

**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 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 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 provider that does not have a contract with the health insurance 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
<p>The Out-of-network (OON) inpatient and outpatient reimbursement NQTL outlines the process by which reimbursement rates for OON inpatient and outpatient claims are established and are identified in the member’s plan documents. The Plan may utilize one or more of the following approaches to pay Out-of-Network claims:</p> <ul style="list-style-type: none"> <li>• Federal and state regulations</li> <li>• A Usual, Customary, and Reasonable (UCR) standard;</li> <li>• A Maximum Non-Network Reimbursement Program (MNRP) methodology;</li> <li>• Shared savings - The plan may attempt to negotiate a discount to the out-of-network provider's billed charges</li> <li>• Outlier Cost Management (OCM)</li> </ul> <p>Review your plan documents for the approach that applies to your Out-of-Network claims.</p>	

How is it decided which standard applies?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
<p>The Plan Golden Rule Insurance Company (GRIC) considers one or more of the following sources when determining which standard to apply:</p> <ul style="list-style-type: none"> <li>• Federal and state regulations/laws</li> <li>• Regional (geographical area) specific fees for service</li> <li>• The type of the service</li> <li>• CMS (Medicare and Medicaid) standards and fee schedules</li> </ul>	

## Mental Health Parity and Addiction Equity Act Disclosure Out-of-Network Provider Reimbursement Frequently Asked Questions

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 must follow national coding and billing guidelines.	

When out-of-network reimbursements are determined, does the Plan treat mental health/substance use disorder benefits differently than medical/surgical benefits “as written” in policy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
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 decide out-of-network reimbursement for mental health/substance use disorder benefits, as are used to decide out-of-network reimbursement for medical/surgical benefits “as written” in policy.	

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. There are comparison done and the results have found that processes are equal. The same or similar factors, standards, and sources of information are used to decide out-of-network reimbursement for mental health/substance use disorder benefits in practice, as is used to decide out-of-network reimbursement for medical/surgical benefits in practice (“in operation”).	