UnitedHealthcare
Golden Rule Insurance Co.

Mental Health Parity and Addiction Equity Act Disclosure
Retrospective Review 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 Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Retrospective Review means that the member or provider has submitted a claim for coverage of a service to the Plan for review of clinical coverage determination. This happens when • The Plan does a **Post-Claim Retrospective Review** for inpatient and outpatient services after a claim has been submitted and as the policy plan indicates necessary.	

Why does my health plan conduct Retrospective Reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Retrospective Reviews are used to make sure that your benefits are being used correctly. The plan utilizes both Internal Medical Directors and external Vendors whom employ qualified clinical staff to review services, hospitalizations, and other inpatient admissions on behalf of the Plan, in order to make sure that: • The benefit is being utilized appropriately and within the terms of the plan policy. • The services that were provided are consistent with industry standards for medically appropriate and safe, and consistent with evidence-based guidelines. • A retrospective review is also performed to confirm that the service meets the medically/clinical coverage criteria.	

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What is the process for Retrospective Reviews?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Post-Claim: The Plan reviews claims for medical necessity in cases to confirm that the service meets clinical/medical coverage criteria. As with all cases, you will be notified in accordance with applicable laws and other standards of the outcome of any Retrospective Review.	

What are the qualifications of those that will be performing the Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Clinical, non-clinical, and administrative personnel may participate in the Retrospective Review process. All clinical reviews are made by clinical staff (i.e., nurses, physicians, etc.) and all decisions not to cover a benefit are made by physicians (MDs, DOs, etc.) as appropriate.	All clinical reviews at the direction of the plan are performed by external independent contracted utilization review agencies and all decisions not to cover a benefit are made by MDs. Clinical, non-clinical, and administrative personnel may participate in the Retrospective Review process.

What guidelines are used in performing the Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan uses evidence-based medical policy, standardized Coverage Determination Guidelines (CDGs), evidence-based internally developed clinical criteria, and externally developed nationally recognized clinical guidelines and criteria, such as MCG and InterQual while conducting reviews.	The Plan directs external independent contracted utilization review agencies, to conduct reviews based on whether the member's clinical condition meets criteria for coverage, based on the application of objective, evidence-based internally developed clinical criteria, and externally developed nationally recognized guidelines.

How long does the Plan have to complete a Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
In all cases, the Plan follows applicable laws and other accreditation timeframe requirements.	

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What factors and sources are used in a Retrospective Review?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits

When performing Retrospective Reviews, factors used, and the related sources of information, may include:

Factors:	Sources:
Clinical Appropriateness: The application of Retrospective Review	• Expert Medical Review • Objective, evidence-based, externally developed nationally recognized criteria
Value: The value of applying Retrospective Review outweighs the costs	• Internal claims data • Utilization Management program operating • Utilization Management authorization data
Variation Identified: Utilization patterns data suggest variation relative to national benchmarks	• Internal claims

What evidence is used to decide the factors listed above?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits

The Plan uses the following evidence to decide the factors listed above:

- Clinical Appropriateness: Defined as services decided by internal medical experts that meet objective, evidence-based clinical criteria, and externally developed nationally recognized criteria guidelines

When the Plan performs a Retrospective Review, does the Plan treat Mental Health/ Substance Use Disorder differently than Medical/Surgical "as written" and "in operation"?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits

No. The Plan's analysis found that the strategy, process, factors, evidentiary standards, and source information used to subject Mental Health and Substance Use Disorder services to Retrospective Review are comparable to, and applied no more stringently than the strategy, process, factors, evidentiary standards, and source information used to subject Medical/Surgical services to Retrospective Review "as written" and "in operation".

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

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
No. The Plan takes steps to make sure that both Medical/Surgical and Mental Health/Substance Use Disorder cases are reviewed and monitored to detect potential operational variance from processes in operation. Measures are taken with the cases available to review for parity compliance, and steps taken to remediate variance to ensure parity compliance is met.	

How does the Plan audit itself?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
The Plan conducts internal reviews that look at all parts of the process for making clinical decisions, from when the case is opened to when it is closed. The Plan at its discretion conducts reviews with the information from your case to make sure the applicable state laws/rules are followed, as well as internal rule/polices in a way that matches up with your plan.	