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 treated as legal advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and is not 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 your 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 does your Plan look at network adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan ensures there are enough in-network providers to meet members' needs in a specific area. This is called making sure the network is adequate, or network adequacy. Your Plan uses Centers for Medicare & Medicaid Services (CMS) standards and state laws to check if the network is adequate.	

How does your Plan assess network adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan regularly reviews reports that show whether or not our network is adequate. We look at these reports at least every three months to make sure we have enough providers and that network access rules are met.	

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

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
Your Plan works to add providers to the network if needed. If there aren't enough providers in the network, members can ask to see an out-of-network provider and still get in-network benefits.	

What factors, sources, and evidentiary standards does your Plan use in determining the requirements for network adequacy?

Medical/Surgical Benefits	Mental Health/Substance Use Disorder Benefits
When checking to see if there are enough providers in the network, your plan looks at: • State-specific standards: rules that say how many providers should be available and how close they should be to where our members are • Network Disruption Report: a report that shows when our network may not have enough providers to meet the needs of new members • CMS/Health Services Delivery (HSD) table: guidelines for how far away different doctors and hospitals can be from members The sources we use include: • State rules • Network Disruption Report • CMS/HSD Table: cms.gov/medicare/medicare-advantage/medicareadvantageapps)	

Developed: February 2022 Last Review: 08/23, 11/23, 11/24 Next Review: November 2025

Mental Health Parity and Addiction Equity Act Disclosure
Network Adequacy Frequently Asked Questions

When your Plan looks at network adequacy, does your Plan treat mental health/substance use disorder differently than medical/surgical "as written?" **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
No. Your Plan found that the rules and processes for having enough providers are the same for mental health/substance use disorder benefits and medical/surgical benefits. We check to see if there are enough medical/surgical and mental health/substance use providers at least four times a year. If they find a gap, they try to add more providers in that specialty. They also have a process to let members see an out-of-network provider at in-network costs if there aren't enough providers. This means the rules are not stricter for mental health/substance use disorder benefits "as written" and "in operation."	

Developed: February 2022 Last Review: 08/23, 11/23, 11/24 Next Review: November 2025