Mental Health Parity and Addiction Equity Act Disclosure
Out-of-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 i 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 out-of-network?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Out-of-network care is health care received from a facility or provider who does not have a contract with your Plan or provider network.	

How does the Plan decide how to pay out-of-network provider claims?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan applies one or more of the following approaches to pay out-of-network claims: • Federal and state regulations • A Usual, Customary, and Reasonable (UCR) standard • A Maximum Non-Network Reimbursement Program (MNRP) methodology • Extended Non-Network Reimbursement Program (ENRP) methodology, as applicable under state or federal law • Shared savings - The plan may attempt to negotiate a discount to the out-of-network provider's billed charges. • Outlier Cost Management (OCM) • Naviguard® Review your plan documents for the approach that applies to your out-of-network claims	

How does the Plan decide which standard applies?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan considers one or more of the following sources in determining which standard to apply: • Federal and state regulations • Regional market dynamics • The nature of the service • Centers for Medicare and Medicaid Services (CMS) reimbursement guidelines • The median rate paid to in-network providers in that market	

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

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How does the Plan decide what to pay when I visit an out-of-network provider in an emergency?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan uses applicable state and federal law to pay out-of-network emergency claims.	

Are there any restrictions on what types of claims an out-of-network provider can submit?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Out-of-network providers can only bill for services within their scope of licensure. Also, providers have to follow national coding and billing guidelines.	

When the Plan determines out-of-network reimbursement, does the Plan treat mental health/substance use disorder benefits differently than medical/surgical benefits "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 out-of-network reimbursement for mental health/substance use disorder benefits are the same as the strategies, processes, factors, evidentiary standards, and source information used to decide out-of-network reimbursement for medical/surgical benefits "as written."	

Are decisions about out-of-network reimbursement for mental health/substance use disorder benefits made any differently than decisions about out-of-network reimbursement for medical/surgical benefits in practice ("in operation")?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. The Plan compared the strategies, processes, factors, evidentiary standards, and source information used to decide out-of-network reimbursement for mental health/substance use disorder benefits in practice and concluded it was the same and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to decide out-of-network reimbursement for medical/surgical benefits in practice.	

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