and provided further, that such services shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting.

Please certify whether your organization covers this service. If your organization does not cover this service as defined, please identify what services are covered and what is not covered.

(vi) <u>In-home behavioral services.</u>

"In-home behavioral services", a combination of behavior management therapy and behavior management monitoring; provided, however, that such services shall be provided where the child resides, including in the child's home, a foster home, a therapeutic foster home or another community setting.

Please certify whether your organization covers this service. If your organization does not cover this service as defined, please identify what services are covered and what is not covered.

In addition, please note that the following terms are also defined in Section 23 of Chapter 110 of the Acts of 2017 and are restated below.

"Child", a person under the age of 21.

"Behavior management monitoring", monitoring of a child's behavior, the implementation of a behavior plan and reinforcing implementation of a behavior plan by the child's parent or other caregiver.

"Behavior management therapy", therapy that addresses challenging behaviors that interfere with a child's successful functioning; provided, however, that "behavior management therapy" shall include assessment, development of a behavior plan and supervision and coordination of interventions to address specific behavioral objectives or performance, including the development of a crisis-response strategy; and provided further, that "behavior management therapy" may include short-term counseling and assistance.

"Ongoing therapeutic training and support", services that support implementation of a treatment plan pursuant to therapeutic clinical intervention that shall include, but not be limited to, teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations and assisting the family in supporting the child and addressing the child's emotional and mental health needs.

“Therapeutic clinical intervention”, intervention that shall include: (i) a structured and consistent therapeutic relationship between a licensed clinician and a child and the child’s family to treat the child’s mental health needs, including improvement of the family’s ability to provide effective support for the child and promotion of healthy functioning of the child within the family; (ii) the development of a treatment plan; and (iii) using established psychotherapeutic techniques, working with the family or a subset of the family to enhance problem solving, limit setting, communication, emotional support or other family or individual functions.

IV. FEDERAL SELF-COMPLIANCE TOOL FOR THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA)

Please review the Federal Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA). All carriers are required to respond to each of the 8 listed questions using the Federal Self-Compliance Tool document. In doing so, carriers are required to follow each of the analyses indicated for each question. Carriers will be required to certify that all analyses in the tool were used in determining the answer to each question.

Please create a separate entry within the Supporting Documentation tab of your SERFF filing that includes the information requested above.

Please note that any documents/templates that are referenced within this Filing Guidance Notice as needing to be completed and/or filled out will be distributed separately to each carrier.

Supplemental Information B
Review of Plan Benefits or Coverage Terms

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
4 Ever Life Insurance Company	Inpatient Care: • Acute Inpatient • Subacute Inpatient (i.e., skilled nursing care) • Inpatient Hospital Physician Consultation • Inpatient Professional Services • Inpatient Hospice	Office visits: • Preventive Wellness Exams • Outpatient PCP Office Visits • Outpatient Specialist Office Visits • Telehealth/ Telemedicine Services Med/Surg All Other Outpatient Services Include: • Outpatient Facility • Outpatient Surgery • Outpatient Professional Services • Outpatient non-office preventive services/ screenings (i.e., mammograms, colonoscopies, etc.) • Radiology • Advanced Radiology (i.e., MRI, CY, PET) • Home Health Care • Outpatient Hospice • Speech Therapy	Inpatient Care: • Acute Inpatient • Subacute Inpatient (i.e., residential treatment) • Inpatient Hospital Physician Consultation • Inpatient Professional Services	Office visits: • Individual, family and group psychotherapy • Medication Management Services • Telepsychiatry Services MH/SUD All Other Outpatient Services Include: • Partial Hospitalization • Intensive Outpatient Programs • Applied Behavioral Analysis • Repetitive Transcranial Magnetic Stimulation • Ambulatory Detoxification • Outpatient Electroconvulsive Therapy (ECT) • Psychological Testing • Ambulance

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
Aetna Health Inc. (PA)	-Hospice care -Hospital care -Maternity and related newborn care Skilled nursing facility (SNF)	-PCP/Physician -Preventive care services -Specialist Telemedicine -Urgent Care Walk-in clinics	- -Hospital care -Residential treatment facility (RTF)	-Physician -Specialist -Telemedicine -Urgent care -Walk-in clinics
Aetna Health Insurance Company	-Hospice care -Hospital care -Maternity and related newborn care Skilled nursing facility (SNF)	-PCP/Physician -Preventive care services -Specialist Telemedicine -Urgent Care Walk-in clinics	- -Hospital care -Residential treatment facility (RTF)	-Physician -Specialist -Telemedicine -Urgent care -Walk-in clinics
Aetna Life Insurance Company	-Hospice care -Hospital care -Maternity and related newborn care Skilled nursing facility (SNF)	-PCP/Physician -Preventive care services -Specialist Telemedicine -Urgent Care Walk-in clinics	-Hospital care -Residential treatment facility (RTF)	-Physician -Specialist -Telemedicine -Urgent care -Walk-in clinics

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	Emergent Inpatient-Notification only • Non-Emergent Inpatient Hospital services • Long Term Acute Care (LTAC) services • Rehabilitation Facility Services • Skilled Nursing Facility (SNF) services • Ambulance Services • Gene Therapy/Orphan Drugs • Inpatient Surgeries • Organ Transplants	Ambulance Services • Assisted Reproductive Technologies (IVF) • Chiropractic Therapy • Gene Therapy/Orphan Drugs • Genetic Testing • Neuropsychological testing • Outpatient non-surgical Procedures • Outpatient Surgical Procedures • Short term rehabilitation (STR) Home Health Services/Occupational Therapy/Physical Therapy • Radiation Therapy • Radiology Imaging • Sleep Management • Urine Drug Testing (UDT)	Emergent Inpatient-notification only • Non-Emergent Inpatient Hospital Services • Crisis Stabilization Bed (CSB) • Residential Treatment Center Services (RTC/ART) • Zulresso Infusions	• Applied Behavior Analysis • Genetic Testing • Intensive Community-Based Treatment (ICBT)-Children & Adolescent • Intermediate levels of care (ILOC) – Partial Hospital Program (PHP)/Intensive Outpatient Program (IOP)/Family Stabilization Team (FST) • Ketamine/ Esketamine • Psychological Testing • Transcranial Magnetic Stimulation (TMS) • Urine Drug Testing (UDT)

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
Blue Cross and Blue Shield of Massachusetts, Inc.	Emergent Inpatient-Notification only • Non-Emergent Inpatient Hospital services • Long Term Acute Care (LTAC) services • Rehabilitation Facility Services • Skilled Nursing Facility (SNF) services • Ambulance Services • Gene Therapy/Orphan Drugs • Inpatient Surgeries • Organ Transplants	Ambulance Services • Assisted Reproductive Technologies (IVF) • Chiropractic Therapy • Gene Therapy/Orphan Drugs • Genetic Testing • Neuropsychological testing • Outpatient non-surgical Procedures • Outpatient Surgical Procedures • Short term rehabilitation (STR) Home Health Services/Occupational Therapy/Physical Therapy • Radiation Therapy • Radiology Imaging • Sleep Management • Urine Drug Testing (UDT)	Emergent Inpatient-notification only • Non-Emergent Inpatient Hospital Services • Crisis Stabilization Bed (CSB) • Residential Treatment Center Services (RTC/ART) • Zulresso Infusions	• Applied Behavior Analysis • Genetic Testing • Intensive Community-Based Treatment (ICBT)-Children & Adolescent • Intermediate levels of care (ILOC) – Partial Hospital Program (PHP)/Intensive Outpatient Program (IOP)/Family Stabilization Team (FST) • Ketamine/ Esketamine • Psychological Testing • Transcranial Magnetic Stimulation (TMS) • Urine Drug Testing (UDT)

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
Boston Medical Center HealthNet Plan, d/b/a WellSense Health Plan	The Plan requires prior authorization for elective admissions to acute care, post-acute care, or custodial level of care.	Prior Authorization is performed for the following: • All home health care services • Outpatient rehabilitation services (PT, OT, ST) • Select outpatient procedures • Select outpatient services • Durable Medical Equipment • High Tech Radiology (non-emergent outpatient, excluding those associated with observation or emergency department visits) • Most genetic testing	Prior authorization applies to: Community Based Acute Treatment (CBAT)/Intensive Community Based Acute Treatment (ICBAT), Inpatient Mental Health, Inpatient ECT.	Prior Authorization applies to the following Behavioral Health outpatient services/benefits: ABA, TMS, Partial Hospitalization Services; CBHI services
Cigna Health and Life Insurance Company	Acute Inpatient Services; Subacute Inpatient Services, i.e. Skilled Nursing Care, physical rehabilitation hospitals, etc.; Inpatient Professional Services.	Advanced imaging services (e.g., CT scans, PET scans, MRIs, diagnostic cardiology) Certain outpatient surgical procedures Certain cardiology procedures Clinical trials	Mental Health Acute Inpatient Services; Mental Health Subacute Residential Treatment; Mental Health Inpatient Professional Services; SUD Acute	Partial Hospitalization Applied Behavior Analysis (ABA) Transcranial Magnetic Stimulation

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		Procedures that may be considered cosmetic in nature Durable Medical Equipment (DME) Experimental / Investigational / Unproven (EIU) Procedures Genetic testing Home Health Care (HHC) / home infusion therapy Hormone Implant Hyperbaric Oxygen Therapy Infertility services Infused / injectable medications Medical oncology Musculoskeletal services (major joint surgery and pain management services) Negative Pressure Wound Therapy Confidential Outpatient Therapy Services (Outpatient Acute Rehabilitation, Cardiac Rehabilitation, Cognitive Rehabilitation, Speech Therapy, Hearing Therapy, Occupational Therapy, Physical Therapy, Chiropractic, Acupuncture) Outpatient radiation therapy services Sleep testing Speech Therapy Therapeutic	Inpatient Services; SUD Acute Inpatient Detoxification; SUD Subacute Residential Treatment; SUD Inpatient Professional Services.	

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		apheresis (aka Extracorporeal photopheresis (ECP) External Counterpulsation Unlisted procedures or services		
ConnectiCare of Massachusetts, Inc.	• All POS 21 acute care hospital facility admissions • Skilled nursing facility care (SNF) • Acute inpatient rehabilitation facility (IRF) • Long term acute care hospitalizations (LTAC)	• Radiology delegated to NIA • Cardiology • Muscular skeletal surgery and interventional pain management delegated to NIA	• MH Non-Emergent Acute Inpatient • MH Subacute Residential Treatment • SUD Acute Inpatient Detoxification • SUD Acute Inpatient Rehabilitation • SUD Subacute Residential Treatment	• Partial Hospitalization (PHP)/Day Treatment • Intensive Outpatient (IOP)
Fallon Community Health Plan, Inc.	• Acute Inpatient Hospital • Elective Procedures • Chronic or Rehabilitation Inpatient Hospital Services • Hospice (24 hour) • Skilled Nursing Facility	• Acupuncture (administered w/o PA up to certain visit number-Medicaid) • Ambulatory Surgery/Outpatient Hospital Care • Breast Pumps (hospital-grade) • Dialysis • DME (< $300 does not require PA) • EPSDT • Early Intervention • Genetic Testing • Hearing Aids 6 • Home Health Services •	• Acute Inpatient Hospital • Elective Procedures • Chronic or Rehabilitation Inpatient Hospital Services • Hospice (24 hour) • Skilled Nursing Facility Prior Authorization not required for inpatient services after 11/8/2022	• Partial Hospitalization Program (Based on performance metrics, some Partial Hospital Programs have the ability to submit a notification of admission without clinical review on web-based portal) • Applied Behavioral Analysis •

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		Hospice (less than 24 hour) • Infertility o Not a covered benefit for Medicaid • Laboratory (out-of-network only) • Medical Nutritional Therapy • Orthotics • Oxygen and Respiratory Therapy Equipment • Physician – does not require PA except for out-of-network services o Note: a visit to a physician for diagnosis and planning purposes are not subject to PA. However, procedures on this list performed by physicians are subject to PA. • Podiatry • Prosthetic Services and Devices • Radiology and Diagnostic Tests • Therapy (PT/OT/ST) • Tobacco Cessation Services • Non-emergency Transportation • Vision Care (medical) • Vision (non-medical) • Wigs		Psychological and Neuropsychological Testing • Transcranial Magnetic Stimulation • Family Support & Training • Intensive Care Coordination (Commercial Only) • In-Home Behavioral Services • Therapeutic Mentor (Commercial Only) • Family Stabilization Team/In-Home Therapy (Commercial Only)
Harvard Pilgrim Health Care, Inc.	Select non-emergent hospital inpatient admissions • Admissions to Skilled Nursing Facilities (“SNF”) • Inpatient	Infusion and injectable medications • High end radiology • Speech therapy • Physical therapy and occupational therapy if services are	Prior Authorization not required for MH/SUD inpatient services; medical necessity standards	Electroconvulsive therapy (ECT) • Partial hospital programs • Intensive outpatient programs

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
	rehabilitation admissions	expected to exceed the member's benefit limit • Molecular testing • Durable medical equipment (DME) • Sleep testing • Outpatient day surgery • Home health services (e.g., skilled nursing, physical therapy) • Interventional pain management for back pain • In vitro fertilization (IVF) • Hospice services	applied during concurrent review	• Psychological and neuropsychological testing • Transcranial Magnetic Stimulation (rTMS) Applied Behavioral Analysis (ABA)
Health New England, Inc.	Skilled nursing facilities and inpatient rehabilitation facilities	Number of outpatient medical/surgical services	Residential Treatment Centers	Applied Behavioral Analysis (ABA), Repetitive Transcranial Magnetic Services (rTMS), Partial Hospitalization, psychiatric and neuro-psychiatric testing, mental health day treatment and Family Stabilization Treatment.
HPHC Insurance Company, Inc.	Select non-emergent hospital inpatient admissions • Admissions to Skilled Nursing Facilities ("SNF") • Inpatient rehabilitation admissions	Infusion and injectable medications • High end radiology • Speech therapy • Physical therapy and occupational therapy if services are expected to exceed the member's benefit limit • Molecular testing •	Prior Authorization not required for MH/SUD inpatient services; medical necessity standards applied during concurrent review	Electroconvulsive therapy (ECT) • Partial hospital programs • Intensive outpatient programs • Psychological and neuropsychological testing • Transcranial

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		Durable medical equipment (DME) • Sleep testing • Outpatient day surgery • Home health services (e.g., skilled nursing, physical therapy) • Interventional pain management for back pain • In vitro fertilization (IVF) • Hospice services		Magnetic Stimulation (rTMS) Applied Behavioral Analysis (ABA)
Mass General Brigham Health Insurance Company	• Acute inpatient hospital (elective admission) • Inpatient Rehabilitation • Long Term Acute Care • Skilled Nursing Facilities	• Assisted Reproductive Services/Infertility Services • Subset of ambulatory surgical day procedures • Subset of DME items • Subset of genetic testing • Bariatric surgery • Bone Growth Stimulation (ultrasound, noninvasive and invasive electric bone growth Stimulation) • Breast surgeries (Subset of procedures) • Cardiac imaging • Cardiac Outpatient Mobile Telemetry • Cochlear Implants and Hearing Aids • Cosmetic and Reconstructive procedures • Early Intensive Behavioral Intervention (EIBI) (Autism Specialty	• Acute Inpatient Hospitalization: In Massachusetts prior authorization is not required for emergent admissions, but providers are required to notify OHBS of the member's admission within 72 hours or the next business day. • MH Subacute Residential Treatment (a.k.a CBAT and ICBAT): facility must notify OHBS of admission and initial treatment plan within 72 hours of admission. • Acute Residential Treatment (ART) for adults.	• Partial Hospitalization Program (PHP) • Day Treatment • Intensive Outpatient Program (IOP) • Transcranial Magnetic Stimulation (TMS) • Applied Behavior Analysis (ABA) • Psychological Testing over 5 hours • Outpatient Electroconvulsive-Therapy (ECT) • Specialing

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		Services) • Enteral, Parenteral and Nutritional Formulas • Gender Affirming Procedures • HIV associated lipodystrophy syndrome • Hyperbaric Oxygen Chamber Treatment • Implantable Neuro-Electrodes • Home and outpatient infusion • Lens, Therapeutic • High tech radiology imaging • Medical Specialty Medications (a subset) • Neuropsychological Testing • Non-emergency medically necessary transportation • Orthotics & Prosthetics • Pain Management Therapy • Phototherapy and Photochemotherapy for Dermatologic Conditions • Sleep studies /sleep DME • Transplant evals/ transplant		
Mass General Brigham Health Plan, Inc.	• Acute inpatient hospital (elective admission) • Inpatient Rehabilitation • Long Term Acute Care • Skilled Nursing Facilities	• Assisted Reproductive Services/Infertility Services • Subset of ambulatory surgical day procedures • Subset of DME items • Subset of genetic testing • Bariatric surgery • Bone Growth	• Acute Inpatient Hospitalization: In Massachusetts prior authorization is not required for emergent admissions, but providers are required to notify	• Partial Hospitalization Program (PHP) • Day Treatment • Intensive Outpatient Program (IOP) • Transcranial Magnetic Stimulation (TMS) • Applied

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		Stimulation (ultrasound, noninvasive and invasive electric bone growth Stimulation) • Breast surgeries (Subset of procedures) • Cardiac imaging • Cardiac Outpatient Mobile Telemetry • Cochlear Implants and Hearing Aids • Cosmetic and Reconstructive procedures • Early Intensive Behavioral Intervention (EIBI) (Autism Specialty Services) • Enteral, Parenteral and Nutritional Formulas • Gender Affirming Procedures • HIV associated lipodystrophy syndrome • Hyperbaric Oxygen Chamber Treatment • Implantable Neuro-Electrodes • Home and outpatient infusion • Lens, Therapeutic • High tech radiology imaging • Medical Specialty Medications (a subset) • Neuropsychological Testing • Non-emergency medically necessary transportation • Orthotics	OHBS of the member's admission within 72 hours or the next business day. • MH Subacute Residential Treatment (a.k.a CBAT and ICBAT): facility must notify OHBS of admission and initial treatment plan within 72 hours of admission. • Acute Residential Treatment (ART) for adults.	Behavior Analysis (ABA) • Psychological Testing over 5 hours • Outpatient Electroconvulsive-Therapy (ECT) • Specialing

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		& Prosthetics • Pain Management Therapy • Phototherapy and Photochemotherapy for Dermatologic Conditions • Sleep studies /sleep DME • Transplant evals/ transplant		
Tufts Associated Health Maintenance Organization, Inc.	• Acute inpatient hospital admissions (concurrent review)• Sub-acute skilled nursing facility (SNF) admissions • Acute inpatient rehabilitation admissions	• High tech imaging • Home health care • Hospice services • Hyperbaric Oxygen Therapy • Osteogenesis stimulators, non-invasive • Proton beam therapy • Elective surgery • IVF/infertility services • Devices for the management of diabetes (e.g., Continuous Glucose Monitor and Artificial Pancreas) • Sleep studies • Upper GI endoscopy • Selective diagnostic procedures including mobile cardiac outpatient telemetry, video capsule endoscopy, and upper endoscopy • Genetic testing • Gene therapy • Dental procedures • Hematopoietic Stem-Cell Transplantation (HSCT) • Oral formula • Physical	Prior Authorization is not required for inpatient mental health/substance use services. Concurrent review is applied for: • Inpatient BH hospital admissions • Admissions to BH residential treatment • Crisis stabilization	•Psychological/Neuropsychological testing • Transcranial Magnetic Stimulation (rTMS) • Applied Behavioral Analysis (ABA) skilled services • In-Home Behavioral Services (IHBS) • In-Home Therapy Services (IHT) Intensive Care Coordination (after 30 days)

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Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		therapy/occupational therapy/speech therapy		
Tufts Health Public Plans, Inc.	• Acute inpatient hospital admissions (concurrent review) • Sub-acute skilled nursing facility (SNF) admissions • Acute inpatient rehabilitation admissions	• High tech imaging • Home health care • Hospice services • Hyperbaric Oxygen Therapy • Osteogenesis stimulators, non-invasive • Proton beam therapy • Elective surgery • IVF/infertility services • Devices for the management of diabetes (e.g., Continuous Glucose Monitor and Artificial Pancreas) • Sleep studies • Upper GI endoscopy • Selective diagnostic procedures including mobile cardiac outpatient telemetry, video capsule endoscopy, and upper endoscopy • Genetic testing • Gene therapy • Dental procedures • Hematopoietic Stem-Cell Transplantation (HSCT) • Oral formula • Physical therapy/occupational therapy/speech therapy	Prior Authorization is not required for inpatient mental health/substance use services. Concurrent review is applied for: • Inpatient BH hospital admissions • Admissions to BH residential treatment • Crisis stabilization	•Psychological/Neuropsychological testing • Transcranial Magnetic Stimulation (rTMS) • Applied Behavioral Analysis (ABA) skilled services • In-Home Behavioral Services (IHBS) • In-Home Therapy Services (IHT) • Intensive Care Coordination (after 30 days)
Tufts Insurance Company	• Acute inpatient hospital admissions (concurrent review) • Sub-acute skilled nursing facility (SNF)	• High tech imaging • Home health care • Hospice services • Hyperbaric Oxygen Therapy • Osteogenesis	Prior Authorization is not required for inpatient mental health/substance use	•Psychological/Neuropsychological testing • Transcranial Magnetic Stimulation (rTMS) • Applied Behavioral

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
	admissions • Acute inpatient rehabilitation admissions	stimulators, non-invasive • Proton beam therapy • Elective surgery • IVF/infertility services • Devices for the management of diabetes (e.g., Continuous Glucose Monitor and Artificial Pancreas) • Sleep studies • Upper GI endoscopy • Selective diagnostic procedures including mobile cardiac outpatient telemetry, video capsule endoscopy, and upper endoscopy • Genetic testing • Gene therapy • Dental procedures • Hematopoietic Stem-Cell Transplantation (HSCT) • Oral formula • Physical therapy/occupational therapy/speech therapy	services. Concurrent review is applied for: • Inpatient BH hospital admissions • Admissions to BH residential treatment • Crisis stabilization	Analysis (ABA) skilled services • In-Home Behavioral Services (IHBS) • In-Home Therapy Services (IHT) Intensive Care Coordination (after 30 days)
UnitedHealthcare Insurance Company	• Arthroplasty• Bariatric Surgery• Breast Reconstruction (non-mastectomy) • Cardiology • Cerebral Seizure Monitoring – Inpatient Video EEG • Chemotherapy Services • Clinical Trials	• Arthroplasty • Arthroscopy • Bariatric • Bone Growth Stimulator • Breast Reconstruction (non-mastectomy) • *Cancer supportive care • *Cardiology • Cardiovascular • Cartilage Implants	• MH Non-Emergent Acute Inpatient • MH Subacute Residential Treatment • SUD Acute Inpatient Detoxification • SUD Acute Inpatient Rehabilitation	• Partial Hospitalization (PHP)/Day Treatment • Intensive Outpatient (IOP) • Electroconvulsive Therapy (ECT) • Psychological Testing • Applied Behavior Analysis (ABA)

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
	• Congenital Heart Disease • Cosmetic and Reconstructive Procedures • End-stage renal disease (ESRD) dialysis services • Foot Surgery • Gender Dysphoria Treatment • Hysterectomy • Inpatient admissions – post-acute services • Orthognathic Surgery • Sleep Apnea Procedures and Surgeries • Spinal Surgery • Transplant • Ventricular Assist Devices	• *Chemotherapy Services • Clinical Trials • Cochlear Implants and Other Auditory Implants • Congenital Heart Disease • *Continuous Glucose Monitoring • Cosmetic and reconstructive procedures • *Durable Medical Equipment (DME) over $1,000 • *End-stage renal disease (ESRD) dialysis services • Foot Surgery • Functional Endoscopic Sinus Surgery (FESS) • Gender Dysphoria Treatment • Genetic and molecular testing to include BRCA gene testing • *Home Health Care – Non-nutritional • Hysterectomy (abdominal and laparoscopic surgeries) • Infertility • *Injectable Medications • MR-guided focused ultrasound (MRgFUS) to treat uterine fibroid	• SUD Subacute Residential Treatment	• Transcranial Magnetic Stimulation (TMS) • Specialing

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		• Non-Emergency Air Transport • Orthognathic Surgery • Orthotics over $1,000 • *Pain Management and Injection • Physical Therapy/Occupational Therapy • Potentially unproven services (including experimental/investigational and/or linked services) • Prostate Procedures • Prosthetics over $1,000 • *Radiation Therapy • Radiology • Rhinoplasty • Sinuplasty • Site of Service – Office-based program • Site of Service – Outpatient hospital • Site of Service – Outpatient hospital expansion • Sleep Apnea Procedures & Surgeries • Sleep Studies • Spinal Cord Stimulators • Spinal Surgery • Stimulators – not related to spine		

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		• *Therapeutic Radiopharmaceuticals • Transplant • Vein Procedures		
United States Fire Insurance Company	• Acute Inpatient Services • Subacute Inpatient Services, i.e., Skilled Nursing Care, Physical Rehabilitation Hospitals, etc. • Inpatient Professional Services	• Physician Visit • Consultant Physician • Day Surgery Miscellaneous Expenses • Surgeon • Diagnostic X-Ray & Laboratory - CT Scan, PET Scan or MRI • Emergency Room • Urgent Care • Home Health Care • Wellness Medical Expense • Infertility • Pediatric Specialty Care • Ambulance • Telemedicine • Pharmacy	• Mental Health Acute Inpatient Services • Mental Health Subacute Residential Treatment • Mental Health Inpatient Professional Services • SUD Acute Inpatient Services • SUD Acute Inpatient Detoxification • SUD Subacute Residential Treatment • SUD Inpatient Professional Services	• Autism • Eating Disorder • Intensive Behavioral Case Management • Opioid and Pain Management • Substance Use • Coaching Support for Parents and Families
Wellfleet Insurance Company	• Inpatient Hospital for a Continuous Confinement • Skilled Nursing Facility • Inpatient Habilitation Services • Inpatient Rehabilitation Services	• Preventive Services • Chemotherapy and radiation therapy • Chiropractic care • Diagnostic imaging/testing • Durable Medical Equipment (DME) • Genetic testing • Home health care • Infertility Treatment • Infusion therapy	• Inpatient Mental Health Care for a continuous confinement when in a Hospital • Residential Treatment • Inpatient Rehabilitation Services	• DME • Genetic testing • Home health care • Infusion therapy • Outpatient surgery & procedures • Rehabilitation therapies

Summary of Responses - M.G.L. c. 26, s. 8M(a)(i)				
Carrier	**Coverage Terms/Benefit Categories**			
	Medical/Surgical Inpatient	**Medical/Surgical Outpatient**	**Mental Health/SUD Inpatient**	**Mental Health/SUD Outpatient**
		• Outpatient surgery & procedures • Rehabilitation & habilitation therapies • Non Emergent Air Ambulance • Prosthetic and Orthotic devices		

Supplement Information - C
Factors Used for Comparative Analysis

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
4 Ever Life Insurance Company	The Plan: Medical policies are available online at: https://medpolicy.ibx.com/ibc/Commercial/Pages/Policy-Bulletin-View.aspx Magellan: Magellan Care Guidelines are available online at: https://www.magellanprovider.com/media/45694/mcg.pdf	
Aetna Health, Inc. (PA)	• Cost • High cost growth • Variability in cost and practice • Patient safety • Clinical quality control • Marked variation in provider utilization patterns • Incorrect utilization • Application of Clinical Policy Bulletin requirements • Standards of industry practice	
Aetna Health Insurance Company	• Cost • High cost growth • Variability in cost and practice • Patient safety • Clinical quality control	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
	• Marked variation in provider utilization patterns • Incorrect utilization • Application of Clinical Policy Bulletin requirements • Standards of industry practice	

Aetna Life Insurance Company	• Cost
	• High cost growth
	• Variability in cost and practice
	• Patient safety
	• Clinical quality control
	  • Marked variation in provider utilization patterns
	  • Incorrect utilization
	  • Application of Clinical Policy Bulletin requirements
	  • Standards of industry practice	

Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	Variability in costs, length of treatment, or overall number of services for treatment type, provider type and/or geographic region; Cost of treatment/procedure; Medical cost escalation; Fraud Waste and Abuse; Return on Investment	
Blue Cross and Blue Shield of Massachusetts, Inc.	Variability in costs, length of treatment, or overall number of services for treatment type, provider type and/or geographic region; Cost of treatment/procedure; Medical cost escalation; Fraud Waste and Abuse; Return on Investment	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan	Examples of factors include but are not limited to the following: o Excessive utilization; o Recent medical cost escalation; o Provider discretion in determining diagnosis; o Lack of clinical efficiency of treatment or service; o High variability in cost per episode of care; o High levels of variation in length of stay; o Lack of adherence to quality standards; o Claim types with high percentage of fraud; and o Current and projected demand for services.	
Cigna Health and Life Insurance Company	Medical Necessity Medical Cost Return on Investment	
ConnectiCare of Massachusetts, Inc.	Clinical Appropriateness Value	
Fallon Community Health Plan, Inc.	- Excessive utilization - Recent medical cost escalation - Lack of adherence to quality standards - High levels of variation in length of stay - High variability in cost per episode of care - Clinical efficacy of the proposed treatment or service - Provider discretion in determining diagnoses - Claims associated with a high percentage of fraud - Severity or chronicity of the MH/SUD condition	
Harvard Pilgrim Health Care, Inc.	The Plan uses the following factors in determining what services are subject to utilization management: • Clinical appropriateness/clinical efficacy, i.e., the application of utilization management promotes optimal clinical outcomes, whether the service or procedure works for treating a certain condition • Variation: whether there is variation in utilization patterns, including underutilization or overutilization relative to clinical benchmarks	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
	• Value: Potential for meaningful results from utilization management activity relative to the administrative cost	
Health New England, Inc.	Inpatient and outpatient: Clinical Efficacy, efficacy of treatment or service, level of care Prescription Drugs: cost efficacy and safety, prevention of substance abuse, patient outcomes, minimization of errors.	
HPHC Insurance Company, Inc.	The Plan uses the following factors in determining what services are subject to utilization management: • Clinical appropriateness/clinical efficacy, i.e., the application of utilization management promotes optimal clinical outcomes, whether the service or procedure works for treating a certain condition • Variation: whether there is variation in utilization patterns, including underutilization or overutilization relative to clinical benchmarks • Value: Potential for meaningful results from utilization management activity relative to the administrative cost	
Mass General Brigham Health Insurance Company	Clinical Appropriateness o Whether the application of prior authorization promotes optimal clinical outcomes Value o The process and cost of conducting clinical review results in measurable impact and improved adherence to evidence-based practice and, more effective allocation of clinical resources	Clinical Appropriateness o Whether the application of prior authorization promotes optimal clinical outcomes Value o The cost of the service exceeds the associated costs of conducting a prior authorization review
Mass General Brigham Health Plan, Inc.	Clinical Appropriateness	Clinical Appropriateness

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
	o Whether the application of prior authorization promotes optimal clinical outcomes Value o The process and cost of conducting clinical review results in measurable impact and improved adherence to evidence-based practice and, more effective allocation of clinical resources	o Whether the application of prior authorization promotes optimal clinical outcomes Value o The cost of the service exceeds the associated costs of conducting a prior authorization review
Tufts Associated Health Maintenance Organization, Inc.	The Plan uses the following factors in determining what services are subject to utilization management: • Quality o Safety concerns o High risk of misuse • High cost • Potential for meaningful results from utilization management and return on investment • Potential for fraud, waste, and abuse	
Tufts Health Public Plans, Inc.	The Plan uses the following factors in determining what services are subject to utilization management: • Quality o Safety concerns o High risk of misuse • High cost	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
	• Potential for meaningful results from utilization management and return on investment • Potential for fraud, waste, and abuse	
Tufts Insurance Company	The Plan uses the following factors in determining what services are subject to utilization management: • Quality o Safety concerns o High risk of misuse • High cost • Potential for meaningful results from utilization management and return on investment • Potential for fraud, waste, and abuse	
UnitedHealthcare Insurance Company	• **Clinical Appropriateness** o Whether the application of prior authorization promotes optimal clinical outcomes • **Value** o The cost of the service exceeds the associated costs of conducting a prior authorization review	
United States Fire Insurance Company	US Fire delegates health plan administration to the following vendors: • Cigna: network maintenance, including provider credentialing and negotiating appropriate reimbursement rates; • Cigna and HealthSmart: claims administration, utilization management and case management; and • Express Scripts prescription drugs, including formulary development.	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(ii)		
Carrier	**Factors Used**	
	Medical/Surgical	**Mental Health/Substance Use**
	US Fire conducted NQTL analysis utilizing plan coverage provisions and vendor NQTLs and policies and procedures. Factors included goals and objectives of vendor materials including accessibility, appropriateness, timeliness and efficacy of care.	
Wellfleet Insurance Company	• Appropriateness of utilization of services • Value of service •Cost Benefit Analysis	

Supplemental Information - D

Evidentiary Standards Used for Comparative Analysis

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
4 Ever Life Insurance Company	The Plan (NCQA Accredited): In creating medical policies, evidence relied upon includes credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community, physician specialty recommendations, and the views of the physicians practicing in relevant clinical areas. The Plan also relies on InterQual Clinical Decision Support Criteria, CMS guidelines, and extensive literature searches.	Magellan (NCQA Accredited): In creating medical policies, Magellan relies on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community, physician specialty recommendations, and the views of the physicians practicing in relevant clinical areas. Magellan also relies on CMS guidelines, MCG (formerly Milliman Care Guidelines), and American Society of Addiction Medicine (ASAM) criteria for substance use disorder services. Additional external sources include InterQual Criteria (an externally validated, computer-based system).
Aetna Health, Inc.	• Medicare rates • Internal claims database analysis • Internal analysis of administrative costs • Clinical guidelines and standards of practice. (These depend on the service under consideration and would include, by way of example, the most currently available versions of CMS Coverage Determinations and Medicare Benefit Policy Manual, MCG Health guidelines, National Comprehensive Cancer Network (NCCN) guidelines, American Society of Addiction Medicine (ASAM) Criteria, CALOCUS/LOCUS guidelines, and Aetna Clinical Policy Bulletins.)	
Aetna Health Insurance Company	• Medicare rates • Internal claims database analysis • Internal analysis of administrative costs • Clinical guidelines and standards of practice. (These depend on the service under consideration and would include, by way of example, the most currently available versions of CMS Coverage Determinations and Medicare Benefit Policy Manual, MCG Health guidelines, National Comprehensive Cancer Network (NCCN)	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	guidelines, American Society of Addiction Medicine (ASAM) Criteria, CALOCUS/LOCUS guidelines, and Aetna Clinical Policy Bulletins.)	
Aetna Life Insurance Company	• Medicare rates • Internal claims database analysis • Internal analysis of administrative costs • Clinical guidelines and standards of practice. (These depend on the service under consideration and would include, by way of example, the most currently available versions of CMS Coverage Determinations and Medicare Benefit Policy Manual, MCG Health guidelines, National Comprehensive Cancer Network (NCCN) guidelines, American Society of Addiction Medicine (ASAM) Criteria, CALOCUS/LOCUS guidelines, and Aetna Clinical Policy Bulletins.)	
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	Inpatient: -Classification system (referred to as DRGs) for inpatient discharges established under Section 1886(d) of the Social Security Act; -InterQual Criteria Outpatient: -Factors vary based on the outpatient service	
Blue Cross and Blue Shield of Massachusetts, Inc.	Inpatient: -Classification system (referred to as DRGs) for inpatient discharges established under Section 1886(d) of the Social Security Act; -InterQual Criteria Outpatient: -Factors vary based on the outpatient service	
Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan	Examples of **sources of factors** include, but are not limited to, the following: o Internal claims analysis; o Medical expert reviews; o State and federal requirements; o National accreditation standards; o Internal market and competitive analysis;	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	o Medicare physician fee schedules; and o Evidentiary standards, including any published standards as well as internal plan or issuer standards, relied upon to define the factors triggering the application of an NQTL to benefits. If these factors are utilized, they must be applied comparably to MH/SUD and medical/surgical benefits.	
Cigna Health and Life Insurance Company	Medical Necessity Criteria Internally developed coverage guidelines ASAM Criteria	
ConnectiCare of Massachusetts, Inc.	**Evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor:** o Expert Medical Review o Objective, evidence-based clinical criteria, and nationally recognized guidelines o Internal claims data o UM program operating costs o UM authorization data	**Evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor:** o Clinical criteria from nationally recognized third-party sources (e.g., ASAM®, LOCUS, CALOCUS-CASII and ECSII guidelines for MH/SUD services) o Clinical Technology Assessment Committee (CTAC) review o Evidence-based policies, and publications and guidelines by nationally recognized authorities, such as government sources and/or professional societies

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	The Evidentiary standard that defines and/or triggers the Value factor: o Value is defined as the cost of the inpatient service exceeding the administrative costs of subjecting the service to prior authorization by at least 1:1 • **The sources used to define the Value factor:** o National internal claims data o National UM program operating costs o National UM authorization data	
Fallon Community Health Plan, Inc.	CMS Guidelines MassHealth Guidelines InterQual Criteria Internally developed criteria	ASAM Criteria InterQual Criteria Criteria from AMA, APA, AACAP, SMHSA
Harvard Pilgrim Health Care, Inc.	The Plan uses the following sources to define the factors identified above: • **Factor**: Clinical appropriateness/clinical efficacy o Recognized medical literature, evidence-based empirical data and published research studies o Quality and clinical efficacy data o Internal and external subject matter expert feedback o State and federal requirements o Publications by government sources and/or professional societies • **Factor: Variation** o Utilization data o Cost and trend data o Quality and clinical efficacy data o Internal and external subject matter expert feedback o Publications by government sources and/or professional societies **Factor: Value** o Utilization data o Cost and trend data	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	o Internal and external subject matter expert feedback	
Health New England, Inc.	Review of internal sources; external sources include AMA, CMS, American Psychiatric Association, Journal of Addiction Medicine; Pharmacy: FDA labeling; medical literature; internal claims data; accreditation standards of NCQA; Clinical Care Assessment Committee.	
HPHC Insurance Company, Inc.	The Plan uses the following sources to define the factors identified above: • **Factor**: Clinical appropriateness/clinical efficacy o Recognized medical literature, evidence-based empirical data and published research studies o Quality and clinical efficacy data o Internal and external subject matter expert feedback o State and federal requirements o Publications by government sources and/or professional societies **• Factor: Variation** o Utilization data o Cost and trend data o Quality and clinical efficacy data o Internal and external subject matter expert feedback o Publications by government sources and/or professional societies **Factor: Value** o Utilization data o Cost and trend data o Internal and external subject matter expert feedback	
Mass General Brigham Health Insurance Company	**Factor – Clinical Appropriateness** is defined as the existence of evidence-based medical necessity criteria for inpatient services in accordance with nationally	**Factor – Clinical Appropriateness** is defined as the existence of evidence-based medical necessity criteria for inpatient services in accordance with nationally

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	recognized clinical criteria and evidence-based policies. • Evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor: o Clinical criteria from a nationally recognized third-party source, InterQual® o Medical Technology Assessment Committee (MTAC) review o Evidence-based policies, publications and guidelines by nationally recognized authorities, such as government sources and/or professional societies. These include, but are not limited to: o Published articles and reports in credible, peer-reviewed English language medical and scientific journals; o Cochrane Library; o Professional organizations' clinical practice guidelines o Hayes Inc., an independent health technology assessment organization; providing	recognized clinical criteria and evidence-based policies. • Evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor: o Clinical criteria from nationally recognized third-party sources (e.g., ASAM®, LOCUS, CALOCUS-CASII and ECSII guidelines for MH/SUD services) o Clinical Technology Assessment Committee (CTAC) review o Evidence-based policies, publications and guidelines by nationally recognized authorities, such as government sources and/or professional societies. **Factor – Value** is defined as the cost of the inpatient service exceeding the administrative costs of subjecting the inpatient service to prior authorization review by at least 1:1. Consideration of this factor includes a review of national inpatient utilization or claims data to identify if there is opportunity to improve quality and reduce unnecessary costs when prior authorization is applied. The projected benefit cost savings is reviewed relative to the operating

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	assessment of the safety and efficacy of technologies **Factor – Value** is defined as the cost of the inpatient service exceeding the administrative costs of subjecting the inpatient service to prior authorization review. Consideration of this factor includes a review of inpatient utilization denial rates or claims data to identify if there is opportunity to improve quality and reduce unnecessary costs when prior authorization is applied. • The Evidentiary standard that defines and/or triggers the Value factor: o The process and cost of conducting clinical review results in improved adherence to evidence-based practice and more effective allocation of clinical resources • The sources used to define the Value factor: o Internal claims data	cost of administering prior authorization to determine value. • The sources used to define the Value factor: o National internal claims data o National UM program operating costs o National UM authorization data
Mass General Brigham Health Plan, Inc.	**Factor – Clinical Appropriateness** is defined as	**Factor – Clinical Appropriateness** is defined as the existence of

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	the existence of evidence-based medical necessity criteria for inpatient services in accordance with nationally recognized clinical criteria and evidence-based policies. • Evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor: o Clinical criteria from a nationally recognized third-party source, InterQual® o Medical Technology Assessment Committee (MTAC) review o Evidence-based policies, publications and guidelines by nationally recognized authorities, such as government sources and/or professional societies. These include, but are not limited to: o Published articles and reports in credible, peer-reviewed English language medical and scientific journals; o Cochrane Library;	evidence-based medical necessity criteria for inpatient services in accordance with nationally recognized clinical criteria and evidence-based policies. • Evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor: o Clinical criteria from nationally recognized third-party sources (e.g., ASAM®, LOCUS, CALOCUS-CASII and ECSII guidelines for MH/SUD services) o Clinical Technology Assessment Committee (CTAC) review o Evidence-based policies, publications and guidelines by nationally recognized authorities, such as government sources and/or professional societies. **Factor – Value** is defined as the cost of the inpatient service exceeding the administrative costs of subjecting the inpatient service to prior authorization review by at least 1:1. Consideration of this factor includes a review of national inpatient utilization or claims data to identify if there is opportunity to improve quality and reduce unnecessary costs when prior authorization is applied.

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	o Professional organizations' clinical practice guidelines o Hayes Inc., an independent health technology assessment organization; providing assessment of the safety and efficacy of technologies **Factor – Value** is defined as the cost of the inpatient service exceeding the administrative costs of subjecting the inpatient service to prior authorization review. Consideration of this factor includes a review of inpatient utilization denial rates or claims data to identify if there is opportunity to improve quality and reduce unnecessary costs when prior authorization is applied. • The Evidentiary standard that defines and/or triggers the Value factor: o The process and cost of conducting clinical review results in improved adherence to evidence-based practice and more effective allocation of clinical resources	The projected benefit cost savings is reviewed relative to the operating cost of administering prior authorization to determine value. • The sources used to define the Value factor: o National internal claims data o National UM program operating costs o National UM authorization data

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	• The sources used to define the Value factor: o Internal claims data	
Tufts Associated Health Maintenance Organization	The Plan uses the following sources to define the factors: • Evidence Based Medical Literature • Evidence Based Clinical Decision Support • FDA information • Financial Analysis • National accreditation and quality standards • Legal Statutes, State and Federal Mandates • Market and competitive analysis and benchmarking •Subject matter expert and provider feedback • MSPAC committees and/or independent review organization committee	
Tufts Health Public Plans, Inc.	The Plan uses the following sources to define the factors: • Evidence Based Medical Literature • Evidence Based Clinical Decision Support • FDA information • Financial Analysis • National accreditation and quality standards	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	• Legal Statutes, State and Federal Mandates • Market and competitive analysis and benchmarking •Subject matter expert and provider feedback • MSPAC committees and/or independent review organization committee	
Tufts Insurance Company	The Plan uses the following sources to define the factors: • Evidence Based Medical Literature • Evidence Based Clinical Decision Support • FDA information • Financial Analysis • National accreditation and quality standards • Legal Statutes, State and Federal Mandates • Market and competitive analysis and benchmarking •Subject matter expert and provider feedback • MSPAC committees and/or independent review organization committee	
UnitedHealthcare Insurance Company	**Factor – Clinical Appropriateness** is defined as those inpatient services that are determined by internal medical experts to be in accordance with objective, evidence-based clinical criteria, and nationally recognized guidelines.	

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	The Plan's evidentiary standards and sources that define and/or trigger the Clinical Appropriateness factor: o Clinical criteria from nationally recognized third-party sources (e.g., InterQual® for M/S services, and ASAM, LOCUS, CALOCUS-CASII and ECSII guidelines for MH/SUD services) o Clinical Technology Assessment Committee (CTAC) and Medical Technology and Assessment Committee (MTAC) review o Objective, evidence-based clinical policies and nationally recognized guidelines **Factor – Value** is defined as the cost of the inpatient service exceeding the administrative costs of subjecting the inpatient service to prior authorization review by at least 1:1. Consideration of this factor includes a review of national inpatient utilization or claims data to identify if there is opportunity to improve quality and reduce unnecessary costs when prior authorization is applied. The projected benefit cost savings is reviewed relative to the operating cost of administering prior authorization to determine value. Sources: National internal claims data National UM program operating costs National UM authorization data	
United States Fire Insurance Company	In addition to vendor policies and procedures, US Fire utilized objective medical information including ASAM Criteria, MCG Criteria, InterQual, National Comprehensive Cancer Network (NCCN), Official Disability Guidelines (ODG), American Medical Association (AMA) Publication of the Current Procedural Terminology (CPT)	In addition to vendor policies and procedures, US Fire utilized objective medical information including ASAM Criteria, MCG Criteria, InterQual, National Comprehensive Cancer Network (NCCN), Official Disability Guidelines (ODG), American Medical Association (AMA) Publication of the Current Procedural Terminology (CPT) Book, American Hospital Association (AHA) Publication of Revenue Codes,

Summary of Responses – M.G.L. c. 26, s. 8M(a)(iii)		
Carrier	**Evidentiary Standards**	
	Medical/Surgical	**Mental Health/Substance Use**
	Book, American Hospital Association (AHA) Publication of Revenue Codes, American Formulary Association (AFA) Publication of Codes, FDA Labeling and Office of Clinical Evaluation & Policy (OCEP) Review.	American Formulary Association (AFA) Publication of Codes, FDA Labeling and Office of Clinical Evaluation & Policy (OCEP) Review.
Wellfleet Insurance Company	• Internal Claims database • Expert Medical Review • Input from national vendors • AMA publication of CPT • AHA publication of revenue codes • AFA publication of codes • CMS publication of codes • Wellfleet claims data for Return on Investment	

Supplemental Information - E

Breakdown of Treatment Authorization Data

According to M.G.L. c. 176O, carriers may establish utilization review systems that evaluate the medical necessity of a requested service. If a carrier denies or modifies a request, the carrier is required to notify the covered member about this adverse determination within 2 days and provide information about how to appeal any such adverse determination both within the member's carrier's internal appeal system and if still denied through that appeal through an external review by an independent review board coordinated through the Office of Patient Protection.

Each carrier submitted a report of services requested, authorized or denied and of appeals that were conducted that were either overturned or upheld. A report presenting information on a company-by-company level is included in Appendix D. The following chart presents a summary of all the company authorizations for calendar year 2024.

No. of Requests Made (5a)	No. of Services Requested (5b)			No. of Requests Authorized[2] (5c)	No. of Requests Modified[2] (5d)	No. of Requests Denied (5e)	No. of Internal Appeals Filed (5f)	No. of Appeals Approved (5g)	No. of Appeals Denied (5h)	No. Sent For External Appeal (5i)	No. External Appeals Overturned (5j)	No. of External Appeals Upheld (5k)
	Medical[3]											
Medical	Inpatient Days	Outpatient Visits / Services	Total # of Services	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical
708,982	510,723	37,348,673	37,859,396	652,471	6,009	49,981	5,057	2,456	2,601	52	16	36
	Behavioral Health[3]											
Behavioral Health	Inpatient Days	Outpatient Visits / Services	Total # of Services	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health
40,795	174,055	5,844,770	6,018,825	39,220	186	1,373	282	135	147	8	6	2

[1]Reported information is for all 2024 non-governmental insured coverage issued in Massachusetts for requests made and appeals heard during calendar year 2024.

[2]Requests authorized + modified + denied may not add up to total requests made because some requests may be classified as both authorized and modified, some requests may have been withdrawn, or some requests may have been pending and had not yet been classified as approved, modified or denied.

[3]Information as reported by carriers in response to Bulletin 2013-06, Item 5, was submitted as part of annual mental health parity certifications required under 211 CMR 154.00.

In 2024, for medical services, 652,471 (92.0%) of the 708,892 requests were approved for care. For behavioral health services, 39,220 (96.1%) of the 40,795 requests were approved for care. For medical services, of the 6,009 requests that were modified and the 49,981 requests that were denied, a total of 5,057 (0.7%) were appealed within the insurance carrier. For behavioral health services, of the 186 that were modified and the 1,373 that were denied, a total of 282 (0.7%) were appealed within the carrier.

When appealed within the carrier, 2,456 (48.5%) of 5,057 medical service modifications/denials were overturned and 135 (47.8%) of 282 behavioral service modification/denials were overturned. When appealed with the external review, 16 (30.8%) of 52 medical service denials were overturned and 6 (75.0%) of 8 behavioral service denials were overturned.

Company-Specific Authorization Information

MASSACHUSETTS CARRIERS 2024	No. of Requests Made (5a)	No. of Services Requested (5b)			No. of Requests Authorized[2] (5c)	Percent Authorized [5c/5a]	No. of Requests Modified[2] (5d)	Percent Modified [5d/5a]	No. of Requests Denied (5e)	Percent Denied [5e/5a]	No. of Internal Appeals Filed (5f)	No. of Appeals Approved (5g)	No. of Appeals Denied (5h)	Percent of Appeals Denied [5h/5f]	No. Sent For External Appeal (5i)	No. External Appeals Overturned (5j)	No. of External Appeals Upheld (5k)
		Medical[3]															
	Medical	Inpatient Days	Outpatient Visits / Services	Total # of Services	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical
Aetna Health Inc./ Aetna Health Insurance Company	91	44	299	343	78	**85.7%**	4	**4.4%**	9	**9.9%**	79	12	67	**84.8%**	0	0	0
Aetna Life Insurance Company	5,775	5,212	8,482	13,694	4,751	**82.3%**	184	**3.2%**	840	**14.5%**	686	172	514	**74.9%**	1	1	0
Blue Cross and Blue Shield of Massachusetts, Inc.	45,015	26,706	3,940,929	3,967,635	41,752	**92.8%**	61	**0.1%**	3,202	**7.1%**	104	65	39	**37.5%**	1	0	1
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	310,310	311,051	25,587,279	25,898,330	293,462	**94.6%**	637	**0.2%**	16,211	**5.2%**	1,559	950	609	**39.1%**	2	1	1
Boston Medical Center Health Plan, Inc.[2]	32,200	18,876	4,704,888	4,723,764	27,815	**86.4%**	396	**1.2%**	3,989	**12.4%**	545	216	329	**60.4%**	2	2	0
CIGNA Health and Life Insurance Company^	94,637	3,303	88,064	91,367	89,906	**95.0%**	1,540	**1.6%**	3,191	**3.4%**	288	108	180	**62.5%**	1	0	1
ConnectiCare of Massachusetts, Inc.	25	10	15	25	19	**76.0%**	0	**0.0%**	6	**24.0%**	11	4	7	**63.6%**	0	0	0
Fallon Community Health Plan, Inc.	7,075	547	6,528	7,075	6,386	**90.3%**	0	**0.0%**	689	**9.7%**	217	142	75	**34.6%**	2	1	1
4 Ever Life Insurance Company	5	31	2	33	2	**40.0%**	1	**20.0%**	2	**40.0%**	1	1	0	**0.0%**	0	0	0
Harvard Pilgrim Health Care, Inc.	22,590	41,370	913,948	955,318	20,873	**92.4%**	0	**0.0%**	1,717	**7.6%**	620	301	319	**51.5%**	16	6	10
HPHC Insurance Company, Inc.	2,931	5,601	110,017	115,618	2,719	**92.8%**	0	**0.0%**	212	**7.2%**	68	33	35	**51.5%**	0	0	0
Health New England, Inc.	6,055	10,087	179,315	189,402	5,096	**84.2%**	166	**2.7%**	793	**13.1%**	187	126	61	**32.6%**	5	2	3
Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company (collectively, Mass General Brigham Health Plan)	39,524	14,572	224,397	238,969	34,620	**87.6%**	3,015	**7.6%**	1,889	**4.8%**	53	20	33	**62.3%**	7	2	5
Tufts Associated Health Maintenance Organization, Inc.**	16,258	1,261	148,145	149,406	14,049	**86.4%**	0	**0.0%**	2,209	**13.6%**	53	32	21	**39.6%**	5	0	5
Tufts Health Public Plans, Inc.[2]	90,342	71,342	1,281,207	1,352,549	79,409	**87.9%**	0	**0.0%**	10,933	**12.1%**	442	193	249	**56.3%**	6	0	6
Tufts Insurance Company	3,303	332	122,663	122,995	2,854	**86.4%**	0	**0.0%**	449	**13.6%**	15	8	7	**46.7%**	0	0	0
UnitedHealthcare Insurance Company	32,357	337	32,020	32,357	28,215	**87.2%**	0	**0.0%**	3,597	**11.1%**	126	71	55	**43.7%**	4	1	3
United State Fire Insurance Company	379	9	370	379	379	**100.0%**	0	**0.0%**	19	**5.0%**	2	2	0	**0.0%**	0	0	0
Wellfleet Insurance Company	110	32	105	137	86	**78.2%**	5	**4.5%**	24	**21.8%**	1	0	1	**100.0%**	0	0	0
TOTALS:	708,982	510,723	37,348,673	37,859,396	652,471	**92.0%**	6,009	**0.8%**	49,981	**7.0%**	5,057	2,456	2,601	**51.4%**	52	16	36

MASSACHUSETTS CARRIERS 2024	No. of Requests Made (5a)	No. of Services Requested (5b)	No. of Requests Authorized[2] (5c)	Percent Authorized [5c/5a]	No. of Requests Modified[2] (5d)	Percent Modified [5d/5a]	No. of Requests Denied (5e)	Percent Denied [5e/5a]	No. of Internal Appeals Filed (5f)	No. of Appeals Approved (5g)	No. of Appeals Denied (5h)	Percent of Appeals Denied [5h/5f]	No. Sent For External Appeal (5i)	No. External Appeals Overturned (5j)	No. of External Appeals Upheld (5k)
Aetna Health Inc. / Aetna Health Insurance Company	4	0	3,760	3,766	2	50.0%		25.0%	1	25.0%	1	1	0	0.0%	0	0	0
Aetna Life Insurance Company	372	2,913	33,691	36,604	357	96.0%	2	0.5%	13	3.5%	16	8	8	50.0%	1	1	0
Blue Cross and Blue Shield of Massachusetts, Inc.	2,848	17,314	828,281	845,595	2,832	99.4%	3	0.2%	11	0.4%	5	2	3	60.0%	0	0	0
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	15,006	94,299	3,719,964	3,814,263	14,553	97.0%	93	0.6%	360	2.4%	88	47	41	46.6%	1	1	0
Boston Medical Center Health Plan, Inc.	1,569	8,081	94,675	102,756	1,540	98.2%	9	0.6%	20	1.3%	0	0	0	0.0%	0	0	0
CIGNA Health and Life Insurance Company	1,349	677	386	1,063	1,302	96.5%	0	0.0%	47	3.5%	20	6	14	70.0%	0	0	0
ConnectiCare of Massachusetts, Inc.	0	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0	0	0.0%	0	0	0
Fallon Community Health Plan, Inc.	346	1,409	27,524	28,933	344	99.4%	1	0.3%	1	0.3%	4	2	2	50.0%	0	0	0
4 Ever Life Insurance Company	4	0	4	4	4	100.0%	0	0.0%	0	0.0%	0	0	0	0.0%	0	0	0
Harvard Pilgrim Health Care, Inc.	7,657	22,289	107,066	129,355	7,448	97.3%	0	0.0%	209	2.7%	48	20	28	58.3%	0	0	0
HPHC Insurance Company, Inc.	995	2,802	12,326	15,128	955	96.0%	0	0.0%	40	4.0%	5	3	2	40.0%	0	0	0
Health New England, Inc.	1,507	2,868	172,981	175,849	1,167	77.4%	43	2.9%	297	19.7%	33	16	17	51.5%	2	1	1
Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company (collectively, Mass General Brigham Health Plan)	3,729	9,451	314,156	323,607	3,616	97.0%	32	0.9%	81	2.2%	52	24	28	53.8%	4	3	1
Tufts Associated Health Maintenance Organization, Inc.	544	1,017	71,744	72,761	514	94.5%	0	0.0%	30	5.5%	1	0	1	100.0%	0	0	0
Tufts Health Public Plans, Inc.	3,448	10,567	425,888	436,455	3,219	93.4%	0	0.0%	229	6.6%	3	1	2	66.7%	0	0	0
Tufts Insurance Company	132	106	31,272	31,378	128	97.0%	0	0.0%	4	3.0%	0	0	0	0.0%	0	0	0
UnitedHealthcare Insurance Company	1,060	229	831	1,060	1,014	95.7%	0	0.0%	28	2.6%	5	4	1	20.0%	0	0	0
United State Fire Insurance Company	221	0	221	221	221	100.0%	0	0.0%	2	0.9%	1	1	0	0.0%	0	0	0
Wellfleet Insurance Company	4	27	0	27	4	100.0%	0	0.0%	0	0.0%	0	0	0	0.0%	0	0	0
TOTALS:	40,795	174,055	5,844,770	6,018,825	39,220	96.1%	186	0.5%	1,373	3.4%	282	135	147	52.1%	8	6	2

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[3]Information as reported by carriers in response to Bulletin 2013-06, Item 5, was submitted as part of annual mental health parity certifications required under 211 CMR 154.00.

The information is aggregated based on responses from the following carriers:

Aetna Health Inc.
Aetna Health Insurance Company
Aetna Life Insurance Company
AllWays Health Partners, Inc.
Blue Cross and Blue Shield of Massachusetts, Inc.
Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
Boston Medical Center Health Plan, Inc.
CIGNA Health and Life Insurance Company
ConnectiCare of Massachusetts, Inc.
Fallon Community Health Plan, Inc.
Fallon Health & Life Assurance Company, Inc.
4 Ever Life Insurance Company
Harvard Pilgrim Health Care, Inc.
HPHC Insurance Company, Inc.
Health New England, Inc.
Tufts Associated Health Maintenance Org., Inc.
Tufts Insurance Company
Tufts Health Public Plans, Inc.
UnitedHealthcare Insurance Company
Wellfleet Insurance Company