



AHCCCS CONTRACTOR OPERATIONS MANUAL
ACOM 110, ATTACHMENT B – MENTAL HEALTH PARITY
ATTESTATION STATEMENT

CERTIFICATION STATEMENT
of

Contractor

to

Arizona Health Care Cost Containment System

TIME PERIOD DATE _____ *From* _____ *To* _____

NAME OF PREPARER _____

TITLE _____

PHONE NUMBER _____

I hereby attest that the responses, information, and related documentation submitted in response to the AHCCCS Mental Health Parity information requests have been complete and accurate to the best of my knowledge, information, and belief. I also attest that, to the best of my knowledge, information and belief, that there have been no substantive changes that would alter or otherwise influence the integrity of the Mental Health Parity information that has been provided to support the initial parity analysis and determination; that the MCO does not apply any Financial Requirements/Quantitative Treatment Limits beyond those established by AHCCCS (excluding soft limits); that the MCO defined MH/SUD and Medical Surgical benefits and classified them consistently with what AHCCCS requires; and that the MCO completed the analysis and no findings resulted in non-compliance. In the event that any processes, strategies and/or evidentiary standards are modified or any other changes are implemented that could impact the parity determination, I commit to notify AHCCCS immediately and identify the change(s).

This Attestation Statement is to be signed by an authorized representative of the Contractor who has the knowledge necessary to attest to the accuracy of the statements above.

Signature

Title

Date Signed