UnitedHealthcare
Golden Rule Insurance Co.

Mental Health Parity and Addiction Equity Act Disclosure
In-Network Provider Reimbursement Frequently Asked Questions

This document includes standard responses to questions related to Mental Health Parity (MHP) and Non-Quantitative Treatment Limitations (NQTL). This communication is not intended, nor should it be construed, as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Please note, your plan documents govern all benefit determinations and in the case of conflict with this document your plan controls. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the ID card.

The following explanations apply to both Medical/Surgical benefits and Mental Health/Substance Use Disorder benefits unless stated otherwise.

What does it mean if something is In-Network?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
In-Network care is health care received from a provider that has a contract with the health insurance plan or provider network. In-Network care usually comes with a discount – a reduction in the provider's actual charge for the service.	

How does my health plan decide what to pay In-Network Providers?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The following factors and sources are used to determine In-Network reimbursement:	
Individual or Group Provider:	
<u>Factors:</u>	**<u>Sources:</u>**
• Provider type (e.g., physician vs. non-physician) and/or specialty including provider licensure, board certification, education, and training.	• Provider application
• Services and/or procedures provided	• Most current version of industry standard code sets, e.g., Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), etc.

- Centers for Medicare & Medicaid Services (CMS) Resource-Based Relative Value Scale (RBRVS) using Relative Value Units (RVUs) to define the value of the service or procedure relative to all services and procedures on the scale. The value of the service is based upon the following factors:
  - Provider Work
  - Provider Expense
  - Provider Malpractice Insurance Expense
  - Geographic Practice Cost Indices
  - Conversion Factor
- Applicable CMS RVU
- FAIR Health Medicare GapFill PLUS database

Facilities:

Factors:	**Sources:**
• Facility type (e.g., acute care facility; subacute care facility; ancillary facility, etc.)	• Facility application
• Type of facility-based service(s) and diagnosis/condition for which the service or procedure is intended to treat	• Most current version of industry standard code sets, e.g., revenue, Medicare Severity Diagnosis Related Groups (MS-DRG), CPT, HCPCS, etc.
• Market dynamics that influence mutually negotiated rates including:	
○ Facility leverage	○ Facility research
○ Network need	○ Facility Directory; state GeoAccess reports; member reported access data
○ Facility's member volume	○ Internal claims data
○ Facility proposed rate relative to market pricing	○ Applicable CMS Prospective Payment Systems (PPS), MS-DRG, state rate and internal claims data

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Does the Plan treat Mental Health/Substance Use Disorder In-Network Provider Reimbursement differently than Medical/Surgical In-Network Provider Reimbursement "as written"?

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
No. The Plan's analysis found that the strategy, process, factors, evidentiary standards, and source information used to decide that Mental Health/Substance Use Disorder in-network provider reimbursement are comparable to, and applied no more stringently than, the strategy, process, factors, evidentiary standards, and source information used to decide Medical/Surgical in-network provider reimbursement "as written".	

Are Mental Health/Substance Use Disorder decisions about In-Network Provider Reimbursement made any differently than Medical/Surgical decisions in practice?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. The Plan reviewed the strategy, process, factors, evidentiary standards, and source information used to determine Mental Health/Substance Use Disorder facility-based and individual provider In-Network reimbursement "in operation" and found it is comparable to, and applied no more stringently than, the strategy, process, factors, evidentiary standards, and source information used to determine Medical/Surgical facility-based and individual provider in-network reimbursement "in operation." The Plan uses this process to make sure that the rules of the Mental Health Parity and Addiction Equity Act (MHPAEA) are followed, and if not, takes steps to fix it.	