

Mental Health Parity and Addiction Equity Act Disclosure
Medical Necessity 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 Medical Necessity?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The term Medical Necessity is defined in your plan documents. The Plan uses the same definition for both Medical/Surgical benefits and Mental Health/Substance Use Disorder Benefits. The terms may also be defined by state-specific requirements.</p>	

What factors, sources, and evidentiary standards are used in creating Medical Necessity criteria?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan Golden Rule Insurance Company (GRIC) is an affiliate company under United Healthcare (UHC). The Plan adopts and uses decisions by UHC established and operated committees and created policies. There is a standard process to approve Medical Necessity criteria. Committees include board-certified physicians, behavioral health Medical Directors, and senior leaders from a variety of different departments and medical specialties.</p> <p>The committees may consider the following factors:</p> <ul style="list-style-type: none"> • Clinical efficacy • Safety of services or technologies • Appropriateness of the proposed service or technology <p>The sources and evidentiary standards include:</p> <ul style="list-style-type: none"> • Scientifically based clinical evidence • Peer-reviewed literature • Hierarchy of clinical evidence 	

Mental Health Parity and Addiction Equity Act Disclosure Medical Necessity Frequently Asked Questions

When we look at Medical Necessity, is the process to develop and approve Mental Health/Substance Use Disorder clinical criteria different from the process that Medical/Surgical clinical criteria are developed or approved “as written” in policy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. There are comparisons done and the results have found that the processes are equal. The same or similar factors, standards and sources of information are used to develop internal evidence-based policies, and approve externally developed nationally recognized medical/clinical criteria for mental health/substance use disorder, and are used no more strict than, the processes, factors, standards, and sources of information used to develop internal evidence-based policies and approve externally developed clinical criteria for medical/surgical “as written” in policy.</p>	

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

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The processes used for mental health/substance use disorder medical necessity decisions and medical/surgical decisions are comparable in practice.</p> <p>Both mental health/substance use disorder coverage decisions and medical/surgical coverage decisions are made using medical/clinical policies.</p> <p>Golden Rule Insurance (GRI) utilizes independent external review agencies which use externally developed and nationally recognized clinical criteria guidelines, personal expertise and experience, along with evidenced based publications recognized by professional societies, in addition to adherence to federal and state requirements in which to make a medical/clinical opinion regarding coverage determinations as it applies to the question of medical necessity criteria.</p>	

What is the Inter-rater Reliability (or “IRR”) assessment and how is it used?

Medical/ Surgical Benefits	Mental Health/ Substance Use Disorder Benefits
<p>The Plan generally assesses the appropriate application of its medical necessity criteria in operation by review of Inter-Rater Reliability (IRR) assessments. The IRR assessment makes sure that these guidelines/criteria/policies are applied consistently, looks for areas where process and improvements can be made, and makes sure that leaders receive feedback about the appropriateness of how the guidelines are used.</p>	