



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

BULLETIN MC-24

August 31, 2020

TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS THAT DELIVER OR ISSUE INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES IN CONNECTICUT

RE: Public Act 19-159, An Act Concerning Mental Health and Substance Use Benefits, codified in C.G.S. sec. 38a-477ee.

MH/SUD PARITY SUBMISSION GUIDELINES

This Bulletin replaces Bulletin No. MC – 20 and is intended to prescribe the requirements for the annual reporting to the Insurance Department (“Department”) for Mental Health and Substance Use Benefits as required by Connecticut General Statutes sec. 38a-477ee . Beginning on March 1, 2021 and annually on or before March 1 of each subsequent year thereafter, each insurance company, fraternal benefit society, association, and health care center that delivers or issues individual and group health insurance policies in Connecticut must review its practices and procedures for compliance with state and federal mental health parity requirements and report its compliance status by completing the annual Mental Health and Substance Use Benefits compliance report in a form substantially similar as the one attached.

Carriers must demonstrate compliance with non-quantitative treatment limitations (NQTLs) by providing a detailed explanation of how the analysis of the specific processes, strategies, evidentiary standards and all other factors used in the application of NQTLs to MH/SUD (mental health/substance use disorders) benefits demonstrate that the application of such NQTLs is comparable to and not more stringent than the NQTLs applied to MED/SUR (medical/surgical) benefits as written as well as in operation. The required report must be submitted and accompanied by the Certification attached here as Part 5 of Exhibit A to be considered complete.

Beginning March 1, 2021 and annually thereafter the following Mental Health and Substance Use Benefits compliance report ([Exhibit A](#), suppl. [Table 5](#)) must be submitted to the Department to demonstrate compliance with state and federal mental health parity requirements

In addition, the insurance company, fraternal benefit society, association, and health care center that delivers or issues individual and group health insurance policies in Connecticut

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must submit a certification to the Department signed by an officer of the company and the chief medical officer that states that the health plan has completed a comprehensive review of the company's practices for the prior calendar year. The report will be considered incomplete if the certification is not included

In accordance with C.G.S. sec. 38a-2, any insurance company, fraternal benefit society, association and health care center that delivers or issues individual and group health insurance policies in Connecticut that fails to file the completed survey on or before the due date shall pay a late filing fee of one hundred dollars per day for each day from the date such report was due, up to a maximum of \$15,000. Bulletin MC-20 is hereby rescinded.

Questions should be directed to the Market Conduct Division at cid.mc@ct.gov



Andrew N. Mais
Insurance Commissioner