

INSTRUCTIONS ON HOW TO REQUEST DOCUMENTATION FROM THE HEALTH PLAN CONCERNING TREATMENT LIMITATIONS

Background: This is a tool to help you request information from Golden Rule Insurance (your health plan) regarding *treatment limitations* that may affect your access to mental health or substance use disorder benefits. You can use this to learn how to request:

- **General information** about treatment limitations (also known as “NQTL’s”), like your plan’s policies for both medical/surgical and mental health treatment.
- **Specific information** for both medical/surgical and mental health treatment about what criteria Golden Rule would use to show “medical necessity” for a specific treatment or service you are seeking.

Your plan or insurer is required by law to provide you this information in certain instances. In some cases, a request can result in more information than you may want. Please talk to your health care provider regarding any specific questions on the treatment or services you are seeking. If this is an urgent need, please seek immediate attention from a health care provider.

Under a federal law called the Mental Health Parity and Addiction Equity Act (MHPAEA), many health plans and insurers must make sure that there is “parity” between mental health and substance use disorder benefits, and medical and surgical benefits. This generally means that financial requirements and treatment limitations applied to mental health or substance use disorder benefits cannot be more restrictive than the financial requirements and treatment limitations applied to medical and surgical benefits. The types of limits covered by parity protections include:

- Financial requirements—such as deductibles, copayments, coinsurance, and out-of-pocket limits; and
- Treatment limitations—such as limits on the number of days or visits covered, or other limits on the scope or duration of treatment.

If you want to obtain documentation as to what Golden Rule requires for “medically necessary” of treatments or services before the service is delivered, please contact us at the number on the back of your insurance card, or you may access your member portal at www.myuhone.com with the request. Generally, within thirty (30) calendar days of the plan’s receipt of your request we will provide the documentation on the above requested information. For electronic access to a list of “*treatment limitations*” Golden Rule has please visit: www.uhone.com/about-us/legal/mental-health-parity-notifications

Instructions:

Contact us with the following information to submit a completed request.

- Type of request, for example; “I am seeking general information on treatment limitations” or “I am seeking specific information regarding medical necessity criteria for a specific treatment”
- Insured’s name and patient’s name if different
- Insured’s ID number
- Name of the provider or facility you are seeking treatment or services from
- Diagnosis Codes
- Procedure or service/treatment description

These instructions are designed to help you request information from us (your health plan) about treatment limitations and/or “medical necessity” criteria, and these inquiries are not for use as “predeterminations” and should not be considered medical advice, on any treatment or services for any condition or health needs you may have. Additionally, you can review your certificate of coverage for information on general review and appeals processes.

If you would like to learn more about the federal Mental Health Parity and Addiction Equity Act (MHPAEA) you may visit the public website at www.dol.gov/ebsa for answers to common question.