UnitedHealthcare
Golden Rule Insurance Co.

09/01/2023

Non-Quantitative Treatment Limitation (NQTL) Reporting Submission Form

Instructions: This NQTL reporting submission form includes the required five elements as specified by 42 U.S.C. Section 300gg-26(a)(8)(A); 29 U.S.C. Section 1185a(a)(8)(A); and 26 U.S.C. Section 9812(a)(8)(A). Plans and issuers (or a department) can choose to submit a different form for each classification of benefits (recommended approach) or duplicate the prompts below for each classification of benefits. It is not recommended that a plan or issuer submit multiple NQTLs in the same document.

In-Network Reimbursement: Facility-Based

Step 1:

Specify the specific Plan or coverage terms or other relevant terms regarding the NQTL, that applies to such Plan or coverage, and provide a description of all MH or SUD and medical or surgical benefits to which the NQTL applies or for which it does not apply.

FAQ 45 Guidance: The FAQ 45 (Q2, #'s 1 and 2) guidance stipulate that a sufficient analysis should include:

A clear description of the specific NQTL, plan terms, and policies at issue; and Identification of the specific MH/SUD and medical/surgical benefits to which the NQTL applies within each benefit classification, and a clear statement as to which benefits identified are treated as MH/SUD and which are treated as medical/surgical.

Plan(s) at Issue

- Golden Rule Insurance Company

Inpatient, in-network:

Negotiation

For both M/S and MH/SUD facilities, the Plan Golden Rule Insurance Company (GRIC), as an affiliate entity under United Healthcare (UHC) E&I, adopts and implements policies and procedures that track those implemented by UHC. Thereby, the Plan GRIC accepts all UHC's analysis and determinates as it relates to the NTQLs below. The plan is apprised that UHC uses a substantially similar process to negotiate and establish reimbursement rates for INN facility services. UHC delegates negotiation of reimbursement rates for MH/SUD facility providers to United Behavioral Health d/b/a Optum Behavioral Health (OBH), it's delegated MH/SUD Managed Behavioral Health Organization (MBHO) vendor.

Key steps in the INN facility reimbursement negotiation process for both M/S and MH/SUD services include:

[redacted]

Detailed process for the INN facility reimbursement negotiation:

[redacted]

UHC contracting team may access to inform negotiations. For M/S services, UHC may document the market dynamic factors that inform a provider-specific negotiation. UHC does not apply defined formulae to establish base rates or standard fee schedules. Both M/S and MH/SUD facilities that participate in UHC's provider network may negotiate reimbursement adjustments upon contract renewal or changing market circumstances by submitting a reimbursement proposal to UHC. UHC may either accept the facility's proposal or may negotiate reimbursement rates with the facility. For facilities already in the network, the existing facility contract rates are used as the contract negotiation baseline. UHC may take market dynamics into consideration when negotiating reimbursement rates with facilities. For MH/SUD providers, UHC prepares an analysis of market dynamics that UHC's contracting team may access to inform negotiations. For M/S services, UHC may document the market dynamic factors that inform a provider-specific negotiation. UHC does not apply defined formulae to establish base rates or standard fee schedules.

Inpatient M/S -- General Acute Care, Children's, and Long-Term Acute Care Facilities

[redacted]

[redacted]

The following provides an overview of the inpatient reimbursement methodologies used by UHC:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

Inpatient MH/SUD – Inpatient and Residential

UHC on behalf of the Plan, contracts for inpatient MH/SUD services using the following methodology:

- [redacted]

[redacted]

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[redacted].

Outpatient M/S -- General Acute Care, Children's, and Long-Term Acute Care Facilities

[redacted]

The following provides an overview of the outpatient reimbursement methodologies used:

- APC – The facility is paid using a single, negotiated APC conversion factor for services subject to such [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

Outpatient MH/SUD – Intensive Outpatient Programs and Partial Hospitalization Programs

[redacted]

- [redacted]

[redacted]

Ongoing Monitoring
UHC on behalf of the Plan convenes ongoing working groups that include representatives from both the M/S and MH/SUD network strategy and pricing teams to align business processes and ensure adherence to as-written standards and comparability in operation.

Plan Terms
What Is UHC's Relationship with Providers and Groups?

UHC on behalf of the Plan have agreements in place that govern the relationship between us, our Groups and Network
providers, some of which are affiliated providers. Network providers enter into agreements with UHC to provide Covered Health Care Services to Covered Persons within the Plan GRIC.

List of M/S and MH/SUD Services Subject to NQTL

- INN acute inpatient
- INN subacute inpatient
- INN facility-based outpatient services

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Step 2:

Identify all the factors (quantitative and qualitative and label as appropriate) used to determine that the NQTL will apply to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 (Q2, #3) guidance stipulates that a sufficient analysis includes: Identification of any factors, evidentiary standards or sources, or strategies or processes considered in the design or application of the NQTL and in determining which benefits, including both MH/SUD benefits and medical/surgical benefits, are subject to the NQTL. Analyses should explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination.

Inpatient, in-network:

UHC relies on the following factors to establish reimbursement rates for M/S and MH/SUD facilities.

[redacted]

The factors are:

- **Facility assessment (Qualitative)**
  - Facility's licensure, certification, and/or accreditation (e.g., acute care facility; subacute care facility; ancillary facility, etc.)
- **Services and diagnoses/conditions the facility offers (Quantitative)**
- 

The factors apply to both M/S and MH/SUD services. The factors are not weighted in that no individual factor carries more value than another in imposing the NQTL.

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Step 3:

Provide the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply the NQTL to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 (Q 2, # 4) guidance stipulates that a sufficient response includes:

To the extent the plan or issuer defines any of the factors, evidentiary standards, strategies, or processes in a quantitative manner, it must include the precise definitions used and any supporting sources.

The FAQ 45 guidance (Q 3, # 5) states that the following is insufficient:

Reference to factors and evidentiary standards that were defined or applied in a quantitative manner, without the precise definitions, data, and information necessary to assess their development or application.

Inpatient, in-network:

Below are the evidentiary standards and sources used to define, trigger, and/or implicate the factors used in establishing INN facility reimbursement rates. These evidentiary standards and sources apply to the following:

I. M/S and MH/SUD inpatient and outpatient facility services

Factor – Facility assessment

- Evidentiary standards and sources that trigger and/or define the facility assessment factor:
  - Facility's licensure
  - Certification
  - Accreditation

This evidentiary standards and sources apply to both M/S and MH/SUD INN facility reimbursement and are defined in a qualitative manner.

Factor – Services and diagnoses/conditions the facility purports to offer or treat to offer

- Evidentiary standard and source that triggers and/or defines the services and diagnoses/conditions the facility purports to offer or treat factor:
  - Most current version of industry standard code sets, e.g., revenue, MS-DRG (derived by International Classification of Diseases (ICD)/Diagnostic and Statics Manual (DSM), CPT, HCPCS, etc.

This evidentiary standards and sources apply to both M/S and MH/SUD INN facility reimbursement and are defined in a quantitative manner.

Factor – Market dynamics

- [redacted]

[redacted]

These evidentiary standards and sources apply to both M/S and MH/SUD INN facility reimbursement and are defined in a qualitative and quantitative manner. In addition, all of these standards are considered and used to define the factors.

The factors and evidentiary standards used as the basis for establishing UHC's MH/SUD INN facility reimbursement rates are comparable to, and applied no more stringently than, the factors used as the basis for negotiating and establishing UHC's M/S INN facility reimbursement rates "as written" and "in operation." The factors are not weighted in that no individual factor carries more value than another in imposing the NQTL.

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Step 4:

Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, **as written and in operation**, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 guidance states that the following is necessary for a sufficient response:

Q2, #5) The analyses, as documented, should explain whether there is any variation in the application of a guideline or standard used by the plan or issuer between mental health or substance use disorder and medical or surgical benefits and, if so, describe the process and factors used for establishing that variation.

(Q 2, # 6) If the application of the NQTL turns on specific decisions in administration of the benefits, the plan or issuer should identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s).

(Q2, #7) If the plan's or issuer's analyses rely upon any experts, the analyses, as documented, should include an assessment of each expert's qualifications and the extent to which the plan or issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both mental health or substance use disorder and medical or surgical benefits.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 1) Production of a large volume of documents without a clear explanation of how and why each document is relevant to the comparative analysis.

(Q3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

(Q 3, # 3) Identification of processes, strategies, sources, and factors without the required or clear and detailed comparative analysis.

(Q 3, # 4) Identification of factors, evidentiary standards, and strategies without a clear explanation of how they were defined and applied in practice.

Inpatient, in-network:

As written:
UHC on behalf of the Plan compared the strategies, processes, factors, evidentiary standards, and source information used to negotiate and establish INN facility reimbursement "as written."

UHC identified and the Plan accepts, the shared factors and evidentiary standards used as the basis for determining offered reimbursement rates to M/S and MH/SUD facilities. The factors and evidentiary standards are applied to both M/S and MH/SUD facilities comparably and not more stringently to MH/SUD facilities.

Review of processes by which INN facility reimbursement is established
Both M/S and MH/SUD INN facility reimbursements are established through mutually negotiated rates based on facility assessment, services or programs provided, and market dynamics [redacted]

In operation:
UHC on behalf of the Plan compared the methodologies and processes used to negotiate and establish MH/SUD INN facility reimbursement to assess whether the methodologies and processes are comparable to, and applied no more stringently than, the methodologies and processes used to negotiate and establish reimbursement for M/S INN facility-based services "in operation."

Given the variety of reimbursement methodologies used for inpatient M/S services, a comparative analysis with MH/SUD is inherently complex. [redacted]

[redacted]

Inpatient, out-of-network:

As written:
Not Applicable

In operation:
Not Applicable

Outpatient, in-network:

As written:
Same as Inpatient, in-network

In operation:
Same as Inpatient, in-network

Outpatient, out-of-network:

As written:
Not Applicable

In operation:
Not Applicable

Emergency:

As written:
Same as Inpatient, in-network

In operation:
Same as Inpatient, in-network

Prescription drug:

As written:
Not Applicable

In operation:
Not Applicable

Step 5:

The specific findings and conclusions reached by the Plan or issuer with respect to the health insurance coverage, including any results of the analyses described in the previous steps that indicate that the Plan or issuer is or is not in compliance with the MHPAEA NQTL requirements.

FAQ 45 Guidance: The FAQ 45 guidance states that a sufficient response should include:

(Q 2, # 8) A reasoned discussion of the plan's or issuer's findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above within each affected classification, and their relative stringency, both as applied and as written. This discussion should include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

Inpatient, in-network:

Findings

"as Written"
The UHC analysis reviewed the strategies and processes by which INN facility reimbursement is negotiated and established including, what services or programs are provided, what market dynamics may influence negotiation including, [redacted]

The findings of that analysis confirmed the strategies, processes, factors, evidentiary standards, and source information used to negotiate and establish reimbursements for MH/SUD INN facility services and/or programs were comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to negotiate and establish facility reimbursement for M/S INN facility services and/or programs "as written."

"in Operation"
The Plan accepts as determined by UHC that M/S facility-based services are reimbursed under a variety of different reimbursement models, [redacted]

[redacted]

The Plan accepts as determined by UHC that the process to negotiate and establish MS/SUD INN facility reimbursement rates were comparable to, and applied no more stringently than, the process to negotiate and establish M/S INN facility reimbursement rates "in operation."

Conclusions

"as Written"
Based upon these findings, the Plan concluded that the UHC INN facility reimbursement strategy for MH/SUD was comparable to, and applied no more stringently than, the INN facility reimbursement strategy for M/S "as written."

"in Operation"
Additionally, the Plan concluded that the UHC factors, evidentiary standards, and source information used to negotiate and establish MH/SUD INN facility reimbursement rates were comparable to, and applied no more stringently than, the factors, evidentiary standards and source information used to negotiate and establish M/S INN facility reimbursement rates "in operation."

Inpatient, out-of-network:

Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

In-Network Reimbursement: Professional Services

Step 1:

Specify the specific Plan or coverage terms or other relevant terms regarding the NQTL, that applies to such Plan or coverage, and provide a description of all MH or SUD and medical or surgical benefits to which the NQTL applies or for which it does not apply.

FAQ 45 Guidance: The FAQ 45 (Q2, #'s 1 and 2) guidance stipulate that a sufficient analysis should include:

A clear description of the specific NQTL, plan terms, and policies at issue; and Identification of the specific MH/SUD and medical/surgical benefits to which the NQTL applies within each benefit classification, and a clear statement as to which benefits identified are treated as MH/SUD and which are treated as medical/surgical.

Plan(s) at Issue

- Golden Rule Insurance

Inpatient, in-network:

Process
For both M/S and MH/SUD providers, UHC uses a comparable process to negotiate and establish reimbursement rate(s) for INN professional services. UHC delegates negotiation of reimbursement rates for MH/SUD providers to United Behavioral Health d/b/a Optum Behavioral Health (OBH), its delegated MH/SUD Managed Behavioral Health Organization (MBHO) vendor.

Key steps in the INN professional services reimbursement negotiation process for both M/S and MH/SUD services include:

[redacted]

Detailed process for the INN professional services reimbursement negotiation:

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[redacted]

Please note that the information contained herein is confidential and proprietary commercial information. Accordingly, UnitedHealthcare hereby requests that this document be afforded confidential treatment and be protected from disclosure under applicable public records laws and market conduct exam protections.

UnitedHealthcare
Golden Rule Insurance Co.

09/01/2023

[redacted]

Ongoing Monitoring
UHC on behalf of the Plan convenes ongoing working groups that include representatives from both the M/S and MH/SUD network strategy and pricing teams to align business processes and ensure adherence to as-written standards and comparability in operation.

Plan Terms
What Is UHC's Relationship with Providers and Groups?

UHC on behalf of the Plan have agreements in place that govern the relationship between us, our Groups and Network
providers, some of which are affiliated providers. Network providers enter into agreements with us to provide Covered Health Care Services to Covered Persons within the Plan GRIC.

List of M/S and MH/SUD Services Subject to NQTL

- For M/S, INN professional services rendered by independently licensed health care professionals, e.g., primary care and specialty care
- For MH/SUD, INN professional services rendered by independently licensed behavioral health care professionals, e.g., psychotherapy, medication management, etc.

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Step 2:

Identify all the factors (quantitative and qualitative and label as appropriate) used to determine that the NQTL will apply to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 (Q2, #3) guidance stipulates that a sufficient analysis includes:

Identification of any factors, evidentiary standards or sources, or strategies or processes considered in the design or application of the NQTL and in determining which benefits, including both MH/SUD benefits and medical/surgical benefits, are subject to the NQTL. Analyses should explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination.

Inpatient, in-network:
UHC relies on the following factors to **establish** reimbursement rates for M/S and MH/SUD professionals:

- **Provider type (Qualitative)** (e.g., physician vs. non-physician) and/or specialty including provider licensure, board certification, education, and training

- **Services and/or Procedures Provided (Quantitative)** is based on 100% of GPCI-adjusted CMS reimbursement for a given rate year

UHC relies on the following factor in **negotiating** with professional providers after issuing standard reimbursement rates:

- **Market dynamics (Quantitative and Qualitative)** that may influence the offered rate include:
  [redacted]

The factors apply to both M/S and MH/SUD services. Although the factors are not weighted, the Plan's standard fee schedules are based largely on the services/procedures, by code, a provider is most likely to provide and bill. While that factor is not most important in determining ultimate reimbursement, it does serve as the initial consideration.

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Step 3:

Provide the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply the NQTL to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 (Q 2, # 4) guidance stipulates that a sufficient response includes:

To the extent the plan or issuer defines any of the factors, evidentiary standards, strategies, or processes in a quantitative manner, it must include the precise definitions used and any supporting sources.

The FAQ 45 guidance (Q 3, # 5) states that the following is insufficient:

Reference to factors and evidentiary standards that were defined or applied in a quantitative manner, without the precise definitions, data, and information necessary to assess their development or application.

Inpatient, in-network:

Below are the evidentiary standards and sources used to define, trigger, and/or implicate the factors used in establishing the standard INN professional services reimbursement rates. These evidentiary standards and sources apply to the following:

I. M/S professional providers (e.g., physician or non-physician)
II. MH/SUD professional providers (e.g., physician or non-physician)

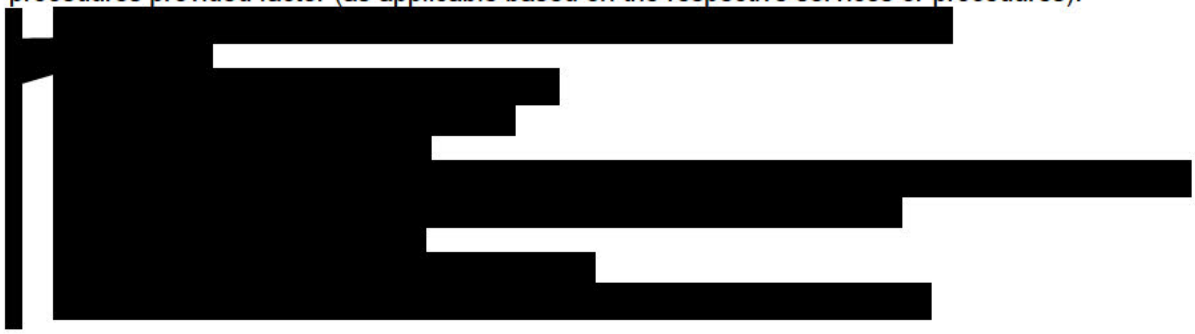
Factor – Provider type and/or specialty including provider licensure, board certification, education, and training

- Evidentiary standard and source that triggers and/or defines the provider type factor is:
  - Provider application

This evidentiary standard and source applies to both M/S and MH/SUD providers INN reimbursement and is defined in a qualitative manner.

Factor – Services and/or procedures provided

- Evidentiary standards and sources that trigger and/or define the identification of the services and/or procedures provided factor (as applicable based on the respective services or procedures):



These evidentiary standards and sources apply to both M/S and MH/SUD providers INN reimbursement and are defined in a quantitative manner.

Below are the evidentiary standards and sources used to define, trigger, and/or implicate the factors used in negotiating INN professional services reimbursement rates after issuing standard reimbursement rates. These evidentiary standards and sources apply to the following:

I. M/S professional providers (e.g., physician or non-physician)
II. MH/SUD professional providers (e.g., physician or non-physician)

Factor – Market dynamics

These evidentiary standards and sources apply to both M/S and MH/SUD providers INN reimbursement and are defined in a quantitative and qualitative manner. In addition, all of these standards are considered and used to define the factors.

The factors and evidentiary standards used as the basis for negotiating and establishing UHC's MH/SUD INN professional services reimbursement rates are comparable to, and applied no more stringently than, the factors used as the basis for negotiating and establishing UHC's M/S INN professional services reimbursement rates "as written" and "in operation." The factors are not weighted in that no individual factor carries more value than another in imposing the NQTL.

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Step 4:

Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, **as written and in operation**, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to medical or

surgical benefits.

FAQ 45 Guidance: The FAQ 45 guidance states that the following is necessary for a sufficient response:

(Q2, #5) The analyses, as documented, should explain whether there is any variation in the application of a guideline or standard used by the plan or issuer between mental health or substance use disorder and medical or surgical benefits and, if so, describe the process and factors used for establishing that variation.

(Q 2, # 6) If the application of the NQTL turns on specific decisions in administration of the benefits, the plan or issuer should identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s).

(Q2, #7) If the plan's or issuer's analyses rely upon any experts, the analyses, as documented, should include an assessment of each expert's qualifications and the extent to which the plan or issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both mental health or substance use disorder and medical or surgical benefits.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 1) Production of a large volume of documents without a clear explanation of how and why each document is relevant to the comparative analysis.

(Q3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

(Q 3, # 3) Identification of processes, strategies, sources, and factors without the required or clear and detailed comparative analysis.

(Q 3, # 4) Identification of factors, evidentiary standards, and strategies without a clear explanation of how they were defined and applied in practice.

Inpatient, in-network:

As written:

UHC on behalf of the Plan compared the strategies, processes, factors, evidentiary standards, and source information used to negotiate and establish INN provider reimbursement for M/S and MH/SUD professional services "as written."

UHC identified the shared factors and evidentiary standards used as the basis for determining offered reimbursement rates to M/S and MH/SUD providers. The factors and evidentiary standards are applied to both M/S and MH/SUD providers comparably and not more stringently to MH/SUD providers.

Review of processes by which INN reimbursement is established

Both M/S and MH/SUD INN provider reimbursement for professional services are based upon provider type, service and/or procedures provided, including the CMS RVU, and market dynamics including, [redacted]

In operation:

[redacted]

Data Included in Analysis
07/01/2022 through 06/30/2023 INN provider allowed amounts derived from claims reporting.

Provider Type

[redacted]

M/S Physicians & Non-Physicians: 99213 & 99214

- These codes were selected because they are among the highest volume codes billed by medical professionals and are used by primary care physicians, non-physicians, such as physician assistants and nurse practitioners, and psychiatrists
- 99213 is an office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making
- 99214 is an office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making

MH/SUD Physicians: 90792 & 99213

- 90792 is a psychiatric diagnostic interview examination. It is performed at the outset of an illness. It requires elicitation of complete medical and psychiatric history, mental status examination, and establishment of initial diagnosis. Almost every member who utilizes MH/SUD services has one of these visits
- 99213 is an evaluation and management code for an existing patient. It was selected because it is the most common service performed by physician psychiatrists in most states

MH/SUD Non-Physicians: 90791 & 90834

- 90791 is a psychiatric diagnostic interview examination. It is performed at the outset of an illness. It requires elicitation of complete medical and psychiatric history, mental status examination, and establishment of initial diagnosis. Almost every member who utilizes MH/SUD services has one of these visits
- 90834 is a 45-minute therapy session. It was selected because it is the most common service provided by a non-physician licensed mental health provider

Relativities are averaged together to determine a combined relativity for M/S and one for MH/SUD.

Testing Methodology
UHC developed three tests for evaluating in-network professional services reimbursement statistical comparability. Passing any one test demonstrates that comparability has been met. UHC on behalf of the Plan compared the median, average, and range of MH/SUD and M/S reimbursement relative to CMS to determine that MH/SUD reimbursement is statistically comparable to M/S reimbursement. No test carries any weight over the other.

Testing for Comparability

The Plan accepts as UHC concludes, that the above testing and comparison is sufficient to demonstrate comparability in operation.

Inpatient, out-of-network:

As written:
Not Applicable

In operation:
Not Applicable

Outpatient, in-network:

As written:
Same as Inpatient, in-network

In operation:
Same as Inpatient, in-network

Outpatient, out-of-network:

As written:
Not Applicable

In operation:
Not Applicable

Emergency:

As written:

Same as Inpatient, in-network

In operation:
Same as Inpatient, in-network

Prescription drug:

As written:
Not Applicable

In operation:
Not Applicable

Step 5:

The specific findings and conclusions reached by the Plan or issuer with respect to the health insurance coverage, including any results of the analyses described in the previous steps that indicate that the Plan or issuer is or is not in compliance with the MHPAEA NQTL requirements.

FAQ 45 Guidance: The FAQ 45 guidance states that a sufficient response should include:

(Q 2, # 8) A reasoned discussion of the plan's or issuer's findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above within each affected classification, and their relative stringency, both as applied and as written. This discussion should include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

Inpatient, in-network:
Findings
"as Written"
The analysis reviewed by UHC include the strategies and processes by which reimbursement for INN professional services is established. The findings of that analysis confirmed the strategies, processes, factors, evidentiary standards, and source information used to negotiate and establish provider reimbursements for MH/SUD INN professional services were comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to negotiate and establish provider reimbursement for M/S INN professional services "as written."

"in Operation"
The findings as reported by UHC of the comparative analysis revealed the reimbursement for MH/SUD physicians (psychiatrists) and M/S Physicians were statistically comparable. Reimbursement for MH/SUD non-physicians and M/S non-physicians were statistically comparable "in-operation." Specifically, for Illinois providers billing the codes described in Step 4, the median, average, and range of MH/SUD and M/S reimbursement relative to CMS were statistically comparable as evidenced in the comparability chart above (Step 4). Comparable rates between M/S and MH/SUD also demonstrate that the factors used during the reimbursement negotiation [redacted] were applied in a consistent manner.

Conclusions
"as Written"
Based upon these findings, the Plan concluded that the UHC methodologies to negotiate and establish INN provider reimbursement for MH/SUD INN professional services was comparable to, and applied no more stringently than, the methodologies to negotiate and establish the INN provider reimbursement for M/S INN professional services "as written."

"in Operation"
Because the reimbursement for MH/SUD physicians and non-physicians compared to M/S physicians and non-physicians was no more stringent, UHC's methodologies to negotiate and establish reimbursement for MH/SUD INN professional services is comparable to, and applied no more stringently than, its methodologies to negotiate and establish reimbursement for M/S INN professional services "in operation."

Inpatient, out-of-network:
Not Applicable

Outpatient, in-network:
Same as Inpatient, in-network

Outpatient, out-of-network:
Not Applicable

Emergency:
Same as Inpatient, in-network

Prescription drug:
Not Applicable

Out-of-Network Reimbursement

Step 1:

Specify the specific Plan or coverage terms or other relevant terms regarding the NQTL, that applies to such Plan or coverage, and provide a description of all MH or SUD and medical or surgical benefits to which the NQTL applies or for which it does not apply.

FAQ 45 Guidance: The FAQ 45 (Q2, #'s 1 and 2) guidance stipulate that a sufficient analysis should include:

A clear description of the specific NQTL, plan terms, and policies at issue; and

Identification of the specific MH/SUD and medical/surgical benefits to which the NQTL applies within each benefit classification, and a clear statement as to which benefits identified are treated as MH/SUD and which are treated as medical/surgical.

UnitedHealthcare
Golden Rule Insurance Co.

09/01/2023

Plan(s) at Issue

- Golden Rule Insurance

Inpatient, in-network:

Not Applicable

Inpatient, out-of-network:

Out-of-network (OON) inpatient and outpatient reimbursement is the process by which UHC establishes reimbursement for OON inpatient and outpatient claims as defined in the member's plan documents.

Key steps in the non-emergency OON inpatient and outpatient reimbursement process for both M/S and MH/SUD services include:

- OON Reimbursement methodologies are created in accordance with state and federal requirements
- The client/employer group chooses one or more of the OON reimbursement methodologies described below for use by the Plan
- The chosen OON reimbursement methodology is applied as one singular reimbursement structure for both M/S and MH/SUD OON services. For example, if the policy elects the Maximum Non-Network Reimbursement Program (MNRP) at 110%, that is applied to all claims, both M/S and MH/SUD
- The Plan adheres to the selected OON reimbursement methodology for both M/S and MH/SUD claims when making an OON payment

OON benefit programs are defined in the *Certificate of Coverage* and/or *Schedule of Benefits* and are described in the factors below.

Plan Terms

- See [redacted] GRIC Plan name and associated terms for each plan

List of M/S and MH/SUD Services Subject to NQTL

- OON inpatient and outpatient services

Outpatient, in-network:

Not Applicable

Outpatient, out-of-network:

Same as Inpatient, out-of-network

Emergency:

Out-of-Network (OON) emergency care reimbursement is the process by which UHC establishes reimbursement for OON emergency claims as defined in the member's plan documents.

UHC determines reimbursements for OON emergency care services in accordance with state and federal regulatory requirements. The methodology used to reimburse OON emergency care services applies to emergency services rendered for the treatment of both M/S conditions and MH/SUD. OON reimbursement exists as a singular structure (it is sold as one structure and applied as one structure) and is the same for M/S and MH/SUD.

Plan Terms - Golden Rule Insurance

Per MGR04411 The definition of emergency is deleted and replaced with the following:
"Emergency" means a medical condition manifesting itself by acute symptoms of sufficient severity (including, but not limited to, severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

(a) Placing the health of the covered person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
(b) Serious impairment to bodily functions; or
(c) Serious dysfunction of any bodily organ or part.

List of M/S and MH/SUD Services Subject to NQTL

- OON facility and professional emergency services for the treatment of M/S and MH/SUD conditions

Prescription drug:

Not Applicable

Step 2:

Identify all the factors (quantitative and qualitative and label as appropriate) used to determine that the NQTL will apply to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 (Q2, #3) guidance stipulates that a sufficient analysis includes:

Identification of any factors, evidentiary standards or sources, or strategies or processes considered in the design or application of the NQTL and in determining which benefits, including both MH/SUD benefits and medical/surgical benefits, are subject to the NQTL. Analyses should explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination.

Inpatient, in-network:

Not Applicable

Inpatient, out-of-network:

UHC relies on the following factors to determine OON reimbursement rates for M/S and MH/SUD inpatient and outpatient services. These factors apply to both M/S and MH/SUD benefits in the following classifications:

I. M/S OON Inpatient/Outpatient Services
II. MH/SUD OON Inpatient/Outpatient Services

- **Federal and State Regulations (Qualitative)**
  - State or federal law may impact permissible out of network reimbursement options available to customers. This factor is applicable to:
    - OON non-emergency inpatient or outpatient services provided in an In-Network (INN) or OON facility rendered for the treatment of M/S or MH/SUD conditions

    Applies to both M/S and MH/SUD services

- **MNRP (Quantitative)**. This factor is applicable to:
  - OON non-emergency inpatient or outpatient services provided in an OON facility rendered for the treatment of M/S or MH/SUD conditions
  - OON inpatient and outpatient services rendered for the treatment of M/S or MH/SUD conditions

    Applies to both M/S and MH/SUD services

- **Shared Savings (Quantitative)** This factor is applicable to:
  - OON non-emergency inpatient or outpatient services provided in an INN or OON facility rendered for the treatment of M/S or MH/SUD conditions
  - OON inpatient and outpatient services rendered for the treatment of M/S or MH/SUD conditions

  Applies to both M/S and MH/SUD services

- **Outlier Cost Management (OCM) (Quantitative)** This factor is applicable to:
  - OON non-emergency inpatient or outpatient services provided in an INN or OON facility rendered for the treatment of M/S or MH/SUD conditions
  - OON professional services rendered for the treatment of M/S or MH/SUD conditions

  Applies to both M/S and MH/SUD services

The factors are not weighted in that no individual factor carries more value than another in imposing the NQTL.

Outpatient, in-network:
Not Applicable

Outpatient, out-of-network:
Same as Inpatient, out-of-network

Emergency:
The Plan relies on the following factor to determine OON emergency care reimbursement rates for M/S and MH/SUD conditions. These factors apply to both M/S and MH/SUD benefits in the following classifications:

I. OON emergency services for M/S conditions
II. OON emergency services for MH/SUD conditions

- **State and Federal Regulations (Qualitative)**
  Applies to both M/S and MH/SUD conditions

As there is only one factor, the weight of the factor is not applicable.

Prescription drug:
Not Applicable

Step 3:

Provide the evidentiary standards used for the factors identified in Step 2, when applicable, provided that every factor shall be defined, and any other source or evidence relied upon to design and apply the NQTL to MH/SUD benefits and medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 (Q 2, # 4) guidance stipulates that a sufficient response includes:

To the extent the plan or issuer defines any of the factors, evidentiary standards, strategies, or processes in a quantitative manner, it must include the precise definitions used and any supporting sources.

The FAQ 45 guidance (Q 3, # 5) states that the following is insufficient:

Reference to factors and evidentiary standards that were defined or applied in a quantitative manner, without the precise definitions, data, and information necessary to assess their development or application.

Inpatient, in-network:
Not Applicable

Inpatient, out-of-network:
Below are the evidentiary standards and sources used to define, trigger, and/or implicate the factors used in determining OON reimbursement for inpatient and outpatient services. These evidentiary standards and sources apply to the following benefit classifications:

I. M/S OON Inpatient/Outpatient Services
II. MH/SUD OON Inpatient/Outpatient Services

Factor – Federal and State Laws and Regulations is defined as a set of rules to establish standards for healthcare transactions.

- Evidentiary standards and sources that define and/or trigger the identification of the factor:
  - State or federal law may impact the range of permissible out of network reimbursement options.
    - An amount determined by an applicable All-Payer Model Agreement under section 1115A of the Social Security Act;
    - If there is no such applicable All-Payer Model Agreement, an amount determined by a specified state law; or
    - If there is no such applicable All-Payer Model Agreement or specified state law, the lesser of the billed charge or the Plan's or issuer's median contracted rate (a/k/a qualifying payment amount (QPA)) for the same or similar item or service in the relevant geographic region
  - Applicable state law
  - Reimbursement amount determined by applicable All-Payer Model Agreement
  - Reimbursement amount determined by applicable state law
  - Contracted rates for the same or similar items or services provided by facilities of the same or similar facility type in the relevant geographic region

This evidentiary standard and source applies to both M/S and MH/SUD OON inpatient/outpatient services. This evidentiary standard and source is defined in a qualitative manner.

Factor – Shared Savings (MultiPlan Wrap Network) is defined as OON benefits that allow the Plan to obtain a discount off an OON provider's billed charge. It involves OON providers that have contracted with a third-party vendor to allow members access to the discount.

- **The Plan's evidentiary standards and sources that define and/or trigger the identification of the factor:**
  - MultiPlan (a third-party vendor)
    - MultiPlan uses the Data iSight tool to determine the pricing for claims
    - The Data iSight tool is used to determine the pricing for claims. The Data iSight tool determines the pricing based on data that is publicly available and also applies common industry-wide modifiers or adjustments. It also takes into account the geographical area, and for professional services, the relative amount of time, level of skill, and intensity of the services performed
  - Wrap Network consists of an expansive contracted vendor network
  - Fee Negotiation discounts negotiated prior to payment and administered by Multiplan

These evidentiary standards and sources apply to both M/S and MH/SUD OON inpatient/outpatient services. These evidentiary standards and sources are defined in a quantitative manner.

Factor – OCM is defined OON provider claims reimbursed at the Plan's INN level of benefits/member cost share when no other OON reimbursement program is applicable. OCM claims are initially processed using industry-recognized reimbursement methodology.

The Plan's evidentiary standard and sources that define and/or trigger the identification of the factor:

- MultiPlan (a third-party vendor) is used to process claims under the OCM program
  - MultiPlan uses the Data iSight tool to determine the pricing for claims
  - Data iSight tool is used to determine the pricing for claims. The Data iSight tool determines the pricing based on data that is publicly available and also applies common industry-wide modifiers or adjustments. It also takes into account the geographical area, and for professional services, the relative amount of time, level of skill, and intensity of the services performed.

These evidentiary standard and sources apply to both M/S and MH/SUD OON inpatient/outpatient services. These evidentiary standard and sources are defined in a quantitative manner.

The factors and evidentiary standards used as the basis for determining MH/SUD OON inpatient/outpatient reimbursement are comparable to, and applied no more stringently than, the factors and evidentiary standards used as the basis for subjecting M/S OON inpatient/outpatient reimbursement "as written" and "in operation."

The factors are not weighted in that no individual factor carries more value than another in imposing the NQTL.

Outpatient, in-network:

Not Applicable

Outpatient, out-of-network:

Same as Inpatient, out-of-network

Emergency:

Below are the evidentiary standards and sources used to define, trigger, and/or implicate the factor used in determining OON emergency care reimbursement rates. The evidentiary standards and sources apply to the following benefit classifications:

I. OON emergency services for M/S conditions
II. OON emergency services for MH/SUD conditions

Factor – State and Federal Laws and Regulations is defined as a set of rules to establish standards for healthcare transactions

Evidentiary standards and sources that define and/or trigger the identification of the factor:

- No Surprises Act reimbursement methodology less INN member cost share:
  - An amount determined by an applicable All-Payer Model Agreement under section 1115A of the Social Security Act;
  - If there is no such applicable All-Payer Model Agreement, an amount determined by a specified state law; or
  - If there is no such applicable All-Payer Model Agreement or specified state law, the lesser of the billed charge or the Plan's or issuer's median contracted rate (a/k/a qualifying payment amount (QPA)) for the same or similar item or service in the relevant geographic region
- Applicable state law
  - Reimbursement amount determined by applicable All-Payer Model Agreement
  - Reimbursement amount determined by applicable state law
  - Contracted rates for the same or similar items or services provided by facilities of the same or similar facility type in the relevant geographic region

These evidentiary standards and sources apply to both M/S and MH/SUD OON emergency services. These evidentiary standards and sources are defined in a qualitative manner.

The factor and evidentiary standards used as the basis for establishing OON emergency care reimbursement for MH/SUD conditions are comparable to, and applied no more stringently than, the factor and evidentiary standards used as the basis for establishing OON emergency care reimbursement for M/S conditions "as written" and "in operation." As there is only one factor, the weight of the factor is not applicable.

Prescription drug:
Not Applicable

Step 4:

Provide the comparative analyses demonstrating that the processes, strategies, evidentiary standards, and other factors used to apply the NQTL to MH/SUD benefits, **as written and in operation**, are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, and other factors used to apply the NQTLs to medical or surgical benefits.

FAQ 45 Guidance: The FAQ 45 guidance states that the following is necessary for a sufficient response:

(Q2, #5) The analyses, as documented, should explain whether there is any variation in the application of a guideline or standard used by the plan or issuer between mental health or substance use disorder and medical or surgical benefits and, if so, describe the process and factors used for establishing that variation.

(Q 2, # 6) If the application of the NQTL turns on specific decisions in administration of the benefits, the plan or issuer should identify the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s).

(Q2, #7) If the plan's or issuer's analyses rely upon any experts, the analyses, as documented, should include an assessment of each expert's qualifications and the extent to which the plan or issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both mental health or substance use disorder and medical or surgical benefits.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 1) Production of a large volume of documents without a clear explanation of how and why each document is relevant to the comparative analysis.

(Q3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without specific supporting evidence and detailed explanations.

(Q 3, # 3) Identification of processes, strategies, sources, and factors without the required or clear and detailed comparative analysis.

(Q 3, # 4) Identification of factors, evidentiary standards, and strategies without a clear explanation of how they were defined and applied in practice.

Inpatient, in-network:

As written:
Not Applicable

In operation:
Not Applicable

Inpatient, out-of-network:

As written:
UHC on behalf of the Plan conducted a comparative analysis of the strategies, processes, factors, evidentiary standards, and source information used to determine OON reimbursement for M/S and MH/SUD inpatient/outpatient services “as written.” UHC identified the factors and evidentiary standards used as the basis for determining M/S and MH/SUD OON inpatient/outpatient reimbursement.

OON reimbursement is defined in the Plan documents . Language defining the OON reimbursement methodologies reflect a singular structure and is inclusive of M/S and MH/SUD inpatient/outpatient services. Plan benefits are administered according to the singular structure for all OON services.

UHC applies the same strategies, processes, factors, sources, and evidentiary standards for each reimbursement methodology for both M/S and MH/SUD services. Both use one or more of the following: state, or federal requirements, MNRP, Shared Savings, or OCM to establish OON reimbursement rates.

In operation:
UHC on behalf of the Plan compared the strategies, processes, factors, evidentiary standards, and source information used to determine M/S and MH/SUD ONN inpatient/outpatient services reimbursement “in operation.”

Both M/S and MH/SUD use the same methodology for determining OON provider reimbursements for services and treatments.

Outpatient, in-network:

As written:
Not Applicable

In operation:
Not Applicable

Outpatient, out-of-network:

As written:
Same as Inpatient, out-of-network

In operation:
Same as Inpatient, out-of-network

Emergency:

As written:
UHC on behalf of the Plan conducted a comparative analysis of the strategies, processes, factors, evidentiary standards, and source information used to establish reimbursement for OON emergency care for M/S and MH/SUD conditions "as written." UHC identified the factor and evidentiary standards used as the basis for determining M/S and MH/SUD OON emergency care reimbursement.

OON reimbursement is defined in the plan documents. Language defining the OON reimbursement methodologies reflects a singular structure and is inclusive of M/S and MH/SUD conditions. Plan benefits are administered according to the singular structure for all OON services.

UHC applies the same factor, sources, and evidentiary standards for each reimbursement methodology for both M/S and MH/SUD conditions. Both use state and/or federal requirements to establish OON emergency care reimbursement rates.

In operation:
UHC on behalf of the Plan conducted a comparative analysis of the methodology and process used to establish OON reimbursement for MH/SUD emergency care to determine whether the methodology and process is comparable to, and applied no more stringently than, the methodology and process used to establish OON reimbursement for M/S emergency care "in operation."

The same methodology is used for determining provider reimbursements for OON emergency care for M/S and MH/SUD conditions.

Prescription drug:

As written:
Not Applicable

In operation:
Not Applicable

Step 5:

The specific findings and conclusions reached by the Plan or issuer with respect to the health insurance coverage, including any results of the analyses described in the previous steps that indicate that the Plan or issuer is or is not in compliance with the MHPAEA NQTL requirements.

FAQ 45 Guidance: The FAQ 45 guidance states that a sufficient response should include:

(Q 2, # 8) A reasoned discussion of the plan's or issuer's findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above within each affected classification, and their relative stringency, both as applied and as written. This discussion should include citations to any specific evidence considered and any results of analyses indicating that the plan or coverage is or is not in compliance with MHPAEA.

The FAQ 45 guidance states that the following constitutes an insufficient response:

(Q 3, # 2) Conclusory or generalized statements, including mere recitations of the legal standard, without

specific supporting evidence and detailed explanations.

Inpatient, in-network:
Not Applicable

Inpatient, out-of-network:
Findings
The findings of the comparative analysis revealed the process and methodology MH/SUD used to determine OON inpatient and outpatient reimbursement “as written” and “in operation” was comparable to, and applied no more stringently than, the process and methodology M/S used to determine OON inpatient and outpatient reimbursement.

Conclusions
Based upon these findings, the Plan concluded the UHC methodology and processes that M/S and MH/SUD use to determine OON reimbursement was comparable “as written” and “in operation.”

Outpatient, in-network:
Not Applicable

Outpatient, out-of-network:
Same as Inpatient, out-of-network

Emergency:
Findings
The findings of the UHC comparative analysis revealed the process and methodology used for OON emergency care reimbursement for MH/SUD conditions “as written” and “in operation” was comparable to, and applied no more stringently than, the process and methodology used for OON emergency care reimbursement for M/S conditions.

Conclusions
Based upon these findings, the Plan concluded the UHC methodology and processes that the Plan uses for OON emergency care reimbursement for MH/SUD conditions was comparable to the methodology and processes that is used for OON emergency care reimbursement for M/S conditions “as written” and “in operation.”

Prescription drug:
Not Applicable