No.	Company Name	1 - Exempt?	2 - Med/Surg and MH/SU?	3 - Coverage in Every Classification?	4 - Comply with annual/lifetime dollar limits?	5 - Comply with financial/QTL requirements?	6 - Comply with cumulative financial/QTL	7 - Comply with NQTL requirements?	8 - Comply with disclosure requirements?
1	Aetna Health, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Aetna Health Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Aetna Life Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	AllWays Health Partners	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Blue Cross and Blue Shield of Massachusetts, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	Boston Medical Center Health Plan, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	CIGNA Health and Life Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	ConnectiCare of Massachusetts, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Fallon Community Health Plan, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	Fallon Health & Life Assurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	4 Ever Life Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Harvard Pilgrim Health Care, Inc. (HPHC)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	HPHC Insurance Company, Inc. (HPIC)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Health New England, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Tufts Health Public Plans, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17	Tufts Associated Health Maintenance Organization, Inc.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Tufts Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes

No.	Company Name	1 - Exempt?	2 - Med/Surg and MH/SU?	3 - Coverage in Every Classification?	4 - Comply with annual/lifetime dollar limits?	5 - Comply with financial/QTL requirements?	6 - Comply with cumulative financial/QTL	7 - Comply with NQTL requirements?	8 - Comply with disclosure requirements?
19	UnitedHealthcare Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Wellfleet Insurance Company	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	CY 2021 Mental Health Parity Certification						
	Chapter 110 of the Acts of 2017	Services covered, not covered, or covered through comparable service or other definition in 2021					
No.	Name of Carrier	(i) intensive care coordination for a child with serious emotional disturbances	(ii) Mobile crisis intervention	(iii) Family support and training[1]	(iv) In-home therapy	(v) Therapeutic mentoring services[1]	(vi) In-home behavioral services
1	Aetna Health Insurance Company	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
2	Aetna Health, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
3	Aetna Life Insurance Company	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
4	AllWays Health Partners, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
5	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
6	Blue Cross and Blue Shield of Massachusetts, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
7	Boston Medical Center Health Net Plan, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
8	CIGNA Health and Life Insurance Company	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
9	ConnectiCare of Massachusetts, Inc.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined.
10	Fallon Community Health Plan, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined.
11	Fallon Health & Life Assurance Company, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	~~Carrier covers service as defined or comparable service.~~	Carrier covers service as defined.	Carrier covers service as defined.
12	4 Ever Life Insurance Company	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.
13	Harvard Pilgrim Health Care, Inc. (HPHC)	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.
15	HPHC Insurance Company, Inc. (HPIC)	**Core Business and Student Plan**: Carrier covers service as defined.	**Core Business and Student Plan**: Carrier covers service as defined or comparable service.	**Core Business and Student Plan**: Carrier covers service as defined or comparable service.	**Core Business and Student Plan**: Carrier covers service as defined or comparable service.	**Core Business**: Carrier covers service as defined. **Student Plan**: Carrier covers service as defined.	**Core Business and Student Plan**: Carrier covers service as defined or comparable service.
14	Health New England, Inc.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined or comparable service.	Carrier covers service as defined.	Carrier covers service as defined.
16	Tufts Health Public Plans, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
17	Tufts Associated Health Maintenance Organization, Inc.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
18	Tufts Insurance Company	Carrier covers services as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
19	UnitedHealthcare Insurance Company	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.
20	Wellfleet Insurance Company	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.	Carrier covers service as defined.

[1] Family Support and Training and Therapeutic Mentoring Services were required to be covered as of July 1, 2021

Note: "Carrier covers service as defined" means carrier indicated service is covered and did not provide additional explanation or alternative definition.

Note: Carrier responses are based on the definitions of the services listed below as defined in Chapter 110 of the Acts of 2017

List of Services:

(i) intensive care coordination for a child with serious emotional disturbances
(ii) Mobile crisis intervention
(iii) Family support and training
(iv) In-home therapy
(v) Therapeutic mentoring services
(vi) In-home behavioral services

Color	Meaning
Green	Means Covered or comparable service by carrier
Blue	Means coverage provided is something other than coverage as defined or comparable coverage
Peach	Means carrier does not cover defined nor comparable service

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** Chairperson of Aetna National Quality Oversight Committee	**Medical and Behavioral Health:** Aetna National Quality Advisory Committee
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** Chairperson of Aetna National Quality Oversight Committee	**Medical and Behavioral Health:** Aetna National Quality Advisory Committee
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** Chairperson of Aetna National Quality Oversight Committee	**Medical and Behavioral Health:** Aetna National Quality Advisory Committee

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
4	**AllWays Health Partners**	**Medical:** AllWays' Chief Medical Officer (AllWays CMO) **Behavioral Health:** Optum's Chief Medical Officer and Clinical Quality and Operations Committee (CQOC) **Reason for different persons:** Roles and responsibilities are parallel at the partner organizations. Two different individuals are responsible because of the need for experience and expertise in the respective fields.	**Medical:** AllWays' Utilization Management Committee (UMC) and Medical Policy Committee (MPC) rely on assessment teams comprised of the CMO, Medical Directors, clinicians and other internal staff. **Behavioral Health:** Optum's Corporate Medical Management Committee (CMMC) is comprised of psychiatrists, doctoral and Masters-level behavioral health and substance abuse clinicians and licensed social workers. **Reason for different committees:** AllWays contracts with Optum due to their knowledge and expertise in treatment of mental health and substance use disorders.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Vice President of Medical Operations, is responsible for the ultimate approval of BCBSMA's utilization review criteria.	**Medical and Behavioral Health:** The Medical Policy Administration (MPA) team is responsible for the development of local medical polices for both medical/surgical and mental health/substance use disorder services, which may include national policies approved by the Blue Cross Blue Shield Association. The MPA leader is a member of the UM Steering Committee, and the leader takes responsibility for assuring that each Medical Policy is consistent with the objectives of the Quality Program. The Senior Medical Director for Behavioral Health, and Vice President of Medical Operations provide oversight and final review.

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Vice President of Medical Operations, is responsible for the ultimate approval of BCBSMA's utilization review criteria.	**Medical and Behavioral Health:** The Medical Policy Administration (MPA) team is responsible for the development of local medical polices for both medical/surgical and mental health/substance use disorder services, which may include national policies approved by the Blue Cross Blue Shield Association. The MPA leader is a member of the UM Steering Committee, and the leader takes responsibility for assuring that each Medical Policy is consistent with the objectives of the Quality Program. The Senior Medical Director for Behavioral Health, and Vice President of Medical Operations provide oversight and final review.
7	**Boston Medical Center Health Plan, Inc.**	**Medical:** BMCHP's Medical Policy Director **Behavioral Health**: Beacon Health Strategies, LLC's (Beacon's) Chief Medical Officer and medical directors **Reason for difference:** Behavioral health delegated UR to Beacon because of specialized nature of behavioral health services.	**Medical:** BMCHP's Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC), guided by its Board Level Quality and Clinical Management Committee (Q&CMC) **Behavioral Health:** Beacon's Quality Management, Utilization Management, Clinical Management Committee **Reason for different committees:** Behavioral health delegated UR to Beacon because of specialized nature of behavioral health services.
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** Chief Medical Officer is ultimately responsible and delegates oversight of quality activities to Cigna's Medical Technology Assessment Committee.	**Medical and Behavioral Health:** CIGNA Medical Technology Assessment Committee (MTAC)

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** Medical Policy Committee (MPC) chaired by Chief Medical Officer or a Medical Director reporting to the Chief Medical Officer **Behavioral Health:** Optum's Clinical Technology Assessment Committee (CTAC) with oversight from the Clinical Quality and Operations Committee (CQOC) **Reason for difference:** Need for subject matter experts.	**Medical:** Criteria reviewed by clinical staff and Medical Directors. **Behavioral Health:** Clinical Technology Assessment Committee (CTAC) is responsible for developing evidence-based Behavioral Clinical Policies for select behavioral health technologies and obtains approval from the Clinical Quality and Operations Committee (CQOC) **Reason for different committees:** Need for subject matter experts.
10	**Fallon Community Health Plan, Inc.**	**Medical:** Fallon Health's CMO **Behavioral Health:** Beacon's Chief Medical Officer and Senior Vice President of Clinical Management **Reason for difference:** Beacon has subject matter expertise and has NCQA accreditation in behavioral health services. Fallon Health assures that it is carrying out responsibilities in accordance with NCQA standards through contractually agreed upon reporting requirements to the Delegation Oversight Committee (DOC).	**Medical:** Fallon Health Technical Assessment Committee (TAC) **Behavioral Health:** Beacon's Quality Management, Utilization Management, Clinical Management Committee (QM/UM/CM) and Corporate Medical Management Committee (CMMC) **Reason for different committees:** Beacon has subject matter expertise.
11	**Fallon Health & Life Assurance Company**	**Medical:** Fallon Health's CMO **Behavioral Health:** Beacon's Chief Medical Officer and Senior Vice President of Clinical Management **Reason for difference:** Beacon has subject matter expertise and has NCQA accreditation in behavioral health services. Fallon Health assures that it is carrying out responsibilities in accordance with NCQA standards through contractually agreed upon reporting requirements to the Delegation Oversight Committee (DOC).	**Medical:** Fallon Health Technical Assessment Committee (TAC) **Behavioral Health:** Beacon's Quality Management, Utilization Management, Clinical Management Committee (QM/UM/CM) and Corporate Medical Management Committee (CMMC) **Reason for different committees:** Beacon has subject matter expertise.

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
12	**4 Ever Life Insurance Company**	**Medical:** Medical and Claim Payment Policy Committee, a subcommittee of the Managed Care Quality Improvement Committee (MCQIC) **Behavioral Health:** Magellan Health Care Utilization Management Committee	**Medical and Behavioral Health:** AmeriHealth (AHA), through the Quality Management (QM) process, reviews Utilization Management (UM) criteria on an annual basis. QM is performed through the Managed Care Quality Improvement Committee.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** VP and Sr. Medical Director **Behavioral Health:** Optum's Clinical Quality and Operations Committee (CQOC), chaired by the Sr. Behavioral Health Medical Director and Director of Utilization Management **Reason for difference:** Optum has subject matter expertise in behavioral health	**Medical and Behavioral Health:** Harvard Pilgrim Medical Technology Assessment Committee (new devices, treatments, technologies and medical pharmaceuticals) and Harvard Pilgrim Pharmacy and Therapeutics Committee (pharmaceuticals in the pharmacy benefit) **Behavioral Health:** Optum's Clinical Quality and Operations Committee (CQOC), chaired by the Sr. Behavioral Health Medical Director and Director of Utilization Management **Reason for difference**: Optum has subject matter expertise in behavioral health

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** **Medical:** VP and Sr. Medical Director **Behavioral Health:** Optum's Clinical Quality and Operations Committee (CQOC), chaired by the Sr. Behavioral Health Medical Director and Director of Utilization Management **Reason for difference:** Optum has subject matter expertise in behavioral health **Student Plan**: **Medical and Behavioral Health**: The HPIC Student Plan is administered by United HealthCare Services, Inc., including its marketing division UnitedHealthcare Student Resources, and United Behavioral Health, which are part of United Health Group (collectively referred to as, "United"). The United Clinical Technology Assessment Committee ("CTAC") and Clinical Services Medical Policy Development Team, each chaired by a Medical Director with clinically appropriate expertise.	**Core Business:** **Medical and Behavioral Health:** Harvard Pilgrim Medical Technology Assessment Committee (new devices, treatments, technologies and medical pharmaceuticals) and Harvard Pilgrim Pharmacy and Therapeutics Committee (pharmaceuticals in the pharmacy benefit) **Behavioral Health**: Optum's Clinical Quality and Operations Committee (CQOC), chaired by the Sr. Behavioral Health Medical Director and Director of Utilization Management **Reason for difference**: Optum has subject matter expertise in behavioral health **Student Plan**: **Medical and Behavioral Health**: United Quality Improvement and Management Committee
15	**Health New England, Inc.**	**Medical and Behavioral Health:** The HNE Chief Medical Officer is responsible for the ultimate approval of the utilization review criteria used for both medical/surgical and behavioral health and substance use disorders.	**Medical and Behavioral Health:** Medical Technology Assessment Committee (MTAC), chaired by the HNE CMO

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Chief Medical Officer of Tufts Health Public Plans	**Medical and Behavioral Health:** Medical Policy Approval Committee (MPAC); the Medical Specialty Advisory Committees (MSPAC); Medical Technology Assessment Process
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Chief Medical Officer of Tufts Health Plan	**Medical and Behavioral Health:** Medical Policy Approval Committee (MPAC); the Medical Specialty Advisory Committees (MSPAC); Medical Technology Assessment Process
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** Chief Medical Officer of Tufts Health Plan	**Medical and Behavioral Health:** Medical Policy Approval Committee (MPAC); the Medical Specialty Advisory Committees (MSPAC); Medical Technology Assessment Process

No.	Company Name	1.1 - Utilization Review Person	1.2 - Utilization Review Committee
19	**UnitedHealthcare Insurance Company**	**Medical:** National Medical Care and Management Committee (NMCMC) **Behavioral Health:** Optum's Clinical Quality and Operations Committee (CQOC) **Reason for difference:** It is prudent to have appropriately trained and experienced specialists in their respective fields develop the utilization review and criteria.	**Medical:** Medical Technology Assessment Committee (MTAC) **Behavioral Health:** Optum's Clinical Quality and Operations Committee (CQOC) **Reason for difference:** It is prudent to have appropriately trained and experienced specialists in their respective fields develop the utilization review and criteria.
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** Wellfleet's Chief Medical Officer oversees the day-to-day administration of all clinical review processes, medical/surgical (M/S) and mental health/substance use disorder (MH/SUD), at Wellfleet. Wellfleet delegates utilization review to Cigna for medical M/S benefits and medical MH/SUD benefits for all plans, and for pharmacy benefits for some plans. Cigna's Medical Technology Assessment Committee (MTAC) is responsible for reviewing and approving the criteria used to conduct medical necessity reviews of M/S services and MH/SUD services. For pharmacy benefits, Wellfleet delegates the development of utilization review criteria for some plans to RemedyOne (RO).	**Medical and Behavioral Health:** Cigna Medical Technology Assessment Committee (MTAC) - scope of review includes medical/surgical and mental health matters.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
1	**Aetna Health, Inc.**	Internal: Aetna Applied Behavioral Analysis (ABA) Medical Necessity guidelines for Autism approved by the CMO External: Level of Care Utilization System (LOCUS) and Child andAdolescent Level of Care / Service Intensity Utilization System (CALOCUS_CASII) for mental health, and American Society for Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance Related and Co-Occurring Conditions for substance use disorders	MCG criteria, approved for use by Aetna National Quality Advisory Committee and Aetna National Quality Oversight Committee. Aetna also develops Clinical Policy Bulletins internally.
2	**Aetna Health Insurance Company**	Internal: Aetna Applied Behavioral Analysis (ABA) Medical Necessity guidelines for Autism approved by the CMO External: Level of Care Utilization System (LOCUS) and Child andAdolescent Level of Care / Service Intensity Utilization System (CALOCUS_CASII) for mental health, and American Society for Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance Related and Co-Occurring Conditions for substance use disorders	MCG criteria, approved for use by Aetna National Quality Advisory Committee and Aetna National Quality Oversight Committee. Aetna also develops Clinical Policy Bulletins internally.
3	**Aetna Life Insurance Company**	Internal: Aetna Applied Behavioral Analysis (ABA) Medical Necessity guidelines for Autism approved by the CMO External: Level of Care Utilization System (LOCUS) and Child andAdolescent Level of Care / Service Intensity Utilization System (CALOCUS_CASII) for mental health, and American Society for Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance Related and Co-Occurring Conditions for substance use disorders	MCG criteria, approved for use by Aetna National Quality Advisory Committee and Aetna National Quality Oversight Committee. Aetna also develops Clinical Policy Bulletins internally.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
4	**AllWays Health Partners**	Optum utilizes Level of Care Utilization System (LOCUS), Child andAdolescent Level of Care / Service Intensity Utilization System (CALOCUS_CASII), and Early Childhood Service Intensity Instrument (ECSII) for mental health, and American Society of Addiction Medicine (ASAM) for Substance Use Disorders. AllWays' Director of Behavioral Health and CMO maintain delegation oversight of Optum.	Uses both internally created utilization review criteria and Change Health's (formerly McKesson) InterQual criteria. Adheres to the NCQA's UM Standards governing clinical criteria for utilization management decisions for federal and state regulations.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	Internal: In evaluating new technologies, BCBSMA utilizes key evidence-based criteria (EBC's) sourced from national and regional professional associations and evaluated by recognized professionals in relevant fields. External: BCBSMA uses Change Healthcare's (formerly McKesson) InterQual criteria in order to maintain consistency - made up of 30 internal clinicians, 650 independent practicing consultants, and 110 experts in behavioral health.	Internal: In evaluating new technologies, BCBSMA utilizes key evidence-based criteria (EBC's) sourced from national and regional professional associations and evaluated by recognized professionals in relevant fields. External: BCBSMA uses Change Healthcare's (formerly McKesson) InterQual criteria in order to maintain consistency - made up of 30 internal clinicians, 650 independent practicing consultants, and 110 experts in behavioral health.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	Internal: In evaluating new technologies, BCBSMA utilizes key evidence-based criteria (EBC's) sourced from national and regional professional associations and evaluated by recognized professionals in relevant fields. External: BCBSMA uses Change Healthcare's (formerly McKesson) InterQual criteria in order to maintain consistency - made up of 30 internal clinicians, 650 independent practicing consultants, and 110 experts in behavioral health.	Internal: In evaluating new technologies, BCBSMA utilizes key evidence-based criteria (EBC's) sourced from national and regional professional associations and evaluated by recognized professionals in relevant fields. External: BCBSMA uses Change Healthcare's (formerly McKesson) InterQual criteria in order to maintain consistency - made up of 30 internal clinicians, 650 independent practicing consultants, and 110 experts in behavioral health.
7	**Boston Medical Center Health Plan, Inc.**	BMCHP adopts the UR criteria for mental health/substance use disorder services developed by Beacon, InterQual and ASAM. Beacon adheres to NCQA Utilization Management standards and compares national scientific and evidence based criteria sets.	Combination of internal and external review sources. Uses Change Healthcare's (formerly McKesson) InterQual criteria. Internally, Medical Policy Manager responsible for review of literature, scientific studies and other information.
8	**CIGNA Health and Life Insurance Company**	Cigna utilizes the MCG™ Behavioral Care Guidelines and two internally-developed coverage policies for ABA therapy and Transcranial Magnetic Stimulation therapy (where MCG™ Guidelines are not available) and the American Society of Addiction Medicine Criteria (ASAM Criteria®) for substance use disorder levels of care reviews.	Cigna utilizes the MCG™ Guidelines and its own internally developed coverage policies where MCG™ Guidelines are not available.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
9	**ConnectiCare of Massachusetts, Inc.**	ConnectiCare uses utilization review criteria developed by Optum. Optum utilizes nationally recognized clinical guidelines and criteria: LOCUS (Level of Care Utilization System), CASII (Child and Adolescent Service Intensity Instrument), ECSII (Early Childhood Service Intensity Instrument) for mental health services, and ASAM (American Society of Addiction Medicine) for substance use disorder services, as well as Behavioral Clinical Policies for services that are not covered by the National Criteria.	Contracts with National Imaging Associates (NIA) for Advanced radiology, Radiation Oncology and Muscoskeletal, interventional cardiology and pain management Utilization Management Criteria, and eviCore for genetic testing Utilization Management Criteria. Criteria are reviewed and approved by the MPC at least annually.
10	**Fallon Community Health Plan, Inc.**	The following are Beacon's Medical Necessity Criteria: ▪ Centers for Medicare and Medicaid (CMS) Criteria - The Medicare Coverage Database (MCD) contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). ▪ Custom Criteria - The Custom Criteria are network- and state-specific Medical Necessity Criteria. ▪ Change Healthcare's InterQual® Behavioral Health Criteria ▪ American Society of Addiction Medicine (ASAM) Criteria for substance use treatment. ▪ Beacon's National Medical Necessity Criteria	InterQual Level of Care Criteria, and for some specialty areas, Fallon Health's internal criteria.
11	**Fallon Health & Life Assurance Company**	The following are Beacon's Medical Necessity Criteria: ▪ Centers for Medicare and Medicaid (CMS) Criteria - The Medicare Coverage Database (MCD) contains all National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). ▪ Custom Criteria - The Custom Criteria are network- and state-specific Medical Necessity Criteria. ▪ Change Healthcare's InterQual® Behavioral Health Criteria ▪ American Society of Addiction Medicine (ASAM) Criteria for substance use treatment. ▪ Beacon's National Medical Necessity Criteria	InterQual Level of Care Criteria, and for some specialty areas, Fallon Health's internal criteria.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
12	**4 Ever Life Insurance Company**	Utilization and Case Management is performed by Magellan Healthcare, Inc. (MHC), an NCQA accredited Managed Behavioral Health Organization, which utilizes its internally developed Magellan Care Guidelines as the primary decision support tool for the company's Utilization Management Program. The Magellan Care Guidelines incorporate the 20th edition Milliman Care Guidelines (MCG) for behavioral health acute services, as well as ASAM criteria for management of substance use services.	AmeriHealth Administrators (AHA), 4 Ever Life's third-party administrator, uses InterQual Level of Care Criteria.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	Effective 1/1/20, Optum utilized the following nationally recognized external clinical criteria: LOCUS (Level of Care Utilization System); CASII (Child and Adolescent Service Intensity Instrument), and ECSII (Early Childhood Service Intensity Instrument) for mental health services and ASAM (American Society of Addiction Medicine) for Substance Abuse services. Supplemental clinical criteria are utilized when national criteria do not address the specific service. Optum utilization review criteria are approved by Harvard Pilgrim for management of mental health/substance use disorder benefits for Harvard Pilgrim members.	Harvard Pilgrim uses a combination of national and internally developed utilization review criteria, which are approved through Clinical Medical Policy committees and processes. Each of Harvard Pilgrim's contracted specialty care vendors utilizes its own utilization review criteria, which have been shared with and approved by Harvard Pilgrim, to determine the appropriateness of requested services. Coverage determinations based on Harvard Pilgrim's medical necessity criteria, with InterQual criteria utilized at acute care hospitals.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business**: Effective 1/1/20, Optum utilized the following nationally recognized external clinical criteria: LOCUS (Level of Care Utilization System); CASII (Child and Adolescent Service Intensity Instrument), and ECSII (Early Childhood Service Intensity Instrument) for mental health services and ASAM (American Society of Addiction Medicine) for Substance Abuse services. Supplemental clinical criteria are utilized when national criteria do not address the specific service. Optum utilization review criteria are approved by Harvard Pilgrim for management of mental health/substance use disorder benefits for Harvard Pilgrim members. **Student Plan**: United is responsible for developing, reviewing, proposing and adopting utilization review criteria for mental health/substance use disorder services working in conjunction with the Medical Technology Assessment Committee (MTAC) and CTAC for the creation of mental health/substance use disorder policies.	**Core Business**: Harvard Pilgrim uses a combination of national and internally developed utilization review criteria, which are approved through Clinical Medical Policy committees and processes. Each of Harvard Pilgrim's contracted specialty care vendors utilizes its own utilization review criteria, which have been shared with and approved by Harvard Pilgrim, to determine the appropriateness of requested services. Coverage determinations based on Harvard Pilgrim's medical necessity criteria, with InterQual criteria utilized at acute care hospitals. **Student Plan**: United is responsible for developing, reviewing, proposing and adopting utilization review criteria for medical/surgical services used in making benefit determinations under the Student Plan through its Clinical Services Medical Policy Development Team. All policies were developed by professionals within the United corporate family.
15	**Health New England, Inc.**	Uses both internally created review criteria developed and updated with the input of local physicians through annual review by the Behavioral Health Assessment Committee (BHAC) with input from the MTAC, as well as Change Healthcare's (formerly McKesson) nationally recognized InterQual criteria.	Uses both internally created review criteria developed and updated with the input of local physicians through annual review by the Clinical Care Assessment Committee (CCAC) with input from the MTAC, as well as Change Healthcare's (formerly McKesson) nationally recognized InterQual criteria.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
16	**Tufts Health Public Plans, Inc.**	Criteria developed internally, utilizing MPAC enterprise process, as well as external McKesson's InterQual Criteria.	Criteria developed internally, utilizing MPAC enterprise process, as well as external McKesson's InterQual Criteria.
17	**Tufts Associated Health Maintenance Organization, Inc.**	Criteria developed internally, utilizing MPAC enterprise process, as well as external McKesson's InterQual Criteria.	Criteria developed internally, utilizing MPAC enterprise process, as well as external McKesson's InterQual Criteria.
18	**Tufts Insurance Company**	Criteria developed internally, utilizing MPAC enterprise process, as well as external McKesson's InterQual Criteria.	Criteria developed internally, utilizing MPAC enterprise process, as well as external McKesson's InterQual Criteria.

No.	Company Name	1.3.a - Mental Health Utilization Review Criteria - Developed by Whom?	1.3.b - Medical Utilization Review Criteria- Developed by Whom?
19	UnitedHealthcare Insurance Company	Optum develops internal clinical criteria pursuant to guidance articulated by the CQOC and uses externally developed Clinical Criteria e.g., LOCUS, CASII, CALOCUS-CASII, and ECSII for mental health services (as defined in its National Policy definitions List) and ASAM Criteria for substance-related disorder services.	UHC develops internal clinical criteria pursuant to guidance articulated by the MTAC and uses externally developed Clinical Criteria e.g., InterQual and eviCore.
20	Wellfleet Insurance Company	Cigna/Evernorth Behavioral Health utilizes the MCG™ Behavioral Care Guidelines, two internally-developed coverage policies for ABA therapy and Transcranial Magnetic Stimulation therapy, and the American Society of Addiction Medicine Criteria (“The ASAM Criteria®) for substance use disorder levels of care reviews.	Cigna utilizes the MCG™ Guidelines (formerly Milliman Care Guidelines) and its own internally developed coverage policies where MCG™ Guidelines are not available.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
1	**Aetna Health, Inc.**	For medical and mental health services, both internal and external review criteria are used.	Aetna National Quality Advisory Committee obtains input from practicing physicians regarding behavioral health criteria. Representatives include primary care, behavioral health, high-volume specialists, and other specialty practitioners as needed for clinical input.
2	**Aetna Health Insurance Company**	For medical and mental health services, both internal and external review criteria are used.	Aetna National Quality Advisory Committee obtains input from practicing physicians regarding behavioral health criteria. Representatives include primary care, behavioral health, high-volume specialists, and other specialty practitioners as needed for clinical input.
3	**Aetna Life Insurance Company**	For medical and mental health services, both internal and external review criteria are used.	Aetna National Quality Advisory Committee obtains input from practicing physicians regarding behavioral health criteria. Representatives include primary care, behavioral health, high-volume specialists, and other specialty practitioners as needed for clinical input.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
4	**AllWays Health Partners**	AllWays delegates mental health utilization review matters to Optum because they are specialized in the area.	Solicit input for development and maintenance for behavioral health services from practicing behavioral health experts, including psychiatrists, psychologists, nurses, advanced practice nurses, and licensed clinicians.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	Not applicable.	Internal: BCBSMA receives input from Massachusetts-based clinicians on medical policy. The Medical Policy Group, which meets monthly, includes physician representatives from the community as standing members. External: Change Healthcare includes input from practicing physicians and other licensed clinicians in Massachusetts when developing InterQual Criteria for mental health/substance use disorder services.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	Not applicable.	Internal: BCBSMA receives input from Massachusetts-based clinicians on medical policy. The Medical Policy Group, which meets monthly, includes physician representatives from the community as standing members. External: Change Healthcare includes input from practicing physicians and other licensed clinicians in Massachusetts when developing InterQual Criteria for mental health/substance use disorder services.
7	**Boston Medical Center Health Plan, Inc.**	BMCHP maintains that BMCHP and Beacon utilize comparable, clinically appropriate processes, strategies and evidentiary standards to develop their respective UR criteria.	Beacon’s Physician (Peer) Advisors (PAs), all of whom are practicing psychiatrists, review criteria sets for clinical efficacy. In addition, Beacon’s Scientific Review Committee reviews clinical research and guidelines for new clinical procedures and technologies, and Beacon’s Corporate Medical Management Committee (CMMC) reviews Level of Care criteria at least annually and updates criteria as needed.
8	**CIGNA Health and Life Insurance Company**	Cigna does not employ separate standards for the development of utilization criteria for MH/SUD services.	CIGNA draws on feedback from network providers. Can be made via website, where criteria are housed,or provided directly to CIGNA Medical Execuitve, Coverage Policy Unit or Medical Technical Assessment Committee.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
9	**ConnectiCare of Massachusetts, Inc.**	Need for subject matter experts.	Optum obtains input from network providers, made up of practicing physicians and other behavioral health professionals from Optum's provider network. Optum also obtains condition-specific input from clinical subject matter experts.
10	**Fallon Community Health Plan, Inc.**	While Fallon Health maintains oversight over Beacon's utilization review criteria, Beacon has specialized breadth and depth of expertise in the area of behavioral health.	Medical Necessity Criteria developed, reviewed, revised, and updated by Beacon's Quality Management, Utilization Management, and Clinical Management Committee (QM/UM/CM) with input from clinicians and physicians who have expertise in the diagnosis and treatment of individuals with mental illness and/or addictive disorders, national experts, and professional, consumer, and family advisory groups and organizations.
11	**Fallon Health & Life Assurance Company**	While Fallon Health maintains oversight over Beacon's utilization review criteria, Beacon has specialized breadth and depth of expertise in the area of behavioral health.	Medical Necessity Criteria developed, reviewed, revised, and updated by Beacon's Quality Management, Utilization Management, and Clinical Management Committee (QM/UM/CM) with input from clinicians and physicians who have expertise in the diagnosis and treatment of individuals with mental illness and/or addictive disorders, national experts, and professional, consumer, and family advisory groups and organizations.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
12	**4 Ever Life Insurance Company**	Both AHA and MHC utilize nationally recognized criteria developed with broad input by subject matter experts and utilized by a majority of carriers and utilization management organizations when available. AHA utilizes medical policies developed internally when the aforementioned criteria do not address new and emerging or changing standards of care.	Criteria and Medical Policy is derived from conversations with practitioners and local clinical experts.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	Review differences exist because Optum has the expertise to develop mental health utilization review criteria. Harvard Pilgrim reviews this criteria for consistency with federal and state mental health parity laws.	Optum seeks input from physicians and other clinicians through its Behavioral Specialty Advisory Council, which is made up of representatives from national mental health specialty societies.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business**: Review differences exist because Optum has the expertise to develop mental health utilization review criteria. Harvard Pilgrim reviews this criteria for consistency with federal and state mental health parity laws. **Student Plan**: United uses the same procedures to review and develop UR criteria for both medical surgical and mental health/substance use disorder benefits in the HPIC Student Plan.	Optum seeks input from physicians and other clinicians through its Behavioral Specialty Advisory Council, which is made up of representatives from national mental health specialty societies.
15	**Health New England, Inc.**	HNE uses a combination of internally developed and externally licensed criteria for both mental health/substance use and medical/surgical services.	HNE's Behavioral Health Advisory Committee (BHAC) provides input on MH/SUD policies. The BHAC is co-chaired by the Medical Director of Behavioral Health, who is a board certified psychiatrist, and by the Medical Director for Medicaid. BHAC membership includes psychiatrists, psychologists and licensed social workers.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
16	**Tufts Health Public Plans, Inc.**	The process for both is done internally and externally.	Review criteria are developed using recommendations from practicing physicians and governmental agency policies. Criteria are reviewed internally by Behavioral Health Medical Specialty Policy Advisory Committee (BH MSPAC), which is chaired by the Tufts Health Plan Medical Director of Medical Policy.
17	**Tufts Associated Health Maintenance Organization, Inc.**	The process for both is done internally and externally.	Review criteria are developed using recommendations from practicing physicians and governmental agency policies. Criteria are reviewed internally by Behavioral Health Medical Specialty Policy Advisory Committee (BH MSPAC), which is chaired by the Tufts Health Plan Medical Director of Medical Policy.
18	**Tufts Insurance Company**	The process for both is done internally and externally.	Review criteria are developed using recommendations from practicing physicians and governmental agency policies. Criteria are reviewed internally by Behavioral Health Medical Specialty Policy Advisory Committee (BH MSPAC), which is chaired by the Tufts Health Plan Medical Director of Medical Policy.

No.	Company Name	1.3.c - Review Differences	1.4.a - Practicing Physician Input - Mental Health
19	**UnitedHealthcare Insurance Company**	The review utilization processes used to develop medical necessity criteria for medical care and mental health/substance abuse services are similar.	In accordance with NCQA standards, Optum takes non-staff network practitioner feedback into consideration when developing and reviewing medical policies and utilization review criteria.
20	**Wellfleet Insurance Company**	Cigna does not employ separate standards for the development of utilization criteria for MH/SUD services.	Cigna draws on feedback from network providers. Such feedback can be provided through its website, through the Cigna Medical Executive in their market, or directly to the Coverage Policy Unit and MTAC.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
1	**Aetna Health, Inc.**	National Quality Advisory Committee, includes range of practicing practitioners, both PCP's and specialists.	Process is comparable, with exception of area of expertise. The processes for obtaining "input from practicing physicians" are comparable with the only difference being the licensure and specialties/area of expertise of the practicing physicians and practitioners providing input.
2	**Aetna Health Insurance Company**	National Quality Advisory Committee, includes range of practicing practitioners, both PCP's and specialists.	Process is comparable, with exception of area of expertise. The processes for obtaining "input from practicing physicians" are comparable with the only difference being the licensure and specialties/area of expertise of the practicing physicians and practitioners providing input.
3	**Aetna Life Insurance Company**	National Quality Advisory Committee, includes range of practicing practitioners, both PCP's and specialists.	Process is comparable, with exception of area of expertise. The processes for obtaining "input from practicing physicians" are comparable with the only difference being the licensure and specialties/area of expertise of the practicing physicians and practitioners providing input.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
4	**AllWays Health Partners**	Solicit input for development and maintenance for medical/surgical services from board certified, practicing physicians, and health professionals from specialty areas.	Process is similar, as input is solicited from relevant medical professionals. There are no notable differences in the process utilized to develop mental health/substance use and medical/surgical criteria.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	Internal: BCBSMA receives input from Massachusetts-based clinicians on medical policy. The Medical Policy Group, which meets monthly, includes physician representatives from the community as standing members. External: Change Healthcare includes input from practicing physicians and other licensed clinicians in Massachusetts when developing InterQual Criteria for mental health/substance use disorder services.	Same process used during physician review for both mental health and medical review.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	Internal: BCBSMA receives input from Massachusetts-based clinicians on medical policy. The Medical Policy Group, which meets monthly, includes physician representatives from the community as standing members. External: Change Healthcare includes input from practicing physicians and other licensed clinicians in Massachusetts when developing InterQual Criteria for mental health/substance use disorder services.	Same process used during physician review for both mental health and medical review.
7	**Boston Medical Center Health Plan, Inc.**	BMCHP uses InterQual® UR criteria to review the vast majority of medical/surgical services. For internally developed UR criteria, BMCHP consults with external actively practicing specialists and Plan Medical Directors who review and/or approve the UR criteria (e.g., Medical Policy Criteria Technology Assessment Committee, and Quality and Clinical Management Committee).	The processes are comparable. The external sources are nationally recognized standards.
8	**CIGNA Health and Life Insurance Company**	Feedback from physicians through website, local market CIGNA Medical Executive, or Coverage Policy Unit and Medical Technical Assessment Committee.	Similar process, but more inclusive of mental health and substance use disorder practicing physicians and non-physicians.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
9	**ConnectiCare of Massachusetts, Inc.**	ConnectiCare obtains input from its Physician Quality Improvement Committee (PQIC) which includes staff from ConnectiCare Healthcare Management and senior practicing physicians. All criteria are presented to the PQIC for review and approval and reviewed annually by clinical staff, Medical Directors, and the MPC.	ConnectiCare and Optum utilize similar processes.
10	**Fallon Community Health Plan, Inc.**	Fallon Health uses the TAC that is tasked with reviewing and developing criteria. It is made up of network physicians from various specialty areas.	Both Beacon and Fallon Health are accredited by NCQA, which requires physician input. While different committees exist for each, the process for both to include physicians in review of criteria is similar.
11	**Fallon Health & Life Assurance Company**	Fallon Health uses the TAC that is tasked with reviewing and developing criteria. It is made up of network physicians from various specialty areas.	Both Beacon and Fallon Health are accredited by NCQA, which requires physician input. While different committees exist for each, the process for both to include physicians in review of criteria is similar.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
12	**4 Ever Life Insurance Company**	4 Ever Life uses a corporate Clinical Quality Committee comprised of network participating providers to review the guidelines annually. A corporate Medical Director coordinates mental health/substance abuse programs and oversees the UM Program.	The process for both is the same.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	Harvard Pilgrim's Clinical Medical Policy Committee involves and solicits input from actively practicing physicians and other clinicians in relevant medical specialties when developing, adopting, and/or revising its utilization review criteria used in making benefit determinations for medical/surgical services. Practicing physician input is also solicited through the provider portal/prior authorization medical criteria section and is considered upon review of the clinical policies. Feedback and input are reviewed in the Medical Policy Committee with Senior Medical Director, and Harvard Pilgrim physician reviewers.	While their processes are not exactly the same, Optum's and Harvard Pilgrim both comply with the Mental Health Parity Laws by obtaining input from practicing physicians regarding their criteria.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business**: Harvard Pilgrim's Clinical Medical Policy Committee involves and solicits input from actively practicing physicians and other clinicians in relevant medical specialties when developing, adopting, and/or revising its utilization review criteria used in making benefit determinations for medical/surgical services. Practicing physician input is also solicited through the provider portal/prior authorization medical criteria section and is considered upon review of the clinical policies. Feedback and input are reviewed in the Medical Policy Committee with Senior Medical Director, and Harvard Pilgrim physician reviewers. **Student Plan**: Clinical policies are developed in accordance with clinical evidence from published peer-reviewed literature. When clinical policies are developed or updated, such policies may be submitted to local physicians, appropriate external professional specialty societies and/or scientific advisory boards for review and feedback. For the development and revision of policy criteria, input is also obtained from non-physician professionals who are part of the committee.	**Core Business**: While their processes are not exactly the same, Optum's and Harvard Pilgrim both comply with the Mental Health Parity Laws by obtaining input from practicing physicians regarding their criteria. **Student Plan**: United uses the same procedures to review and develop UR criteria for both medical surgical and mental health/substance use disorder benefits in the HPIC Student Plan.
15	**Health New England, Inc.**	HNE's Clinical Care Assessment Committee (CCAC) reviews medical criteria. Chaired by CMO, members are physicians from general surgery, internal medicine, pediatrics, family medicine.	HNE believes that the use of two different committees to provide initial input is appropriate based on the clinical expertise of the respective committees.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
16	**Tufts Health Public Plans, Inc.**	Medical Specialty Policy Advisory Committee (MSPAC) evaluates new and emerging technology. Members include external practicing physicians as well as internal Medical Directors, medical policy managers, and clinical pharmacists. MSPAC is chaired by the Tufts Health Plan Medical Director of Medical Policy and also provides input on the development and annual review of medical necessity guidelines.	The process for both is the same.
17	**Tufts Associated Health Maintenance Organization, Inc.**	Medical Specialty Policy Advisory Committee (MSPAC) evaluates new and emerging technology. Members include external practicing physicians as well as internal Medical Directors, medical policy managers, and clinical pharmacists. MSPAC is chaired by the Tufts Health Plan Medical Director of Medical Policy and also provides input on the development and annual review of medical necessity guidelines.	The process for both is the same.
18	**Tufts Insurance Company**	Medical Specialty Policy Advisory Committee (MSPAC) evaluates new and emerging technology. Members include external practicing physicians as well as internal Medical Directors, medical policy managers, and clinical pharmacists. MSPAC is chaired by the Tufts Health Plan Medical Director of Medical Policy and also provides input on the development and annual review of medical necessity guidelines.	The process for both is the same.

No.	Company Name	1.4.b - Practicing Physician Input - Medical	1.4.c - Explain if different process
19	**UnitedHealthcare Insurance Company**	In accordance with NQCA standards, UHC takes non-staff network practitioner feedback into consideration when developing and reviewing medical policies and utilization review criteria.	Both UHC and Optum are accredited by NCQA, which requires physician input. While different committees exist for each, the process for both to include physicians in review of criteria is similar.
20	**Wellfleet Insurance Company**	Feedback from physicians through website, local market CIGNA Medical Executive, or Coverage Policy Unit and Medical Technical Assessment Committee. Cigna also solicits feedback from relevant specialty societies on specific coverage policies as appropriate.	The processes applied to obtain input from practicing M/S network providers are no more stringent than the processes applied to obtain input from MH/SUD network providers.

No.	Company Name	2.1 - Notification Process - Who is Responsible?	2.2 - Methods of media used for notification	2.3 - Instructions for contacting organization
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** 1. Provider communications 2. Utilization management clinicians and medical directors 3. Network staff 4. Utilization review and complaint, grievance and appeal member, and provider notification via denial and appeal correspondence.	**Medical and Behavioral Health:** Internet posting; mailed letters; provider newsletters; provider postcards; provider contracts; quality management bulletins and digital communication via Aetna.com	**Medical and Behavioral Health:** Mail, phone, fax, or electronically. Instructions given via methods given in 2.2.
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** 1. Provider communications 2. Utilization management clinicians and medical directors 3. Network staff 4. Utilization review and complaint, grievance and appeal member, and provider notification via denial and appeal correspondence.	**Medical and Behavioral Health:** Internet posting; mailed letters; provider newsletters; provider postcards; provider contracts; quality management bulletins and digital communication via Aetna.com	**Medical and Behavioral Health:** Mail, phone, fax, or electronically. Instructions are given via methods given in 2.2.
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** 1. Provider communications 2. Utilization management clinicians and medical directors 3. Network staff 4. Utilization review and complaint, grievance and appeal member, and provider notification via denial and appeal correspondence.	**Medical and Behavioral Health:** Internet posting; mailed letters; provider newsletters; provider postcards; provider contracts; quality management bulletins and digital communication via Aetna.com	**Medical and Behavioral Health:** Mail, phone, fax, or electronically. Instructions are given via methods given in 2.2.
4	**AllWays Health Partners**	**Medical:** Website notification: Clinical Operations with Provider Relations, Marketing and Corporate Communications; Written or eletronic notification: Provider Relations (i.e., Provider Manual) and Customer Care; Phone notification: Clinical Operations **Behavioral Health:** Website notification: Clinical and Quality with Provider Relations/Network Management and Corporate Communications; Written or electronic notification: Provider Relations/Network Management, Member Services; Phone notification: Clinical Operations **Reason for difference:** AllWays contracts with Optum~~Beacon~~ because of their knowledge and expertise in treatment of mental health and substance use disorders.	**Medical and Behavioral Health:** Website and written electronic communication, i.e., email, provider newsletter.	**Medical and Behavioral Health:** Online (Website) Provider Portal
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Secure online Provider Portal. Network Management Team responsible for all notifications.	**Medical and Behavioral Health:** Provider Portal and news alerts sent via email and regular mail	**Medical and Behavioral Health:** Provider feedback through Electric Blue Review (EBR); Comments from providers to carrier via dedicated email address which is listed in three different locations.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Secure online Provider Portal. Network Management Team responsible for all notifications.	**Medical and Behavioral Health:** Provider Portal and news alerts sent via email and regular mail	**Medical and Behavioral Health:** Provider feedback through Electric Blue Review (EBR); Comments from providers to carrier via dedicated email address which is listed in three different locations.
7	**Boston Medical Center Health Plan, Inc.**	**Medical:** BMCHP's Medical Management and Marketing departments **Behavioral Health:** Beacon's Network Department, Quality & Utilization Management departments **Reason for different persons:** BMCHP and Beacon provide notifications to their respective contracted provider networks.	**Medical:** Mailed network notifications (i.e., postcard, letter, email, and/or provider newsletter) direct providers to BMCHP's website for specific information on UR, coding and other policy changes. **Behavioral Health:** Online Provider Portal, also notification via mail to visit Provider Portal.	**Medical:** Notifications posted on website. Can also contact Provider Network Consultant; or call toll free number. **Behavioral Health:** Mail, email, and Beacon Provider Portal
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** Vice President of Cigna's Provider Relations and Solutions Management is ultimately responsible for the processes and procedures used to notify network providers about utilization review criteria and other provider communications.	**Medical:** Articles in electronic quarterly newsletter, notice of updates on CIGNAforHCP.com. Copies of their coverage policies and the CIGNA Reference Guide are available to healthcare professionals upon request. **Behavioral Health:** Articles in electronic quarterly newsletter, notice of updates on CIGNAforHCP.com. Copies of Cigna Coverage Policies (includes mental health and substance abuse utilization review) and Medical Management Program are also available to health care professionals upon request.	**Medical and Behavioral Health:** Cigna solicits direct feedback and comments continuously through a link on our website where the criteria are posted. Also, Cigna accepts and listens to feedback from practicing physicians and non-physicians on Coverage Policies developed by the Medical Technology Assessment Committee. That feedback can be provided through our website, through the Cigna Medical Executive in their market, or directly to the Coverage Policy Unit and Medical Technology Assessment Committee.

No.	Company Name	2.1 - Notification Process - Who is Responsible?	2.2 - Methods of media used for notification	2.3 - Instructions for contacting organization
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** ConnectiCare's VP Network Management with input from ConnectiCare's VP, Clinical Operations and ConnectiCare's CMO. **Behavioral Health:** Optum's Utilization Management committee	**Medical:** Provider website at: http://www.connecticare.com/Provider/Commercial.aspx. **Behavioral Health:** Optum's provider web site, Provider Express: https://www.providerexpress.com/. Paper copies of Optum's guidelines available upon request.	**Medical:** Through the Medical Policy Committee (MPC) or directly to a ConnectiCare Medical Director or CMO by phone, email, or letter. **Behavioral Health:** Through Optum's provider web site, Provider Express, or assigned provider network associates. Requests from providers regarding clinical criteria on new technology are directed to the Clinical Technology Assessment Committee (CTAC) for review and recommendation.
10	**Fallon Community Health Plan, Inc.**	**Medical:** The Provider Relations Department, within the Network Development and Management area of the company, is responsible for notifying providers about medical/surgical utilization review criteria primarily via the online provider manual. **Behavioral Health:** Beacon Network Department, in conjunction with the Quality and Utilization Management Departments **Reason for different persons**: Fallon Health and Beacon each provide notifications to their respective contracted provider networks.	**Medical:** Provider manual **Behavioral Health:** Newsletters, email communications, annual provider postcards, provider manuals and provider contract mailings.	**Medical:** Quarterly newsletter to providers contains the contact information for the Chief Medical Officer, Vice President of Network Development and Management and the Director of Provider Relations. Providers may contact these Fallon Health representatives with questions, comments or suggestions about the information used in making changes to utilization review criteria. **Behavioral Health:** Contact Beacon's Provider Network Department via phone, email, or the Provider Portal, the Provider Advisory Council, or other Fallon Health representatives.
11	**Fallon Health & Life Assurance Company**	**Medical:** The Provider Relations Department, within the Network Development and Management area of the company, is responsible for notifying providers about medical/surgical utilization review criteria primarily via the online provider manual. **Behavioral Health:** Beacon Network Department, in conjunction with the Quality and Utilization Management Departments **Reason for different persons**: Fallon Health and Beacon each provide notifications to their respective contracted provider networks.	**Medical:** Provider manual **Behavioral Health:** Newsletters, email communications, annual provider postcards, provider manuals and provider contract mailings.	**Medical:** Quarterly newsletter to providers contains the contact information for the Chief Medical Officer, Vice President of Network Development and Management and the Director of Provider Relations. Providers may contact these Fallon Health representatives with questions, comments or suggestions about the information used in making changes to utilization review criteria. **Behavioral Health:** Contact Beacon's Provider Network Department via phone, email, or the Provider Portal, the Provider Advisory Council, or other Fallon Health representatives.
12	**4 Ever Life Insurance Company**	**Medical:** Provider Communications sends notifications via letter and through the website to notify providers of updates to criteria. **Behavioral Health:** AHA delegates behavioral health utilization management to MHC. MHC providers are notified on MHC's website concerning updated medical necessity criteria.	**Medical**: Provider Communications sends notifications via letter and through the website to notify providers of updates to criteria. **Behavioral Health**: AHA delegates behavioral health utilization management to MHC. MHC providers are notified on MHC's website concerning updated medical necessity criteria.	**Medical and Behavioral Health:** AHA and Magellan Websites
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** Harvard Pilgrim Provider Communications and Education team and Medical Policy team **Behavioral Health:** Optum Clinical Quality and Operations Committee (UMC CQOC) **Reason for difference:** Harvard Pilgrim and Optum each provide notifications to their respective contracted provider networks.	**Medical**: Provider manual; *Network Matters* - monthly e-newsletter (paper copies available upon request); provider website; Provider Service Center **Behavioral Health**: Level of Care Guidelines available on Optum's provider website (copies available upon request)	**Medical:** Medical Directors have periodic provider meetings & obtain input from community physicians in network. Provider manual also has instructions on contacting Physician Call Center. **Behavioral Health:** Input directly solicited from Optum's National Provider Advisory Council and Behavioral Specialty Advisory Council.
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** **Medical:** Harvard Pilgrim Provider Communications and Education team and Medical Policy team **Behavioral Health:** Optum Clinical Quality and Operations Committee (UMC CQOC) **Reason for difference:** Harvard Pilgrim and Optum each provide notifications to their respective contracted provider networks. **Student Plan**: **Medical and Behavioral Health**: Approved MTAC policies are reviewed by the UHC National Medical Care Management Committee (NMCMA) for finalizationof the implementation path, internal and external communication plan and posting schedule, consistent with applicable law, to the UnitedHealth Group intranet Knowledge Library website and physician portal.	**Core Business:** **Medical**: Provider manual; *Network Matters* - monthly e-newsletter (paper copies available upon request); provider website; Provider Service Center **Behavioral Health**: Level of Care Guidelines available on Optum's provider website (copies available upon request) **Student Plan**: **Medical and Behavioral Health**: Current up-to-date information in regard to criteria for either behavioral health/medical/surgical may be reviewed at Optum providerexpress.com or UHCprovider.com.	**Core Business**: **Medical:** Medical Directors have periodic provider meetings & obtain input from community physicians in network. Provider manual also has instructions on contacting Physician Call Center. **Behavioral Health:** Input directly solicited from Optum's National Provider Advisory Council and Behavioral Specialty Advisory Council **Student Plan**: Medical and Behavioral Health: Support may be found online at: • Provider Express Support Center: 866-209-9320 • Chat is available at: https://www.providerexpress.com • Navigation services questions: navigatingoptum@optum.com • UnitedHealthcare uhcprovider.com 877-842-3210 • UnitedHealthcare StudentResources for all questions and concerns whether medical/surgical or behavioral health/substance abuse at 800-767-0700

No.	Company Name	2.1 - Notification Process - Who is Responsible?	2.2 - Methods of media used for notification	2.3 - Instructions for contacting organization
15	**Health New England, Inc.**	**Medical and Behavioral Health:** HNE's Provider Relations Department working in conjunction with Communications.	**Medical and Behavioral Health:** Internally developed criteria posted on website. Updates to criteria are issued in provider mailings and posted on provider blog. Hardcopy available upon request.	**Medical and Behavioral Health:** Instructions on website, in provider manual, available upon request by phone.
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Provider Communications Team, part of Provider Relations and Communications	**Medical and Behavioral Health:** Quarterly *Provider Update* newsletter, which is distributions in a print mailing and through email.	**Medical and Behavioral Health:** The Tufts Health Plan website and the Tufts Health Public Plans Provider Manual
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Provider Communications Team, part of Provider Relations and Communications	**Medical and Behavioral Health:** Quarterly *Provider Update* newsletter, which is distributions in a print mailing and through email	**Medical and Behavioral Health:** The Tufts Health Plan website and the Tufts Health Plan Commercial Provider Manual
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** Provider Communications Team, part of Provider Relations and Communications	**Medical and Behavioral Health:** Quarterly *Provider Update* newsletter, which is distributions in a print mailing and through email	**Medical and Behavioral Health:** The Tufts Health Plan website and the Tufts Health Plan Commercial Provider Manual
19	**UnitedHealthcare Insurance Company**	**Medical:** UnitedHealthcare Clinical Services Medical Management (UCSMM) **Behavioral Health:** Optum Clinical Quality Oversight Committee (CQOC) **Reason for difference**: UHC and Optum each provide notifications to their respective contracted provider networks.	**Medical and Behavioral Health:** UHC and Optum utilize similar methods and media to communicate UR changes to providers, including their respective web portals (UCH: www.uhcprovider.com, Optum: www.providerexpress.com), letters, provider newsletters, emails, and provider manuals.	**Medical and Behavioral Health:** UHC and Optum utilize similar methods and media to communicate instructions to providers for contacting the carriers, including their respective web portals (UCH: www.uhcprovider.com, Optum: www.providerexpress.com), designated provider contacts, letters, provider newsletters, emails, and provider manuals.
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** Cigna Provider Contracting Teams	**Medical and Behavioral Health:** Cigna electronic quarterly newsletter to providers; emails, posted on website, regular mail by request	**Medical and Behavioral Health:** Cigna instructs carriers to give feedback through website, through the Cigna Medical Executive in their market, or directly to the Coverage Policy Unit and Medical Technology Assessment Committee.

No.	Company Name	3.1 - Person Responsible
1	**Aetna Health, Inc.**	**Medical:** VP, Chief Medical Officer (CMO) Commercial **Behavioral Health:** VP, Chief Psychiatric Officer Both have same policies, procedures, and system platforms.
2	**Aetna Health Insurance Company**	**Medical:** VP, Chief Medical Officer (CMO) Commercial **Behavioral Health:** VP, Chief Psychiatric Officer Both have same policies, procedures, and system platforms.
3	**Aetna Life Insurance Company**	**Medical:** VP, Chief Medical Officer (CMO) Commercial **Behavioral Health:** VP, Chief Psychiatric Officer Both have same policies, procedures, and system platforms.
4	**AllWays Health Partners**	**Medical:** CMO/Deputy CMO provides general direction for Medical Policy, Process & Personnel. Within the Utilization Management (UM) Department, the CMO provides oversight to the team of Medical Directors, VP of Clinical Operations, and other UM professionals, including Pharmacy Manager; Manager of UM, Supervisor of UM, UM Care Managers, Supervisor of Clinical Support Services and Clinical Support Coordinators. **Behavioral Health:** The Senior Medical Director is responsible for the clinical oversight of UM throughout Optum’s multi-state offices and contracts. The Behavioral Medical Director reports to this position. The Medical Director is responsible for oversight and direction of the UM Program. The Director of UM is responsible for clinical oversight of the UM department and for ensuring. that UM processes are in compliance with policy guidelines, external regulatory requirements, and Managed Behavioral Health Organization (MBHO) accreditation standards. **Reason for difference:** AllWays' Director of Behavioral Health and CMO maintain delegation oversight of Optum.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Senior Director, Health and Medical Management Business operations. There are separate underlying review units due to the volume of work and required clinical expertise. Physician review units report to the VP of Medical Operations.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Senior Director, Health and Medical Management Business operations. There are separate underlying review units due to the volume of work and required clinical expertise. Physician review units report to the VP of Medical Operations.
7	**Boston Medical Center Health Plan, Inc.**	**Medical:** Chief ~~Medical~~ Clinical Officer; and Director of Utilization Management. **Behavioral Health:** EVP and Chief Medical Officer; Senior Vice President, Clinical Management (UM); Vice President, Clinical Management (UM); Directors of Utilization Management
8	**CIGNA Health and Life Insurance Company**	**Medical:** National Clinical Director - Consumer Health Engagement; Senior Medical Director for Evernorth Medical Utilization Management **Behavioral Health:** Director, Evernorth Behavioral Health; Chief Medical Officer for Evernorth Behavioral Health

No.	Company Name	3.1 - Person Responsible
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** Overseen by VP; Chief Medical Officer; VP, Clinical Operations and Director, Compliance, Audit and Training **Behavioral Health:** Overseen by the VP, National Opertions and the Sr. VP, Medical Operations
10	**Fallon Community Health Plan, Inc.**	**Medical:** Senior Vice President/Chief Medical Officer, and direct reports, including Medical Director for Utilization (hereinafter the "Medical Director") and the Vice President, Clinical Operations. **Behavioral Health:** Vice President of Clinical Management, Strategy and Operations (VP CM), who reports to the Senior Vice President of Clinical Management (CM), and Director of Clinical Management, whoc reports to the Vice President of Clinical Management.
11	**Fallon Health & Life Assurance Company**	**Medical:** Senior Vice President/Chief Medical Officer, and direct reports, including Medical Director for Utilization (hereinafter the "Medical Director") and the Vice President, Clinical Operations. **Behavioral Health:** Vice President of Clinical Management, Strategy and Operations (VP CM), who reports to the Senior Vice President of Clinical Management (CM), and Director of Clinical Management, whoc reports to the Vice President of Clinical Management.
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** Senior Vice President Health Services & Chief Medical Officer
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** Harvard Pilgrim Director, Utilization Management; and the VP, Sr. Medical Director **Behavioral Health:** Optum Senior Medical Director and Director of Utilization Management **Reason for differences:** Both companies have senior level clinical staff involved with the day-to-day administration of its utilization review (UR) processes, but with appropriate clinical expertise.
	HPHC Insurance Company, Inc. (HPIC)	**Core Business:** **Medical:** Harvard Pilgrim Director, Utilization Management; and the VP, Sr. Medical Director **Behavioral Health:** Optum Senior Medical Director and Director of Utilization Management **Reason for differences:** Both companies have senior level clinical staff involved with the day-to-day administration of its utilization review (UR) processes, but with appropriate clinical expertise. **Student Plan**: **Medical and Behavioral Health**: UnitedHealthcare Clinical Services is used for both mental health/substance use disorder and medical/surgical services and employs Medical Directors in a variety of different specialties for review, as well as Registered Nurses. MRIOA (a contracted external independent review organization) is utilized for overflow as necessary and employs medical directors in a variety of specialties for review. United does not require or issue prior authorizations for mental health/substance use disorder or medical/surgical services. All reviews for medical necessity are completed retrospectively, post-service. As a courtesy, upon request, United will provide pre-determinations for certain services that may have extensive criteria that must be met to be covered under the benefit plan.
14	**Health New England, Inc.**	**Medical:** Manager of Utilization Management **Behavioral Health:** Behavioral Health Manager Both report to the Director of Population Health Clinical Programs at HNE

No.	Company Name	3.1 - Person Responsible
###	**Tufts Health Public Plans, Inc.**	**Medical:** Vice President of Clinical Operations **Behavioral Health:** Vice President of Behavioral Health Both report to the Sr. Vice President, Health Care Services **Reason this is acceptable:** Comparable processes are followed with respect to administration of utilization review services.
###	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical:** Vice President of Clinical Operations **Behavioral Health:** Vice President of Behavioral Health Both report to the Sr. Vice President, Health Care Services **Reason this is acceptable:** Comparable processes are followed with respect to administration of utilization review services.
###	**Tufts Insurance Company**	**Medical:** Vice President of Clinical Operations **Behavioral Health:** Vice President of Behavioral Health Both report to the Sr. Vice President, Health Care Services **Reason this is acceptable:** Comparable processes are followed with respect to administration of utilization review services.
###	**UnitedHealthcare Insurance Company**	**Medical:** Senior VP, Clinical Operations **Behavioral Health:** Optum Vice President of Behavioral Health/Utilization Management Clinical Operations, National Senior Behavioral Medical Director. **Reason this is acceptable**: Mental health/substance use disorder services are managed by Optum Behavioral Health, an affiliate of UnitedHealthcare.
###	**Wellfleet Insurance Company**	**Medical:** National Clinical Director, Evernorth medical utilization management, Senior Medical Director, Evernorth medical utilization management **Behavioral Health:** Director, Evernorth Behavioral Health; Chief Medical Officer, Evernorth Behavioral Health

No.	Company Name	3.2 - Average Number and Medical Expertise
1	**Aetna Health, Inc.**	**Medical:** 703, including RN's, LPN's, LVN's, and physician medical directors. **Behavioral Health:** 164 staff members, including RN's, social workers, professional counselors, therapists and psychiatric medical directors. **Reason for difference:** There is a higher volume of medical cases.
2	**Aetna Health Insurance Company**	**Medical:** 703, including RN's, LPN's, LVN's, and physician medical directors. **Behavioral Health:** 164 staff members, including RN's, social workers, professional counselors, therapists and psychiatric medical directors. **Reason for difference:** There is a higher volume of medical cases.
3	**Aetna Life Insurance Company**	**Medical:** 703, including RN's, LPN's, LVN's, and physician medical directors. **Behavioral Health:** 164 staff members, including RN's, social workers, professional counselors, therapists and psychiatric medical directors. **Reason for difference:** There is a higher volume of medical cases.
4	**AllWays Health Partners**	**Medical: Staffing Ratios**: Inpatient Non-inpatient: 1:28,500. **Behavioral Health**: Optum: 1:40,000; eviCore, Inc.: 1:32,813; CareCentrix: 1:32,813. **Reason for difference**: Differences are insignificant based on membership and utilization numbers.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical:** On average, Medical Surgical Utilization Review Department employs approx. 20 independently licensed clinicians; approx. 10 persons in the Medical Surgical Physician Review Unit **Behavioral Health:** On average, Behavioral Health Utilization Review Department employs approx. 20 independently licensed behavioral health clinicians; approx. 12 persons in the Behavioral Health Physician and Psychologist Review Unit **Reason for difference:** Differences in staffing are reflective of the differences in the volume of requests.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical:** On average, Medical Surgical Utilization Review Department employs approx. 20 independently licensed clinicians; approx. 10 persons in the Medical Surgical Physician Review Unit **Behavioral Health:** On average, Behavioral Health Utilization Review Department employs approx. 20 independently licensed behavioral health clinicians; approx. 12 persons in the Behavioral Health Physician and Psychologist Review Unit **Reason for difference:** Differences in staffing are reflective of the differences in the volume of requests.
7	**Boston Medical Center Health Plan, Inc.**	**Medical and Behavioral Health:** Less than 5 FTE of staff to review service requests. For BMCHP, this included a Medical Director, Clinician (RN), and a non-clinical Specialist. For Beacon, included a Medical Director & Clinician (MA level)
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** No team dedicated to utilization review exclusively for Massachusetts. Average of 1,000 nurses, with RN degrees, that may be involved in a utilization review decision in MA - case managers hold MA or PhD degrees. Average of 289 care managers. **Medical:** 100 Medical Directors, all with MD degrees, and board certified in their specialty, perform medical/surgical reviews. **Behavioral Health:** 25 peer reviewers perform behavioral health/substance use reviews. **Reason for difference:** Difference exists due to difference in amount of utilization.

No.	Company Name	3.2 - Average Number and Medical Expertise
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** 3 Management Level personnel; 3 supervisors; 2 Utilization Managers; 22 UM Nurses; 31 Care Specialists **Behavioral Health:** 2 Sr. Medical Directors, 10 Medical Directors; 2 Directors; 2 Managers; 93 Care Advocates. **Reason this is acceptable:** ConnectiCare and Optum both provide ample staffing levels to appropriately review requests. Optum maintains a 24 hours a day/7days a week operation which requires more staff.
10	**Fallon Community Health Plan, Inc.**	**Medical:** 3 licensed physicians; 12 registered nurses; and 9 support level personnel. **Behavioral Health:** 5.5 licensed Behavioral Health Clinicians; 1 FTE licensed physicians; and 0.5 Bachelors level support personnel. **Reason for difference:** Differences exist, and are permitted, due to volume and type of service under review.
11	**Fallon Health & Life Assurance Company**	**Medical:** 3 licensed physicians; 12 registered nurses; and 9 support level personnel. **Behavioral Health:** 5.5 licensed Behavioral Health Clinicians; 1 FTE licensed physicians; and 0.5 Bachelors level support personnel. **Reason for difference:** Differences exist, and are permitted, due to volume and type of service under review.
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** Nurses perform the initial case review; only a Medical Director may deny coverage based on medical necessity/appropriateness. Independent medical consultants may also be used in specific cases. On average there are 20 persons are involved in day-to-day review of requests for medical/surgical services. On average MHC has 40 persons involved in day-to-day review of requests for mental health/substance use services.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** On average 7 FTE Utilization Review (UR) Nurses, 2 FTE UR Specialists, 2 FTE Supervisor/Manager, 3 FTE UM Physician Reviewers, 15 FTE Acute inpatient and SNF/Rehab UR Nurses/Specialists and 2 FTE Supervisors/Managers. Also 0.20 Medical Director for issues that are escalated **Behavioral Health:** Approx. 12 licensed Masters-level mental health professionals or registered psychiatric nurses, 1 fully dedicated board-certified psychiatrist, 11 partially dedicated board-certified psychiatrists, 10 fully dedicated and 9 partially dedicated clinical care advocates, 51 partially dedicated independently licensed clinicians
	HPHC Insurance Company, Inc. (HPIC)	**Core Buesiness:** **Medical:** On average 7 FTE Utilization Review (UR) Nurses, 2 FTE UR Specialists, 2 FTE Supervisor/Manager, 3 FTE UM Physician Reviewers, 15 FTE Acute inpatient and SNF/Rehab UR Nurses/Specialists and 2 FTE Supervisors/Managers. Also 0.20 Medical Director for issues that are escalated **Behavioral Health:** Approx. 12 licensed Masters-level mental health professionals or registered psychiatric nurses, 1 fully dedicated board-certified psychiatrist, 11 partially dedicated board-certified psychiatrists, 10 fully dedicated and 9 partially dedicated clinical care advocates, 51 partially dedicated independently licensed clinicians **Student Plan:** **Medical and Behavioral Health**: United does not require or issue prior authorizations for mental health/substance use disorder or medical/surgical services. All reviews for medical necessity are completed retrospectively, post-service. As a courtesy, upon request, United will provide pre-determinations for certain services that may have extensive criteria that must be met to be covered under the benefit plan. Such pre-determinations are not benefit determinations, but instead, provide information to the requesting party on the requirements for coverage. The average number of persons available that perform utilization review of mental health/substance use disorder and medical/surgical services is: UnitedHealthcare Clinical Services: 1) Initial post-service review: Medical Directors: 4; RN-3: 2) 2nd review: Medical Directors 6, RN-4 MRIOA (Contracted IRO utilized as needed): 33 specialist and sub-specialists (physicians, therapists)
14	**Health New England, Inc.**	**Medical:** Average of 9 review staff (RNs). Final review by MDs. **Behavioral Health:** Average of 2 review staff (LSW, LMHC, LSWA, or LICSW). **Reason for difference:** HNE requires more prior authorization for medical than behavioral health.

No.	Company Name	3.2 - Average Number and Medical Expertise
###	**Tufts Health Public Plans, Inc.**	**Medical:** 2.0 FTE UM Physician Reviewers; 3 FTE RN for Precertification; 3.5 FTE RN for Inpatient Management); 1 FTE Physical Therapist (Precertification) **Behavioral Health:** 0.6 FTE UM Physician Reviewers; 5.0 FTE LICSW; 0.3 FTE Psychologist Clinical Reviewer.; supported by 3 Masters-level Managers **Reason for difference:** Different number of staff is due to different volume of use of services.
###	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical:** 1.2 FTE UM Physician Reviewers; 6.0 FTE RN for Precertification; 1.0 FTE LPN (Precertification); 12 FTE RN for Inpatient Management; 3.0 FTE Physical Therapist (Precertification) **Behavioral Health:** 0.6 FTE UM Physician Reviewers; 6.75 FTE LICSW; 1 FTE RN; 0.5 FTE Psychologist Clinical Reviewer; supported by 1 Masters-level Manager **Reason for difference:** Different number of staff is due to different volume of use of services.
###	**Tufts Insurance Company**	**Medical:** 1.2 FTE UM Physician Reviewers; 6.0 FTE RN for Precertification; 1.0 FTE LPN (Precertification); 12 FTE RN for Inpatient Management; 3.0 FTE Physical Therapist (Precertification) **Behavioral Health:** 0.6 FTE UM Physician Reviewers; 6.75 FTE LICSW; 1 FTE RN; 0.5 FTE Psychologist Clinical Reviewer; supported by 1 Masters-level Manager **Reason for difference:** Different number of staff is due to different volume of use of services.
###	**UnitedHealthcare Insurance Company**	**Medical:** 515 MD's and DO's; 2621 RNs, 25 LPNs/LVNs; 35 Physicians Assistants **Behavioral Health:** 1385 Masters-level mental health professionals, RNs, and licensed Ph.D. psychologists; 64 board certified psychiatrists
###	**Wellfleet Insurance Company**	**Medical**: UR personnel available in MA include approximately 1000 nurses, 289 care managers **Behavioral Health**: UR personnel available in MA include approximately 100 medical directors that may be involved in medical/surgical reviews, and 28 peer reviewers

No.	Company Name	3.3 - Systems Used for Request for Services	3.4 - Working Hours and Off-Hours Availability
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** Electronic Data Interchange, secure provider website, mail, telephone, and fax.	**Medical and Behavioral Health:** Normal business hours of Monday-Friday, 8AM-8PM. For urgent matters, available 24/7.
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** Electronic Data Interchange, secure provider website, mail, telephone, and fax.	**Medical and Behavioral Health:** Normal business hours of 8AM-8PM, M-F. For urgent matters, available 24/7.
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** Electronic Data Interchange, secure provider website, mail, telephone, and fax.	**Medical and Behavioral Health:** Normal business hours of 8AM-8PM, M-F. For urgent matters, available 24/7.
4	**AllWays Health Partners**	**Medical and Behavioral Health:** Fax, telephone, mail, and online Provider Portal.	**Medical:** 8:30AM -5:30PM Monday through Friday and on call during afterhours **Behavioral Health:** Optum staff are available on site 8:00 AM - 6:00 PM Monday through Friday and on call during afterhours and weekends.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Requests primarily sent via fax for both medical and mental health requests. Some requests sent via Erndeon electronic transactions for: Hospital Admission, Nutritional Counseling, Home Care, Speech Therapy, Occupational Therapy, Physical Therapy and Outpatient referrals for specialists. Type of communication is at discretion of provider.	**Medical and Behavioral Health:** Utilization review staff available for both medical and mental health requests 8:30 AM - 4:30 PM on weekdays. Utilization Review not conducted outside of those times.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Requests primarily sent via fax for both medical and mental health requests. Some requests sent via Erndeon electronic transactions for: Hospital Admission, Nutritional Counseling, Home Care, Speech Therapy, Occupational Therapy, Physical Therapy and Outpatient referrals for specialists. Type of communication is at discretion of provider.	**Medical and Behavioral Health:** Utilization review staff available for both medical and mental health requests 8:30 AM - 4:30 PM on weekdays. Utilization Review not conducted outside of those times.
7	**Boston Medical Center Health Plan, Inc.**	**Medical:** Via telephone (must be followed up with written request), fax, mail and secure portal. **Behavioral Health:** Via telephone, fax or mail.	**Medical:** Available M-F, 8:00AM-5:00PM. After hours, can send authorization requests via fax or e-mail. **Behavioral Health:** Available 24/7/365.
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** Requests accepted via mail, fax, phone, and sometimes secure email. Medical/surgical requests can also be made online through Navinet. This portal is not available for behavioral health requests.	**Medical:** Medical/surgical review staff available M-F 8AM to 8PM. **Behavioral Health:** Behavioral health/substance use staff available 24/7/365.

No.	Company Name	3.3 - Systems Used for Request for Services	3.4 - Working Hours and Off-Hours Availability
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** Phone, fax, portal and mail. **Behavioral Health:** Phone or Provider Express web portal.	**Medical:** 8AM-5PM, Monday-Friday. **Behavioral Health:** 24/7
10	**Fallon Community Health Plan, Inc.**	**Medical and Behavioral Health:** Phone, electronic communication, fax, email or mail.	**Medical:** Monday-Friday, 8AM to 5PM. **Behavioral Health:** 24/7/365.
11	**Fallon Health & Life Assurance Company**	**Medical and Behavioral Health:** Phone, electronic communication, fax, email or mail.	**Medical:** Monday-Friday, 8AM to 5PM. **Behavioral Health:** 24/7/365.
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** Via mail, fax, telephone and provider portal.	**Medical:** AHA Clinical Services Department available M-F, 8:30AM to 5PM; registered nurse and medical director on call after hours. **Behavioral Health**: MHC's Clinical Services Department is available Monday through Friday between the hours of 8:00 AM to 6:00 PM Eastern Time
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical and Behavioral Health:** Harvard Pilgrim maintains various telephonic and web-based resources both internally and through its delegated specialty care vendors, including Optum (i.e., United Behavioral Health), to support UM processes and procedures.	**Medical:** HPHC Telephonic: Monday-Friday 8AM to 5PM. Specialty providers may have expanded contact hours, and HPHC provider portal is available 24/7/365 **Behavioral Health:** Optum: 4/7/365
	HPHC Insurance Company, Inc. (HPIC)	**Core Business:** **Medical and Behavioral Health:** Harvard Pilgrim maintains various telephonic and web-based resources both internally and through its delegated entities specialty care vendors, including Optum (i.e., United Behavioral Health),to support UM processes and procedures. **Student Plan**: **Medical and Behavioral Health**: Requests may be submitted via email, telephone through customer service, and electronically through myuhc.com portal. The systems are the same whether for mental health/substance use or medical/surgical requests. Prior authorization is not required or issued by United and reviews are performed retrospectively, post-service unless a pre-determination is made upon request on a case-by-case basis, as a courtesy to the member/provider.	**Core Business:** **Medical:** HPHC Telephonic: Monday-Friday 8AM to 5PM. Specialty providers may have expanded contact hours, and HPHC provider portal is available 24/7/365 **Behavioral Health:** Optum: 24/7/365 **Student Plan:** **Medical and Behavioral Health**: United does not require or issue prior-authorizations for mental health/substance use disorder or medical/surgical services. However, if the provider would like to submit a request for a retrospective post-service review or for a pre-determination, the working hours are Monday-Friday 7:00 am to 7:00pm CST.
14	**Health New England, Inc.**	**Medical and Behavioral Health:** Providers are to submit a request for authorization of services that demonstrates medical necessity of a requested service to HNE via fax or, in the case of an inpatient admission, submit notification to HNE following admission.There is no requirement that members notify HNE prior to a mental health/substance use inpatient admission nor several other levels of care related to substance use disorder SUD.	**Medical and Behavioral Health:** Phone Monday-Friday 8AM-5PM and after-hours clinical available 24/7/365

No.	Company Name	3.3 - Systems Used for Request for Services	3.4 - Working Hours and Off-Hours Availability
###	**Tufts Health Public Plans, Inc.**	**Medical:** Inpatient - Fax or web (and secure mail through May 2021 due to COVID-19); Outpatient - Fax, web or phone. **Behavioral Health:** Inpatient - Phone or fax; Outpatient - phone, fax or mail **Reason for difference:** Mental health/substance use has same number of options although administration may differ.	**Medical and Behavioral Health:** Monday-Friday, 8:30AM-5PM.
###	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical:** Preauthorization: fax, mail. Inpatient: fax, web portal. **Behavioral Health:** Preauthorization: Interactive Voice Response (IVR), web portal, and phone. Inpatient: fax, web portal, secure email. **Reason for difference:** Process is very similar, only difference is administrative.	**Medical and Behavioral Health:** Monday-Friday, 8:30AM-5PM.
###	**Tufts Insurance Company**	**Medical:** Preauthorization: fax, mail. Inpatient: fax, web portal. **Behavioral Health:** Preauthorization: Interactive Voice Response (IVR), web portal, and phone. Inpatient: fax, web portal, secure email. **Reason for difference:** Process is very similar, only difference is administrative.	**Medical and Behavioral Health:** Monday-Friday, 8:30AM-5PM.
###	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** Phone or provider portal	**Medical:** Staff available Monday-Friday, at a minimum of 8AM-4PM or 8AM-6PM, according to varying time zones and as appropriate per legal requirements. Staff available 24/7 for emergency cases per legal requirements, etc. **Behavioral Health:** 24/7/365
###	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** Phone, fax, mail, secure email, Cigna website (CignaforHCP.com) or (M/S providers only) medical provider portal (Navinet).	**Medical:** Monday-Friday, 8am to 8pm EST **Behavioral Health:** 24/7/365

No.	Company Name	3.5 - Methods of Communication for Utilization Review	3.6 - Methods of Communication for Additional Information for Utilization Review
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** 1. Aetna website 2. Aetna's utilization management site 3. BH provider manual 4. The participating provider contract 5. Denial and appeal letters mailed to practitioners/providers Note exact sites may be different for medical and clinical but methods the same.	**Medical and Behavioral Health:** Phone or fax. For non-urgent matters, sometimes via letters.
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** 1. Aetna website 2. Aetna's utilization management site 3. BH provider manual 4. The participating provider contract 5. Denial and appeal letters mailed to practitioners/providers Note exact sites may be different for medical and clinical but methods the same.	**Medical and Behavioral Health:** Via phone or fax. For non-urgent matters, sometimes via letters.
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** 1. Aetna website 2. Aetna's utilization management site 3. BH provider manual 4. The participating provider contract 5. Denial and appeal letters mailed to practitioners/providers Note exact sites may be different for medical and clinical but methods the same.	**Medical and Behavioral Health:** Via phone or fax. For non-urgent matters, sometimes via letters.
4	**AllWays Health Partners**	**Medical and Behavioral Health:** Online Provider Portal, written communication (i.e., Provider Manual), and telephone.	**Medical and Behavioral Health:** Via telephone
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Choice of communication is up to clinical provider. Can be standardized authorization request forms or phone calls.	**Medical and Behavioral Health:** Follow-up takes place via telephone and secure fax.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Choice of communication is up to clinical provider. Can be standardized authorization request forms or phone calls.	**Medical and Behavioral Health:** Follow-up takes place via telephone and secure fax.
7	**Boston Medical Center Health Plan, Inc.**	**Medical and Behavioral Health:** Communication via telephone, via web or provider portal, newsletters, and through Provider Manual.	**Medical and Behavioral Health:** Via telephone, and sometimes via fax.
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** For prior authorization communications, information is communicated via phone or fax. Peer-to-peer conversation with the treating provider also takes place.	**Medical and Behavioral Health:** Providers are notified telephonically or electronically. If a request is formally pended, a letter is sent to the provider and copied to the customer.

No.	Company Name	3.5 - Methods of Communication for Utilization Review	3.6 - Methods of Communication for Additional Information for Utilization Review
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** Provider website, provider manual, verbally through calls, hard copies available upon request **Behavioral Health:** Provider Express website, online provider manual, verbally through calls with Care Advocates	**Medical:** Notified via phone, fax or letter **Behavioral Health:** Notified via phone or secure email on the Provider Express web portal
10	**Fallon Community Health Plan, Inc.**	**Medical and Behavioral Health:** Phone, web or provider portal, provider trainings, and/or the provider manual	**Medical and Behavioral Health:** Additional information requested via telephone; also, offer peer to peer clinical discussion.
11	**Fallon Health & Life Assurance Company**	**Medical and Behavioral Health:** Phone, web or provider portal, provider trainings, and/or the provider manual	**Medical and Behavioral Health:** Additional information requested via telephone; also, offer peer to peer clinical discussion.
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** AHA's Clinical Services Department and MHC will contact the provider.	**Medical and Behavioral Health:** AHA's Clinical Services Department and MHC will contact the provider.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical and Behavioral Health:** Both Optum and Harvard Pilgrim provide instructions to providers about the utilization management process, including the information required to be submitted, via telephone, online provider manuals, internet sites, and direct mailings, where indicated.	**Medical and Behavioral Health:** Telephonic, electronic and paper (for non-urgent requests) methods are used to communicate with the providers.
	HPHC Insurance Company, Inc. (HPIC)	**Core Business:** **Medical and Behavioral Health**: Both Optum and Harvard Pilgrim provide instructions to providers about the utilization management process, including the information required to be submitted, via telephone, online provider manuals, internet sites, and direct mailings, where indicated. **Medical:** Phone, online provider manuals, web, and direct mailings, where indicated. **Student Plan:** **Medical and Behavioral Health**: United does not require or issue prior authorizations for mental health/substance use disorder or medical/surgical services. The communication of what needs to be submitted for retrospective post-service review or requested courtesy pre-determinations may occur by phone through customer service, fax, email or mailed letter.	**Core Business:** **Medical and Behavioral Health: Telephonic, electronic and paper (for non-urgent requests) methods are used to communicate with the providers.** **Student Plan:** **Medical and Beavioral Health**: United does not require or issue prior authorizations for mental health/substance use disorder or medical/surgical services. For pre-determination requests, we send out a letter of request to the provider/member to notify them of what is missing in the initial review. This is also the process for retrospective post-service medical necessity reviews. The request for additional information may be faxed, emailed, posted on myuhc.com to the member, or via phone.
14	**Health New England, Inc.**	**Medical and Behavioral Health:** Methods for communication are the same. They are noted on prior authorization forms as well as the addendum to prior authorization form. Relevant forms and information are available on the HNE website.	**Medical and Behavioral Health:** Contact provider by phone to request information via fax and mail

No.	Company Name	3.5 - Methods of Communication for Utilization Review	3.6 - Methods of Communication for Additional Information for Utilization Review
###	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Provider Manual and website	**Medical and Behavioral Health:** Phone, faxed written notification
###	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Commercial Provider Manual and website	**Medical and Behavioral Health:** Written notification via fax, or phone
###	**Tufts Insurance Company**	**Medical and Behavioral Health:** Commercial Provider Manual and website	**Medical and Behavioral Health:** Written notification via fax, or phone
###	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** Guidelines and processes are available on UHC's Provider Portal, on Optum's Provider Express, in provider contracts, via phone, and in hard copy upon request.	**Medical and Behavioral Health:** Providers are notified by telephone, secure fax, via secure email through UHC's Provider Portal, Optum's Provider Express or mail about the need for additional information to complete a utilization review.
###	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** Cigna communicates information telephonically or electronically for both MH/SUD and M/S utilization review. Information may also be obtained during a peer-to-peer conversation with the treating provider.	**Medical and Behavioral Health:** When additional information is needed to complete utilization review for both M/S and MH/SUD service requests, Cigna notifies providers telephonically or electronically. If a request is formally pended, a letter is sent to the provider and copied to the customer indicating the specific information needed to complete the review.

No.	Company Name	3.7 - Different Type of Information Requested?	3.8 - Instructions for communication
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** Request the information needed to determine if the level of care or service requested meets the applicable clinical criteria for coverage.	**Medical and Behavioral Health:** Phone, fax, mail or electronically
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** Request the information needed to determine if the level of care or service requested meets the applicable clinical criteria for coverage.	**Medical and Behavioral Health:** Via phone, fax, mail or electronically.
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** Request the information needed to determine if the level of care or service requested meets the applicable clinical criteria for coverage.	**Medical and Behavioral Health:** Via phone, fax, mail or electronically.
4	**AllWays Health Partners**	**Medical:** Member history; treatment plan; office and hospital records; lab/diagnostic results; and other clinical information. Only clinical information that is need for making decisions is requested. **Behavioral Health:** Presenting problems; current symptomatology; current/prior agency involvement; current/prior treatment history, and other clinical information. Only information that is needed for making a decision is requested. **Reason for difference:** Both AllWays and Optum identify clinical information commonly needed to make authorization decisions. The difference in documentation is only specific to the type of request.	**Medical and Behavioral Health:** Provider Manual; web; electronic communication; via mail, site training and education, new provider orientations.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Type of information is the same for both - only information that is necessary to make a decision, such as diagnosis, clinical symptoms, functional impairments and clinical history.	**Medical and Behavioral Health:** Providers instructed to contact carrier via phone, fax or provider portal.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Type of information is the same for both - only information that is necessary to make a decision, such as diagnosis, clinical symptoms, functional impairments and clinical history.	**Medical and Behavioral Health:** Providers instructed to contact carrier via phone, fax or provider portal.
7	**Boston Medical Center Health Plan, Inc.**	**Medical and Behavioral Health:** The information requested is based on a member's individual needs and clinically appropriate information required to determine medical necessity and authorization of services.	**Medical and Behavioral Health:** Via BMCHP's provider manual, BMCHP's and Beacon's web sites, electronic communications, written "bulletins", general provider orientations/trainings, and site-specific orientations/trainings
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** Information that is requested includes information to identify the customer, the provider's name, the place of service, the date or dates of service, the expected length of service, the diagnosis and clinical information necessary to meet the criteria for approval of the service.	**Medical and Behavioral Health:** Information given to providers through the health care professionals guide at time of joining the Cigna network of providers. Additional resources are also available through Cigna website or upon request.

No.	Company Name	3.7 - Different Type of Information Requested?	3.8 - Instructions for communication
9	**ConnectiCare of Massachusetts, Inc.**	**Medical and Behavioral Health**: The information needed to conduct utilization review is very specific for the service being requested. Clinical information to support the request is reviewed and providers have access to the requirements and policies on the applicable provider portal.	**Medical:** Instructions given through provider website and online provider manual. **Behavioral Health:** Instructions given through provider website and online provider manual.
10	**Fallon Community Health Plan, Inc.**	**Medical and Behavioral Health:** The minimum amount of information is requested that allows for a review decision to be made.	**Medical and Behavioral Health:** Provider manual, respective websites, electronic communications, written bulletins, general provider orientations and trainings, and site specific trainings and orientations.
11	**Fallon Health & Life Assurance Company**	**Medical and Behavioral Health:** The minimum amount of information is requested that allows for a review decision to be made.	**Medical and Behavioral Health:** Provider manual, respective websites, electronic communications, written bulletins, general provider orientations and trainings, and site specific trainings and orientations.
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** There is no additional information required to be submitted from a provider for mental health/substance use services.	**Medical and Behavioral Health:** AHA's Clinical Services Department instructs providers to communicate with AHA electronically through its website. MHC's Clinical Services Department instructs providers to communicate with MHC by telephone or fax.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** Same basic information as Optum, then depends on medical issue. **Behavioral Health:** Name, date of birth, ID number, level of care requested, facility, attending physician, UR contact name and info, diagnoses, abnormal lab values, reason for admission, and other information. **Reason for differences:** Differences exist due to different health conditions.	**Medical:** Instructions found in provider manual (online or paper if requested) or given through call center. **Behavioral Health:** Instructions found in Provider Manual or Provider Express or given by phone.
	HPHC Insurance Company, Inc. (HPIC)	**Core Business:** **Medical:** Same basic information as Optum, then depends on medical issue. **Behavioral Health:** Name, date of birth, ID number, level of care requested, facility, attending physician, UR contact name and info, diagnoses, abnormal lab values, reason for admission, and other information. **Reason for differences:** Differences exist due to different health conditions. **Student Plan:** **Medical and Behavioral Health**: United does not require or issue prior authorizations for mental health/substance use disorder or medical/surgical services. The information requested for mental health/substance use disorder and medical/surgical services will be the request for records supporting services rendered retrospectively post-service or requested as a courtesy pre-determination. The records requested for mental health/substance use would be less restrictive/invasive based on applicable federal and state laws.	**Core Business:** **Medical:** Instructions found in provider manual (online or paper if requested) or given through call center. **Behavioral Health:** Instructions found in Provider Manual or Provider Express or given by phone. **Student Plan:** **Medical and Behavioral Health**: United does not require or issue prior authorizations for mental health/substance use disorder or medical/surgical services. However, if a service requires a medical necessity review/criteria review, a letter will go to the provider with a courtesy copy to the member, to notify them that medical records are being requested. The letter will provide information on how to contact customer service, the fax number, portal for which to submit requested documentation.
14	**Health New England, Inc.**	**Medical and Behavioral Health:** Description of member's diagnoses, current treatment plan, treatment history, and clinical documentation . Inpatient stays reviewed for severity of illness on presentation and level or intensity of treatment	**Medical and Behavioral Health:** Provider manual gives instructions for both; forms available on website; fax & phone number same for both

No.	Company Name	3.7 - Different Type of Information Requested?	3.8 - Instructions for communication
###	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** The information requested is pertinent to the specific service being requested and required to meet any applicable medical necessity criteria.	**Medical and Behavioral Health:** Phone, fax, or in writing.
###	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** The information requested is pertinent to the specific service being requested and required to meet any applicable medical necessity criteria.	**Medical and Behavioral Health:** Phone, fax, or in writing.
###	**Tufts Insurance Company**	**Medical and Behavioral Health:** The information requested is pertinent to the specific service being requested and required to meet any applicable medical necessity criteria.	Medical and Behavioral Health: Phone, fax, or in writing.
###	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** The information collected is specific to the service being requested.	**Medical and Behavioral Health:** UHC's Provider Portal, Optum's Provider Express or provider newsletters. Specific requests may also be communicated by phone or fax.
###	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** The supporting clinical information requested for completion of a medical necessity review is the same when reviewing M/S services and MH/SUD services. Cigna requests the minimum necessary information to complete the review, including information to identify the customer, the provider's name, the place of service, the date or dates of service, the expected length of service, the diagnosis and clinical information necessary to meet the criteria for approval of the service.	**Medical and Behavioral Health:** Providers receive information through the respective health care professional guides when they join their networks that includes instructions on how to complete the utilization review process. Providers are able to access information relating to utilization review processes through their websites. Copies of all information is available to providers upon request.

No.	Company Name	4.1 - Who Conducted Federal Parity Review?
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** Federal Parity Task Force, a cross-functional leadership group, consisting of about 50 members.
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** Federal Parity Task Force, a cross-functional leadership group, consisting of about 50 members.
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** Federal Parity Task Force, a cross-functional leadership group, consisting of about 50 members.
4	**AllWays Health Partners**	**Medical and Behavioral Health:** Chief Medical Officers and senior leadership of UM and Clinical Management/Operations of both AllWays and Optum, together with AllWays Director of Behavioral Health and other relevant leadership from each company.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** At least 31 people involved in the review of compliance with federal parity standards, with a combination of medical and behavioral health expertise.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** At least 31 people involved in the review of compliance with federal parity standards, with a combination of medical and behavioral health expertise.
7	**Boston Medical Center Health Plan, Inc.**	**Medical:** BMCHP President; BMCHP Interim Chief Clinical Officer; BMCHP Vice President of Utilization Management; BMCHP Directors of Utilization Management, Special Projects Manager; BMCHP Director of Utilization Management, Program Oversight, Member Appeals and Grievances; BMCHP Director of BH Programs and Strategy; BMCHP Director of Provider Contracting; BMCHP Director of LTSS; BMCHP Director of Payment Policy and Integrity; BMCHP Manager of Credentialing; BMCHP Associate General Counsel; BMCHP Director of Pharmacy (BMCHP manages both med/surg and MH/SUD prescription drug coverage) **Behavioral Health:** Beacon Director of Behavioral Health Services; Beacon Vice President of Clinical Management, New England; Beacon Regional Vice President of Network Management; Beacon Director of Clinical Services; Beacon Director of Clinical Operations; Beacon Director of Accounts Partnership; Beacon Provider Contract Director; Beacon Compliance Officer; Beacon Manager of Credentialing; Beacon VP Government Affairs & Associate General Counsel
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** CMO, Behavioral Health; Sr. Medical Director, Cigna; Compliance Director, Behavioral Health; Federal Compliance Leader; Supervising Counsel; Regulatory Parity Counsel; Operations Director, Behavioral Health; Operations Directors, Cigna; Product Leader, Behavioral Health; Product Manager, Cigna; Finance Lead, Behavioral Health; Underwriting Manager; Director, Behavioral Health Network Management; Director, Cigna Healthcare Network Management; Claims Sr. Specialist, Behavioral Health; Claims Sr. Specialist, Cigna; Cigna also maintains a Mental Health Parity Oversight Program
9	**ConnectiCare of Massachusetts, Inc.**	**Medical and Behavioral Health:** Director, Mental Health Parity and Compliance with input from subject matter experts from ConnectiCare and Optum.
10	**Fallon Community Health Plan, Inc.**	**Medical:** Behavioral Health Program Manager; VP, Quality and Population Health; VP, Clinical Operations; Regulatory Affairs Director, Chief Compliance Officer; Sr. Director, Network Development and Contracting; Medical Management Program Manager; SVP, Chief Medical Officer **Behavioral Health:** Associate General Counsel and Director of Parity Compliance; VP, Clinical Management; Director, Clinical Operations; Chief Medical Officer; VP, Network; VP, Account Partnerships; AVP, Account Partnerships
11	**Fallon Health & Life Assurance Company**	**Medical:** Behavioral Health Program Manager; VP, Quality and Population Health; VP, Clinical Operations; Regulatory Affairs Director, Chief Compliance Officer; Sr. Director, Network Development and Contracting; Medical Management Program Manager; SVP, Chief Medical Officer **Behavioral Health:** Associate General Counsel and Director of Parity Compliance; VP, Clinical Management; Director, Clinical Operations; Chief Medical Officer; VP, Network; VP, Account Partnerships; AVP, Account Partnerships
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** Director of Compliance Regulatory Compliance Professional
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** Harvard Pilgrim VP of Clinical Operations as well as the Lead Vendor Contract Manager and a Vendor Relations Specialist from Health Services **Behavioral Health:** Optum's chair of its Behavioral Policy & Analytics Committee, Regional VP; the Clinical Operations Director, Sr. Director of Clinical Operations; VP for Strategic Accounts; Strategic Account Executive
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** **Medical:** Harvard Pilgrim VP of Clinical Operations as well as the Lead Vendor Contract Manager and a Vendor Relations Specialist from Health Services **Behavioral Health:** Optum's chair of its Behavioral Policy & Analytics Committee, Regional VP; the Clinical Operations Director, Sr. Director of Clinical Operations; VP for Strategic Accounts; Strategic Account Executive **Student Plan:** **Medical and Behavioral Health**: Vice President, Compliance UnitedHealthcare Student Resources
15	**Health New England, Inc.**	**Medical and Behavioral Health:** Vice President and CMO; General Counsel; Associate General Counsel; Nurse Specialist, Behavioal Health Manager
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Assistant General Counsel; Commercial Compliance Officer, and other Directors, Managers, and Analysts
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Assistant General Counsel; Commercial Compliance Officer, and other Directors, Managers, and Analysts
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** Assistant General Counsel; Commercial Compliance Officer, and other Directors, Managers, and Analysts
19	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** UnitedHealthcare (UHC) has a formal Mental Health Parity (MHP) Program under the leadership of the UnitedHealthcare Clinical Services Senior Vice Presidentof Clinical Advancement that maintains infrastructure and provides oversight to ensure compliance with Mental Health Parity standards.The MHP governance structure, comprised of UnitedHealthcare and Optum cross-functional representation, and meets routinely to ensure parity between UnitedHealthcare and Optum, including focused non-quantitative treatment limit workstreams.
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** (Cigna) CMO, Behavioral Health; Sr. Medical Director, Cigna HealthCare; Compliance Director, Behavioral Health; Federal Compliance Leader; Supervising Counsel; Regulatory Parity Counsel; Operations Director, Behavioral Health; Operations Directors, Cigna HealthCare; Product Leader, Behavioral Health; Product Manager, Cigna HealthCare; Finance Lead, Behavioral Health; Underwriting Manager; Director, Behavioral Health Network Management; Director, Cigna HealthCare Network Management; Claims Sr. Specialist, Behavioral Health; Claims Sr. Specialist, Cigna HealthCare. Cigna also maintains a Mental Health Parity (MHP) Compliance Oversight Program comprised of cross-functional Legal and Compliance teams.

2021 Requests for Medical and Behavioral Services in Insured Massachusetts Health Plans [1]

MASSACHUSETTS CARRIERS 2021	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
TOTALS:	846,103	563,947	28,574,240	29,138,176	759,400	89.8%	13,348	1.6%	72,574	8.6%	3,865	2,105	1,718	44.5%	72	34	38
		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	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health
TOTALS:	48,607	169,438	8,599,020	8,768,365	45,665	93.9%	1,716	3.5%	1,189	2.4%	106	34	72	67.9%	6	5	1

[1]Reported information is for all 2022 non-governmental insured coverage issued in Massachusetts for requests made and appeals heard during calendar year 2021.
[2]Requests authorized + modified + denied may not add up to total requests made because some requests may be classified as both authorized and modified or some requests may have been withdrawn.
[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.
Tufts Insurance Company
Tufts Health Public Plans, Inc.
UnitedHealthcare Insurance Company
Wellfleet Insurance Company

No.	Company Name	5.2 - Confirm Fully Insured Only	5.3 - Confirm Massachusetts Lives Only	5.4 - Confirm Excludes Prescription Data	5.5.a - Number of Requests for Authorization of Services Definition	5.5.b - Differences in Definition of Number of Services Requested
1	**Aetna Health, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** Information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Entire inpatient stay = one request for inpatient service; any services for outpatient event = one request.	**Medical and Behavioral Health:** No differences in definition.
2	**Aetna Health Insurance Company**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** Information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Entire inpatient stay = one request for inpatient service; any services for outpatient event = one request.	**Medical and Behavioral Health:** No differences in definition.
3	**Aetna Life Insurance Company**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** Information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Entire inpatient stay = one request for inpatient service; any services for outpatient event = one request.	**Medical and Behavioral Health:** No differences in definition.
4	**AllWays Health Partners**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** An Authorization is a special approval by AllWays or Optum for coverage of certain services. Not all services require Authorization.	**Medical:** inpatient: 1 unit = 1 day. For other categories, the number of units can vary. DME requests again not included because no parallel behavioral health service request. **Behavioral Health:** 1 unit = 1 day. For other categories, the number of units can vary.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Unique authorizations requiring prior authorization other than prescription drugs.	**Medical and Behavioral Health:** No differences. Based on total requested length of stay measured in either inpatient days or outpatient visits.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Unique authorizations requiring prior authorization other than prescription drugs.	**Medical and Behavioral Health:** No differences. Based on total requested length of stay measured in either inpatient days or outpatient visits.
7	**Boston Medical Center Health Plan, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** A submitted prior authorization request which contains enough information to allow carrier to respond to request.	**Medical and Behavioral Health:** Within inpatient, 1 unit = 1 day; within outpatient, 1 unit has multiple units depending on type of service requested.
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for this report item does not include requests for prescription medications.	**Medical:** Request for review of services for medical necessity. **Behavioral Health:** Request for specific treatment for authorization of coverage under enrolled member's benefits.	**Medical and Behavioral Health:** No differences in definition.
9	**ConnectiCare of Massachusetts, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Requests for pre-service reviews, concurrent reviews, and post-service (medical necessity) reviews.	**Medical and Behavioral Health:** Each inpatient admission = 1 service.
10	**Fallon Community Health Plan, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical:** The number of authorization requests includes both approved and denied. Withdrawn requests are excluded. **Behavioral Health**: Inpatient is inclusive of requests in which a clinical review is performed to determine medical necessity and notice of admission (NOA). For a NOA, there is no medical necessity review. The remaining types of requests do not have a notification requirement in lieu of a required prior authorization. This includes prior authorization and subsequent requests through the inpatient admission. Totals include initial authorized requests (5c) + modified authorized requests (5d) + all clinical and administrative denials (5e). Totals exclude informational and external reviews.	**Medical:** 1 service = 1 day or 1 visit **Behavioral Health:** 1 service can have multiple units

No.	Company Name	5.2 - Confirm Fully Insured Only	5.3 - Confirm Massachusetts Lives Only	5.4 - Confirm Excludes Prescription Data	5.5.a - Number of Requests for Authorization of Services Definition	5.5.b - Differences in Definition of Number of Services Requested
11	**Fallon Health & Life Assurance Company**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical:** The number of authorization requests includes both approved and denied. Withdrawn requests are excluded. **Behavioral Health**: Inpatient is inclusive of requests in which a clinical review is performed to determine medical necessity and notice of admission (NOA). For a NOA, there is no medical necessity review. The remaining types of requests do not have a notification requirement in lieu of a required prior authorization. This includes prior authorization and subsequent requests through the inpatient admission. Totals include initial authorized requests (5c) + modified authorized requests (5d) + all clinical and administrative denials (5e). Totals exclude informational and external reviews.	**Medical:** 1 service = 1 day or 1 visit **Behavioral Health:** 1 service can have multiple units
12	**4 Ever Life Insurance Company**	**N/A - no data to report**	**N/A - no data to report**	**N/A - no data to report**	**Medical and Behavioral Health:** When Insured or physician contacts insurer or designee to provide specified services for a number of days or for a specific number of visits.	**Medical and Behavioral Health:** No differences in definition.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Request made by a provider, member or member representative for a service that requires prior approval by the plan and is reviewed against medical review criteria.	**Medical and Behavioral Health:** No differences in definition.
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business and Student Plan:** **Medical and Behavioral Health:** Reported information for fully insured members only.	**Core Business and Student Plan:** **Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Core Business and Student Plan:** **Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Core Business:** **Medical and Behavioral Health:** Request made by a provider, member or member representative for a service that requires prior approval by the plan and is reviewed against medical review criteria. **Student Plan:** **Medical and Behavioral Health**: A request to authorize or certify coverage for a service prior to the service being provided. United does not require prior authorization for either medical/surgical or mental health/substance use disorder services. For purposes of this report, “requests” will mean claims submitted.	**Core Business:** **Medical and Behavioral Health:** No differences in definition. **Student Plan:** **Medical and Behavioral Health**: The number of inpatient days and outpatient visit requests (claims submitted) are not monitored or tracked.
15	**Health New England, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Submission of prior authorization request form.	**Medical and Behavioral Health:** No differences given.
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Receipt of a request by phone, fax or other electronic means.	**Medical and Behavioral Health:** No differences in definition.
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Receipt of a request by phone, fax or other electronic means.	**Medical and Behavioral Health**: No differences in definition.
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Receipt of a request by phone, fax or other electronic means.	**Medical and Behavioral Health**: No differences in definition.

No.	Company Name	5.2 - Confirm Fully Insured Only	5.3 - Confirm Massachusetts Lives Only	5.4 - Confirm Excludes Prescription Data	5.5.a - Number of Requests for Authorization of Services Definition	5.5.b - Differences in Definition of Number of Services Requested
19	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** Reported information for Massachusetts fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** Number of requests received by UHC or Optum for review of a benefit or review for coverage of a health service.	**Medical and Behavioral Health:** A request could be for more than 1 day of visit, the request is counted as 1 request for a day/days or a service/services.
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** Reported information for fully insured members only.	**Medical and Behavioral Health:** Reported information for plans issued or renewed in Massachusetts.	**Medical and Behavioral Health:** The information presented for report Item 5 does not include requests for prescription medications.	**Medical and Behavioral Health:** A request by a provider on behalf of the customer for services that require authorization.	**Medical and Behavioral Health:** Breakdown of service days requested between inpatient and outpatient.

No.	Company Name	5.5.c - Definition of Number of Requests Authorized	5.5.d - Definition of Number of Requests Modified	5.5.e - Definition of Number of Requests Denied	5.5.f - Definition of Requests Denied or Modified Sent for Internal Review
1	Aetna Health, Inc.	**Medical and Behavioral Health:** Authorization is approval of all requested days or services.	**Medical and Behavioral Health:** Modification is a denial of service or level of care, but alternative service or less intensive level of care is authorized.	**Medical and Behavioral Health:** Denial is full or partial denial of the service or level of care requested.	**Medical and Behavioral Health:** A denied or modified internal review request (appeal) is a verbal or written request to change initial determination decision.
2	Aetna Health Insurance Company	**Medical and Behavioral Health:** Authorization is approval of all requested days or services.	**Medical and Behavioral Health:** Modification is a denial of service or level of care, but alternative service or less intensive level of care is authorized.	**Medical and Behavioral Health:** Denial is full or partial denial of the service or level of care requested.	**Medical and Behavioral Health:** A denied or modified internal review request (appeal) is a verbal or written request to change initial determination decision.
3	Aetna Life Insurance Company	**Medical and Behavioral Health:** Authorization is approval of all requested days or services.	**Medical and Behavioral Health:** Modification is a denial of service or level of care, but alternative service or less intensive level of care is authorized.	**Medical and Behavioral Health:** Denial is full or partial denial of the service or level of care requested.	**Medical and Behavioral Health:** A denied or modified internal review request (appeal) is a verbal or written request to change initial determination decision.
4	AllWays Health Partners	**Medical:** Requests authorized are initial and modified request approved and may include services requests that resulted in partial approval. Partially approved requests would then be counted under the number of requests authorized and the number denied. **Behavioral Health:** Requests authorized are initial and modified requests approved.	**Medical:** Only modified approved requests. A subsequent/concurrent request resulting in a denial is not included. A subsequent/concurrent request resulting in a denial is included in “requests denied”. **Behavioral Health:** Includes Adverse Determination/Modifications where lesser units are authorized than requested. Does not include instances where a different level of care is authorized than requested, which are counted under denials, and then authorizations.	**Medical and Behavioral Health:** Requests denied include denial determinations made as the result of a medical necessity review and denial determinations based on administrative reasons. Partial denials are also included.	**Medical:** Withdrawn appeals are not accounted for in this total. **Behavioral Health:** Withdrawn appeals are not accounted for in this total. Appeals are inclusive of denials and modifications.
5	Blue Cross and Blue Shield of Massachusetts, Inc.	**Medical and Behavioral Health:** Those requests that have been approved for both medical/surgical and mental health/substance use disorder services.	**Medical:** Partial denials and diversions to lower level of care. **Behavioral Health:** Partial denials. Modified mental health/substance use service requests processed through clinical peer review not lower level of care.	**Medical and Behavioral Health:** Requests that are given final denial.	**Medical and Behavioral Health:** Number of unique clinical appeals with a decision.
6	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	**Medical and Behavioral Health:** Those requests that have been approved for both medical/surgical and mental health/substance use disorder services.	**Medical:** partial denials and diversions to lower level of care. **Behavioral Health:** partial denials. Modified mental health/substance use service requests processed through clinical peer review not lower level of care.	**Medical and Behavioral Health:** Requests that are given final denial.	**Medical and Behavioral Health:** Number of unique clinical appeals with a decision.
7	Boston Medical Center Health Plan, Inc.	**Medical and Behavioral Health:** Determination that the request for covered services met medical necessity UR criteria and an approval letter was issued.	**Medical and Behavioral Health:** Modification is a reduction in the number of visits or units that both BMCHP/Beacon and the provider ~~parties~~ agree is sufficient to meet the medical needs of the member.	**Medical and Behavioral Health:** Determination that the request does not meet medical necessity UR criteria and an adverse determination letter is issued to the provider and member.	**Medical and Behavioral Health:** An internal appeal of denied or modified services takes place when the denial or modification is issued, and the member, within 180 days, requests verbally or in writing an internal appeal of the decision.
8	CIGNA Health and Life Insurance Company	**Medical:** Service has been approved. **Behavioral Health:** Approval that medical necessity criteria has been met.	**Medical:** N/A. Request is either approved or denied. **Behavioral Health:** N/A. Request is either approved or denied. For services that are not approved alternate care may be offered.	**Medical:** Request for service has been denied. **Behavioral Health:** Service that is not covered under member plan is denied.	**Medical and Behavioral Health:** Internal review submissions are those that are either based upon adverse determinations or grievances.
9	ConnectiCare of Massachusetts, Inc.	**Medical and Behavioral Health:** Request has been authorized when the decision is made to approve a request for an admission, service, procedure, or an extension of an inpatient stay.	**Medical and Behavioral Health:** Not applicable; ConnectiCare and Optum do not modify requests.	**Medical and Behavioral Health:** Request has been denied when the decision is made to deny a request for an admission, service, procedure, or an extension of an inpatient stay.	**Medical and Behavioral Health:** Request received for a review of a decision to deny a request for an admission, service, procedure, or an extension of an inpatient stay that is reviewed through the internal appeals process.
10	Fallon Community Health Plan, Inc.	**Medical and Behavioral Health:** Request has been authorized when it has been approved. Partial or modified requests not included in authorizations.	**Medical:** Modification is partial approval and not all services have been authorized. **Behavioral Health:** Modification is authorization for services for fewer units than requested. Does not include when different level of care is authorized.	**Medical:** Denial is a request for services that has not been approved and has not been modified. **Behavioral Health:** Includes clinical or administrative (procedural) denials, partial or complete	**Medical and Behavioral Health:** Initial adverse determination issued and member requests appeal.

No.	Company Name	5.5.c - Definition of Number of Requests Authorized	5.5.d - Definition of Number of Requests Modified	5.5.e - Definition of Number of Requests Denied	5.5.f - Definition of Requests Denied or Modified Sent for Internal Review
11	**Fallon Health & Life Assurance Company**	**Medical and Behavioral Health:** Request has been authorized when it has been approved. Partial or modified requests not included in authorizations.	**Medical:** Modification is partial approval and not all services have been authorized. **Behavioral Health:** Modification is authorization for services for fewer units than requested. Does not include when different level of care is authorized.	**Medical:** Denial is a request for services that has not been approved and has not been modified. **Behavioral Health:** Includes clinical or administrative (procedural) denials, partial or complete	**Medical and Behavioral Health:** Initial adverse determination issued and member requests appeal.
12	**4 Ever Life Insurance Company**	**Medical:** Approval of request only after reviewing clinical information against established criteria; InterQual, medical policy, benefit level and upon review from medical director. **Behavioral Health:** Approval only after review of information utilizing ASAM and Magellan Necessity Criteria.	**Medical and Behavioral Health:** If requested service did not meet the level of criteria, but met a lower level; requestor is notified that lower level of care criteria is met.	**Medical:** Denial of request only after reviewing clinical information against established criteria; InterQual, medical policy, benefit level and upon review from medical director. **Behavioral Health:** Denial only after review of information utilizing ASAM and Magellan Necessity Criteria.	**Medical and Behavioral Health:** Request must be received for appeal upon receipt of denial/adverse determination. The appeal is reviewed by appeals specialist. A determination is made of clinical vs. administrative.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical and Behavioral Health:** Approval of a request for services that requires prior approval.	**Medical and Behavioral Health:** A request that requires prior approval that was either partially approved or denied, or modified to a lower level of care while still meeting member's needs, or reduced from original number of visit requests.	**Medical and Behavioral Health:** Denial of authorization or payment or UM physician ends coverage because Medical Review Criteria have not been met.	**Medical and Behavioral Health:** Internal appeal may be filed when request for coverage is denied in whole or in part. Includes denial of a service sought by a member and denial of payment for a service that a member has received. Clinical and non-clinical mental health appeals sent to HPHC Behavior Health Access Center and reviewed by UBH/Optum; medical sent to Harvard Pilgrim Appeals and Grievances and reviewed by Harvard Pilgrim. Final decision for non-clinical mental health made by UBH/Optum; final decision for clinical mental health and medical made by Harvard Pilgrim.
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** **Medical and Behavioral Health:** Approval of a request for services that requires prior approval. **Student Plan:** **Medical and Behavioral Health**: For the purposes of this report, "requests authorized" means all detail lines on the claim were paid.	**Core Business:** **Medical and Behavioral Health:** A request that requires prior approval that was either partially approved or denied, or modified to a lower level of care while still meeting member's needs, or reduced from original number of visit requests. **Student Plan:** **Medical and Behavioral Health**: United Health Care Student Resources (UHCSR) does not use the term "requests modified." For purposes of this report, claims which had some, but not all, detail lines denied (partial denial) are reported.	**Core Business:** **Medical and Behavioral Health:** Denial of authorization or payment or UM physician ends coverage because Medical Review Criteria have not been met. **Student Plan:** **Medical and Behavioral Health**: For purposes of this report, "requests denied" means all detail lines on the claim were not paid.	**Core Business:** **Medical and Behavioral Health:** Internal appeal may be filed when request for coverage is denied in whole or in part. Includes denial of a service sought by a member and denial of payment for a service that a member has received. Clinical and non-clinical mental health appeals sent to HPHC Behavior Health Access Center and reviewed by UBH/Optum; medical sent to Harvard Pilgrim Appeals and Grievances and reviewed by Harvard Pilgrim. Final decision for non-clinical mental health made by UBH/Optum; final decision for clinical mental health and medical made by Harvard Pilgrim. **Student Plan:** **Medical and Behavioral Health**: Internal appeal means a formal request to United by an insured person, authorized representative or provider to review a previous claim payment decision again.
15	**Health New England, Inc.**	**Medical and Behavioral Health:** Approval of request without modification.	**Medical and Behavioral Health:** A modification of the request, such as approval of service, but not for amount or frequency requested.	**Medical and Behavioral Health:** A denial is where company did not approve any of services as requested.	**Medical and Behavioral Health:** A request for service that was either denied or modified and was sent internally for appeal.
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Request whose decision has been approved by THPP	**Medical and Behavioral Health:** an approval of services that are less than the requested service.	**Medical and Behavioral Health:** An adverse determination (full or partial denial) made by THPP	**Medical and Behavioral Health:** Adverse determinations for which a member or provider have requested a first level appeal by THPP
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Request whose decision has been approved by THP	**Medical and Behavioral Health:** A request that has been modified by the requesting provider prior to the plan completing their determination. This is not currently captured by THP.	**Medical and Behavioral Health:** An adverse determination (full or partial denial) made by THP	**Medical and Behavioral Health:** Adverse determinations for which a member or provider have requested a first level appeal by THP
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** Request whose decision has been approved by THP	**Medical and Behavioral Health:** A request that has been modified by the requesting provider prior to the plan completing their determination. This is not currently captured by THP.	**Medical and Behavioral Health:** An adverse determination (full or partial denial) made by THP	**Medical and Behavioral Health:** Adverse determinations for which a member or provider have requested a first level appeal by THP

No.	Company Name	5.5.c - Definition of Number of Requests Authorized	5.5.d - Definition of Number of Requests Modified	5.5.e - Definition of Number of Requests Denied	5.5.f - Definition of Requests Denied or Modified Sent for Internal Review
19	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** Authorized requests or approvals are defined as coverage determinations in which UHC or Optum has confirmed that the requested services are a covered benefit and medically necessary.	**Medical and Behavioral Health:** Not applicable; neither UHC nor Optum tracks modified requests.	**Medical and Behavioral Health:** Number of reviews performed that result in adverse decision (modification, reduction, or denial of a health care service based on failure to meet the medical necessity criteria). Non-coverage determinations are those denials that are based on policy terms such as eligibility, non-payment of premiums, etc.	**Medical and Behavioral Health:** Number of requests for clinical review of an adverse decision (denial, modification, reduction of health care service based on failure to meet medical necessity criteria).
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** A request is authorized when the service is determined to meet medical necessity.	**Medical and Behavioral Health:** Not applicable.	**Medical and Behavioral Health:** A request is denied upon review by a peer reviewer who determines the presented clinical does not appear to meet medical necessity criteria for the requested service.	**Medical and Behavioral Health:** Internal appeal is considered an initial or first appeal upon review of services that were initially denied or modified.

No.	Company Name	5.5.g - Definition of Internally Appealed Requests Approved	5.5.h - Definition of Internally Appealed Requests Denied	5.5.i - Definition of Internally Appealed Requests Sent for External Appeal	5.5.j - Definition of External Appeals Overturned	5.5.k - Definition of External Appeals Upheld
1	Aetna Health, Inc.	**Medical and Behavioral Health:** An internal appeal approval is the reversal of the initial determination or subsequent appeal determination.	**Medical and Behavioral Health:** An internal appeal denial can be a partial denial or a full denial of the original determination or subsequent appeal determination.	**Medical and Behavioral Health:** A consumer request for an external appeal of a partial or a full denial of an appeal determination.	**Medical and Behavioral Health:** A decision by external reviewer to overturn the initial internal appeal decision.	**Medical and Behavioral Health:** A decision by external review to agree with the initial internal appeal decision.
2	Aetna Health Insurance Company	**Medical and Behavioral Health:** An internal appeal approval is the reversal of the initial determination or subsequent appeal determination.	**Medical and Behavioral Health:** An internal appeal denial can be a partial denial or a full denial of the original determination or subsequent appeal determination.	**Medical and Behavioral Health:** A consumer request for an external appeal of a partial or a full denial of an appeal determination.	**Medical and Behavioral Health:** A decision by external reviewer to overturn the initial internal appeal decision.	**Medical and Behavioral Health:** A decision by external review to agree with the initial internal appeal decision.
3	Aetna Life Insurance Company	**Medical and Behavioral Health:** An internal appeal approval is the reversal of the initial determination or subsequent appeal determination.	**Medical and Behavioral Health:** An internal appeal denial can be a partial denial or a full denial of the original determination or subsequent appeal determination.	**Medical and Behavioral Health:** A consumer request for an external appeal of a partial or a full denial of an appeal determination.	**Medical and Behavioral Health:** A decision by external reviewer to overturn the initial internal appeal decision.	**Medical and Behavioral Health:** A decision by external review to agree with the initial internal appeal decision.
4	AllWays Health Partners	**Medical and Behavioral Health:** Requests in which, after further investigation by a different reviewer of the initial denial upon a member's appeal, it is determined that initial denial decision should be reversed and approved in favor of the member.	**Medical and Behavioral Health:** Requests in which, after further investigation by a different reviewer of the initial denial upon a member's appeal, it is determined that the initial denial should remain.	**Medical and Behavioral Health:** Request in which a member's appeal was upheld and the member exercised their right to have the decision reviewed by an external entity.	**Medical and Behavioral Health:** Requests in which, after further review of the member's upheld appeals request, it is determined by the external entity that the upheld denial decision should be reversed and approved in favor of the member.	**Medical and Behavioral Health:** Requests in which, after further review of the member's upheld appeals request, it is determined by the external entity that the upheld denial should remain.
5	Blue Cross and Blue Shield of Massachusetts, Inc.	**Medical and Behavioral Health:** Appeals that have been overturned internally due to additional clinical information. Does not include partially upheld appeals.	**Medical and Behavioral Health:** Upheld denials of appeals.	**Medical and Behavioral Health:** Member appeals sent for external review.	**Medical and Behavioral Health:** Member appeals that are overturned by an external third party organization.	**Medical and Behavioral Health:** All upheld appeals, fully upheld appeals, and partially upheld appeals.
6	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	**Medical and Behavioral Health:** Appeals that have been overturned internally due to additional clinical information. Does not include partially upheld appeals.	**Medical and Behavioral Health:** Upheld denials of appeals.	**Medical and Behavioral Health:** Member appeals sent for external review.	**Medical and Behavioral Health:** Member appeals that are overturned by an external third party organization.	**Medical and Behavioral Health:** All upheld appeals, fully upheld appeals, and partially upheld appeals.
7	Boston Medical Center Health Plan, Inc.	**Medical and Behavioral Health:** The internal appeal is considered approved if a Plan physician reviewer overturns the initial Adverse Determination.	**Medical and Behavioral Health:** If after review of all information a Plan physician reviewer upholds the initial denial, the appeal is considered denied.	**Medical and Behavioral Health:** If the initial decision to deny services is upheld after internal review process, the member is notified of option to request an external appeal through the Office of Patient Protection.	**Medical and Behavioral Health:** When an external review agency approves, in part or in whole, the services initially requested which had been denied.	**Medical and Behavioral Health:** When an external review agency upholds, in whole, the initial decision to deny the services requested.
8	CIGNA Health and Life Insurance Company	**Medical and Behavioral Health:** An internal appeal is approved if the Company reverses the previous determination in its entirety.	**Medical and Behavioral Health:** An internal appeal is denied if the Company upholds the previous determination and does not approve the appeal.	**Medical and Behavioral Health:** Review by by an independent external reviewer for appeals that involve medical judgment as determined by the external reviewer.	**Medical and Behavioral Health:** An external appeal has been approved if the external reviewer reverses the previous determination. This decision is binding upon Cigna and the plan.	**Medical and Behavioral Health:** An external appeal has been upheld if the external appeal is not approved.
9	ConnectiCare of Massachusetts, Inc.	**Medical and Behavioral Health:** Determinations made through the internal appeals process to overturn the original decision to deny a request for an admission, service, procedure, or an extension of an inpatient stay.	**Medical and Behavioral Health:** Determinations made through the internal appeals process to uphold the original decision to deny a request for an admission, service, procedure, or an extension of an inpatient stay.	**Medical and Behavioral Health:** External appeal request has been assigned by the Office of Patient Protection to an external review agency.	**Medical and Behavioral Health**: An externally appealed adverse determination has been overturned when the external review agency makes the decision to reverse ConnectiCare's adverse determination.	**Medical and Behavioral Health**: An externally appealed adverse determination has been upheld when the external review agency makes the decision to affirm ConnectiCare's adverse determination.
10	Fallon Community Health Plan, Inc.	**Medical and Behavioral Health:** An internal appeal request which has been approved is one where the previous adverse determination has been wholly overturned for payment of services.	**Medical and Behavioral Health:** Reviewer upholds initial decision of adverse determination.	**Medical and Behavioral Health:** External appeal is a request from member to have HPC's OPP review the initial requests denial after internal appeal.	**Medical and Behavioral Health:** An external review agency overturns the internal appeal denial and approves the requested service, either in whole or in part.	**Medical and Behavioral Health:** An external review agency upholds the internal appeal denial in whole.

No.	Company Name	5.5.g - Definition of Internally Appealed Requests Approved	5.5.h - Definition of Internally Appealed Requests Denied	5.5.i - Definition of Internally Appealed Requests Sent for External Appeal	5.5.j - Definition of External Appeals Overturned	5.5.k - Definition of External Appeals Upheld
11	**Fallon Health & Life Assurance Company**	**Medical and Behavioral Health:** An internal appeal request which has been approved is one where the previous adverse determination has been wholly overturned for payment of services.	**Medical and Behavioral Health:** Reviewer upholds initial decision of adverse determination.	**Medical and Behavioral Health:** external appeal is a request from member to have HPC's OPP review the initial requests denial after internal appeal.	**Medical and Behavioral Health:** An external review agency overturns the internal appeal denial and approves the requested service, either in whole or in part.	**Medical and Behavioral Health:** An external review agency upholds the internal appeal denial in whole.
12	**4 Ever Life Insurance Company**	**Medical and Behavioral Health:** Appeal approvals overturn the prior adverse determination at issue in the appeal. Appeal letters are sent to appellant/provider/facility and state that decision made based on clinical information provided.	**Medical and Behavioral Health:** Appeal denials uphold the previous adverse determination. Appeal denial letters are sent to appellant/provider/facility and state that decision made based on clinical information provided. Appeal denial letters state review done by peer consultant and include a denial reason code and rationale for denial.	**Medical and Behavioral Health:** Upon receipt of external appeal, request is reviewed for eligibility and appropriateness. Member has opportunity to submit additional information. Case is investigated and information obtained regarding nature of appeal.	**Medical and Behavioral Health:** After determination, nurse calls appellant. Also sent via mail.	**Medical and Behavioral Health:** After determination, nurse calls appellant. Also sent via mail.
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical and Behavioral Health:** Non-clinical internal appeal: overturned if appeal wasn't adjudicated in line with member's evidence of coverage. Clinical internal appeal: appeal undergoes a medical necessity review. Appeals can be partly approved	**Medical and Behavioral Health:** Non-clinical internal appeal: denied if appeal was adjudicated in line with member's evidence of coverage. Clinical internal appeal: denied if, following a medical necessity review, services are not deemed medically necessary under the plan.	**Medical and Behavioral Health:** An internally appealed request which was denied, for which the member has filed an external appeal.	**Medical and Behavioral Health:** External appeal where the Office of Patient Protection is notified by External Review Agency, and carrier is notified by Office of Patient Protection that the original adverse determination has been overturned.	**Medical and Behavioral Health:** External appeal where the Office of Patient Protection is notified by External Review Agency, and carrier is notified by Office of Patient Protection that the original adverse determination has been upheld.
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** **Medical and Behavioral Health:** Non-clinical internal appeal: overturned if appeal wasn't adjudicated in line with member's evidence of coverage. Clinical internal appeal: appeal undergoes a medical necessity review. Appeals can be partly approved. **Student Plan:** **Medical and Behavioral Health**: Internal appeal approved means that after further review by United, the previous claim payment decision was overturned.	**Core Business:** **Medical and Behavioral Health:** Non-clinical internal appeal: denied if appeal was adjudicated in line with member's evidence of coverage. Clinical internal appeal: denied if, following a medical necessity review, services are not deemed medically necessary under the plan. **Student Plan:** **Medical and Behavioral Health**: Internal appeal denied means that after further review by United, the previous claim payment decision was upheld.	**Core Business:** **Medical and Behavioral Health:** An internally appealed request which was denied, for which the member has filed an external appeal. **Student Plan:** **Medical and Behavioral Health**: Any Insured or authorized representative of an Insured who is aggrieved by final adverse determination issued by United may request an external review by filing a request in writing with the Office of Patient Protection (OPP) within 4 months of the Insured's receipt of written notice of the final adverse determination.	**Core Business:** **Medical and Behavioral Health:** External appeal where the Office of Patient Protection is notified by External Review Agency, and carrier is notified by Office of Patient Protection that the original adverse determination has been overturned. **Student Plan:** **Medical and Behavioral Health**: An externally appealed adverse determination has been overturned when the Office of Patient Protection (OPP) decision requires payment of a previously denied claim in whole or part.	**Core Business:** **Medical and Behavioral Health:** External appeal where the Office of Patient Protection is notified by External Review Agency, and carrier is notified by Office of Patient Protection that the original adverse determination has been upheld. **Student Plan:** **Medical and Behavioral Health**: An externally appealed adverse determination has been upheld when the Office of Patient Protection (OPP) decision agrees with the previous claim payment decision.
15	**Health New England, Inc.**	**Medical and Behavioral Health:** When all requested services have been approved in full, with no reduction in the amount or frequency of services that were requested	**Medical and Behavioral Health:** Upheld original decision.	**Medical and Behavioral Health:** Upheld original decision and member exercised external appeal rights.	**Medical and Behavioral Health:** External appeal where original decision is overturned, allowing member to receive original service or item requested.	**Medical and Behavioral Health:** External appeal where original decision upheld, leaving decision to deny service or item requested intact.
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** Internal appeal requests in which the appeal decision by THPP is to overturn the original adverse determination.	**Medical and Behavioral Health:** Internal appeal requests in which the appeal decision by THPP is to uphold or partially uphold the original adverse determination.	**Medical and Behavioral Health:** Final internal adverse determination for which a member of provider have requested a second level appeal by an independent external reviewer after an initial internal denial by THPP	**Medical and Behavioral Health:** External reviewer fully or partially overturns the initial denial by THPP	**Medical and Behavioral Health:** External reviewer upholds the initial denial by THPP
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** Internal appeal requests in which the appeal decision by THP is to overturn the original adverse determination.	**Medical and Behavioral Health:** Internal appeal requests in which the appeal decision by THP is to uphold or partially uphold the original adverse determination.	**Medical and Behavioral Health:** Final internal adverse determination for which a member of provider have requested a second level appeal by an independent external reviewer after an initial internal denial by THP	**Medical and Behavioral Health:** External reviewer fully or partially overturns the initial denial by THP	**Medical and Behavioral Health:** External reviewer upholds the initial denial by THP
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** Internal appeal requests in which the appeal decision by THP is to overturn the original adverse determination.	**Medical and Behavioral Health:** Internal appeal requests in which the appeal decision by THP is to uphold or partially uphold the original adverse determination.	**Medical and Behavioral Health:** Final internal adverse determination for which a member of provider have requested a second level appeal by an independent external reviewer after an initial internal denial by THP	**Medical and Behavioral Health:** External reviewer fully or partially overturns the initial denial by THP	**Medical and Behavioral Health:** External reviewer upholds the initial denial by THP

No.	Company Name	5.5.g - Definition of Internally Appealed Requests Approved	5.5.h - Definition of Internally Appealed Requests Denied	5.5.i - Definition of Internally Appealed Requests Sent for External Appeal	5.5.j - Definition of External Appeals Overturned	5.5.k - Definition of External Appeals Upheld
19	**UnitedHealthcare Insurance Company**	**Medical and Behavioral Health:** Appeal approvals occur when the original non-coverage determination that resulted in member financial liability or a denial of service has been overturned and therefore approved, either in whole or in part.	**Medical:** Internally denied appealed requests are the cases in which the initial denial was upheld. **Medical and Behavioral Health**: Internal appeals are considered denied if any portion of the request being appealed is denied.	**Medical and Behavioral Health:** When Office of Patient Protection submits notice of an external review of an adverse decision.	**Medical and Behavioral Health:** External appeal overturned decisions are those that these external reviewer approves the health care service that was denied by UHC or Optum.	**Medical and Behavioral Health:** External appeal upheld decisions are those that external reviewer continues to deny the health care service that was denied by UHC or Optum.
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** An internal appeal is approved if the previous determination is reversed in its entirety.	**Medical and Behavioral Health:** An internal appeal is denied if the previous determination is upheld and the appeal request is not approved.	**Medical and Behavioral Health:** Request from a member to have OPP review the initial denial of requested services after internal appeal procedures have been exhausted.	**Medical and Behavioral Health:** An external appeal has been overturned if the external reviewer overturns the initial decision to deny the requested services.	**Medical and Behavioral Health:** An external appeal has been upheld if the external reviewer confirms or upholds the initial decision to deny the requested services.

No.	Company Name	6.1 - Out of Network Authorizations - Who is Responsible?	6.2 - Methods Used for Out of Network Requests	6.3 - Differences in Information Requested for Out of Network Requests
1	**Aetna Health, Inc.**	**Medical**: VP, Chief Medical Officer (CMO) Commercial **Behavioral Health**: VP, Chief Psychiatric Officer Both have same policies, procedures, and system platforms.	**Medical and Behavioral Health:** Electronic Data Interchange; Aetna's secure online provider portal; mail; telephone.	**Medical and Behavioral Health:** There is no difference in the information requested from the provider. For both mental health/substance use and medical/surgical requests for out-of-network services, Aetna asks what services are being requested and why provider believes services are not reasonably available in-network.
2	**Aetna Health Insurance Company**	**Medical**: VP, Chief Medical Officer (CMO) Commercial **Behavioral Health**: VP, Chief Psychiatric Officer Both have same policies, procedures, and system platforms.	**Medical and Behavioral Health:** Electronic Data Interchange; Aetna's secure online provider portal; mail; telephone.	**Medical and Behavioral Health:** There is no difference in the information requested from the provider. For both mental health/substance use and medical/surgical requests for out-of-network services, Aetna asks what services are being requested and why provider believes services are not reasonably available in-network.
3	**Aetna Life Insurance Company**	**Medical**: VP, Chief Medical Officer (CMO) Commercial **Behavioral Health**: VP, Chief Psychiatric Officer Both have same policies, procedures, and system platforms.	**Medical and Behavioral Health:** Electronic Data Interchange; Aetna's secure online provider portal; mail; telephone.	**Medical and Behavioral Health:** There is no difference in the information requested from the provider. For both mental health/substance use and medical/surgical requests for out-of-network services, Aetna asks what services are being requested and why provider believes services are not reasonably available in-network.
4	**AllWays Health Partners**	**Medical:** AllWays' Chief Medical Officer and Medical Directors. **Behavioral Health:** Optum's Chief Medical Officer & Medical Directors **Reason for difference:** Roles and responsibilities are parallel at the partner organizations. Two different individuals are responsible because of the need for experience and expertise in the respective fields.	**Medical and Behavioral Health:** Requests for coverage via fax, telephone, mail, e-mail and internet portal.	**Medical and Behavioral Health:** Same as in-network, plus, supportive documents to support necessity for service delivery including evidence of prior relationship, provider qualification specific to condition, evidence of ongoing treatment for an acute or chronic condition, or treatment for terminal conditions. **Medical Only:** verification of pregnancy and whether provider is a PCP. **Reason for difference**: Pregnancy and PCP care is only for medical because Behavioral health providers are not PCPs or OB providers.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	**Medical and Behavioral Health:** VP of Medical Operations	**Medical and Behavioral Health:** Faxed or mailed standardized out of network services request form.	**Medical and Behavioral Health:** Out of network service requests are approved when 1) urgent need of care; 2) service otherwise not available in network; 3) transition of care after enrolling from other plan.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	**Medical and Behavioral Health:** VP of Medical Operations	**Medical and Behavioral Health:** Faxed or mailed standardized out of network services request form.	**Medical and Behavioral Health:** Out of network service requests are approved when 1) urgent need of care; 2) service otherwise not available in network; 3) transition of care after enrolling from other plan.
7	**Boston Medical Center Health Plan, Inc.**	**Medical:** BMCHP Chief Medical Officer; medical directors; and Director of Utlization Management oversee authorization for out-of-network requests for service. **Behavioral Health:** Beacon's Chief Medical Officer; medical directors; and clinicians. **Reason for differences:** Although they are in different entities with different titles, they are comparable positions.	**Medical and Behavioral Health:** Requests for coverage via phone, email, provider portal, and fax.	**Medical and Behavioral Health:** The information requested is based on a member's individual needs and clinically appropriate information required to determine medical necessity and authorization of services.
8	**CIGNA Health and Life Insurance Company**	**Medical and Behavioral Health:** Requests for out-of-network services are managed in the same way, by the same teams, through the same systems, and based on the same information as requests for in-network services.	**Medical and Behavioral Health:** Requests for out-of-network services are managed in the same way, by the same teams, through the same systems, and based on the same information as requests for in-network services.	**Medical and Behavioral Health:** Requests for out-of-network services are managed in the same way, by the same teams, through the same systems, and based on the same information as requests for in-network services.
9	**ConnectiCare of Massachusetts, Inc.**	**Medical:** Overseen by VP, Clinical Operations; VP, Chief Medical Officer; and the Director, Compliance, Audit and Training **Behavioral Health:** Overseen by the VP, National Operations and the Sr. VP, Medical Operations	**Medical and Behavioral Health: P**hone, fax or mail.	**Medical and Behavioral Health**: The information needed to conduct utilization review is very specific for the service being requested. Clinical information to support the request is reviewed and providers have access to the requirements and policies on the applicable provider portal.
10	**Fallon Community Health Plan, Inc.**	**Medical:** Chief Medical Officer, Medical Director and Associate Medical Directors **Behavioral Health:** Beacon's Chief Medical Officer and Medical Directors **Reason for difference:** These are comparable positions within each entity.	**Medical and Behavioral Health:** Telephone, email, mail, or fax	**Medical and Behavioral Health:** Information requested is the information clinically necessary to make a utilization review determination.
11	**Fallon Health & Life Assurance Company**	**Medical:** Chief Medical Officer, Medical Director and Associate Medical Directors **Behavioral Health:** Beacon's Chief Medical Officer and Medical Directors **Reason for difference:** These are comparable positions within each entity.	**Medical and Behavioral Health:** Telephone, email, mail, or fax	**Medical and Behavioral Health:** Information requested is the information clinically necessary to make a utilization review determination.
12	**4 Ever Life Insurance Company**	**Medical:** For out-of-network medical services, the Vice President, Medical Management and Medical Policy of AmeriHealth Administrators is responsible for oversight of authorization of medical services. **Behavioral Health:** Out-of-network mental health/substance use disorder services are provided by Magellan Health Care. Specifically, the CMO of Magellan Health has oversight of the program. **Reason for difference:** Differences exist based on different entities responsible for each type of service.	**Medical:** Providers can use a toll free number, fax or provider portal. **Behavioral Health**: Providers can use a toll free number or fax.	**Medical and Behavioral Health:** Process is the same for in-network and out-of-network. Both require medical history, diagnostic test results, list of medications.

No.	Company Name	6.1 - Out of Network Authorizations - Who is Responsible?	6.2 - Methods Used for Out of Network Requests	6.3 - Differences in Information Requested for Out of Network Requests
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	**Medical:** Harvard Pilgrim VP and Senior Medical Director **Behavioral Health:** Optum Senior Behavioral Medical Director and Director of Utilization Management **Reason for difference:** Differences exist based on different entities responsible for each type of service.	**Medical and Behavioral Health:** Harvard Pilgrim and Optum both enable requests to be made by phone, fax, and electronically using standardized forms seeking the same or comparable information from providers to process such requests.	**Medical:** Same basic information as Optum, then depends on medical issue. **Behavioral Health:** Name, date of birth, ID number, level of care requested, facility, attending physician, UR contact name and info, diagnoses, abnormal lab values, reason for admission, and other information, info explaining why they requested OON services. **Reason for differences:** Different health conditions.
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** **Medical:** Harvard Pilgrim VP and Senior Medical Director **Behavioral Health:** Optum Senior Behavioral Medical Director and Director of Utilization Management **Reason for difference:** Differences exist based on different entities responsible for each type of service. **Student Plan:** **Medical and Behavioral Health**: United does not require authorization for access to out-of-network services for either medical/surgical or mental health/substance use disorder services under the Student Plan.	**Core Business:** **Medical and Behavioral Health:** Harvard Pilgrim and Optum both enable requests to be made by phone, fax, and electronically using standardized forms seeking the same or comparable information from providers to process such requests. **Student Plan:** **Medical and Behavioral Health**: United does not require authorization for access to out-of-network services for either medical/surgical or mental health/substance use disorder services under the Student Plan.	**Core Business:** **Medical:** Same basic information as Optum, then depends on medical issue. **Behavioral Health:** Name, date of birth, ID number, level of care requested, facility, attending physician, UR contact name and info, diagnoses, abnormal lab values, reason for admission, and other information, info explaining why they requested OON services. **Reason for differences:** Different health conditions. **Student Plan:** **Medical and Behavioral Health**: United does not require authorization for access to out-of-network services for either medical/surgical or mental health/substance use disorder services under the Student Plan.
15	**Health New England, Inc.**	**Medical:** Integrated Care Manager - Utilization Management **Behavioral Health:** Behavioral Health Manager All OON requests must be reviewed by an HNE clinician	**Medical and behavioral health:** Fax for outpatient request; inpatient request takes place after admission. There is no requirement that members notify HNE prior to a mental health/ substance use inpatient admission or some substance use disorder levels of care.	**Medical and Behavioral Health:** Description of member's diagnoses, current treatment plan, treatment history, and clinical documentation . Inpatient stays reviewed for severity of illness on presentation and level or intensity of treatment
16	**Tufts Health Public Plans, Inc.**	**Medical and Behavioral Health:** THPP Medical Directors, physician UM reviewers, Directors of Behavioral Health services, and Inpatient and Outpatient Services	**Medical:** Fax, web portal or mail **Behavioral Health:** Fax, phone or mail **Reason this is acceptable:** Behavioral Health has options that offer more direct communication.	**Medical and Behavioral Health:** Clinical information that is pertinent to the service being requested.
17	**Tufts Associated Health Maintenance Organization, Inc.**	**Medical and Behavioral Health:** THP Medical Directors, physician UM reviewers, Directors of Behavioral Health services, and Inpatient and Outpatient Services	**Medical:** Fax, web portal or mail **Behavioral Health:** Fax, phone or mail **Reason this is acceptable:** Behavioral Health has options that offer more direct communication.	**Medical and Behavioral Health:** Clinical information that is pertinent to the service being requested.
18	**Tufts Insurance Company**	**Medical and Behavioral Health:** THP Medical Directors, physician UM reviewers, Directors of Behavioral Health services, and Inpatient and Outpatient Services	**Medical:** Fax, web portal or mail **Behavioral Health:** Fax, phone or mail **Reason this is acceptable:** Behavioral Health has options that offer more direct communication.	**Medical and Behavioral Health:** Clinical information that is pertinent to the service being requested.
19	**UnitedHealthcare Insurance Company**	**Medical:** Senior Vice President of Clinical Operations. **Behavioral Health**: Optum's Vice President of National Operations, in conjunction with the Senior Vice President, Medical Operations.	**Medical and Behavioral Health**: Telephone, fax or mail.	**Medical and Behavioral Health**: For both UHC and Optum, the information requested is specific to the service requested. Providers have access to requirements and policies on the companies' respective web portals, Provider Portal and Provider Express.
20	**Wellfleet Insurance Company**	**Medical and Behavioral Health:** (Cigna) Out-of-network services treated the same way as in-network. Therefore, the same people are responsible.	**Medical and Behavioral Health**: (Cigna) Out-of-network services treated the same way as in-network. Therefore, the same people are responsible.	**Medical and Behavioral Health:** (Cigna) Out-of-network services treated the same way as in-network. Therefore, the same people are responsible.

No.	Company Name	7.1 - List of Any Differences in Cost-sharing Features
1	**Aetna Health, Inc.**	For both inpatient and outpatient services, cost-sharing features are the same for mental health services and medical services.
2	**Aetna Health Insurance Company**	For both inpatient and outpatient services, cost-sharing features are the same for mental health services and medical services.
3	**Aetna Life Insurance Company**	For both inpatient and outpatient services, cost-sharing features are the same for mental health services and medical services.
4	**AllWays Health Partners**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services. AllWays identified an issue with the outpatient other category of benefits impacting a subset of Merged Market and Large Group plans, for which a corrective action plan has been implemented. Specifically: ▪14 Merged Market plans where coinsurance was applied to diversionary services in error, and 4 Merged Market plans where the deductible was applied to diversionary services in error. Out of the 18 Merged Market plans, 6 plans have impacted members with utilization. ▪4 Large Group fully insured plans where the deductible was applied to diversionary services in error. Out of the 4 Large Group plans, 1 plan has 1 impacted member with utilization.
5	**Blue Cross and Blue Shield of Massachusetts, Inc.**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services.
6	**Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services.
7	**Boston Medical Center Health Plan, Inc.**	There are no differences in any cost-sharing features between medical/surgical and mental health/substance use services in any of the plans offered.
8	**CIGNA Health and Life Insurance Company**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services.
9	**ConnectiCare of Massachusetts, Inc.**	For both inpatient and outpatient services, cost-sharing features are the same for mental health services and medical services.
10	**Fallon Community Health Plan, Inc.**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services.
11	**Fallon Health & Life Assurance Company**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services.
12	**4 Ever Life Insurance Company**	There are no differences in any cost-sharing features between medical/surgical and mental health/substance use services in any of the plans offered.

No.	Company Name	7.1 - List of Any Differences in Cost-sharing Features
13	**Harvard Pilgrim Health Care, Inc. (HPHC)**	Harvard Pilgrim's use of copayments, coinsurance, deductibles, out-of-pocket maximums, other benefit limits are either less than or the same for outpatient primary care medical services.
14	**HPHC Insurance Company, Inc. (HPIC)**	**Core Business:** Harvard Pilgrim's use of copayments, coinsurance, deductibles, out-of-pocket maximums, other benefit limits are either less than or the same for outpatient primary care medical services. **Student Plan:** The copayments, coinsurance, deductibles, out-of-pocket maximums, or other benefit limitations are the same for mental health/substance use disorder services as for medical/surgical services.
15	**Health New England, Inc.**	For both inpatient and outpatient services, cost-sharing features are the same for mental health services and medical services.
16	**Tufts Health Public Plans, Inc.**	For both inpatient and outpatient services, cost-sharing features are the same, or better, for mental health services and medical services.
17	**Tufts Associated Health Maintenance Organization, Inc.**	For both inpatient and outpatient services, cost-sharing features are the same, or better, for mental health services and medical services.
18	**Tufts Insurance Company**	For both inpatient and outpatient services, cost-sharing features are the same, or better, for mental health services and medical services.
19	**UnitedHealthcare Insurance Company**	For both inpatient and outpatient services, cost-sharing features are the same for mental health services and medical services.
20	**Wellfleet Insurance Company**	Use of copayments, co-insurance, deductible, out of pocket maximums, and other benefit limitations for mental health are either the same as, or more beneficial than those for medical services.