UnitedHealthcare
Golden Rule Insurance Co.

Mental Health Parity and Addiction Equity Act Disclosure
Retrospective Review 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 is Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Retrospective Review means that the member or provider has submitted a claim for coverage of a service to the Plan for review of clinical coverage determination. This happens when: • The Plan does a Post-Claim Retrospective Review for inpatient and/or outpatient services after a claim has been submitted and following within the plan policy language (rules).	

Why does my health plan conduct Retrospective Reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Retrospective Reviews are used to make sure that your benefits are being used correctly. The Plan uses both Internal Medical Directors and external Vendors. It is our policy to follow all state and federal laws, and use qualified persons to review services, hospitalizations, and other treatments to make sure that: • The benefit is being used appropriately and within the terms/rules of the plan policy. • The services that were provided are consistent with industry standards for medically appropriateness, safety standards, and are consistent with evidence-based guidelines that support positive treatment outcomes.	

What is the process for Retrospective Reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Post-Claim: Retrospective Review begins after the Plan receives submission of a claim. The Plan may approve services that do not require clinical interpretation. If a clinical review is appropriate, The Plan may refer the case to either an internal Medical Director or externally contracted vendor for clinical review. Clinical reviews are the process in which confirmation is obtained by an appropriately licensed specialty provider, that the service(s) meet clinical/medical coverage criteria. The Plan makes sure that all retrospective review processes are compliant with all applicable federal and state laws. As with all cases, notifications of the outcome of any Retrospective Review are issued as per in accordance with applicable laws and other accreditation standards.	

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What are the qualifications of those that will be performing the Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Clinical, non-clinical, and administrative personnel may participate in various areas of the Retrospective Review process. The Plan where appropriate may contract independent external utilization review agencies for clinical opinions on weather a case meets medical necessity criteria. The Plan where available and when appropriate may leverage internal qualified licensed staff to determine Medical Necessity criteria is met. All denials must be recommended by an M.D. licensure within the specialty of service(s) requested.	Clinical, non-clinical, and administrative personnel may participate in various areas of the Retrospective Review process. The Plan for MH/SUD services primarily contracts independent external utilization review agencies for clinical opinions on weather a case meets medical necessity criteria. The Plan where appropriate may leverage internal Medical Directors where available as well. All denials must be recommended by an M.D. licensure within the specialty of service(s) requested

What guidelines are used in performing the Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan uses evidence-based medical policy, standardized Coverage Determination Guidelines (CDGs), evidence-based internally developed clinical criteria, and externally developed nationally recognized clinical guidelines and criteria, such as MCG and InterQual (Medical/Surgical services) while conducting reviews.	The Plan directs external independent contracted utilization review agencies, to conduct reviews based on whether the member's clinical condition meets criteria for coverage, based on the application of objective, evidence-based internally developed clinical criteria, and externally developed nationally recognized guidelines, such as ASAM (SUD services), LOCUS (MH services), CASII (Adolescent services), and ECSII (Early childhood services) for conducting reviews.

How long does the Plan have to complete a Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
In all cases, the Plan follows applicable laws and other accreditation timeframe requirements.	

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What factors and sources are used in a Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan Golden Rule Insurance Company (GRIC) is an affiliate company under United Healthcare (UHC). The Plan Golden Rule Insurance adopts and uses processes, operating procedures and policies which follow United Healthcare's direction. The Plan when performing Retrospective Reviews may use UHC's established factors, and the related sources of information which include: Factors: • Consistency with Clinical AppropriatenessSources that support the factor used in determining Retrospective Review • Clinical criteria from nationally recognized, third-party sources (e.g., InterQual or MCG for M/S services, and ASAM Criteria, LOCUS, CALOCUS-CASII and ECSII guidelines for MH/SUD services) • UHC established Committees, which review medical technologies and services to ensure safety and align with industry standards. • Objective, scientific evidence-based internal policies, and nationally recognized guidelines approved by professional healthcare associations (e.g., clinical guidance from the American Medical Association, American Psychiatric Association, etc.)	

What evidence is used to decide the factors listed above?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
UHC on behalf of the Plan uses the following evidence to decide the factors listed above: • Clinical Appropriateness: Defined as services decided by internal medical experts that meet objective, evidence-based clinical criteria, and externally developed nationally recognized criteria guidelines	

When the Plan performs a Retrospective Review, does the Plan treat Mental Health/ Substance Use Disorder differently than Medical/Surgical "as written" and "in operation"?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. There are comparisons completed and found that the processes are equal. The same or similar factors, standards, and sources information are used to determine mental health/substance use disorder services that require Retrospective Review that are used to determine medical/surgical services that require Retrospective Review "as written" in policy and "in operation".	

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Are Mental Health/Substance Use Disorder decisions made any differently than Medical/Surgical Are mental health/ substance use disorder decisions made any differently than medical/ surgical decisions in practice ("in operation")?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. There are steps in place to make sure that both medical/surgical and mental health/substance use disorder decisions are consistently made using evidence-based guidelines. 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 it takes steps to fix it. The Plan also audits itself to make sure clinical quality outcomes and your expectations are met.	

How does the Plan audit itself?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan conducts a variety of activities that make sure the Retrospective Review decisions are being made appropriately, and within the state and federal laws. The Plan has ongoing monitoring of the Retrospective Review performance using Medical Director leadership, and clinical quality committees that have representatives from all areas of the Retrospective Review Process. Decision outcomes and a variety of information are monitored, and reviewed to make sure rules are followed. The Plan has a process in places to fix any errors found in a timely manner.	