



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

One Federal Street, Suite 700 • Boston, MA 02110
(617) 521-7794 • (877) 563-4467 • www.mass.gov/doi

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY

LAYLA R. D'EMILIA
UNDERSECRETARY

MICHAEL T. CALJOUW
COMMISSIONER

Filing Guidance Notice 2026-A
2025 Mental Health Parity Annual Report

TO: Health Insurance Carriers Licensed Under M.G.L. C. 175, 176A, 176B, 176G
FROM: Niels Puetthoff, Bureau of Managed Care Director
DATE: February 17, 2026
RE: Mental Health Parity Compliance

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I. GENERAL INSTRUCTIONS

Health Insurance Carriers (Carriers) are expected to submit the information and documentation contained within this Filing Guidance using Filing Type “Mental Health Parity Report” within the System for Electronic Rate and Form Filings (SERFF). The SERFF submission is to be submitted by **July 1, 2026**, and covers the reporting period of January 1, 2025 through December 31, 2025. No filing fee is required for the SERFF submission. The submission is to be submitted within the “Supporting Documentation” tab within the SERFF filing. Within this tab, Carriers are asked to create separate entries for each of the different documents/templates described below.

A checklist is being 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.*

II. M.G.L. CHAPTER 26, SECTION 8M – PART 1

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;
- (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;
- (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;
- (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;
- (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 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

III. NEW REPORTING TEMPLATE

In order to provide the information required in Section II. above, Carriers are asked to submit the materials using a standardized reporting template that the Division will forward under separate cover. Carriers that are not able to complete materials according to the template for the July 1, 2026 filing will be expected to contact the Division by February 27, 2026 with an explanation for not being able to timely complete it for this year.

Please note that for this section, it is NOT necessary to create separate entries for EACH separate NQTL category. Instead, a single entry should be created for the completed Excel spreadsheet.

A. CY 2025 NQTL Reporting Template (Excel)

Each Carrier is to complete a single reporting template in Excel format, related to each of the NQTL categories listed above in section II. A separate analysis will cover each of the following *classification* categories:

1. Inpatient, In Network
2. Outpatient, In Network
3. Inpatient, Out of Network
4. Outpatient, Out of Network
5. Emergency Care
6. Pharmacy/Prescription Drugs

Please note that Carriers are to separately provide comparative analyses describing compliance with NQTL requirements both **as written** (Step 4) and **in operation** (Step 5).

Please note that a separate analysis is not required for each benefit that is listed. Instead, Carriers are to list the benefits within each *classification* that are subject to each NQTL. The NQTL analysis within a *classification* will cover all the listed benefits that are subject to that NQTL.

Please note that for Step 6, each Carrier will provide a detailed summary showing **how** the Carrier reached the conclusion that the Carrier is compliant with mental health parity requirements.

IV. M.G.L. CHAPTER 26, SECTION 8M – PART 2

In addition to the requirements specified in Part 1 above, Carriers are to submit the following information as part of their SERFF filing:

- (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 required under Chapter 26, Section 8M(d)(iv) using the Excel Data Template titled "Worksheet to Complete M.G.L. 26 section 8M(d)(iv)". A separate instructions document titled "Guidelines to Complete M.G.L. 26 section 8M(d)(iv)" will be provided under separate cover.

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

V. **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 2025_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;**¹

“Intensive care coordination for a child with a serious emotional disturbance”, 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 services²:

- 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
- 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;**

1 For further reference, please see Massachusetts Behavioral Health Partnership at: [Children's Behavioral Health Initiative](#)

2 For further reference, please see Massachusetts Behavioral Health Partnership at: [Children's Behavioral Health Initiative](#)

“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;

“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) In-home behavioral services;

“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.

VI. 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 expected 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 expected 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.

If you have any questions, please contact Niels Puetthoff at niels.puetthoff@mass.gov.