

#### **AHCCCS CONTRACTOR OPERATIONS MANUAL**

### ACOM POLICY 110 – ATTACHMENT C – MENTAL HEALTH PARITY ANALYSIS SUMMARY

Contractors shall minimally report Non-Quantitative Treatment Limits (NQTL) analysis results for prior authorization, concurrent review, medical necessity, outlier, documentation and out of area criteria, but shall also assess and document for the presence of other potential NQTLs. Examples of NQTLs can be found in the Medicaid/CHIP parity rule, including but not limited to: 42 CFR 438.910(d)(2)(ii), 440.395(b)(4)(ii), 457.496(d)(4)(ii).

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 M/S	Utilization Management (UM)	Inpatient	NO		
MERCY CARE DCS CHP	MH/SUD M/S	Utilization Management (UM)	Outpatient	NO		
MERCY CARE DCS CHP	MH/SUD M/S	Utilization Management (UM)	Emergency Care	NO		
MERCY CARE DCS CHP	MH/SUD M/S	Medical Necessity Criteria	Inpatient	NO		
MERCY CARE DCS CHP	MH/SUD M/S	Medical Necessity Criteria	Outpatient	NO		

Effective Dates: 04/03/19, 10/01/20, 05/04/23

Approval Dates: 11/15/18, 06/04/20, 04/06/23, 12/12/24



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MERCY CARE DCS CHP	MH/SUD M/S	Medical Necessity Criteria	Emergency Care	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Medical Necessity Criteria	Prescription Drugs	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Documentation Requirements	Inpatient	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Documentation Requirements	Outpatient	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Documentation Requirements	Emergency Care	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Documentation Requirements	Prescription Drugs	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Out-of-Network/ Geographic Area Coverage	Inpatient	NO			

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MERCY CARE DCS CHP	MH/SUD M/S	Out-of-Network/ Geographic Area Coverage	Outpatient	NO			
MERCY CARE DCS CHP	MH/SUD M/S	Out-of-Network/ Geographic Area Coverage	Emergency Care	NO			

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