

Supplemental request for data to verify the audits, reviews, and analyses performed pursuant to § 15-144(e)(4) of the Insurance Article

The analysis report requires carriers to report the results of the audits, reviews, and analyses performed to ensure compliance with the Parity Act in operation. To verify the narrative report and reviews required by the analysis report, this supplemental report of data standardized among carriers is also required as a supplement to the analysis report.

**A supplemental data report is required for the NQTL of prescription drug formulary design.**

Carriers are required to follow the instructions below in completing the supplemental data report.

Section 15-831 of the Insurance Article requires carriers that have formularies to implement procedures for members to request exceptions to the formulary. Section 15-831(c)(1) of the Insurance Article requires carriers to have a procedure to allow a member to receive a prescription drug that is not in the carrier's formulary and is therefore not covered. Section 15-831(c)(2) of the Insurance Article requires carriers to have a procedure to allow a member to continue to receive a prescription drug at lower cost-sharing if the drug is moved to a tier with higher cost-sharing.

The number of requests received refers to requests received during the prior calendar year. The number of adverse decisions and grievances refer to the outcomes of requests received and reported on lines 1 or 3.

Approved means that the request was approved in full.

Adverse decision has the meaning in § 15-10A-01(b) of the Insurance Article.

Grievance has the meaning in § 15-10A-01(f) of the Insurance Article.

Any disparities in the data between M/S and MH/SUD providers should be explained in Step 7 of the template for the NQTL of Prescription Drug Formulary Design.