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 treated as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and is not 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 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:	
Factors:	Sources:
• Provider type 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., and Centers for Medicare and Medicaid Services (CMS) reimbursement guidelines
• Market dynamics such as network need and provider-member volume, etc.	• Market Research • Provider directory • Claims data • State reimbursement rates • Network adequacy reports

Developed: February 2022 Last Review: 08/23, 11/23 Next Review: March 2024

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

Facility providers:	
Factors:	Sources:
• Facility assessment	• Facility licensure • Certification • Accreditation
• Service(s) and diagnoses/conditions the facility offers or treats	• Most current version of industry standard code sets, e.g., revenue, Medicare Severity Diagnosis Related Groups (MS-DRG), CPT, HCPCS, etc.
• Market dynamics such as network need and facility-member volume, etc.	• Market research • Facility directory; network adequacy reports; member reported access data • Internal claims data • CMS reimbursement guidelines • CMS value-based programs • Internally developed value-based programs

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 strategies, processes, factors, evidentiary standards, and source information used to decide mental health/substance use disorder in-network facility-based and individual provider reimbursement are comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to decide medical/surgical in-network facility-based and individual 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 ("in operation")?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. The Plan reviewed the strategies, processes, factors, evidentiary standards, and source information used to determine mental health/substance use disorder facility-based and individual provider in-network reimbursement in practice ("in operation") and found it is comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to determine medical/surgical facility-based and individual provider in-network reimbursement in practice ("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.	

Developed: February 2022 Last Review: 08/23, 11/23 Next Review: March 2024