

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)				
MOLINA HEALTHCARE	ACC	Utilization Management (UM)	Inpatient	NO					
MOLINA HEALTHCARE	ACC	Utilization Management (UM)	Outpatient	NO					
MOLINA HEALTHCARE	ACC	Utilization Management (UM)	Emergency Care	NO					
MOLINA HEALTHCARE	ACC	Medical Necessity Criteria	Inpatient	NO					
MOLINA HEALTHCARE	ACC	Medical Necessity Criteria	Outpatient	NO					
MOLINA HEALTHCARE	ACC	Medical Necessity Criteria	Emergency Care	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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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)				
MOLINA HEALTHCARE	ACC	Medical Necessity Criteria	Prescription Drugs	NO					
MOLINA HEALTHCARE	ACC	Documentation Requirements	Inpatient	NO					
MOLINA HEALTHCARE	ACC	Documentation Requirements	Outpatient	NO					
MOLINA HEALTHCARE	ACC	Documentation Requirements	Emergency Care	NO					
MOLINA HEALTHCARE	ACC	Documentation Requirements	Prescription Drugs	NO					
MOLINA HEALTHCARE	ACC	Out-of-Network/ Geographic Area Coverage	Inpatient	NO					
MOLINA HEALTHCARE	ACC	Out-of-Network/ Geographic Area Coverage	Outpatient	NO					
MOLINA HEALTHCARE	ACC	Out-of-Network/ Geographic Area Coverage	Emergency Care	NO					

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