

**Mental Health Parity and Addiction Equity Act Disclosure
Network Adequacy Frequently Asked Questions**

This document includes standard responses to questions related to Mental Health Parity (MHP) and Non-Quantitative Treatment Limitations (NQLT). 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.

Why do we look at Network Adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan looks at network adequacy to make sure its network has enough numbers and types of In-Network providers to meet the needs of its members in a specific area. The Plan uses Centers for Medicare & Medicaid Services (CMS) standards and/or applicable state laws to evaluate Network Adequacy.</p>	

How does the Plan assess Network Adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan leverages and utilizes UHC's networks who prepare reports on a regular basis (no less than quarterly) to make sure regulatory network access requirements are met.</p>	

What happens if the Plan finds it does not meet requirements for a specialty or provider type?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan leverages the broader United Healthcare corporate organization's (UHC) networks and support services, and if there is a need for increased providers to the network in that specialty or provider type measures are taken to remediate the deficit in providers should they be identified.</p> <p>If there is a gap in the network, members can ask for an exception to receive services from an Out-of-Network provider at the In-Network benefit level.</p>	

**Mental Health Parity and Addiction Equity Act Disclosure
Network Adequacy Frequently Asked Questions**

What factors, sources, and evidentiary standards are involved in determining the requirements for Network Adequacy?

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
<p>When looking at Network Adequacy, the factors used may include:</p> <ul style="list-style-type: none"> • State-specific standards when state regulations identify a quantifiable network adequacy measurement for geographic and numeric availability • CMS/Medicare Advantage Network Adequacy Criteria Guidance • Out-of-Network utilization trends • Survey results the sources and evidentiary standards may include: <ul style="list-style-type: none"> • Applicable state regulatory requirements • CMS/Medicare Advantage Network Adequacy Criteria Guidance • Claims data • Enrollee and/or customer access complaints • Enrollee satisfaction with access survey results 	

When the Plan looks at Network Adequacy, does the Plan treat Mental Health/Substance Use Disorder differently than Medical/Surgical “as written”?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan’s analysis found that the strategy, process, factors, evidentiary standards, and source information used to decide network adequacy for Mental Health/Substance Use Disorder benefits are comparable to, and applied no more stringently than, the strategy, process, factors, evidentiary standards, and source information used to decide network adequacy for Medical/Surgical benefits “as written”.</p>	

Are Mental Health/Substance Use Disorder decisions about Network Adequacy made any differently than Medical/Surgical decisions in practice?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan compared the strategy, process, factors, evidentiary standards, and source information Mental Health/Substance Use Disorder used to assess network adequacy “in operation” and concluded it was comparable to, and applied no more stringently than, the strategy, process, factors, evidentiary standards, and source information Medical/Surgical used to assess network adequacy.</p>	