MERCER

MAKE TOMORROW, TODAY

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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 Maricopa Integrated Care (MMIC)	Adults determined to have a Serious Mental Illness (SMI)	Utilization Management (UM)	Inpatient, Outpatient	Yes	• The State will require Plans managing MH/SUD services/benefits to offer at least two modalities (fax, portal or telephonic) for providers to initiate UM reviews.
Cenpatico Integrated Care (CIC)	Adults determined to have a Serious Mental Illness (SMI)	Utilization Management (UM)	Inpatient, Outpatient	No	
Health Choice Integrated Care (HCIC)	Adults determined to have a Serious Mental Illness (SMI)	Utilization Management (UM)	Inpatient	No	

MARSH & McLENNAN COMPANIES

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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 Maricopa Integrated Care (MMIC)	Adults determined to have a Serious Mental Illness (SMI)	Medical Necessity Criteria	Inpatient, Outpatient	Yes	• The State will remove policy requirement for regional behavioral health authorities (RBHAs) to use ADHS/DBHS developed clinical decision making criteria for psychiatric acute, inpatient and subacute services, and similarly permit these Plans managing mental health/substance use disorder (MH/SUD) services/benefits to use nationally-recognized standards. The State will align policy requirements that relate to the adaptation or development of criteria (including criteria for new technology or new use of existing criteria) where nationally-recognized criteria are not available to apply to all Plans. Specifically, that policy will require that the adaptation or development of criteria must be based upon evaluated peer reviewed medical literature published in the U.S. Peer reviewed medical literature must include well-designed investigations that have been reproduced by non-affiliated authoritative sources. The literature must also include positive endorsements by national medical bodies or panels regarding scientific efficacy and rationale.
					• The State will establish uniform timeframe requirements for all Plans to use when making coverage determinations when the request involves new technologies/new use of existing technologies.

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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)
Cenpatico Integrated Care (CIC)	Adults determined to have a Serious Mental Illness (SMI)	Medical Necessity Criteria	Inpatient, Outpatient	Yes	• The State will remove policy requirement for regional behavioral health authorities (RBHAs) to use ADHS/DBHS developed clinical decision making criteria for psychiatric acute, inpatient and subacute services, and similarly permit these Plans managing mental health/substance use disorder (MH/SUD) services/benefits to use nationally-recognized standards. The State will align policy requirements that relate to the adaptation or development of criteria (including criteria for new technology or new use of existing criteria) where nationally-recognized criteria are not available to apply to all Plans. Specifically, that policy will require that the adaptation or development of criteria must be based upon evaluated peer reviewed medical literature published in the U.S. Peer reviewed medical literature must include well-designed investigations that have been reproduced by non-affiliated authoritative sources. The literature must also include positive endorsements by national medical bodies or panels regarding scientific efficacy and rationale.
					• The State will establish uniform timeframe requirements for all Plans to use when making coverage determinations when the request involves new technologies/new use of existing technologies.

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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)
Health Choice Integrated Care (HCIC)	Adults determined to have a Serious Mental Illness (SMI)	Medical Necessity Criteria	Inpatient	Yes	• Regional behavioral health authorities (RBHAs) to use ADHS/DBHS developed clinical decision making criteria for psychiatric acute, inpatient and subacute services, and similarly permit these Plans managing mental health/substance use disorder (MH/SUD) services/benefits to use nationally-recognized standards. The State will align policy requirements that relate to the adaptation or development of criteria (including criteria for new technology or new use of existing criteria) where nationally-recognized criteria are not available to apply to all Plans. Specifically, that policy will require that the adaptation or development of criteria must be based upon evaluated peer reviewed medical literature published in the U.S. Peer reviewed medical literature must include well-designed investigations that have been reproduced by non-affiliated authoritative sources. The literature must also include positive endorsements by national medical bodies or panels regarding scientific efficacy and rationale.
					• The State will establish uniform timeframe requirements for all Plans to use when making coverage determinations when the request involves new technologies/new use of existing technologies.

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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 Maricopa Integrated Care (MMIC)	Adults determined to have a Serious Mental Illness (SMI)	Documentation Requirements	Inpatient, Outpatient	Yes	• The State's Medical Director (MD) reviewed options to address potential barriers for timely access/coverage of Mental health/Substance use disorder (MH/SUD) services due to assessment and service planning requirements. This strategy is applied to this population because these members have chronic, complex behavioral health (BH) conditions and needs, with multiple systems involved in the delivery of care. For the population with these conditions, there is a compelling need to have a highly coordinated, well-represented (for other systems like education, probation or others that have an impact on the member's overall health and functioning) team collaborating to identify and addressing the member's BH treatment needs. The requirements are supported by State policy and protocols and are recognized as clinical best practices for managing chronic, complex BH conditions for members with multi-systemic involvement.

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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)
Cenpatico Integrated Care (CIC)	Adults determined to have a Serious Mental Illness (SMI)	Documentation Requirements	Inpatient, Outpatient	Yes	• The State's Medical Director (MD) reviewed options to address potential barriers for timely access/coverage of Mental health/Substance use disorder (MH/SUD) services due to assessment and service planning requirements. This strategy is applied to this population because these members have chronic, complex behavioral health (BH) conditions and needs, with multiple systems involved in the delivery of care. For the population with these conditions, there is a compelling need to have a highly coordinated, well-represented (for other systems like education, probation or others that have an impact on the member's overall health and functioning) team collaborating to identify and addressing the member's BH treatment needs. The requirements are supported by State policy and protocols and are recognized as clinical best practices for managing chronic, complex BH conditions for members with multi-systemic involvement.
Health Choice Integrated Care (HCIC)	Adults determined to have a Serious Mental Illness (SMI)	Documentation Requirements	Inpatient, Outpatient	No	

		FULLY INTEGRATED BENEFIT PACKAGES			
Managed Care Organizations (MCOs)	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 Maricopa Integrated Care (MMIC)	Adults determined to have a Serious Mental Illness (SMI)	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	Yes	• Arizona Health Care Cost Containment System (AHCCCS) will consider removing the requirement for AHCCCS prior approval of planned out-of-state mental health/substance use disorder (MH/SUD) services and instead, require notification only, as is currently required for planned, out-of-state medical/surgical (M/S) services.
Cenpatico Integrated Care (CIC)	Adults determined to have a Serious Mental Illness (SMI)	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	Yes	• Arizona Health Care Cost Containment System (AHCCCS) will consider removing the requirement for AHCCCS prior approval of planned out-of-state mental health/substance use disorder (MH/SUD) services and instead, require notification only, as is currently required for planned, out-of-state medical/surgical (M/S) services.
Health Choice Integrated Care (HCIC)	Adults determined to have a Serious Mental Illness (SMI)	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	Yes	• Arizona Health Care Cost Containment System (AHCCCS) will consider removing the requirement for AHCCCS prior approval of planned out-of-state mental health/substance use disorder (MH/SUD) services and instead, require notification only, as is currently required for planned, out-of-state medical/surgical (M/S) services.

FULLY INTEGRATED BENEFIT PACKAGES

Managed Care Organizations (MCOs)	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)
Care 1st	Adults Dual (Medicare and Medicaid) Eligible	Utilization Management (UM)	Inpatient, Outpatient	No	
Health Net	Adults Dual (Medicare and Medicaid) Eligible	Utilization Management (UM)	Inpatient, Outpatient	No	
Health Choice	Adults Dual (Medicare and Medicaid) Eligible	Utilization Management (UM)	Inpatient, Outpatient	No	
Mercy Care Plan	Adults Dual (Medicare and Medicaid) Eligible	Utilization Management (UM)	Inpatient, Outpatient	No	
United Health Care	Adults Dual (Medicare and Medicaid) Eligible	Utilization Management (UM)	Inpatient, Outpatient	No	
University Family Care	Adults Dual (Medicare and Medicaid) Eligible	Utilization Management (UM)	Inpatient, Outpatient	No	

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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)
Care 1st	Adults Dual (Medicare and Medicaid) Eligible	Medical Necessity Criteria	Inpatient, Outpatient	No	
Health Net	Adults Dual (Medicare and Medicaid) Eligible	Medical Necessity Criteria	Inpatient, Outpatient	No	
Health Choice	Adults Dual (Medicare and Medicaid) Eligible	Medical Necessity Criteria	Inpatient, Outpatient	No	
Mercy Care Plan	Adults Dual (Medicare and Medicaid) Eligible	Medical Necessity Criteria	Inpatient, Outpatient	No	
United Health Care	Adults Dual (Medicare and Medicaid) Eligible	Medical Necessity Criteria	Inpatient, Outpatient	No	
University Family Care	Adults Dual (Medicare and Medicaid) Eligible	Medical Necessity Criteria	Inpatient, Outpatient	No	

		FULLY INTEGRATED BENEFIT PACKAGES			
Managed Care Organizations (MCOs)	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)
Care 1st	Adults Dual (Medicare and Medicaid) Eligible	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	No	
Health Net	Adults Dual (Medicare and Medicaid) Eligible	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	No	
Health Choice	Adults Dual (Medicare and Medicaid) Eligible	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	No	
Mercy Care Plan	Adults Dual (Medicare and Medicaid) Eligible	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	No	
United Health Care	Adults Dual (Medicare and Medicaid) Eligible	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	No	
University Family Care	Adults Dual (Medicare and Medicaid) Eligible	Out-of-Network/ Geographic Area Coverage	Inpatient, Outpatient, Emergency Care	No	

FULLY INTEGRATED BENEFIT PACKAGES					
Managed Care Organizations (MCOs)	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)
United Health Care Community Plan	Children Rehabilitative Services (CRS) eligible members	Utilization Management (UM)	Inpatient, Outpatient	No	
United Health Care Community Plan	Children Rehabilitative Services (CRS) eligible members	Medical Necessity Criteria	Inpatient, Outpatient	No	
United Health Care Community Plan	Children Rehabilitative Services (CRS) eligible members	Out-of-Network/Geographic Area Coverage	Inpatient, Outpatient	Yes	• Arizona Health Care Cost Containment System (AHCCCS) will consider removing the requirement for AHCCCS prior approval of planned out-of-state mental health/substance use disorder (MH/SUD) services and instead, require notification only, as is currently required for planned, out-of-state medical/surgical (M/S) services.