AHCCCS Arizona Health Care Cost Containment System

AHCCCS CONTRACTOR OPERATIONS MANUAL

POLICY 110 – ATTACHMENT C – MENTAL HEALTH PARITY ANALYSIS SUMMARY

Contractors must minimally report Non-Quantitative Treatment Limits (NQTL) analysis results for prior authorization, concurrent review, medical necessity, outlier, documentation and out of area criteria, but must also assess and document for the presence of other potential NQTLs.

Examples of NQTLs can be found in the Medicaid/CHIP parity rule [42 CFR 438.910(d)(2)(ii) / 440.395(b)(4)(ii) / 457.496(d)(4)(ii))]. Note that the list is not exhaustive.

FULLY INTEGRATED BENEFIT PACKAGE									
CONTRACTOR	APPLICABLE BENEFIT PACKAGES	NON- QUANTITATIVE TREATMENT LIMITATION (NQTL)	CLASSIFICATION(S)	PARITY COMPLIANCE ISSUE IDENTIFIED (YES/NO)	SUMMARY OF ACTIONS TAKEN TO ADDRESS PARITY COMPLIANCE ISSUE(S)				
Mercy Care DCS CHP	MH/SUD	Utilization Management (UM)	Inpatient	NO					
Mercy Care DCS CHP	MH/SUD	Utilization Management (UM)	Outpatient	NO					
Mercy Care DCS CHP	MH/SUD	Utilization Management (UM)	Emergency Care	NO					
Mercy Care DCS CHP	MH/SUD	Medical Necessity Criteria	Inpatient	NO					
Mercy Care DCS CHP	MH/SUD	Medical Necessity Criteria	Outpatient	NO					
Mercy Care DCS CHP	MH/SUD	Medical Necessity Criteria	Emergency Care	NO					



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FULLY INTEGRATED BENEFIT PACKAGE									
CONTRACTOR	APPLICABLE BENEFIT PACKAGES	NON- QUANTITATIVE TREATMENT LIMITATION (NQTL)	CLASSIFICATION(S)	PARITY COMPLIANCE ISSUE IDENTIFIED (YES/NO)	SUMMARY OF ACTIONS TAKEN TO ADDRESS PARITY COMPLIANCE ISSUE(S)				
Mercy Care DCS CHP	MH/SUD	Medical Necessity Criteria	Prescription Drugs	NO					
Mercy Care DCS CHP	MH/SUD	Documentation Requirements	Inpatient	NO					
Mercy Care DCS CHP	MH/SUD	Documentation Requirements	Outpatient	NO					
Mercy Care DCS CHP	MH/SUD	Documentation Requirements	Emergency Care	NO					
Mercy Care DCS CHP	MH/SUD	Documentation Requirements	Prescription Drugs	NO					
Mercy Care DCS CHP	MH/SUD	Out-of-Network/ Geographic Area Coverage	Inpatient	NO					
Mercy Care DCS CHP	MH/SUD	Out-of-Network/ Geographic Area Coverage	Outpatient	NO					
Mercy Care DCS CHP	MH/SUD	Out-of-Network/ Geographic Area Coverage	Emergency Care	NO					

Effective Dates: 04/03/19, 10/01/2020, 05/04/23 Approval Dates: 11/15/18, 06/04/2020, 04/06/23