



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

BULLETIN MC-20

JANUARY 2, 2014

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

RE: MENTAL HEALTH PARITY ANNUAL COMPLIANCE SURVEY

Conn. Gen Stat. §38a-15 authorizes the Insurance Commissioner to undertake a market conduct examination of the affairs of any insurance company, health care center, or fraternal benefit society doing business in this state. This bulletin is to announce a new element of the market conduct examination process dealing with mental health parity compliance.

Beginning May 1, 2014 and annually by every May 1 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 parity compliance survey (a copy of which is attached). If the entity is not in full compliance with all applicable federal and state mental health parity laws, an action plan should be included with the response.

The insurance company, fraternal benefit society, association, and health care center that delivers or issues individual and group health insurance policies in Connecticut 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 survey will be considered incomplete if the certification is not included.

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 shall pay a late filing fee of one hundred dollars per day for each day from the date such report was due.

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

A handwritten signature in blue ink, appearing to read "Anne Dowling".

Anne Melissa Dowling
Deputy Insurance Commissioner

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INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Each insurance company, health care center, fraternal benefit society and association that delivers or issues individual and group health insurance policies in Connecticut (health plan) and its delegated vendors must review their mental health compliance practices for compliance with the provision of state and federal mental health parity requirements, and must provide the Department with a certification that the insurer has completed a complete review of its practices and procedures for the prior calendar year. On or before May 1, 2014 and each subsequent year, each health insurer shall submit information regarding compliance with federal and state mental health parity requirements, including but not limited to the following:

1. Has the plan performed the “substantially all” and predominant level tests with respect to each of the six benefit classifications? Provide an explanation of any differences;
 1. Inpatient, In-Network
 2. Inpatient, Out-of-Network
 3. Outpatient, In-Network
 4. Outpatient, Out-of-Network
 5. Emergency Care
 6. Pharmacy
2. An explanation of any differences in the ways that mental health/substance abuse disorder providers and medical/surgical providers are notified about the health plan’s criteria to determine the medical necessity of the provider’s services;
3. An explanation of any differences in the processes the health plan may require a mental health/substance abuse disorder provider to follow to request authorization for services and/or to provide information that demonstrates the medical necessity of a requested or provided service when compared to the processes the health plan requires for medical/surgical providers and the reasons why the processes may differ;
4. An analysis of the way in which the plan meets federal parity standards if there are any differences between processes, standards and criteria that apply to mental health/substance abuse disorder services when compared to processes, standards and criteria that apply to medical/surgical services;
5. An explanation of any differences in the health plan’s processes used to develop the mental health/substance abuse disorder criteria vs. the processes used to develop medical/surgical criteria that is used to evaluate medical necessity;

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6. An explanation of any differences in the standards for granting authorization for out-of-network services between those for mental health/substance abuse disorder services vs. those for medical/surgical services;
7. For each plan offered, a list of any differences in cost-sharing features, penalties and benefit limitations that apply to mental health/substance abuse disorder services that may differ from cost-sharing features, penalties and limitations that apply to medical/surgical services along with an explanation of why the differences may be acceptable;
8. How are fee schedules and reimbursement rates determined for medical/surgical providers as compared to mental health/substance abuse disorder providers?
9. To the extent the health plan is accredited by URAQ or NCQA, please verify the accreditation status and provide proof of accreditation. If NCQA or URAQ standards were not met, provide a copy of the corrective actions to address those concerns; and
10. Provide certification that all policy forms filed in Connecticut are compliant with state and federal mental health parity requirements.



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Mental Health Parity Annual Compliance Survey

Certification

Company: _____

The undersigned certifies that the information that he/she has provided is true and accurate on this _____ day of _____ for and on behalf of _____, that he/she is the _____ of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer: _____
(Signature)

(Printed Name)

Signature of Chief Medical Officer: _____
(Signature)

(Printed Name)