

**Mental Health Parity and Addiction Equity Act Disclosure
Network Adequacy 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.

Why do we look at Network Adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan looks at network adequacy to make sure networks have enough numbers and types of In-Network providers to meet the needs of members in a specific area. The Plan uses Centers for Medicare & Medicaid Services (CMS) standards and/or applicable state laws to evaluate network adequacy.</p>	

How does the Plan assess Network Adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan looks at network adequacy reports that are prepared and reviewed on a regular basis (at least four times a year) to make sure regulatory network access requirements are met.</p>	

What happens if the Plan finds it does not meet requirements for a specialty or provider type?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan tries to add providers to the network in that specialty or provider type.</p> <p>Members have the option to seek access to services from an out-of-network (OON) provider as outlined in their individual Plan language.</p>	

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What factors, sources, and evidentiary standards are involved in determining the requirements for Network Adequacy?

Medical/Surgical Benefits	Mental Health / Substance Use Disorder Benefits
<p>When looking at Network Adequacy, the factors may include:</p> <ul style="list-style-type: none"> • State-specific standards: States may give a specific quantity of providers that must be made available for a county or area of its population. • Centers for Medicare & Medicaid Services (CMS) Health Services Delivery (HSD) table. <p>The sources and evidentiary standards include:</p> <ul style="list-style-type: none"> • State Law and regulation requirements. • Centers for Medicare & Medicaid Services (CMS) Health Services Delivery (HSD) table: Which is defined as CMS guidance for time & distance standards for various types of providers and facilities. 	

When the Plan looks at Network Adequacy, does the Plan treat Mental Health/Substance Use Disorder differently than Medical/Surgical “as written” in policy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan’s analysis found that the strategies, processes, factors, standards, and sources of information used to decide network adequacy for mental health/substance use disorders, and are comparable to, and applied no more stringently than the strategies, processes, factors, standards, and source of information used to decide network adequacy for Medical/Surgical benefits “as written” in policy.</p> <p>The medical/surgical and mental health/substance use disorder network teams run network adequacy reports at least four times a year to determine if network adequacy requirements are met. If a gap is identified, the teams try to add providers in that specialty or providers type to the network. Additionally, both teams have a process in place to authorize benefits to an out-of-network provider at the in-network benefit level if a supply gap is identified.</p>	

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Are Mental Health/Substance Use Disorder decisions about Network Adequacy made any differently than Medical/Surgical decisions in practice (“in operation”)?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>No. The Plan compared the strategies, processes, factors, evidentiary standards, and source of information for mental health/substance use disorder used to assess network adequacy in practice (“in operation”) and concluded it was comparable to, and applied no more stringently than, the strategies, processes, factors, evidentiary standards, and source information used to assess medical/surgical network adequacy.</p> <p>The medical/surgical and mental health/substance use disorder network teams run network adequacy reports at least four times a year to determine if network adequacy requirements are met. If a gap is identified, the teams try to add providers in that specialty or provider type to the network. Additionally, both teams have a process in place to authorize benefits to an out-of-network provider at tin-network benefit level if a supply gap is identified.</p>	