

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



August 5, 2025

Teamsters Local 856 Health & Welfare Trust Fund

Leslie Radcliffe
Client Services Manager
lradcliffe@nwadmin.com

Re: Closing Letter - Mental Health Parity and Addiction Equity Act (MHPAEA) Non-Quantitative Treatment Limitation (NQTL) Comparative Analysis Review – Concurrent review for outpatient, out-of-network services.

Dear Ms. Radcliffe:

The Centers for Medicare & Medicaid Services (CMS), on behalf of the U.S. Department of Health and Human Services, has completed its MHPAEA NQTL Analysis Review (Review). The purpose of this Review was to assess Teamsters Local 856 Health & Welfare Trust Fund’s (Plan) compliance with the following requirements under Title XXVII of the Public Health Service Act (PHS Act) and its implementing regulations for the specific NQTL comparative analysis reviewed:

Section 2726 of the PHS Act, 45 C.F.R. § 146.136¹ - Parity In Mental Health And Substance Use Disorder Benefits (MHPAEA and its implementing regulations).

The Review covered concurrent review for outpatient, out-of-network services for the 2023 plan year (hereinafter referred to as “the NQTL”).

CMS conducted this Review pursuant to sections 2726(a)(8)(A) and (B) of the PHS Act, as added by section 203 of Title II of Division BB of the Consolidated Appropriations Act, 2021.² CMS contracted with Examination Resources, LLC to assist CMS with conducting this Review.

On June 27, 2023, the Plan submitted a comparative analysis and supporting documentation in response to CMS’ request sent on May 31, 2023. CMS determined that the materials submitted were insufficient to complete a review of the comparative analysis and an Insufficient Data Request was sent to the Plan on September 5, 2023. CMS received the Plan’s supplemental submission materials on September 19, 2023, and September 27, 2023. On January 9, 2024,

¹ In this document, references to 45 C.F.R. § 146.136 refer to the regulations applicable during the 2023 plan year.

² Pub. L. 116-260 (Dec. 27, 2020).

CMS sent a secondary Insufficient Data Request to the Plan. CMS received the Plan's secondary supplemental submission materials on January 24, 2024. On June 5, 2025, the Plan informed CMS that concurrent review was not required during the period under review for any outpatient, out-of-network mental health and substance use disorder services and provided excerpts from its plan documents as supporting documentation. Accordingly, this Review is closed.

CMS' findings detailed in this letter pertain only to the Plan and NQTL under review and do not bind CMS in any subsequent or further review of other plan provisions or their application for compliance with governing law, including MHPAEA and its implementing regulations. These findings do not bind any other government agency or entity. If additional information is provided to CMS regarding this NQTL or the Plan, CMS reserves the right to conduct an additional review for compliance with MHPAEA or other applicable PHS Act requirements.³

CMS will include a summary of the comparative analysis and the results of this Review in its annual report to Congress pursuant to section 2726(a)(8)(B)(iv) of the PHS Act. In addition, CMS posts all Final Determination Letters to our webpage at <https://www.cms.gov/marketplace/private-health-insurance/consumer-protections-enforcement>.

Sincerely,

Mary M.
Nugent -S



Digitally signed by Mary M. Nugent -S
Date: 2025.08.04 07:39:23 -04'00'

Mary Nugent
Director, Division of Plan and Issuer Enforcement
Oversight Group
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services

cc: Charles Scully
Law Offices of Carroll & Scully
Carr_scu@pacbell.net

³ See PHS Act section 2726(a)(8)(B)(i). See also 45 C.F.R. § 150.303.