Additional Guidance

1. **Questions and Feedback**

   The Office of Superintendent of Insurance (OSI) MH/SUD parity templates and compliance tools were developed using guidance from sources such as the National Association of Insurance Commissioners (NAIC), Department of Labor (DOL) and the Kennedy Forum. The OSI Mental Health Parity team would like to receive feedback as these are utilized and will take comments into consideration in the development of future filing templates. For any questions or feedback at any time, please contact the OSI Mental Health Parity team at: OSI.MentalHealthParity@osi.nm.gov

2. **Applicable Standards and Definitions for this MH/SUD Parity Compliance Filing**

   This "2026 MH/SUD Parity Claims and UM Phase 2 Compliance Filing" is designed to ensure calendar year 2025 compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and the sections of the New Mexico Statutes Annotated pursuant to Senate Bill 273 which took effect January 1, 2024.

3. **Confidentiality of MH/SUD Parity Raw Data Related Submissions:** The data submitted pursuant to the mental health parity requirements will be deemed confidential pursuant to NMSA 1978, Sections 59A-2-12(B). OSI reserves any rights or remedies that OSI may have to use this data under the Insurance Code.

   Note: The above confidentiality statement refers to data submitted via Dropbox. The information submitted to OSI via the System for Electronic Rates and Forms Filing (SERFF) remains subject to the SERFF confidentiality standards and procedures. However, OSI reserves any rights or remedies that OSI may have to use this data under the Insurance Code.

4. **Acceptable Benefit Classifications:**

   The classification of benefits used for applying rules must conform to federal standard 45 CFR 146.136 (2) General Parity Requirement as listed and defined below in "Table 1: Classification of Benefits".

   Note: MH/SUD benefits must be provided in every classification in which Medical/Surgical (Med/Surg) benefits are provided. Also, no more restrictive financial requirements or treatment limitations may be imposed for MH/SUD benefits as those for Med/Surg benefits. As an initial step, classification of all covered services, both medical/surgical and MH/SUD, is critical to completing both the QTL and NQTL analyses. Classification of covered services must remain consistent across both types of analyses and across all reporting tools and thus must be established at the outset.

Table 1: Classification of Benefits

#	Classification of Benefits	Definition
1	Inpatient, In-Network (IP INN)	Benefits furnished on an inpatient basis and within a network of providers established or recognized under a plan or health insurance coverage.
2	Inpatient, Out-of-Network (IP OON)	Benefits furnished on an inpatient basis and outside any network of providers established or recognized under a plan or health insurance coverage. This classification includes inpatient benefits under a plan (or health insurance coverage) that has no network of providers.
3	Outpatient, In-Network* (OP INN)	Benefits furnished on an outpatient basis and within a network of providers established or recognized under a plan or health insurance coverage.
4	Outpatient, Out-of-Network* (OP OON)	Benefits furnished on an outpatient basis and outside any network of providers established or recognized under a plan or health insurance coverage. This classification includes outpatient benefits under a plan (or health insurance coverage) that has no network of providers.
5	Emergency Care (EC)	Benefits for emergent/urgent care, not resulting in an in-patient stay.
6	Prescription Drugs (Rx)	Benefits for prescription drugs. There is a special rule for multi-tiered prescription drug benefits. More information on this may be found at the following link, on page 11: Self-Compliance Tool for MHPAEA & ERISA Requirements (dol.gov)

***Special Rules for Outpatient Sub-classifications**

There are also special rules for outpatient sub-classifications. For purposes of determining parity for outpatient benefits (in-network and out-of-network), a plan or issuer may divide its benefits on an outpatient basis into two sub-classifications:

(1) office visits; and (abbreviation – In-office)
(2) all other outpatient items and services (abbreviation – other)

This is allowed for purposes of applying the financial requirement and treatment limitation rules. For more information on outpatient sub-classifications, you may refer to the following link, on page 11: Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA)

5. Guidance Table

The "Table 2: Guidance Table for Template/Document Submissions" below addresses the purpose and instructions for each of the 2 required submissions. For more in-depth instructions, refer to the templates themselves.

Table 2: Guidance Table for Template Submissions

#	Template	Guidance
1	**Coversheet for Medical and Prescription Drug Claims/Utilization Management File Audits**	1. **Purpose** – This document will serve as a SERFF cross-reference for the Medical and Prescription Drug Claims/UM file records to be submitted via Dropbox. 2. **How to submit**: Submit in SERFF under HOrg03 Health - Other TOI, Informational Filing Type. • This coversheet should be filled out after compiling all the claims/UM file records OSI will be requiring each insurer to provide, so the insurer may correctly enter information in the "Comments" section of this document.
2	**Medical and Prescription Drug Claims/Utilization Management File Records submitted for audit**	1. **Purpose** – These are required Medical and Prescription Drug claims/UM file records, specific to each insurer that must be submitted to OSI for review. This will allow OSI to evaluate MH/SUD services parity in how policies are administered and applied "in operation". 2. **How to submit**: **Do not submit via SERFF but rather via your secure Dropbox link** • At the time of prior MH/SUD parity compliance filings, the OSI MH Parity team emailed each carrier with an individualized, secure Dropbox link for submittal. The same Dropbox link may be used for this raw data submission. You may need to request updated permission to access the link if it is expired. • Once you have pulled the claims/UM files, make sure to go back and fill in the required "Coversheet" that must be submitted via SERFF and serves as a cross-reference. Note – the Coversheet should be filled out after compiling all the records so you may correctly enter the number of files and names of the reports 3. For more specific instructions, see the "Coversheet for Claims/UM File Audits" template