MENTAL HEALTH PARITY ANALYSIS SUMMARY

ALTCS Elderly and Physically Disabled (EPD)

		FULLY	INTEGRATED	BENEFIT PAC	KAGES
Managed Care Organization	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 Plan	ALTCS/EPD	Utilization Management (UM)	Inpatient	Yes Out-of-state placements for MH/SUD services require AHCCCS notification and approval. No similar requirement appears to be applied for out-of- state M/S services, except for DES/DDD approvals of out-of- state placements for individuals with developmental disabilities.	AHCCCS will resolve by removing the requirement in Policy 450 for AHCCCS prior approval of planned out- of-state MH/SUD services and instead, require notification only, as is currently required for planned, out-of-state M/S services.

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Mercy Care Plan	ALTCS/EPD	Utilization Management (UM)	Outpatient	Yes Out-of-state placements for MH/SUD services require AHCCCS notification and approval. No similar requirement appears to be applied for out-of- state M/S services, except for DES/DDD approvals of out-of- state placements for individuals with developmental disabilities.	AHCCCS will resolve by removing the requirement in Policy 450 for AHCCCS prior approval of planned out- of-state MH/SUD services and instead, require notification only, as is currently required for planned, out-of-state M/S services.
Mercy Care Plan		Utilization Management (UM)	Emergency Care	No	
Mercy Care Plan	ALTCS/EPD	Medical Necessity Criteria	Inpatient	No	
Mercy Care Plan	ALTCS/EPD	Medical Necessity Criteria	Outpatient	No	
Mercy Care Plan	ALTCS/EPD	Medical Necessity Criteria	Emergency Care	No	
Mercy Care Plan	ALTCS/EPD	Medical Necessity Criteria	Prescription Drugs	No	
Mercy Care Plan	ALTCS/EPD	Documentation Requirements	Inpatient	No	

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Mercy Care Plan	ALTCS/EPD	Documentation Requirements	Outpatient	No	
Mercy Care Plan	ALTCS/EPD	Documentation Requirements	Emergency Care	No	
Mercy Care Plan	ALTCS/EPD	Documentation Requirements	Prescription Drugs	No	
Mercy Care Plan	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Inpatient	No	
Mercy Care Plan	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Outpatient	No	
Mercy Care Plan	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Emergency Care	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Utilization Management (UM)	Inpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Utilization Management (UM)	Outpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Utilization Management (UM)	Emergency Care	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Medical Necessity Criteria	Inpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Medical Necessity Criteria	Outpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Medical Necessity Criteria	Emergency Care	No	

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UnitedHealthcare Community Plan	ALTCS/EPD	Medical Necessity Criteria	Prescription Drugs	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Documentation Requirements	Inpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Documentation Requirements	Outpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Documentation Requirements	Emergency Care	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Documentation Requirements	Prescription Drugs	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Inpatient	No	
UnitedHealthcare Community Plan	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Outpatient	No	

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UnitedHealthcare Community Plan	ALTCS/EPD	Utilization Management (UM)	Inpatient Outpatient	Yes. Out-of-state placements for MH/SUD services require AHCCCS notification and approval. No similar requirement appears to be applied for out-of- state M/S services, except for DES/DDD approvals of out-of- state placements for individuals with developmental disabilities.	AHCCCS will resolve by removing the requirement in Policy 450 for AHCCCS prior approval of planned out- of-state MH/SUD services and instead, require notification only, as is currently required for planned, out-of-state M/S services.
UnitedHealthcare Community Plan	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Emergency Care	No	

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Banner-UFC	ALTCS/EPD	Utilization Management (UM)	Inpatient	Yes	A Quantitative Treatment Limit (QTL) disparity is represented with a 15-day limit on days within an Institution for Mental Disease (IMD). This limit does not exist for members with physical health conditions. In order to mitigate this disparity UAHP has contracted with step down facilities with behavioral health expertise not meeting the requirements of IMD (i.e. Less than 16 beds) to provide continuing care when necessary to meet the unique needs of a given member. The Health Plan is actively participating in case management to prevent hospitalization along with utilization review and transition planning to prevent readmissions.
Banner-UFC	ALTCS/EPD	Utilization Management (UM)	Outpatient	No	
Banner-UFC	ALTCS/EPD	Utilization Management (UM)	Emergency Care	No	
Banner-UFC	ALTCS/EPD	Medical Necessity Criteria	Inpatient	No	
Banner-UFC	ALTCS/EPD	Medical Necessity Criteria	Outpatient	No	
Banner-UFC	ALTCS/EPD	Medical Necessity Criteria	Emergency Care	No	
Banner-UFC	ALTCS/EPD	Medical Necessity Criteria	Prescription Drugs	No	
Banner-UFC	ALTCS/EPD	Documentation Requirements	Inpatient	No	

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Banner-UFC	ALTCS/EPD	Documentation Requirements	Emergency Care	No	
Banner-UFC	ALTCS/EPD	Documentation Requirements	Prescription Drugs	No	
Banner-UFC	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Inpatient	Yes. Out-of-state placements for MH/SUD services require AHCCCS notification and approval. No similar requirement appears to be applied for out-of- state M/S services, except for DES/DDD approvals of out-of- state placements for individuals with developmental disabilities.	AHCCCS will resolve by removing the requirement in Policy 450 for AHCCCS prior approval of planned out-of- state MH/SUD services and instead, require notification only, as is currently required for planned, out-of-state M/S services.
Banner-UFC	ALTCS/EPD	Out-of-Network/ Geographic Area Coverage	Outpatient	Yes. Out-of-state placements for MH/SUD services require AHCCCS notification and approval. No similar requirement appears to be applied for out-of- state M/S services, except for DES/DDD	AHCCCS will resolve by removing the requirement in Policy 450 for AHCCCS prior approval of planned out- of-state MH/SUD services and instead, require notification only, as is currently required for planned, out-of-state M/S services.

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