Executive Summary

Mental Health Parity and Addiction Equity Act
Non-Quantitative Treatment Limitation Comparative Analysis

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analyses and CY2025 operational evidence support that the reviewed NQTLs are comparable and no more stringent for MH/SUD benefits than for M/S benefits. This updated summary incorporates authorization, prescription-drug, appeals, provider contracting, credentialing, network access, reimbursement, and out-of-network access evidence.

Executive Overview

Health Choice evaluated NQTLs affecting authorization, concurrent review, medical necessity, documentation, outlier review, provider participation, credentialing, network access, reimbursement, and out-of-network access. The assessment considered each NQTL as written and in operation across inpatient, outpatient, emergency care, and prescription-drug classifications, as applicable.

Key Operational Results

Area	M/S or PH	MH/SUD or BH	Comparison	Finding
Inpatient authorization	96.0% approved	99.3% approved	MH/SUD +3.3 points	Favorable to MH/SUD
Outpatient authorization	95.2% approved	94.0% approved	Difference 1.2 points	Closely aligned
Prescription drug	57.0% approved	63.9% approved	BH +6.9 points	Favorable to BH overall
Appeals	293 appeals; 34.1% overturned	3 appeals; 100% overturned	296 combined appeals	No greater BH stringency
Network participation	424 requests; 142 new contracts	92 requests; 51 new contracts	33% vs 55% conversion	Favorable BH contracting result
OON/SCA inventory	484 requests; 132 executed	100 requests; 36 executed	27.3% vs 36.0% execution	No greater BH restriction

Overall Finding

The operational evidence generally shows comparable or more favorable outcomes for MH/SUD and Behavioral Health. Differences in service mix, provider type, facility setting, geography, and clinical level of care are addressed through objective factors rather than categorical behavioral health restrictions.

Utilization Management NQTLs

The six utilization-management analyses address Prior Authorization, Concurrent Review, Medical Necessity Criteria, Outlier Management / Review, Documentation Requirements, and Out-of-Network Authorization. Common protections include qualified clinical review, physician review of adverse clinical determinations, documented criteria governance, notice, peer-to-peer opportunities, and appeal rights.

- Inpatient authorization included 24,199 M/S services and 6,064 MH/SUD services. Approval was 96.0% for M/S and 99.3% for MH/SUD; denial was 4.0% and 0.7%, respectively.
- Outpatient authorization included 112,053 M/S services and 13,087 MH/SUD services. Approval was 95.2% for M/S and 94.0% for MH/SUD; denial was 4.8% and 6.0%, respectively.
- Acute and post-acute concurrent-review results were favorable to MH/SUD, with higher MH/SUD approval and lower MH/SUD denial in both comparisons.
- CY2025 prescription-drug determinations included 15,072 Physical Health and 2,329 Behavioral Health requests. Behavioral Health approval was 63.9% compared with 57.0% for Physical Health.
- CY2025 appeal reporting included 296 M/S and Behavioral Health appeals combined. The subgroup counts were 293 M/S appeals and 3 Behavioral Health appeals. All three Behavioral Health appeals were overturned.

Utilization Management Conclusion

The written and operational evidence supports that the six utilization-management NQTLs are comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in the supporting analyses.

Provider Network Admission and Contracting

Provider admission decisions use objective factors including licensure, scope of practice, network need, geographic access, capacity, quality, program integrity, credentialing, regulatory requirements, and contractual terms. Behavioral health pre-contract site review operates as a risk-based control in response to identified quality and program-integrity risks and does not automatically exclude a provider from participation.

Category	Total	Behavioral Health	Physical Health
Participation requests	516	92 (18%)	424 (82%)
New contracts	193 (37%)	51 (55% of BH requests)	142 (33% of PH requests)
No Thank You	323 (63%)	41 (45% of BH requests)	282 (67% of PH requests)

Behavioral Health requests resulted in new contracts at a higher rate than Physical Health requests. This supports that provider admission and contracting standards did not operate more stringently for Behavioral Health providers during the reporting period.

Credentialing and Recredentialing

- 4,390 initial credentialing files were presented to the Credentials Committee.
- Mental Health physicians averaged 12 days to completion, compared with 20 days for non-Mental Health physicians.
- Mental Health mid-level providers averaged 10 days to completion, compared with 20 days for non-Mental Health mid-level providers.
- Eight initial credentialing files were denied: 12.5% involved Mental Health mid-level providers, 0% involved Mental Health physicians, and the remaining denials involved non-Mental Health providers.
- 1,336 recredentialing files were presented, and recredentialing was completed within the required 36-month cycle.

The credentialing evidence indicates shorter processing times for Mental Health physicians and mid-level providers and a greater share of denials among non-Mental Health providers. The results support comparable credentialing and recredentialing administration.

Network Composition, Adequacy, and Geographic Access

Health Choice applies a common framework for time and distance, appointment availability, provider capacity, directory validation, gap identification, recruitment, telehealth, and corrective action. The contracted Tax ID network increased from 2,504 in January 2025 to 2,995 in December 2025, an increase of 491, or 19.6%. County-level monitoring showed year-end growth in most reported counties, including Maricopa, Pima, Pinal, Mohave, Navajo, Yavapai, and Coconino.

Appointment availability monitoring uses assigned provider groups, targeted monitoring of high-volume or quality-identified providers, quarterly surveying for Behavioral Health, PCP, and OB/Maternal Health, and semiannual surveying for specialists and dentists. The methodology is designed to achieve at least a statistically valid sample and annual coverage of the defined provider populations.

Provider Reimbursement Methodology

Health Choice uses a common contracting and financial-review framework based on applicable AHCCCS and Medicare fee schedules, provider type, specialty, facility type, geography, network need, provider supply, utilization, market conditions, quality, capacity, regulatory requirements, and negotiated terms. Where no published government rate exists, the By Report policy reimburses contracted providers at 30% of billed charges, with charges above $5,000 subject to medical or clinical review.

The CY2025 claims comparison, using dates of service January 1 through December 31, 2025 and paid-through August 26, 2026, reports comparable average allowed amounts per unit for Behavioral Health and Physical Health provider categories and commonly used procedure codes. Observed differences are attributed to provider setting, hospital affiliation, specialty, and service mix rather than Behavioral Health status.

Out-of-Network Access

When a covered service is not reasonably available in network, Health Choice uses a common authorization and network-exception process that considers coverage, medical necessity, provider availability, geographic access, provider qualifications, continuity of care, reimbursement arrangements, and member-specific needs. Emergency services remain available without prior authorization under the prudent-layperson standard.

Category	Requests Received	SCAs Executed	Converted to Contract
Behavioral Health	100	36	7
Physical Health	484	132	21
Total	584	168	28

The SCA execution rate was 36.0% for Behavioral Health and 27.3% for Physical Health. The contract-conversion rate was 7.0% for Behavioral Health and 4.3% for Physical Health. These results do not indicate that Behavioral Health out-of-network access was administered more stringently.

ACOM 110 Reporting Summary

NQTL Area	Classifications	Parity Issue	Supporting Summary
Utilization management	Inpatient, outpatient, ED, Rx	No	Authorization, criteria, documentation, outlier, OON, prescription, and appeal evidence supports comparable application.
Provider admission	Inpatient and outpatient	No	BH requests converted to new contracts at a higher rate than PH requests.
Credentialing	Inpatient and outpatient	No	Mental Health credentialing times were shorter; denials were concentrated among non-Mental Health providers.
Network and geographic access	Inpatient, outpatient, ED	No	Common access monitoring and gap-remediation framework; contracted network grew during CY2025.
Reimbursement	Inpatient and outpatient	No	Common fee-schedule and financial-review methodology; claims results were comparable by unit.
Out-of-network access	Inpatient, outpatient, ED	No	Common SCA/LOA process; BH execution and conversion rates were not lower than PH.

Final Determination

Health Choice has established a documented NQTL framework under which utilization management, provider admission, credentialing, network composition, geographic access, reimbursement, and out-of-network access are administered through objective and comparable processes. The CY2025 evidence does not demonstrate that MH/SUD or Behavioral Health benefits, services, or providers were subject to more stringent standards than M/S or Physical Health comparators.

Submission Conclusion

The reviewed NQTLs are comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation, within the scope and classifications described in the supporting analyses.

Supporting Documentation

- Six CY2025 NQTL comparative-analysis workbooks and supporting narratives.
- Task 1736 Mental Health Parity Authorization Analysis.
- Rx_PA_Summary_2025.xlsx.
- NQTL AHCCCS Reporting_2025_Complete.xlsx.
- AHCCCS MHP NQTL_ NetworkCredentialingReimbursement_08.27.2026 Final.docx.
- Provider network, credentialing, appointment availability, reimbursement, claims, and OON/SCA supporting reports and policies identified in the submission package.

Inpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Prior Authorization		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Prior Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Elective acute inpatient admissions; SNF under Policy M.5.841; IRF; LTAC; sub-acute medical services.	Adult/geriatric and child/adolescent acute psychiatric admissions; inpatient/subacute detox; BHIF, RTC, BHRF/SUD residential, and TFC.	Scope is classification-specific.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	The provider submits required member, service and clinical information. A licensed reviewer applies approved criteria; cases not approvable are escalated to a physician advisor. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The same workflow applies using BH-qualified clinicians and psychiatrist/addiction medicine or same-specialty physician review where applicable. Emergency services are exempt.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Ensure covered care is medically necessary, appropriate and delivered at the right level while managing over- and underutilization.	Same strategy; MAT/MOUD access is preserved and ABA is excluded from PA.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, appropriate level/setting, coverage, safety, utilization patterns, cost/resource intensity, quality variation, misuse and regulatory requirements.		Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S; Policy M.5.841 for SNF.	InterQual 2025 BH: Adult and Geriatric Psychiatry; Child and Adolescent Psychiatry; Substance Use Disorders; AMPM 320-O/P/V/W for specialized BH.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	PA applies to elective acute admissions, SNF, IRF, LTAC and sub-acute M/S services, and to age-appropriate psychiatric inpatient, detoxification, BHIF, RTC, BHRF/SUD residential and TFC services. Different criteria instruments reflect different covered services: InterQual M/S and Policy M. 5.841 for SNF; InterQual 2025 BH sets and AMPM 320-O/P/V/W for MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4	Written design is comparable and no more stringent for MH/SUD. BHRF categorical expedited processing is MH/SUD-favorable. ABA is not part of inpatient PA. MAT/MOUD access is preserved.	As written: Written design is comparable and no more stringent for MH/SUD. BHRF categorical expedited processing is MH/SUD-favorable. ABA is not part of inpatient PA. MAT/MOUD access is preserved.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 IRR: M/S 100% (n=25), MH/SUD 100% (n=12), zero CAPs. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	The same operational measures must be applied to MH/SUD and interpreted directionally.	CY2025 IRR: M/S 100% (n=25), MH/SUD 100% (n=12), zero CAPs. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail worksheets; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.			The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	

Outpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Prior Authorization		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL	Prior Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Advanced imaging, DME, selected elective procedures, specialty infusions, and PT/OT above AHCCCS thresholds.	TMS and ECT, including ECT continuation/maintenance. ABA is not subject to PA at BCBSAZ Health Choice.	Scope is classification-specific.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	The provider submits required member, service and clinical information. A licensed reviewer applies approved criteria; cases not approvable are escalated to a physician advisor. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The same workflow applies using BH-qualified clinicians and psychiatrist/addiction medicine or same-specialty physician review where applicable. Emergency services are exempt.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Ensure covered care is medically necessary, appropriate and delivered at the right level while managing over- and underutilization.	Same strategy; MAT/MOUD access is preserved and ABA is excluded from PA.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, appropriate level/setting, coverage, safety, utilization patterns, cost/resource intensity, quality variation, misuse and regulatory requirements.		Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S, applicable internal/national criteria, and eviCore criteria for advanced imaging.	InterQual BH Behavioral Health Services Subsets for TMS, ECT, and ECT Continuation or Maintenance; AHCCCS criteria where applicable.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	M/S PA applies to advanced imaging, DME, selected procedures, specialty infusions and therapy above thresholds. MH/SUD PA applies to TMS and ECT, including continuation or maintenance ECT. ABA is not subject to PA at BCBSAZ Health Choice. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	Comparable written framework. Exclusion of ABA from PA reduces, rather than increases, MH/SUD administrative burden. Criteria differ clinically but use comparable evidence and governance.	As written: Comparable written framework. Exclusion of ABA from PA reduces, rather than increases, MH/SUD administrative burden. Criteria differ clinically but use comparable evidence and governance.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 IRR is 100% for both reviewer pools. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157	The same operational measures must be applied to MH/SUD and interpreted directionally.	CY2025 IRR is 100% for both reviewer pools. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail worksheets; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.			The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	

Prescription Drug Coverage NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Prior Authorization		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Prior Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Non-formulary drugs, specialty drugs, and selected therapies subject to clinical or step-therapy criteria through CVS Caremark.	Long-acting injectable antipsychotics, non-formulary psychotropics, and selected buprenorphine formulations through CVS Caremark; MAT/MOUD access protections apply.	Scope is classification-specific.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	The provider submits required member, service and clinical information. A licensed reviewer applies approved criteria; cases not approvable are escalated to a physician advisor. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The same workflow applies using BH-qualified clinicians and psychiatrist/addiction medicine or same-specialty physician review where applicable. Emergency services are exempt.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Ensure covered care is medically necessary, appropriate and delivered at the right level while managing over- and underutilization.	Same strategy; MAT/MOUD access is preserved and ABA is excluded from PA.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, appropriate level/setting, coverage, safety, utilization patterns, cost/resource intensity, quality variation, misuse and regulatory requirements.		Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	AHCCCS Drug List, FDA labeling, P&T governance, CVS Caremark criteria, clinical guidelines and literature.	Same evidence hierarchy, with psychiatric/addiction guidance and MAT/MOUD access protections.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CVS Caremark administers prescription-drug PA for non-formulary, specialty and selected criteria-based drugs. The same delegated pharmacy framework applies to MH/SUD drugs, including psychotropics, long-acting injectables and selected buprenorphine formulations. MAT/MOUD access protections apply.	MAT/MOUD protection is favorable to MH/SUD and should not be treated as a deficiency.	MAT/MOUD protection is favorable to MH/SUD and should not be treated as a deficiency.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	The aggregate prescription-drug results demonstrate that Behavioral Health coverage determinations were approved more frequently and denied less frequently than Physical Health determinations. The adult results were favorable to Behavioral Health. The pediatric approval rate was 2.7 percentage points lower for Behavioral Health, while the combined all-ages result remained favorable to Behavioral Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL_AHCCCS	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The aggregate prescription-drug results demonstrate that Behavioral Health coverage determinations were approved more frequently and denied less frequently than Physical Health determinations. The adult results were favorable to Behavioral Health. The pediatric approval rate was 2.7 percentage points lower for Behavioral Health, while the combined all-ages result remained favorable to Behavioral Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The aggregate prescription-drug results demonstrate that Behavioral Health coverage determinations were approved more frequently and denied less frequently than Physical Health determinations. The adult results were favorable to Behavioral Health. The pediatric approval rate was 2.7 percentage points lower for Behavioral Health, while the combined all-ages result remained favorable to Behavioral Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The aggregate prescription-drug results demonstrate that Behavioral Health coverage determinations were approved more frequently and denied less frequently than Physical Health determinations. The adult results were favorable to Behavioral Health. The pediatric approval rate was 2.7 percentage points lower for Behavioral Health, while the combined all-ages result remained favorable to Behavioral Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL_AHCCCS	

ED NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Prior Authorization		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Prior Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Emergency evaluation and stabilization are not subject to PA; post-stabilization review only where applicable.	Emergency BH, crisis stabilization, and emergency detoxification are not subject to PA; post-stabilization review only where applicable.	Scope is classification-specific.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	The provider submits required member, service and clinical information. A licensed reviewer applies approved criteria; cases not approvable are escalated to a physician advisor. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The same workflow applies using BH-qualified clinicians and psychiatrist/addiction medicine or same-specialty physician review where applicable. Emergency services are exempt.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Ensure covered care is medically necessary, appropriate and delivered at the right level while managing over- and underutilization.	Same strategy; MAT/MOUD access is preserved and ABA is excluded from PA.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, appropriate level/setting, coverage, safety, utilization patterns, cost/resource intensity, quality variation, misuse and regulatory requirements.		Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	42 CFR 438.114 prudent-layperson standard, AMPM 310-F, and applicable post-stabilization standards.	Same prudent-layperson and post-stabilization standards for MH/SUD.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	No PA applies to emergency evaluation or stabilization for either M/S or MH/SUD under the prudent-layperson standard. Any post-stabilization or subsequent inpatient review is handled under the applicable NQTL.	The same exemption applies to M/S and MH/SUD. No additional MH/SUD pre-service requirement is identified.	As written: The same exemption applies to M/S and MH/SUD. No additional MH/SUD pre-service requirement is identified.	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.		The same operational measures must be applied to MH/SUD and interpreted directionally.	The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail worksheets; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	Compliant as written for the emergency exemption; operational post-stabilization conclusion is limited by data availability.	Compliant as written for the emergency exemption; operational post-stabilization conclusion is limited by data availability.	Compliant as written for the emergency exemption; operational post-stabilization conclusion is limited by data availability. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	

Prior Authorization - Relevant Parity Analysis by Classification

This sheet uses the latest Task 1736 operational extract dated 08/10/2026. Comparisons below use the M/S and MH/SUD totals in the Operational Data worksheet.

Classification	Relevant Analysis	Written Parity Assessment		Parity Conclusion	Primary Source
Inpatient	PA applies to elective acute admissions, SNF, IRF, LTAC and sub-acute M/S services, and to age-appropriate psychiatric inpatient, detoxification, BHIF, RTC, BHRF/SUD residential and TFC services. Different criteria instruments reflect different covered services: InterQual M/S and Policy M.S.841 for SNF; InterQual 2025 BH sets and AMPM 320-O/P/V/W for MH/SUD.	Written design is comparable and no more stringent for MH/SUD. BHRF categorical expedited processing is MH/SUD-favorable. ABA is not part of inpatient PA. MAT/MOUD access is preserved.	Task 1736 inpatient results: 24,199 M/S services versus 6,064 MH/SUD services. Approval was 96.0% M/S versus 99.3% MH/SUD, a 3.3 percentage-point MH/SUD advantage. Denial was 4.0% M/S versus 0.7% MH/SUD, a 3.3-point lower MH/SUD rate. Average service LOS was 5.56 days M/S versus 8.05 days MH/SUD, and average authorization LOS was 5.56 versus 8.05 days. There were 22,232 M/S and 6,064 MH/SUD distinct authorizations. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	Inpatient results are favorable to MH/SUD on the primary authorization outcome measures: MH/SUD has a higher approval rate and a substantially lower denial rate than M/S. The longer MH/SUD LOS does not, by itself, indicate greater stringency and may reflect service mix or clinical intensity. Operational conclusion: the available inpatient data do not show PA being applied more stringently to MH/SUD than to M/S. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Outpatient	M/S PA applies to advanced imaging, DME, selected procedures, specialty infusions and therapy above thresholds. MH/SUD PA applies to TMS and ECT, including continuation or maintenance ECT. ABA is not subject to PA at BCBSAZ Health Choice.	Comparable written framework. Exclusion of ABA from PA reduces, rather than increases, MH/SUD administrative burden. Criteria differ clinically but use comparable evidence and governance.	Task 1736 outpatient results: 112,053 M/S services versus 13,087 MH/SUD services. Approval was 95.2% M/S versus 94.0% MH/SUD, a 1.2 percentage-point lower MH/SUD rate. Denial was 4.8% M/S versus 6.0% MH/SUD, a 1.2-point higher MH/SUD rate. Average service LOS was 24.59 days M/S versus 37.13 days MH/SUD, and average authorization LOS was 24.61 versus 37.13 days. There were 41,076 M/S and 7,694 MH/SUD distinct authorizations. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	Outpatient results are mixed. MH/SUD has a modestly lower approval rate and higher denial rate than M/S, an unfavorable difference requiring service-level review. Longer MH/SUD LOS is not inherently adverse and may reflect service mix. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Prescription Drug Coverage	CVS Caremark administers prescription-drug PA for non-formulary, specialty and selected criteria-based drugs. The same delegated pharmacy framework applies to MH/SUD drugs, including psychotropics, long-acting injectables and selected buprenorphine formulations. MAT/MOUD access protections apply.	MAT/MOUD protection is favorable to MH/SUD and should not be treated as a deficiency.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The aggregate prescription-drug results demonstrate that Behavioral Health coverage determinations were approved more frequently and denied less frequently than Physical Health determinations. The adult results were favorable to Behavioral Health. The pediatric approval rate was 2.7 percentage points lower for Behavioral Health, while the combined all-ages result remained favorable to Behavioral Health. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
ED	No PA applies to emergency evaluation or stabilization for either M/S or MH/SUD under the prudent-layperson standard. Any post-stabilization or subsequent inpatient review is handled under the applicable NQTL.	The same exemption applies to M/S and MH/SUD. No additional MH/SUD pre-service requirement is identified.	No separate ED or post-stabilization PA dataset is provided in Task 1736. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The written emergency exemption remains comparable for M/S and MH/SUD. An operational ED conclusion cannot be independently tested with the extract. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.

Source	Role / Use
NQTL_1_Prior_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.docx	Primary CY2025 NQTL analysis
MHPAEA_Operational_Data_Framework_CY2025.docx	CY2025 stratified operational metrics framework
AHCCCS MHPAEA NQTL Acute Plans_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer acute-plan RFI response
AHCCCS MHPAEA NQTL Dual Eligible_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer dual-eligible RFI response
1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx	Latest operational authorization extract replacing Task 1708 data
Rx_PA_Summary_2025.xlsx	CY2025 prescription-drug coverage determination totals and outcomes
NQTL AHCCCS Reporting_2025_Complete.xlsx	Corrected CY2025 appeal totals, outcomes, M/S versus Behavioral Health, and adult versus pediatric breakdown

Classification	Metric	M/S Adult XIX	M/S Child XIX	M/S Adult XXI	M/S Child XXI	M/S Total	MH/SUD Adult XIX	MH/SUD Child XIX	MH/SUD Adult XXI	MH/SUD Child XXI	MH/SUD Total	Variance (MH/SUD - M/S)	
Inpatient	Distinct Services					24199.00					6064.00	-18135.00	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Inpatient	% Approved					96.0%					99.3%	3.3%	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Inpatient	% Denied					4.0%					0.7%	-3.3%	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Inpatient	Avg Service LoS					5.56					8.05	2.49	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Inpatient	Distinct Authorizations					22232.00					6064.00	-16168.00	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Inpatient	Avg Authorization LoS					5.56					8.05	2.49	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Outpatient	Distinct Services					112053.00					13087.00	-98966.00	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Outpatient	% Approved					95.2%					94.0%	-1.2%	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Outpatient	% Denied					4.8%					6.0%	1.2%	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Outpatient	Avg Service LoS					24.59					37.13	12.54	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Outpatient	Distinct Authorizations					41076.00					7694.00	-33382.00	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.
Outpatient	Avg Authorization LoS					24.61					37.13	12.52	Task 1736 latest extract, report date 08/10/2026. One record per authorization service for service-level metrics; appeals are authorization-level. M/S and MH/SUD classification follows the report logic.

Prescription Drug Operate

Age	Benefit	Total Determinations	Approved	Approved %	Denied	Denied %	Behavioral - Physical Approval Variance	Source / Scope
Adults	Physical Health	13579	7548	55.6%	6031	44.4%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded.
Adults	Behavioral Health	1926	1218	63.2%	708	36.8%	7.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded.
Pediatrics	Physical Health	1493	1041	69.7%	452	30.3%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Behavioral Health	403	270	67.0%	133	33.0%	-2.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Physical Health	15072	8589	57.0%	6483	43.0%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Behavioral Health	2329	1488	63.9%	841	36.1%	6.9%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full

Corrected Appeal Operational Data - CY2025

Population	Total Appeals	Overturned	Overturned %	Upheld	Partially Upheld		Source
Combined M/S + Behavioral Health							
M/S	293	100	34.1%	189	4	M/S subgroup: 293 of the 296	NQTL AHCCCS Reporting_2025_Complete.x
Behavioral Health	3	3	100.0%	0	0	Behavioral Health subgroup: 3 of the 296 combined appeals; all 3	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in
Adults	248	88	35.5%	157	3	Age 18 or older	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in
Pediatrics	48	15	31.3%	32	1	Younger than age 18	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in

Inpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Medical Necessity Criteria		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Medical Necessity Criteria applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Acute inpatient, SNF under Policy M.5.841, IRF, LTAC, and sub-acute medical services.	InterQual 2025 BH acute/subacute psychiatric and SUD criteria; AMPM 320-O/P/V/W for specialized BH institutional/residential services.	Scope is classification-specific.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same, using age- and service-appropriate BH criteria and qualified behavioral health physician review.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Support consistent evidence-based decisions on whether care is appropriate, effective, safe and delivered in the least restrictive appropriate setting.	Same; specialty-specific criteria are used without imposing a higher MH/SUD evidentiary burden.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Diagnosis, severity, safety, function, treatment history, response, expected benefit, appropriate setting/intensity, alternatives, and regulatory requirements.	Same categories, with clinically relevant psychiatric, SUD, withdrawal, risk, recovery-environment and level-of-care indicators.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S; Policy M.5.841 for SNF.	InterQual 2025 BH: Adult and Geriatric Psychiatry; Child and Adolescent Psychiatry; Substance Use Disorders; AMPM 320-O/P/V/W for specialized BH.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	M/S criteria include InterQual M/S and Policy M. 5.841 for SNF. MH/SUD uses InterQual 2025 BH Adult and Geriatric Psychiatry, Child and Adolescent Psychiatry, and Substance Use Disorders, with AMPM 320-O/P/V/W for specialized BH institutional/residential services. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100	Criteria are clinically different but comparable in evidence rigor, governance and application.	As written: Criteria are clinically different but comparable in evidence rigor, governance and application.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 inpatient results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Average authorization LOS was 5.56 days M/S and 8.05 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	Task 1736 inpatient results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Average authorization LOS was 5.56 days M/S and 8.05 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	The inpatient data show higher approval and lower denial for MH/SUD services. The longer MH/SUD authorization period does not indicate greater stringency and is consistent with differences in covered treatment duration. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The inpatient data show higher approval and lower denial for MH/SUD services. The longer MH/SUD authorization period does not indicate greater stringency and is consistent with differences in covered treatment duration. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	The inpatient data show higher approval and lower denial for MH/SUD services. The longer MH/SUD authorization period does not indicate greater stringency and is consistent with differences in covered treatment duration. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	The inpatient data show higher approval and lower denial for MH/SUD services. The longer MH/SUD authorization period does not indicate greater stringency and is consistent with differences in covered treatment duration. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Outpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL | Medical Necessity Criteria | Plan / Product | BCBSAZ Health Choice ACC - Title XIX / Title XXI | Primary Source

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale		Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Medical Necessity Criteria applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Advanced imaging, DME, elective procedures, specialty infusions, and PT/OT thresholds.	TMS, ECT, maintenance ECT, PHP/IOP, MAT/MOUD and specialty BH assessments. ABA has no PA/CR medical-necessity decision pathway.	Scope is classification-specific.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same, using age- and service-appropriate BH criteria and qualified behavioral health physician review.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Support consistent evidence-based decisions on whether care is appropriate, effective, safe and delivered in the least restrictive appropriate setting.	Same; specialty-specific criteria are used without imposing a higher MH/SUD evidentiary burden.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Diagnosis, severity, safety, function, treatment history, response, expected benefit, appropriate setting/intensity, alternatives, and regulatory requirements.	Same categories, with clinically relevant psychiatric, SUD, withdrawal, risk, recovery-environment and level-of-care indicators.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S, applicable internal/national criteria, and eviCore criteria for advanced imaging.	InterQual BH Behavioral Health Services Subsets for TMS, ECT, and ECT Continuation or Maintenance; AHCCCS criteria where applicable.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	M/S criteria apply to imaging, DME, procedures, infusions and therapies. MH/SUD criteria include the InterQual BH TMS, ECT and ECT continuation/maintenance subsets. ABA has no PA/CR medical-necessity decision pathway at BCBSAZ Health Choice. ASAM is a clinical guide only and should not be the sole denial basis unless incorporated into approved criteria.	Comparable development and application standards. ABA exclusion and prohibition on unsupported ASAM-only denials protect against greater MH/SUD stringency.	As written: Comparable development and application standards. ABA exclusion and prohibition on unsupported ASAM-only denials protect against greater MH/SUD stringency.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Average authorization LOS was 24.61 days M/S and 37.13 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Average authorization LOS was 24.61 days M/S and 37.13 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	Outpatient authorization outcomes are closely aligned. The modest difference in approval and denial rates reflects aggregate populations containing different services and clinical conditions and does not demonstrate that MH/SUD criteria are more stringent. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	Outpatient authorization outcomes are closely aligned. The modest difference in approval and denial rates reflects aggregate populations containing different services and clinical conditions and does not demonstrate that MH/SUD criteria are more stringent. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with	Outpatient authorization outcomes are closely aligned. The modest difference in approval and denial rates reflects aggregate populations containing different services and clinical conditions and does not demonstrate that MH/SUD criteria are more stringent. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with	Outpatient authorization outcomes are closely aligned. The modest difference in approval and denial rates reflects aggregate populations containing different services and clinical conditions and does not demonstrate that MH/SUD criteria are more stringent. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Prescription Drug Coverage NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Medical Necessity Criteria		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Medical Necessity Criteria applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Non-formulary, specialty, step-therapy and quantity-limit determinations through CVS Caremark.	Psychotropics, long-acting injectables, selected buprenorphine products; MAT/MOUD protections apply.	Scope is classification-specific.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same, using age- and service-appropriate BH criteria and qualified behavioral health physician review.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Support consistent evidence-based decisions on whether care is appropriate, effective, safe and delivered in the least restrictive appropriate setting.	Same; specialty-specific criteria are used without imposing a higher MH/SUD evidentiary burden.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Diagnosis, severity, safety, function, treatment history, response, expected benefit, appropriate setting/intensity, alternatives, and regulatory requirements.	Same categories, with clinically relevant psychiatric, SUD, withdrawal, risk, recovery-environment and level-of-care indicators.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	AHCCCS Drug List, FDA labeling, P&T governance, CVS Caremark criteria, clinical guidelines and literature.	Same evidence hierarchy, with psychiatric/addiction guidance and MAT/MOUD access protections.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CVS Caremark applies pharmacy criteria through the AHCCCS Drug List, FDA labeling, P&T governance, clinical guidelines and evidence. The same hierarchy applies to MH/SUD medications, with MAT/MOUD access protection.	Comparable evidence and governance. MH/SUD drugs must not face additional prerequisites, shorter approvals or narrower exceptions without comparable justification.	As written: Comparable evidence and governance. MH/SUD drugs must not face additional prerequisites, shorter approvals or narrower exceptions without comparable justification.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	The aggregate CY2025 prescription-drug outcomes are favorable to Behavioral Health overall, with higher approval and lower denial than Physical Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL AHCCCS	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The aggregate CY2025 prescription-drug outcomes are favorable to Behavioral Health overall, with higher approval and lower denial than Physical Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric	The aggregate CY2025 prescription-drug outcomes are favorable to Behavioral Health overall, with higher approval and lower denial than Physical Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric	The aggregate CY2025 prescription-drug outcomes are favorable to Behavioral Health overall, with higher approval and lower denial than Physical Health. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL AHCCCS	

ED NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Medical Necessity Criteria		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Medical Necessity Criteria applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Prudent-layperson and post-stabilization review only.	Prudent-layperson and post-stabilization review only, including crisis and emergency detoxification.	Scope is classification-specific.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same, using age- and service-appropriate BH criteria and qualified behavioral health physician review.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Support consistent evidence-based decisions on whether care is appropriate, effective, safe and delivered in the least restrictive appropriate setting.	Same; specialty-specific criteria are used without imposing a higher MH/SUD evidentiary burden.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Diagnosis, severity, safety, function, treatment history, response, expected benefit, appropriate setting/intensity, alternatives, and regulatory requirements.	Same categories, with clinically relevant psychiatric, SUD, withdrawal, risk, recovery-environment and level-of-care indicators.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	42 CFR 438.114 prudent-layperson standard, AMPM 310-F, and applicable post-stabilization standards.	Same prudent-layperson and post-stabilization standards for MH/SUD.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	Medical-necessity review is limited by the prudent-layperson emergency standard and applies after stabilization or retrospectively only as legally permitted.	The same emergency access standard applies, including BH crisis and emergency detoxification.	As written: The same emergency access standard applies, including BH crisis and emergency detoxification.	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Emergency evaluation and stabilization are governed by the prudent-layperson standard and are not reported as a separate medical-necessity authorization population in Task 1736.	Emergency evaluation and stabilization are governed by the prudent-layperson standard and are not reported as a separate medical-necessity authorization population in Task 1736.	The same emergency medical-necessity standard applies to M/S and MH/SUD services. Medical Necessity Criteria for emergency services are comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The same emergency medical-necessity standard applies to M/S and MH/SUD services. Medical Necessity Criteria for emergency services are comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The same emergency medical-necessity standard applies to M/S and MH/SUD services. Medical Necessity Criteria for emergency services are comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The same emergency medical-necessity standard applies to M/S and MH/SUD services. Medical Necessity Criteria for emergency services are comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally	NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Medical Necessity Criteria - Relevant Parity Analysis by Classification

This section presents the written and operational comparative analysis for Medical Necessity Criteria using Task 1736 data reported as of August 10, 2026. The comparison uses only measures contained in the current extract.

Classification	Relevant Analysis	Written Parity Assessment		Parity Conclusion	Primary Source
Inpatient	M/S criteria include InterQual M/S and Policy M.S.841 for SNF. MH/SUD uses InterQual 2025 BH Adult and Geriatric Psychiatry, Child and Adolescent Psychiatry, and Substance Use Disorders, with AMPM 320-O/P/V/W for specialized BH institutional/residential services. Criteria are reviewed through common governance, qualified reviewers, physician escalation, notice and appeal rights; no proprietary criteria are identified.	Criteria are clinically different but comparable in evidence rigor, governance and application.	Task 1736 inpatient results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Average authorization LOS was 5.56 days M/S and 8.05 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The inpatient data show higher approval and lower denial for MH/SUD services. The longer MH/SUD authorization period does not indicate greater stringency and is consistent with differences in covered treatment duration. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Outpatient	M/S criteria apply to imaging, DME, procedures, infusions and therapies. MH/SUD criteria include the InterQual BH TMS, ECT and ECT continuation/maintenance subsets. ABA has no PA/CR medical-necessity decision pathway at BCBSAZ Health Choice. ASAM is a clinical guide only and should not be the sole denial basis unless incorporated into approved criteria.	Comparable development and application standards. ABA exclusion and prohibition on unsupported ASAM-only denials protect against greater MH/SUD stringency.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Average authorization LOS was 24.61 days M/S and 37.13 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	Outpatient authorization outcomes are closely aligned. The modest difference in approval and denial rates reflects aggregate populations containing different services and clinical conditions and does not demonstrate that MH/SUD criteria are more stringent. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Prescription Drug Coverage	CVS Caremark applies pharmacy criteria through the AHCCCS Drug List, FDA labeling, P&T governance, clinical guidelines and evidence. The same hierarchy applies to MH/SUD medications, with MAT/MOUD access protection.	Comparable evidence and governance. MH/SUD drugs must not face additional prerequisites, shorter approvals or narrower exceptions without comparable justification.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The aggregate CY2025 prescription-drug outcomes are favorable to Behavioral Health overall, with higher approval and lower denial than Physical Health. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
ED	Medical-necessity review is limited by the prudent-layperson emergency standard and applies after stabilization or retrospectively only as legally permitted.	The same emergency access standard applies, including BH crisis and emergency detoxification.	Emergency evaluation and stabilization are governed by the prudent-layperson standard and are not reported as a separate medical-necessity authorization population in Task 1736. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The same emergency medical-necessity standard applies to M/S and MH/SUD services. Medical Necessity Criteria for emergency services are comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.

Source	Role / Use
NQTL_3_Medical_Necessity_BCBSAZ_HealthChoice_CY2025_v3.2.1 2 - Copy.docx	Primary CY2025 NQTL analysis
MHPAEA_Operational_Data_Framework_CY2025.docx	CY2025 stratified operational metrics framework
AHCCCS MHPAEA NQTL Acute Plans_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer acute-plan RFI response
AHCCCS MHPAEA NQTL Dual Eligible_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer dual-eligible RFI response
1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx	Current Task 1736 operational authorization extract
Rx_PA_Summary_2025.xlsx	CY2025 prescription-drug coverage determination totals and outcomes
NQTL AHCCCS Reporting_2025_Complete.xlsx	Corrected CY2025 appeal totals, outcomes, M/S versus Behavioral Health, and adult versus pediatric breakdown

Classification	Metric	M/S Adult XIX	M/S Child XIX	M/S Adult XXI	M/S Child XXI	M/S Total	MH/SUD Adult XIX	MH/SUD Child XIX	MH/SUD Adult XXI	MH/SUD Child XXI	MH/SUD Total	Variance (MH/SUD - M/S)	
Inpatient	Distinct Services					24199.00					6064.00	-18135.00	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	% Approved					96.0%					99.3%	3.3%	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	% Denied					4.0%					0.7%	-3.3%	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Avg Service LoS					5.56					8.05	2.49	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Distinct Authorizations					22232.00					6064.00	-16168.00	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Avg Authorization LoS					5.56					8.05	2.49	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Distinct Services					112053.00					13087.00	-98966.00	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	% Approved					95.2%					94.0%	-1.2%	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	% Denied					4.8%					6.0%	1.2%	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Avg Service LoS					24.59					37.13	12.54	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Distinct Authorizations					41076.00					7694.00	-33382.00	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Avg Authorization LoS					24.61					37.13	12.52	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.

Prescription Drug Operational D

Age	Benefit	Total Determinations	Approved	Approved %	Denied	Denied %	Behavioral - Physical Approval Variance	Source / Scope
Adults	Physical Health	13579	7548	55.6%	6031	44.4%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded.
Adults	Behavioral Health	1926	1218	63.2%	708	36.8%	7.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full [illegible]
Pediatrics	Physical Health	1493	1041	69.7%	452	30.3%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full [illegible]
Pediatrics	Behavioral Health	403	270	67.0%	133	33.0%	-2.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full [illegible]
All Ages	Physical Health	15072	8589	57.0%	6483	43.0%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full [illegible]
All Ages	Behavioral Health	2329	1488	63.9%	841	36.1%	6.9%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full [illegible]

Corrected Appeal Operational Data - CY2025

Population	Total Appeals	Overturned	Overturned %	Upheld	Partially Upheld		Source
Combined M/S + Behavioral Health							
M/S	293	100	34.1%	189	4	M/S subgroup: [illegible]	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona [illegible]
Behavioral Health	3	3	100.0%	0	0	Behavioral Health subgroup: 3 of the 296 combined [illegible]	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona [illegible]
Adults	248	88	35.5%	157	3	Age 18 or older	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona [illegible]
Pediatrics	48	15	31.3%	32	1	Younger than age 18	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona [illegible]

Inpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Concurrent Review		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Concurrent Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Acute medical inpatient, ICU/step-down, SNF, IRF, and LTAC continued-stay review.	Acute psychiatric inpatient, subacute BH, inpatient detox, BHIF, RTC, BHRF/SUD residential, and TFC continued-stay review.	Scope is classification-specific.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same workflow using BH clinicians and psychiatrist/addiction medicine or same-specialty review where applicable. Setting-specific review cycles are documented.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Confirm ongoing need, appropriate setting and safe discharge while avoiding unnecessary extension of care.		The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, acuity, clinical stability, progress, treatment response, complications, discharge readiness, and lower-level alternatives.	Same factors, using BH-relevant risk, function, withdrawal, recovery-environment, placement and treatment-response information.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S; Policy M.5.841 for SNF.	InterQual 2025 BH: Adult and Geriatric Psychiatry; Child and Adolescent Psychiatry; Substance Use Disorders; AMPM 320-O/P/V/W for specialized BH.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CR applies to acute medical and psychiatric inpatient stays and to post-acute/institutional settings. These cycles are linked to service setting and AHCCCS requirements. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with	Different review cycles do not establish greater MH/SUD stringency. BHRF and TFC have fewer review touchpoints than the SNF comparator, and BHRF categorical expedited processing is favorable variance.	As written: Different review cycles do not establish greater MH/SUD stringency. BHRF and TFC have fewer review touchpoints than the SNF comparator, and BHRF categorical expedited processing is favorable variance.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 acute concurrent-review results include 3,188 M/S services and 2,552 MH/SUD services. Approval was 96.3% M/S and 99.8% MH/SUD; denial was 3.7% M/S and 0.2% MH/SUD. Average authorization LOS was 13.99 days M/S and 13.16 days MH/SUD. Post-acute results include 987 M/S services and 506 MH/SUD services. Approval was 92.4% M/S and 99.6% MH/SUD; denial was 7.6% M/S and 0.4% MH/SUD. Average authorization LOS was 27.20 days M/S and 87.53 days MH/SUD. Continued-stay results include 1,026 M/S SNF services and 2,909 MH/SUD BHRF/RTC services. Approval was 90.4% for SNF and	Task 1736 acute concurrent-review results include 3,188 M/S services and 2,552 MH/SUD services. Approval was 96.3% M/S and 99.8% MH/SUD; denial was 3.7% M/S and 0.2% MH/SUD. Average authorization LOS was 13.99 days M/S and 13.16 days MH/SUD. Post-acute results include 987 M/S services and 506 MH/SUD services. Approval was 92.4% M/S and 99.6% MH/SUD; denial was 7.6% M/S and 0.4% MH/SUD. Average authorization LOS was 27.20 days M/S and 87.53 days MH/SUD. Continued-stay results include 1,026 M/S SNF services and 2,909 MH/SUD BHRF/RTC services. Approval was 90.4% for SNF and	The acute, post-acute, and continued-stay results consistently show higher approval rates and lower denial rates for MH/SUD than for the M/S comparators. Longer MH/SUD authorization periods in post-acute and residential settings reflect the duration and structure of the covered levels of care and do not indicate a more restrictive review process. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The acute, post-acute, and continued-stay results consistently show higher approval rates and lower denial rates for MH/SUD than for the M/S comparators. Longer MH/SUD authorization periods in post-acute and residential settings reflect the duration and structure of the covered levels of care and do not indicate a more restrictive review process. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	The acute, post-acute, and continued-stay results consistently show higher approval rates and lower denial rates for MH/SUD than for the M/S comparators. Longer MH/SUD authorization periods in post-acute and residential settings reflect the duration and structure of the covered levels of care and do not indicate a more restrictive review process. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	The acute, post-acute, and continued-stay results consistently show higher approval rates and lower denial rates for MH/SUD than for the M/S comparators. Longer MH/SUD authorization periods in post-acute and residential settings reflect the duration and structure of the covered levels of care and do not indicate a more restrictive review process. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Outpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Concurrent Review	Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**	**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Concurrent Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Only extended or ongoing outpatient programs when a true continued-stay medical-necessity review exists.	PHP/IOP only when a true continued-stay medical-necessity review exists; ABA is excluded.	Scope is classification-specific.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same workflow using BH clinicians and psychiatrist/addiction medicine or same-specialty review where applicable. Setting-specific review cycles are documented.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Confirm ongoing need, appropriate setting and safe discharge while avoiding unnecessary extension of care.		The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, acuity, clinical stability, progress, treatment response, complications, discharge readiness, and lower-level alternatives.	Same factors, using BH-relevant risk, function, withdrawal, recovery-environment, placement and treatment-response information.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S, applicable internal/national criteria, and eviCore criteria for advanced imaging.	InterQual BH Behavioral Health Services Subsets for TMS, ECT, and ECT Continuation or Maintenance; AHCCCS criteria where applicable.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	Outpatient services are included only when a true continued-stay medical-necessity review occurs during an authorized episode. Administrative authorization, ordinary outpatient PA and OON access review are not reclassified as CR. PHP/IOP is in scope only if true continued-stay review exists; ABA is excluded.	Any service-specific review must be compared using the same continued-stay standard.	Any service-specific review must be compared using the same continued-stay standard.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 does not identify a separate outpatient population meeting the defined concurrent-review methodology. Outpatient authorization activity is addressed under the applicable Prior Authorization or other NQTL analysis.	Task 1736 does not identify a separate outpatient population meeting the defined concurrent-review methodology. Outpatient authorization activity is addressed under the applicable Prior Authorization or other NQTL analysis.	The documented scope is applied consistently to M/S and MH/SUD services, and the outpatient Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The documented scope is applied consistently to M/S and MH/SUD services, and the outpatient Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The documented scope is applied consistently to M/S and MH/SUD services, and the outpatient Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The documented scope is applied consistently to M/S and MH/SUD services, and the outpatient Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Prescription Drug Coverage NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Concurrent Review		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Concurrent Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Prescription drug utilization management is not institutional continued-stay Concurrent Review.	Prescription drug utilization management is not institutional continued-stay Concurrent Review.	Scope is classification-specific.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same workflow using BH clinicians and psychiatrist/addiction medicine or same-specialty review where applicable. Setting-specific review cycles are documented.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Confirm ongoing need, appropriate setting and safe discharge while avoiding unnecessary extension of care.		The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, acuity, clinical stability, progress, treatment response, complications, discharge readiness, and lower-level alternatives.	Same factors, using BH-relevant risk, function, withdrawal, recovery-environment, placement and treatment-response information.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	AHCCCS Drug List, FDA labeling, P&T governance, CVS Caremark criteria, clinical guidelines and literature.	Same evidence hierarchy, with psychiatric/addiction guidance and MAT/MOUD access protections.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	Prescription-drug utilization management is not institutional continued-stay CR. Pharmacy PA, step therapy and renewal are analyzed under the appropriate pharmacy NQTL.	Not applicable equally to M/S and MH/SUD within this CR definition.	As written: Not applicable equally to M/S and MH/SUD within this CR definition.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	Prescription-drug coverage determinations are a Prior Authorization process and are not Concurrent Review. The CY2025 results are included as contextual pharmacy evidence and do not change the determination that Concurrent Review is not applicable to prescription-drug coverage. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL AHCCCS	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	Prescription-drug coverage determinations are a Prior Authorization process and are not Concurrent Review. The CY2025 results are included as contextual pharmacy evidence and do not change the determination that Concurrent Review is not applicable to prescription-drug coverage.	Prescription-drug coverage determinations are a Prior Authorization process and are not Concurrent Review. The CY2025 results are included as contextual pharmacy evidence and do not change the determination that Concurrent Review is not applicable to prescription-drug coverage.	Prescription-drug coverage determinations are a Prior Authorization process and are not Concurrent Review. The CY2025 results are included as contextual pharmacy evidence and do not change the determination that Concurrent Review is not applicable to prescription-drug coverage. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL AHCCCS	

ED NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Concurrent Review		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Concurrent Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Emergency services are not subject to Concurrent Review before stabilization; an admission after stabilization may enter inpatient review.	Same; an MH/SUD admission after stabilization may enter inpatient Concurrent Review.	Scope is classification-specific.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Same workflow using BH clinicians and psychiatrist/addiction medicine or same-specialty review where applicable. Setting-specific review cycles are documented.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Confirm ongoing need, appropriate setting and safe discharge while avoiding unnecessary extension of care.		The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Medical necessity, acuity, clinical stability, progress, treatment response, complications, discharge readiness, and lower-level alternatives.	Same factors, using BH-relevant risk, function, withdrawal, recovery-environment, placement and treatment-response information.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	42 CFR 438.114 prudent-layperson standard, AMPM 310-F, and applicable post-stabilization standards.	Same prudent-layperson and post-stabilization standards for MH/SUD.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CR does not apply before emergency stabilization. If the member is admitted after stabilization, the episode transitions to the applicable inpatient CR framework.	The same transition rule applies to M/S and MH/SUD emergencies.	As written: The same transition rule applies to M/S and MH/SUD emergencies.	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Emergency evaluation and stabilization are not subject to concurrent review before admission. When an emergency episode results in inpatient admission, the admitted episode is included in the applicable inpatient concurrent-review process.	Emergency evaluation and stabilization are not subject to concurrent review before admission. When an emergency episode results in inpatient admission, the admitted episode is included in the applicable inpatient concurrent-review process.	The same emergency-to-inpatient transition applies to M/S and MH/SUD services. The ED Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The same emergency-to-inpatient transition applies to M/S and MH/SUD services. The ED Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The same emergency-to-inpatient transition applies to M/S and MH/SUD services. The ED Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The same emergency-to-inpatient transition applies to M/S and MH/SUD services. The ED Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at	NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Concurrent Review - Relevant Parity Analysis by Classification

This section presents the written and operational comparative analysis for Concurrent Review using Task 1736 data reported as of August 10, 2026. The comparison uses only measures contained in the current extract.

Classification	Relevant Analysis	Written Parity Assessment		Parity Conclusion	Primary Source
Inpatient	CR applies to acute medical and psychiatric inpatient stays and to post-acute/institutional settings. These cycles are linked to service setting and AHCCCS requirements. Reviewer qualifications, escalation, notices, appeals, peer-to-peer and IRR standards are comparable.	Different review cycles do not establish greater MH/SUD stringency. BHRF and TFC have fewer review touchpoints than the SNF comparator, and BHRF categorical expedited processing is favorable variance.	Task 1736 acute concurrent-review results include 3,188 M/S services and 2,552 MH/SUD services. Approval was 96.3% M/S and 99.8% MH/SUD; denial was 3.7% M/S and 0.2% MH/SUD. Average authorization LOS was 13.99 days M/S and 13.16 days MH/SUD. Post-acute results include 987 M/S services and 506 MH/SUD services. Approval was 92.4% M/S and 99.6% MH/SUD; denial was 7.6% M/S and 0.4% MH/SUD. Average authorization LOS was 27.20 days M/S and 87.53 days MH/SUD. Continued-stay results include 1,026 M/S SNF services and 2,909 MH/SUD BHRF/RTC services. Approval was 90.4% for SNF and 99.8% for BHRF/RTC; denial was 9.6% and 0.2%, respectively. Average authorization LOS was 26.08 days for SNF and 39.49 days for BHRF/RTC. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The acute, post-acute, and continued-stay results consistently show higher approval rates and lower denial rates for MH/SUD than for the M/S comparators. Longer MH/SUD authorization periods in post-acute and residential settings reflect the duration and structure of the covered levels of care and do not indicate a more restrictive review process. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Outpatient	Outpatient services are included only when a true continued-stay medical-necessity review occurs during an authorized episode. Administrative authorization, ordinary outpatient PA and OON access review are not reclassified as CR. PHP/IOP is in scope only if true continued-stay review exists; ABA is excluded.	Any service-specific review must be compared using the same continued-stay standard.	Task 1736 does not identify a separate outpatient population meeting the defined concurrent-review methodology. Outpatient authorization activity is addressed under the applicable Prior Authorization or other NQTL analysis. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The documented scope is applied consistently to M/S and MH/SUD services, and the outpatient Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Prescription Drug Coverage	Prescription-drug utilization management is not institutional continued-stay CR. Pharmacy PA, step therapy and renewal are analyzed under the appropriate pharmacy NQTL.	Not applicable equally to M/S and MH/SUD within this CR definition.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%. Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	Prescription-drug coverage determinations are a Prior Authorization process and are not Concurrent Review. The CY2025 results are included as contextual pharmacy evidence and do not change the determination that Concurrent Review is not applicable to prescription-drug coverage. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
ED	CR does not apply before emergency stabilization. If the member is admitted after stabilization, the episode transitions to the applicable inpatient CR framework.	The same transition rule applies to M/S and MH/SUD emergencies.	Emergency evaluation and stabilization are not subject to concurrent review before admission. When an emergency episode results in inpatient admission, the admitted episode is included in the applicable inpatient concurrent-review process. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The same emergency-to-inpatient transition applies to M/S and MH/SUD services. The ED Concurrent Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.

Source	Role / Use
NQTL_2_Concurrent_Review_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx	Primary CY2025 NQTL analysis
MHPAEA_Operational_Data_Framework_CY2025.docx	CY2025 stratified operational metrics framework
AHCCCS MHPAEA NQTL Acute Plans_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer acute-plan RFI response
AHCCCS MHPAEA NQTL Dual Eligible_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer dual-eligible RFI response
1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx	Current Task 1736 operational authorization extract
Rx_PA_Summary_2025.xlsx	CY2025 prescription-drug coverage determination totals and outcomes
NQTL AHCCCS Reporting_2025_Complete.xlsx	Corrected CY2025 appeal totals, outcomes, M/S versus Behavioral Health, and adult versus pediatric breakdown

Classification	Metric	M/S Adult XIX	M/S Child XIX	M/S Adult XXI	M/S Child XXI	M/S Total	MH/SUD Adult XIX	MH/SUD Child XIX	MH/SUD Adult XXI	MH/SUD Child XXI	MH/SUD Total	Variance (MH/SUD - M/S)	
Inpatient - Acute	Distinct Services					3188.00					2552.00	-636.00	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute	% Approved					96.3%					99.8%	3.4%	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute	% Denied					3.7%					0.2%	-3.4%	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute	Avg Service LoS					13.99					13.16	-0.83	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute	Distinct Authorizations					2200.00					1800.00	-400.00	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute	Avg Authorization LoS					13.99					13.16	-0.83	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute	Distinct Services					987.00					506.00	-481.00	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute	% Approved					92.4%					99.6%	7.2%	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute	% Denied					7.6%					0.4%	-7.2%	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute	Avg Service LoS					27.20					87.53	60.33	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute	Distinct Authorizations					800.00					450.00	-350.00	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute	Avg Authorization LoS					27.20					87.53	60.33	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - SNF	Distinct Services					1026.00					2909.00	1883.00	Task 1736, Continued Stay > SNF, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - SNF	% Approved					90.4%					81.3%	-9.2%	Task 1736, Continued Stay > SNF, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - SNF	% Denied					9.6%					18.8%	9.2%	Task 1736, Continued Stay > SNF, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - SNF	Avg Service LoS					26.08					39.49	13.41	Task 1736, Continued Stay > SNF, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - SNF	Distinct Authorizations					0.00					0.00	0.00	Task 1736, Continued Stay > SNF, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - SNF	Avg Authorization LoS					26.08					39.49	13.41	Task 1736, Continued Stay > SNF, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - BHRF/RTC	Distinct Services					1026.00					2909.00	1883.00	Task 1736, Continued Stay > BHRF/RTC, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - BHRF/RTC	% Approved					0.0%					99.8%	99.8%	Task 1736, Continued Stay > BHRF/RTC, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - BHRF/RTC	% Denied					100.0%					0.2%	-99.8%	Task 1736, Continued Stay > BHRF/RTC, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - BHRF/RTC	Avg Service LoS					26.08					39.49	13.41	Task 1736, Continued Stay > BHRF/RTC, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - BHRF/RTC	Distinct Authorizations					0.00					0.00	0.00	Task 1736, Continued Stay > BHRF/RTC, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient Continued Stay - BHRF/RTC	Avg Authorization LoS					26.08					39.49	13.41	Task 1736, Continued Stay > BHRF/RTC, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Data not separately reported												Task 1736 does not report a separate outpatient concurrent-review population.

Prescription Drug Operational D

Age	Benefit	Total Determinations	Approved	Approved %	Denied	Denied %	Behavioral - Physical Approval Variance	Source / Scope
Adults	Physical Health	13579	7548	55.6%	6031	44.4%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Adults	Behavioral Health	1926	1218	63.2%	708	36.8%	7.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Physical Health	1493	1041	69.7%	452	30.3%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Behavioral Health	403	270	67.0%	133	33.0%	-2.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Physical Health	15072	8589	57.0%	6483	43.0%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Behavioral Health	2329	1488	63.9%	841	36.1%	6.9%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full

Corrected Appeal Operational D

Population	Total Appeals	Overturned	Overturned %	Upheld	Partially Upheld	Source
Combined M/S + Behavioral Health						
M/S	293	100	34.1%	189	4	M/S subgroup: 293 of the 296
Behavioral Health	3	3	100.0%	0	0	Behavioral Health subgroup: 3 of the 296 combined
Adults	248	88	35.5%	157	3	Age 18 or older
Pediatrics						

Inpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Outlier Management / Review		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Outlier Management / Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	LOS beyond InterQual M/S benchmark, 30-day readmission, high cost; SNF under Policy M.5.841, IRF/LTAC extended stays.	LOS beyond InterQual 2025 BH benchmark, readmission, delayed discharge, high cost; BHIF/BHRF/RTC/TFC/SUD residential under AMPM 320-O/P/V/W.	Scope is classification-specific.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.		Same process with BH-qualified reviewers and specialized AHCCCS criteria.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Detect and manage unusual utilization, quality concerns, delayed discharge, and both under- and overutilization.	Same strategy, with equal rigor for underutilization and appropriate attribution of placement scarcity.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	LOS variance, utilization volume, cost, readmission, delayed discharge, complexity, quality indicators, and under-/overutilization.	Same factors; BH placement scarcity and AMPM 570 pediatric High-Needs Case Management are considered where applicable.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S; Policy M.5.841 for SNF.	InterQual 2025 BH: Adult and Geriatric Psychiatry; Child and Adolescent Psychiatry; Substance Use Disorders; AMPM 320-O/P/V/W for specialized BH.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	Outlier review uses LOS, utilization, cost, readmission, delayed-discharge, quality and under-/overutilization indicators. M/S uses InterQual M/S benchmarks, including SNF under Policy M.5.841. MH/SUD uses the specified InterQual 2025 BH sets and AMPM 320-O/P/V/W for specialized residential/institutional services. CMO/Medical Director and interdisciplinary involvement standards are comparable.	Placement scarcity must be separated from utilization-management stringency.	Placement scarcity must be separated from utilization-management stringency.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 inpatient service-location results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Average authorization LOS was 5.56 days M/S and 8.05 days MH/SUD. Acute concurrent-review average authorization LOS was 13.99 days M/S and 13.16 days MH/SUD. Post-acute average authorization LOS was 27.20 days M/S and 87.53 days MH/SUD, with approval of 92.4% M/S and 99.6% MH/SUD.	Task 1736 inpatient service-location results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Average authorization LOS was 5.56 days M/S and 8.05 days MH/SUD. Acute concurrent-review average authorization LOS was 13.99 days M/S and 13.16 days MH/SUD. Post-acute average authorization LOS was 27.20 days M/S and 87.53 days MH/SUD, with approval of 92.4% M/S and 99.6% MH/SUD.	The operational results do not show that outlier-related review produced more restrictive outcomes for MH/SUD services. MH/SUD approval rates were higher and denial rates lower in the inpatient, acute, and post-acute comparisons. Longer MH/SUD LOS in post-acute settings reflects the covered treatment settings represented in the MH/SUD population and is not an adverse outcome. The Outlier Management / Review NQTL is comparable and no more stringent for inpatient MH/SUD benefits than for inpatient M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The operational results do not show that outlier-related review produced more restrictive outcomes for MH/SUD services. MH/SUD approval rates were higher and denial rates lower in the inpatient, acute, and post-acute comparisons. Longer MH/SUD LOS in post-acute settings reflects the covered treatment settings represented in the MH/SUD population and is not an adverse outcome. The Outlier Management / Review NQTL is comparable and no more stringent for inpatient MH/SUD benefits than for inpatient M/S benefits in writing and in operation.	The operational results do not show that outlier-related review produced more restrictive outcomes for MH/SUD services. MH/SUD approval rates were higher and denial rates lower in the inpatient, acute, and post-acute comparisons. Longer MH/SUD LOS in post-acute settings reflects the covered treatment settings represented in the MH/SUD population and is not an adverse outcome. The Outlier Management / Review NQTL is comparable and no more stringent for inpatient MH/SUD benefits than for inpatient M/S benefits in writing and in operation.	The operational results do not show that outlier-related review produced more restrictive outcomes for MH/SUD services. MH/SUD approval rates were higher and denial rates lower in the inpatient, acute, and post-acute comparisons. Longer MH/SUD LOS in post-acute settings reflects the covered treatment settings represented in the MH/SUD population and is not an adverse outcome. The Outlier Management / Review NQTL is comparable and no more stringent for inpatient MH/SUD benefits than for inpatient M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Outpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL: Outlier Management / Review

Plan / Product: BCBSAZ Health Choice ACC - Title XIX / Title XXI

Primary Source

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale		Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Outlier Management / Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.		Extended PHP/IOP authorizations and unusual utilization patterns, where applicable.	Scope is classification-specific.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.		Same process with BH-qualified reviewers and specialized AHCCCS criteria.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Detect and manage unusual utilization, quality concerns, delayed discharge, and both under- and overutilization.	Same strategy, with equal rigor for underutilization and appropriate attribution of placement scarcity.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	LOS variance, utilization volume, cost, readmission, delayed discharge, complexity, quality indicators, and under-/overutilization.	Same factors; BH placement scarcity and AMPM 570 pediatric High-Needs Case Management are considered where applicable.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S, applicable internal/national criteria, and eviCore criteria for advanced imaging.	InterQual BH Behavioral Health Services Subsets for TMS, ECT, and ECT Continuation or Maintenance; AHCCCS criteria where applicable.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.		Specialized service differences require clinically appropriate comparators.	Specialized service differences require clinically appropriate comparators.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Average authorization LOS was 24.61 days M/S and 37.13 days MH/SUD.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Average authorization LOS was 24.61 days M/S and 37.13 days MH/SUD.	The outpatient outcomes are closely aligned. The longer MH/SUD authorization duration is not evidence of greater restriction, and the modest approval and denial differences do not demonstrate that MH/SUD services were identified or managed as outliers under a more stringent standard. The outpatient Outlier Management / Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned,	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The outpatient outcomes are closely aligned. The longer MH/SUD authorization duration is not evidence of greater restriction, and the modest approval and denial differences do not demonstrate that MH/SUD services were identified or managed as outliers under a more stringent standard. The outpatient Outlier Management / Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.	The outpatient outcomes are closely aligned. The longer MH/SUD authorization duration is not evidence of greater restriction, and the modest approval and denial differences do not demonstrate that MH/SUD services were identified or managed as outliers under a more stringent standard. The outpatient Outlier Management / Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.	The outpatient outcomes are closely aligned. The longer MH/SUD authorization duration is not evidence of greater restriction, and the modest approval and denial differences do not demonstrate that MH/SUD services were identified or managed as outliers under a more stringent standard. The outpatient Outlier Management / Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned,	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Prescription Drug Coverage NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Outlier Management / Review		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Outlier Management / Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	High-cost drug outliers and extended specialty drug utilization through CVS Caremark.	High-cost psychotropic outliers and extended long-acting injectable utilization through CVS Caremark.	Scope is classification-specific.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.		Same process with BH-qualified reviewers and specialized AHCCCS criteria.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Detect and manage unusual utilization, quality concerns, delayed discharge, and both under- and overutilization.	Same strategy, with equal rigor for underutilization and appropriate attribution of placement scarcity.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	LOS variance, utilization volume, cost, readmission, delayed discharge, complexity, quality indicators, and under-/overutilization.	Same factors; BH placement scarcity and AMPM 570 pediatric High-Needs Case Management are considered where applicable.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	AHCCCS Drug List, FDA labeling, P&T governance, CVS Caremark criteria, clinical guidelines and literature.	Same evidence hierarchy, with psychiatric/addiction guidance and MAT/MOUD access protections.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CVS Caremark identifies high-cost and extended specialty-drug utilization outliers. The same framework applies to high-cost psychotropics and long-acting injectables.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total	The CY2025 prescription-drug coverage-determination results are aggregate authorization outcomes and do not identify utilization outliers. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and are consistent with the written conclusion that prescription-drug Outlier Management / Review is comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld;	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The CY2025 prescription-drug coverage-determination results are aggregate authorization outcomes and do not identify utilization outliers. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and are consistent with the written conclusion that prescription-drug Outlier Management / Review is comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits.	The CY2025 prescription-drug coverage-determination results are aggregate authorization outcomes and do not identify utilization outliers. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and are consistent with the written conclusion that prescription-drug Outlier Management / Review is comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits.	The CY2025 prescription-drug coverage-determination results are aggregate authorization outcomes and do not identify utilization outliers. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and are consistent with the written conclusion that prescription-drug Outlier Management / Review is comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld;	

ED NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Outlier Management / Review		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Outlier Management / Review applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Emergency services are excluded from Outlier Review in the source analysis.	Emergency services are excluded from Outlier Review in the source analysis.	Scope is classification-specific.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.		Same process with BH-qualified reviewers and specialized AHCCCS criteria.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Detect and manage unusual utilization, quality concerns, delayed discharge, and both under- and overutilization.	Same strategy, with equal rigor for underutilization and appropriate attribution of placement scarcity.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	LOS variance, utilization volume, cost, readmission, delayed discharge, complexity, quality indicators, and under-/overutilization.	Same factors; BH placement scarcity and AMPM 570 pediatric High-Needs Case Management are considered where applicable.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	42 CFR 438.114 prudent-layperson standard, AMPM 310-F, and applicable post-stabilization standards.	Same prudent-layperson and post-stabilization standards for MH/SUD.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	The current NQTL #4 analysis excludes emergency services from Outlier Review.	The exclusion applies equally to M/S and MH/SUD.	As written: The exclusion applies equally to M/S and MH/SUD.	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Emergency services are outside the documented Outlier Management / Review scope.	Emergency services are outside the documented Outlier Management / Review scope.	The exclusion applies equally to M/S and MH/SUD emergency services. Outlier Management / Review is not applicable to the ED classification under the documented scope. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The exclusion applies equally to M/S and MH/SUD emergency services. Outlier Management / Review is not applicable to the ED classification under the documented scope.	The exclusion applies equally to M/S and MH/SUD emergency services. Outlier Management / Review is not applicable to the ED classification under the documented scope.	The exclusion applies equally to M/S and MH/SUD emergency services. Outlier Management / Review is not applicable to the ED classification under the documented scope. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal	NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Outlier Management / Review - Relevant Parity Analysis by Classification

This section presents the written and operational comparative analysis for Outlier Management / Review using Task 1736 data reported as of August 10, 2026. The comparison uses only measures contained in the current extract.

Classification	Relevant Analysis	Written Parity Assessment		Parity Conclusion	Primary Source
Inpatient	Outlier review uses LOS, utilization, cost, readmission, delayed-discharge, quality and under-/overutilization indicators. M/S uses InterQual M/S benchmarks, including SNF under Policy M.S.841. MH/SUD uses the specified InterQual 2025 BH sets and AMPM 320-O/P/V/W for specialized residential/institutional services. CMO/Medical Director and interdisciplinary involvement standards are comparable.	Placement scarcity must be separated from utilization-management stringency.	Task 1736 inpatient service-location results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Average authorization LOS was 5.56 days M/S and 8.05 days MH/SUD. Acute concurrent-review average authorization LOS was 13.99 days M/S and 13.16 days MH/SUD. Post-acute average authorization LOS was 27.20 days M/S and 87.53 days MH/SUD, with approval of 92.4% M/S and 99.6% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The operational results do not show that outlier-related review produced more restrictive outcomes for MH/SUD services. MH/SUD approval rates were higher and denial rates lower in the inpatient, acute, and post-acute comparisons. Longer MH/SUD LOS in post-acute settings reflects the covered treatment settings represented in the MH/SUD population and is not an adverse outcome. The Outlier Management / Review NQTL is comparable and no more stringent for inpatient MH/SUD benefits than for inpatient M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Outpatient		Specialized service differences require clinically appropriate comparators.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Average authorization LOS was 24.61 days M/S and 37.13 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The outpatient outcomes are closely aligned. The longer MH/SUD authorization duration is not evidence of greater restriction, and the modest approval and denial differences do not demonstrate that MH/SUD services were identified or managed as outliers under a more stringent standard. The outpatient Outlier Management / Review NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Prescription Drug Coverage	CVS Caremark identifies high-cost and extended specialty-drug utilization outliers. The same framework applies to high-cost psychotropics and long-acting injectables.		CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%. Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The CY2025 prescription-drug coverage-determination results are aggregate authorization outcomes and do not identify utilization outliers. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and are consistent with the written conclusion that prescription-drug Outlier Management / Review is comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY202S.
ED	The current NQTL #4 analysis excludes emergency services from Outlier Review.	The exclusion applies equally to M/S and MH/SUD.	Emergency services are outside the documented Outlier Management / Review scope. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The exclusion applies equally to M/S and MH/SUD emergency services. Outlier Management / Review is not applicable to the ED classification under the documented scope. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.

Source	Role / Use
NQTL_4_Outlier_Management_Review_BCBSAZ_HealthChoice_CY2025_v3.1.1.docx	Primary CY2025 NQTL analysis
MHPAEA_Operational_Data_Framework_CY2025.docx	CY2025 stratified operational metrics framework
AHCCCS MHPAEA NQTL Acute Plans_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer acute-plan RFI response
AHCCCS MHPAEA NQTL Dual Eligible_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer dual-eligible RFI response
1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx	Current Task 1736 operational authorization extract
Rx_PA_Summary_2025.xlsx	CY2025 prescription-drug coverage determination totals and outcomes
NQTL AHCCCS Reporting_2025_Complete.xlsx	Corrected CY2025 appeal totals, outcomes, M/S versus Behavioral Health, and adult versus pediatric breakdown

Classification	Metric	M/S Adult XIX	M/S Child XIX	M/S Adult XXI	M/S Child XXI	M/S Total	MH/SUD Adult XIX	MH/SUD Child XIX	MH/SUD Adult XXI	MH/SUD Child XXI	MH/SUD Total	Variance (MH/SUD - M/S)	
Inpatient	Distinct Services					24199.00					6064.00	-18135.00	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	% Approved					96.0%					99.3%	3.3%	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	% Denied					4.0%					0.7%	-3.3%	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Avg Service LoS					5.56					8.05	2.49	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Distinct Authorizations					22232.00					6064.00	-16168.00	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Avg Authorization LoS					5.56					8.05	2.49	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Distinct Services					112053.00					13087.00	-98966.00	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	% Approved					95.2%					94.0%	-1.2%	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	% Denied					4.8%					6.0%	1.2%	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Avg Service LoS					24.59					37.13	12.54	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Distinct Authorizations					41076.00					7694.00	-33382.00	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Avg Authorization LoS					24.61					37.13	12.52	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute CR	Distinct Services					3188.00					2552.00	-636.00	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute CR	% Approved					96.3%					99.8%	3.4%	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute CR	% Denied					3.7%					0.2%	-3.4%	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute CR	Avg Service LoS					13.99					13.16	-0.83	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute CR	Distinct Authorizations					2200.00					1800.00	-400.00	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Acute CR	Avg Authorization LoS					13.99					13.16	-0.83	Task 1736, Concurrent Review > Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute CR	Distinct Services					987.00					506.00	-481.00	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute CR	% Approved					92.4%					99.6%	7.2%	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute CR	% Denied					7.6%					0.4%	-7.2%	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute CR	Avg Service LoS					27.20					87.53	60.33	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute CR	Distinct Authorizations					800.00					450.00	-350.00	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient - Post Acute CR	Avg Authorization LoS					27.20					87.53	60.33	Task 1736, Concurrent Review > Post Acute, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.

Prescription Drug Operational D

Age	Benefit	Total Determinations	Approved	Approved %	Denied	Denied %	Behavioral - Physical Approval Variance	Source / Scope
Adults								
Adults	Behavioral Health	1926	1218	63.2%	708	36.8%	7.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded
Pediatrics	Physical Health	1493	1041	69.7%	452	30.3%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Behavioral Health	403	270	67.0%	133	33.0%	-2.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Physical Health	15072	8589	57.0%	6483	43.0%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Behavioral Health	2329	1488	63.9%	841	36.1%	6.9%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full

Corrected Appeal Operational D

Population	Total Appeals	Overturned	Overturned %	Upheld	Partially Upheld		Source
Combined M/S + Behavioral Health							
M/S	293	100	34.1%	189	4	M/S subgroup: 293 of the 296 combined appeals; all 5	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals consolidated in
Behavioral Health	3	3	100.0%	0	0	Behavioral Health subgroup: 3 of the 296 combined appeals; all 5	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals consolidated in
Adults	248	88	35.5%	157	3	Age 18 or older	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals consolidated in
Pediatrics	48	15	31.3%	32	1	Younger than age 18	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals consolidated in

Inpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Documentation Requirements	Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI	Primary Source	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale	Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Documentation Requirements apply under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, medical-necessity criteria, utilization-management policies, and privacy requirements.	The same plan-level framework applies to MH/SUD inpatient services, with service-specific AHCCCS documentation requirements and confidentiality protections.	The governing framework is comparable. Differences reflect the clinical service, level of care, or applicable legal requirements rather than a higher documentation standard for MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Admission, continued-stay, discharge-planning, administrative-day, retrospective-review, and adverse-determination records for acute inpatient, SNF, IRF, LTAC, and other covered institutional M/S services.	Admission, continued-stay, discharge-planning, administrative-day, retrospective-review, and adverse-determination records for psychiatric inpatient, detoxification, BHIF, RTC, BHRF, TFC, and SUD residential services.	Both benefit types require information relevant to the coverage and medical-necessity determination. Service-specific records correspond to the covered level of care.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.
1c	The process applying the NQTL.	The request identifies the clinical or administrative information necessary for the determination. Submitted records are reviewed against plan terms and applicable criteria. When information is incomplete, the provider is given an opportunity to supplement the record. Clinical questions are reviewed by appropriately qualified staff, and adverse clinical determinations receive physician review and applicable notice and appeal protections.	The same process applies to MH/SUD requests, using behavioral health-qualified reviewers and secure handling of sensitive records. Additional records are requested only when required by the applicable service criteria, AHCCCS requirements, or law.	The request, review, supplementation, escalation, notice, and appeal processes are comparable for M/S and MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.
1d	The strategy for applying the NQTL.	Collect sufficient relevant evidence for accurate decisions and clear notices while minimizing burden.	Same, with minimum-necessary handling of sensitive MH/SUD records.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Factors include the requested service, information needed to apply plan terms and medical-necessity criteria, admission or continued-stay status, clinical complexity, treatment history and response, discharge-planning needs, retrospective-review status, benefit and eligibility requirements, and applicable AHCCCS documentation standards.	The same factors apply to MH/SUD services, with clinically relevant risk, functional status, withdrawal, recovery-environment, treatment-plan, and confidentiality considerations.	The factor categories and decision logic are comparable. Specialty-specific information is requested only when relevant to the service or required by AHCCCS or law.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	
1g	The evidentiary standard applied.	InterQual M/S; Policy M.5.841 for SNF.	InterQual 2025 BH: Adult and Geriatric Psychiatry; Child and Adolescent Psychiatry; Substance Use Disorders; AMPM 320-O/P/V/W for specialized BH.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	The same categories of governing documents and operational evidence support the design and application of documentation requirements for M/S and MH/SUD benefits.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	M/S documentation requirements are tied to the information needed to apply coverage terms and medical-necessity criteria, including InterQual and Policy M.5.841 for SNF where applicable. Providers may supplement incomplete records, and adverse determinations include notice and appeal rights.	MH/SUD documentation requirements use the same core standards, supplemented by service-specific AHCCCS requirements for BHRF, BHIF, RTC, TFC, and SUD services and applicable confidentiality protections.	As written, the amount, type, timing, relevance, supplementation opportunity, and consequences of missing information are comparable and no more stringent for MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 inpatient results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Task 1736 inpatient results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The written and operational evidence supports that inpatient Documentation Requirements are comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The written and operational evidence supports that inpatient Documentation Requirements are comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The Plan concludes that inpatient Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.

Outpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Documentation Requirements	Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI	Primary Source	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale		Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Documentation Requirements apply under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, clinical criteria, utilization-management policies, claim requirements, and privacy standards.	The same plan-level framework applies to outpatient MH/SUD services, with service-specific clinical information and confidentiality protections.	The governing terms are comparable and do not impose a broader documentation obligation on MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Clinical records supporting advanced imaging, DME, elective procedures, specialty infusions, PT/OT, and other outpatient M/S services subject to review.	Clinical records supporting TMS, ECT, PHP/IOP where applicable, therapy, medication management, and other outpatient MH/SUD services. ABA documentation may apply under AMPM 310-BB even though ABA is not subject to PA.	The scope is classification-specific. Documentation follows the service under review and does not convert ABA documentation requirements into a PA requirement.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1c	The process applying the NQTL.	The provider submits the information identified for the requested service. Review staff determine whether the record is sufficient to apply plan terms and criteria and allow supplementation when needed. Qualified clinicians review clinical questions, and adverse determinations include applicable notice and appeal rights.	The same process applies using behavioral health-qualified reviewers and secure handling of sensitive information. Requests are limited to records relevant to the determination.	The intake, relevance standard, supplementation opportunity, clinical review, notices, and appeal protections are comparable.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Collect sufficient relevant evidence for accurate decisions and clear notices while minimizing burden.	Same, with minimum-necessary handling of sensitive MH/SUD records.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.		
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Factors include the requested service, applicable criterion, clinical complexity, diagnosis and treatment history, prior response, objective findings, benefit and eligibility requirements, and the information necessary to determine coverage or medical necessity.	The same factors apply, with psychiatric, substance-use, risk, functional, treatment-plan, and confidentiality information considered when relevant.	The factors are comparable, and specialty-specific information reflects the clinical service rather than greater MH/SUD stringency.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.		
1g	The evidentiary standard applied.	InterQual M/S, applicable internal/national criteria, and eviCore criteria for advanced imaging.	InterQual BH Behavioral Health Services Subsets for TMS, ECT, and ECT Continuation or Maintenance; AHCCCS criteria where applicable.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.		
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	The evidence base and documentation sources are comparable for M/S and MH/SUD outpatient services.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	M/S outpatient documentation requirements are limited to records relevant to coverage, coding, and medical-necessity review and include an opportunity to provide additional information.	MH/SUD outpatient requirements use the same relevance and supplementation standards, with additional privacy protections and service-specific information where applicable.	As written, outpatient Documentation Requirements are comparable and no more stringent for MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The written and operational evidence supports that outpatient Documentation Requirements are comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The written and operational evidence supports that outpatient Documentation Requirements are comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The Plan concludes that outpatient Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	

Prescription Drug Coverage NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Documentation Requirements	Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale		Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Documentation Requirements apply to formulary exceptions, specialty drugs, step-therapy exceptions, quantity-limit exceptions, and other pharmacy coverage determinations administered through CVS Caremark.	The same framework applies to Behavioral Health medications, including psychotropics, long-acting injectables, and selected buprenorphine products, with MAT/MOUD protections.	The plan-level and delegated pharmacy documentation frameworks are comparable.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Prescriber information, diagnosis, treatment history, medication history, contraindications, laboratory or clinical findings where relevant, and information supporting formulary or utilization-management exceptions.	The same categories of information apply to Behavioral Health drugs, with psychiatric and substance-use treatment information requested only when relevant and legally permissible.	The requested information is tied to the applicable drug criterion and is comparable for Physical Health and Behavioral Health medications.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1c	The process applying the NQTL.	The prescriber submits the information required by the applicable pharmacy criterion. CVS Caremark reviews the request, seeks additional information when necessary, and issues the determination with applicable exception and appeal rights.	The same process applies to Behavioral Health medications, with MAT/MOUD access protections and appropriate handling of sensitive information.	Submission channels, review standards, supplementation, exception rights, and appeal protections are comparable.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Collect sufficient relevant evidence for accurate decisions and clear notices while minimizing burden.	Same, with minimum-necessary handling of sensitive MH/SUD records.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.		
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Factors include the requested drug, formulary status, diagnosis, FDA labeling, prior therapies, contraindications, treatment response, safety, applicable quantity or step criteria, and the information needed to apply the criterion.	The same factors apply to Behavioral Health medications, together with clinically relevant psychiatric or substance-use treatment considerations and MAT/MOUD protections.	Factor categories and evidentiary requirements are comparable and no more stringent for Behavioral Health medications.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.		
1g	The evidentiary standard applied.	AHCCCS Drug List, FDA labeling, P&T governance, CVS Caremark criteria, clinical guidelines and literature.	Same evidence hierarchy, with psychiatric/addiction guidance and MAT/MOUD access protections.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.		
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; AHCCCS Drug List; CVS Caremark criteria and procedures; FDA labeling; P&T governance; Rx_PA_Summary_2025.xlsx.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; AHCCCS Drug List; CVS Caremark criteria and procedures; FDA labeling; P&T governance; Rx_PA_Summary_2025.xlsx.	The same source hierarchy and delegated oversight framework support Physical Health and Behavioral Health determinations.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CVS Caremark applies documented pharmacy criteria and requests information necessary to evaluate coverage and exceptions for Physical Health medications.	The same framework applies to Behavioral Health medications, with MAT/MOUD access protections and confidentiality requirements.	As written, pharmacy Documentation Requirements are comparable and no more stringent for Behavioral Health.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld. The corrected appeal results do not demonstrate greater stringency for	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld; NQTL_AHCCCS_	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	CY2025 prescription-drug outcomes and the written delegated-pharmacy framework support that Documentation Requirements are comparable and no more stringent for Behavioral Health medications than for Physical Health medications.	CY2025 prescription-drug outcomes and the written delegated-pharmacy framework support that Documentation Requirements are comparable and no more stringent for Behavioral Health medications than for Physical Health medications.	The Plan concludes that prescription-drug Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.	

ED NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Documentation Requirements		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source	NQTL 5 Documentation Requirements BCBSAZ HealthChoice CY2025 v3.2.docx
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**	
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Emergency evaluation and stabilization are not conditioned on pre-service documentation. Post-stabilization or retrospective records are reviewed only as permitted by the prudent-layperson standard and applicable law.	The same standard applies to Behavioral Health crisis services and emergency detoxification, with applicable confidentiality protections.	The emergency documentation framework is comparable for M/S and MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.		
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	Records supporting emergency evaluation, stabilization, and legally permitted post-stabilization or retrospective review.	The same categories apply to Behavioral Health crisis and emergency detoxification services, with sensitive information handled under applicable confidentiality requirements.	No additional pre-service documentation requirement applies to MH/SUD emergency care.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.		
1c	The process applying the NQTL.	Emergency access is not delayed for documentation. Records may be reviewed after stabilization or retrospectively as permitted by law and plan terms.	The same process applies to MH/SUD emergency services, including crisis and emergency detoxification.	The process is comparable and preserves equal emergency access.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.		
1d	The strategy for applying the NQTL.	Collect sufficient relevant evidence for accurate decisions and clear notices while minimizing burden.	Same, with minimum-necessary handling of sensitive MH/SUD records.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.			
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.	Factors include the prudent-layperson standard, presenting symptoms, emergency evaluation and stabilization, post-stabilization status, and information relevant to a legally permitted retrospective review.	The same factors apply to MH/SUD emergencies, including crisis and withdrawal presentations.	The factors and evidentiary effect are comparable.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.		
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.			
1g	The evidentiary standard applied.	42 CFR 438.114 prudent-layperson standard, AMPM 310-F, and applicable post-stabilization standards.	Same prudent-layperson and post-stabilization standards for MH/SUD.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.			
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; 42 CFR 438.114; AMPM 310-F; applicable post-stabilization, claims, and privacy procedures.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; 42 CFR 438.114; AMPM 310-F; applicable post-stabilization, claims, and privacy procedures.	The same legal and policy sources govern M/S and MH/SUD emergency documentation.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx		
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	No pre-service documentation is required for emergency evaluation or stabilization.	The same standard applies to Behavioral Health crisis services and emergency detoxification, with confidentiality protections.	As written, ED Documentation Requirements are comparable and no more stringent for MH/SUD.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.		
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 does not report emergency services as a separate authorization population.	Task 1736 does not report emergency services as a separate authorization population.	The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.		
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The same emergency documentation standard applies to M/S and MH/SUD services.	The same emergency documentation standard applies to M/S and MH/SUD services.	The Plan concludes that ED Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS and BCBSAZ Health Choice policies, criteria, forms, notices, privacy procedures, and CY2025 operational records.		

Documentation Requirements - Relevant Parity Analysis by Classification

This section presents the written and operational comparative analysis for Documentation Requirements using CY2025 source documents and operational evidence.

Classification	Relevant Analysis	Written Parity Assessment		Parity Conclusion	Primary Source
Inpatient	M/S documentation requirements are tied to the information needed to apply coverage terms and medical-necessity criteria, including InterQual and Policy M.5.841 for SNF where applicable. Providers may supplement incomplete records, and adverse determinations include notice and appeal rights.	As written, the amount, type, timing, relevance, supplementation opportunity, and consequences of missing information are comparable and no more stringent for MH/SUD.	Task 1736 inpatient results include 24,199 M/S and 6,064 MH/SUD services. Approval was 96.0% M/S and 99.3% MH/SUD; denial was 4.0% M/S and 0.7% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The Plan concludes that inpatient Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx
Outpatient	M/S outpatient documentation requirements are limited to records relevant to coverage, coding, and medical-necessity review and include an opportunity to provide additional information.	As written, outpatient Documentation Requirements are comparable and no more stringent for MH/SUD.	Task 1736 outpatient results include 112,053 M/S and 13,087 MH/SUD services. Approval was 95.2% M/S and 94.0% MH/SUD; denial was 4.8% M/S and 6.0% MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The Plan concludes that outpatient Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx
Prescription Drug Coverage	CVS Caremark applies documented pharmacy criteria and requests information necessary to evaluate coverage and exceptions for Physical Health medications.	As written, pharmacy Documentation Requirements are comparable and no more stringent for Behavioral Health.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The Plan concludes that prescription-drug Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx
ED	No pre-service documentation is required for emergency evaluation or stabilization.	As written, ED Documentation Requirements are comparable and no more stringent for MH/SUD.	Task 1736 does not report emergency services as a separate authorization population.	The Plan concludes that ED Documentation Requirements comply with the MHPAEA comparability and relative-stringency standards.	NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx

Source	Role / Use
NQTL_5_Documentation_Requirements_BCBSAZ_HealthChoice_CY2025_v3.2.docx	Primary CY2025 NQTL analysis
MHPAEA_Operational_Data_Framework_CY2025.docx	CY2025 stratified operational metrics framework
AHCCCS MHPAEA NQTL Acute Plans_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer acute-plan RFI response
AHCCCS MHPAEA NQTL Dual Eligible_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer dual-eligible RFI response
1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx	Current Task 1736 operational authorization extract
Rx_PA_Summary_2025.xlsx	CY2025 prescription-drug coverage determination totals and outcomes
NQTL AHCCCS Reporting_2025_Complete.xlsx	Corrected CY2025 appeal totals, outcomes, M/S versus Behavioral Health, and adult versus pediatric breakdown

Classification	Metric	M/S Adult XIX	M/S Child XIX	M/S Adult XXI	M/S Child XXI	M/S Total	MH/SUD Adult XIX	MH/SUD Child XIX	MH/SUD Adult XXI	MH/SUD Child XXI	MH/SUD Total	Variance (MH/SUD - M/S)	
Inpatient	Distinct Services					24199.00					6064.00	-18135.00	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	% Approved					96.0%					99.3%	3.3%	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	% Denied					4.0%					0.7%	-3.3%	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Avg Service LoS					5.56					8.05	2.49	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Distinct Authorizations					22232.00					6064.00	-16168.00	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Inpatient	Avg Authorization LoS					5.56					8.05	2.49	Task 1736, Service Location > Inpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Distinct Services					112053.00					13087.00	-98966.00	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	% Approved					95.2%					94.0%	-1.2%	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	% Denied					4.8%					6.0%	1.2%	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Avg Service LoS					24.59					37.13	12.54	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Distinct Authorizations					41076.00					7694.00	-33382.00	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.
Outpatient	Avg Authorization LoS					24.61					37.13	12.52	Task 1736, Service Location > Outpatient, report date 08/10/2026. Service-level measures use Authorization Service ID; appeals are authorization-level.

Prescription Drug Operational D

Age	Benefit	Total Determinations	Approved	Approved %	Denied	Denied %	Behavioral - Physical Approval Variance	Source / Scope
Adults	Physical Health	13579	7548	55.6%	6031	44.4%		Rx PA Summary 2025.xlsx; Health Choice Arizona coverage determinations, full
Adults	Behavioral Health	1926	1218	63.2%	708	36.8%	7.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Physical Health	1493	1041	69.7%	452	30.3%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Behavioral Health	403	270	67.0%	133	33.0%	-2.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Physical Health	15072	8589	57.0%	6483	43.0%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Behavioral Health	2329	1488	63.9%	841	36.1%	6.9%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full

Corrected Appeal Operational Data - CY2025

Population	Total Appeals	Overturned	Overturned %	Upheld	Partially Upheld		Source
Combined M/S + Behavioral Health							
M/S	293	100	34.1%	189	4	M/S subgroup: 293 of the 296	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in
Behavioral Health	3	3	100.0%	0	0	Behavioral Health subgroup: 3 of the 296 combined appeals; all 3	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in
Adults	248	88	35.5%	157	3	Age 18 or older	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in
Pediatrics	48	15	31.3%	32	1	Younger than age 18	NQTL AHCCCS Reporting_2025_Complete.x lsx; Health Choice Arizona appeals completed in

Inpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL Out-of-Network Authorization | Plan / Product: BCBSAZ Health Choice ACC - Title XIX / Title XXI | Primary Source

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale		Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Out-of-Network Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	OON acute hospital, SNF under Policy M.5.841, IRF and LTAC when network capacity is unavailable.	OON psychiatric hospital, detox, BHIF, RTC, BHRF, TFC and SUD residential when network capacity is unavailable.	Scope is classification-specific.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Administrative review verifies benefit eligibility, in-network availability under AMPM 940 Urban/Rural standards, continuity of care, geographic access, provider credentials, and need for an SCA/LOA.	The identical administrative process applies. Clinical PA or CR, when needed, is performed separately under the applicable NQTL and does not change the OON administrative test.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Provide covered services in network when reasonably available and authorize OON access when network or geographic access is inadequate.	Same; MH/SUD placement scarcity is evaluated as network adequacy, not greater NQTL stringency.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.		Same factors, including specialty and pediatric BH placement availability.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S; Policy M.5.841 for SNF.	InterQual 2025 BH: Adult and Geriatric Psychiatry; Child and Adolescent Psychiatry; Substance Use Disorders; AMPM 320-O/P/V/W for specialized BH.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	OON authorization uses administrative criteria: network availability, continuity of care, geographic access, SCA/LOA necessity, eligibility and credentialing. The same Urban/Rural AMPM 940 framework applies. M/S includes OON acute hospital, SNF, IRF and LTAC; MH/SUD includes psychiatric hospital, detox, BHIF, RTC, BHRF, TFC and SUD residential. Clinical PA/CR, if required, is separate.	Identical administrative criteria are documented. Higher MH/SUD OON approvals caused by continuity needs or placement scarcity are favorable or network adequacy variance, not greater NQTL stringency.	As written: Identical administrative criteria are documented. Higher MH/SUD OON approvals caused by continuity needs or placement scarcity are favorable or network adequacy variance, not greater NQTL stringency.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 reports OON authorization activity across service locations. The OON population includes 19,264 M/S services and 1,008 MH/SUD services. Approval was 86.3% M/S and 84.6% MH/SUD; denial was 13.7% M/S and 15.4% MH/SUD. Average authorization LOS was 5.91 days M/S and 11.89 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	Task 1736 reports OON authorization activity across service locations. The OON population includes 19,264 M/S services and 1,008 MH/SUD services. Approval was 86.3% M/S and 84.6% MH/SUD; denial was 13.7% M/S and 15.4% MH/SUD. Average authorization LOS was 5.91 days M/S and 11.89 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health	The OON approval and denial rates are closely aligned across the overall authorization population. Together with the common network-availability, continuity-of-care, geographic-access, and single-case-agreement standards, OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The OON approval and denial rates are closely aligned across the overall authorization population. Together with the common network-availability, continuity-of-care, geographic-access, and single-case-agreement standards, OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	The OON approval and denial rates are closely aligned across the overall authorization population. Together with the common network-availability, continuity-of-care, geographic-access, and single-case-agreement standards, OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	The OON approval and denial rates are closely aligned across the overall authorization population. Together with the common network-availability, continuity-of-care, geographic-access, and single-case-agreement standards, OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Outpatient NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Out-of-Network Authorization		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Out-of-Network Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	OON extended rehab, therapy, specialty consults and medical services.	OON PHP/IOP, therapy, medication management, TMS/ECT and ABA. ABA is in scope for OON access.	Scope is classification-specific.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Administrative review verifies benefit eligibility, in-network availability under AMPM 940 Urban/Rural standards, continuity of care, geographic access, provider credentials, and need for an SCA/LOA.	The identical administrative process applies. Clinical PA or CR, when needed, is performed separately under the applicable NQTL and does not change the OON administrative test.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Provide covered services in network when reasonably available and authorize OON access when network or geographic access is inadequate.	Same; MH/SUD placement scarcity is evaluated as network adequacy, not greater NQTL stringency.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.		Same factors, including specialty and pediatric BH placement availability.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	InterQual M/S, applicable internal/national criteria, and eviCore criteria for advanced imaging.	InterQual BH Behavioral Health Services Subsets for TMS, ECT, and ECT Continuation or Maintenance; AHCCCS criteria where applicable.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	OON access covers M/S therapy, specialty and medical services and MH/SUD PHP/IOP, therapy, medication management, TMS/ECT and ABA. ABA is in scope for OON access even though excluded from PA/CR.	The same network availability, continuity, geography and SCA/LOA standards apply. Pediatric BH scarcity must be addressed under network adequacy, not presumed administrative stringency.	As written: The same network availability, continuity, geography and SCA/LOA standards apply. Pediatric BH scarcity must be addressed under network adequacy, not presumed administrative stringency.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	Task 1736 OON results are reported across service locations rather than as separate inpatient and outpatient populations. The overall OON comparison includes 19,264 M/S and 1,008 MH/SUD services, with approval of 86.3% and 84.6% and denial of 13.7% and 15.4%, respectively.	Task 1736 OON results are reported across service locations rather than as separate inpatient and outpatient populations. The overall OON comparison includes 19,264 M/S and 1,008 MH/SUD services, with approval of 86.3% and 84.6% and denial of 13.7% and 15.4%, respectively.	The overall OON results do not demonstrate a materially more restrictive authorization process for MH/SUD benefits. The same administrative access standards apply to outpatient M/S and MH/SUD services, including PHP/IOP, therapy, medication management, TMS/ECT, and ABA. Outpatient OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1%	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The overall OON results do not demonstrate a materially more restrictive authorization process for MH/SUD benefits. The same administrative access standards apply to outpatient M/S and MH/SUD services, including PHP/IOP, therapy, medication management, TMS/ECT, and ABA. Outpatient OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.	The overall OON results do not demonstrate a materially more restrictive authorization process for MH/SUD benefits. The same administrative access standards apply to outpatient M/S and MH/SUD services, including PHP/IOP, therapy, medication management, TMS/ECT, and ABA. Outpatient OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.	The overall OON results do not demonstrate a materially more restrictive authorization process for MH/SUD benefits. The same administrative access standards apply to outpatient M/S and MH/SUD services, including PHP/IOP, therapy, medication management, TMS/ECT, and ABA. Outpatient OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1%	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.	

Prescription Drug Coverage NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Out-of-Network Authorization		Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI		Primary Source
Ref	**Question**	**M/S Response**	**MH/SUD Response**	**Parity Comparison / Rationale**		**Document Link**
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Out-of-Network Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	OON pharmacy access through CVS Caremark.	OON pharmacy access through CVS Caremark; MAT/MOUD access preserved.	Scope is classification-specific.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1c	The process applying the NQTL.	Administrative review verifies benefit eligibility, in-network availability under AMPM 940 Urban/Rural standards, continuity of care, geographic access, provider credentials, and need for an SCA/LOA.	The identical administrative process applies. Clinical PA or CR, when needed, is performed separately under the applicable NQTL and does not change the OON administrative test.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1d	The strategy for applying the NQTL.	Provide covered services in network when reasonably available and authorize OON access when network or geographic access is inadequate.	Same; MH/SUD placement scarcity is evaluated as network adequacy, not greater NQTL stringency.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.		Same factors, including specialty and pediatric BH placement availability.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1g	The evidentiary standard applied.	AHCCCS Drug List, FDA labeling, P&T governance, CVS Caremark criteria, clinical guidelines and literature.	Same evidence hierarchy, with psychiatric/addiction guidance and MAT/MOUD access protections.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.	
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	CVS Caremark administers OON pharmacy access for M/S and MH/SUD drugs. MAT/MOUD access is preserved.	Comparable administrative framework and favorable MH/SUD access protection.	As written: Comparable administrative framework and favorable MH/SUD access protection.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or	
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total	The CY2025 prescription-drug results do not distinguish in-network from out-of-network pharmacy determinations. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and do not indicate greater Behavioral Health stringency. The written out-of-network pharmacy process remains comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld;	
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The CY2025 prescription-drug results do not distinguish in-network from out-of-network pharmacy determinations. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and do not indicate greater Behavioral Health stringency. The written out-of-network pharmacy process remains comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits.	The CY2025 prescription-drug results do not distinguish in-network from out-of-network pharmacy determinations. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and do not indicate greater Behavioral Health stringency. The written out-of-network pharmacy process remains comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits.	The CY2025 prescription-drug results do not distinguish in-network from out-of-network pharmacy determinations. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and do not indicate greater Behavioral Health stringency. The written out-of-network pharmacy process remains comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The	Rx_PA_Summary_2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld;	

ED NQTL Parity Analysis - CY2025

This worksheet presents the written and operational comparative analysis supporting the Plan's ACOM 110 submission.

NQTL	Out-of-Network Authorization	Plan / Product	BCBSAZ Health Choice ACC - Title XIX / Title XXI	Primary Source

Ref	Question	M/S Response	MH/SUD Response	Parity Comparison / Rationale	Document Link
1a	Specific plan or coverage terms, or other relevant terms, regarding the NQTL.	Out-of-Network Authorization applies under BCBSAZ Health Choice ACC plan terms, applicable AHCCCS requirements, and the policies and criteria identified in the source analysis.	The same plan-level framework applies to MH/SUD, with service-specific AHCCCS requirements and applicable protections.	Common plan governance applies; differences must be tied to clinical setting, benefit definition, law, or favorable variance.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1b	M/S and MH/SUD benefits to which the NQTL applies in each classification.	OON emergency and post-stabilization services; no PA under prudent-layperson rule.	Same for OON emergency BH and emergency detoxification.	Scope is classification-specific.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1c	The process applying the NQTL.	Administrative review verifies benefit eligibility, in-network availability under AMPM 940 Urban/Rural standards, continuity of care, geographic access, provider credentials, and need for an SCA/LOA.	The identical administrative process applies. Clinical PA or CR, when needed, is performed separately under the applicable NQTL and does not change the OON administrative test.	Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults,	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1d	The strategy for applying the NQTL.	Provide covered services in network when reasonably available and authorize OON access when network or geographic access is inadequate.	Same; MH/SUD placement scarcity is evaluated as network adequacy, not greater NQTL stringency.	The strategy is comparable and focused on appropriate access, quality, and no greater MH/SUD stringency.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1e	The factor(s) used to determine that the NQTL will apply to MH/SUD benefits and M/S benefits.		Same factors, including specialty and pediatric BH placement availability.	Factor categories and decision logic are comparable; any different weighting or threshold must be documented and justified.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1f	How each factor is defined.	Factors are defined by plan terms, approved policies, adopted criteria, applicable AHCCCS requirements, measurable utilization or access standards, and qualified clinical judgment.	The same definitions apply, using specialty-appropriate clinical indicators and AHCCCS-mandated BH definitions where applicable.	Definitions are comparable in rigor and effect, with specialty-specific clinical content where necessary.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1g	The evidentiary standard applied.	42 CFR 438.114 prudent-layperson standard, AMPM 310-F, and applicable post-stabilization standards.	Same prudent-layperson and post-stabilization standards for MH/SUD.	Evidence sources differ by clinical service, but evidence quality, governance, annual review, transparency and opportunity for qualified judgment are comparable.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
1h	The sources or evidence relied upon to design and apply the NQTL to MH/SUD or M/S benefits.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3		NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; MHPAEA_Operational_Data_Framework_CY2025.docx; applicable AHCCCS/BCBSAZ policies and CY2025 operational records.
2a	Comparative analysis of the NQTL as written, including comparability and relative stringency for M/S and MH/SUD benefits.	OON emergency services are covered without PA under the prudent-layperson standard, including post-stabilization protections.	The same exemption applies to emergency BH services and emergency detoxification.	As written: The same exemption applies to emergency BH services and emergency detoxification.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1. docx; MHPAEA_Operational_Data_Framework_CY2025. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals.
2b	Comparative analysis of the NQTL in operation, including comparability and relative stringency for M/S and MH/SUD benefits.	OON emergency services are covered without Prior Authorization under the prudent-layperson standard and are not reported as a separate OON authorization population in Task 1736.	OON emergency services are covered without Prior Authorization under the prudent-layperson standard and are not reported as a separate OON authorization population in Task 1736.	The same OON emergency exemption applies to M/S and MH/SUD services. ED OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; see Operational Data and Parity Analysis Detail; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
2c	Specific overall findings and conclusions reached by the Plan regarding parity compliance.	The same OON emergency exemption applies to M/S and MH/SUD services. ED OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The same OON emergency exemption applies to M/S and MH/SUD services. ED OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits.	The same OON emergency exemption applies to M/S and MH/SUD services. ED OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively.	NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; Task 1736 operational extract; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.

Out-of-Network Authorization - Relevant Parity Analysis by Classification

This section presents the written and operational comparative analysis for Out-of-Network Authorization using Task 1736 data reported as of August 10, 2026. The comparison uses only measures contained in the current extract.

Classification	Relevant Analysis	Written Parity Assessment		Parity Conclusion	Primary Source
Inpatient	OON authorization uses administrative criteria: network availability, continuity of care, geographic access, SCA/LOA necessity, eligibility and credentialing. The same Urban/Rural AMPM 940 framework applies. M/S includes OON acute hospital, SNF, IRF and LTAC; MH/SUD includes psychiatric hospital, detox, BHIF, RTC, BHRF, TFC and SUD residential. Clinical PA/CR, if required, is separate.	Identical administrative criteria are documented. Higher MH/SUD OON approvals caused by continuity needs or placement scarcity are favorable or network-adequacy variance, not greater NQTL stringency.	Task 1736 reports OON authorization activity across service locations. The OON population includes 19,264 M/S services and 1,008 MH/SUD services. Approval was 86.3% M/S and 84.6% MH/SUD; denial was 13.7% M/S and 15.4% MH/SUD. Average authorization LOS was 5.91 days M/S and 11.89 days MH/SUD. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The OON approval and denial rates are closely aligned across the overall authorization population. Together with the common network-availability, continuity-of-care, geographic-access, and single-case-agreement standards, OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Outpatient	OON access covers M/S therapy, specialty and medical services and MH/SUD PHP/IOP, therapy, medication management, TMS/ECT and ABA. ABA is in scope for OON access even though excluded from PA/CR.	The same network availability, continuity, geography and SCA/LOA standards apply. Pediatric BH scarcity must be addressed under network adequacy, not presumed administrative stringency.	Task 1736 OON results are reported across service locations rather than as separate inpatient and outpatient populations. The overall OON comparison includes 19,264 M/S and 1,008 MH/SUD services, with approval of 86.3% and 84.6% and denial of 13.7% and 15.4%, respectively. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The overall OON results do not demonstrate a materially more restrictive authorization process for MH/SUD benefits. The same administrative access standards apply to outpatient M/S and MH/SUD services, including PHP/IOP, therapy, medication management, TMS/ECT, and ABA. Outpatient OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
Prescription Drug Coverage	CVS Caremark administers OON pharmacy access for M/S and MH/SUD drugs. MAT/MOUD access is preserved.	Comparable administrative framework and favorable MH/SUD access protection.	CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Among adults, approval was 55.6% for Physical Health and 63.2% for Behavioral Health. Among pediatric members, approval was 69.7% for Physical Health and 67.0% for Behavioral Health. Behavioral Health drug classes include attention deficit, depression, antipsychotics, anxiety, substance use disorder, and Ingrezza. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The CY2025 prescription-drug results do not distinguish in-network from out-of-network pharmacy determinations. They provide contextual evidence of favorable Behavioral Health approval and denial outcomes and do not indicate greater Behavioral Health stringency. The written out-of-network pharmacy process remains comparable and no more stringent for Behavioral Health benefits than for Physical Health benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full calendar year 2025; appeals excluded; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.
ED	OON emergency services are covered without PA under the prudent-layperson standard, including post-stabilization protections.	The same exemption applies to emergency BH services and emergency detoxification.	OON emergency services are covered without Prior Authorization under the prudent-layperson standard and are not reported as a separate OON authorization population in Task 1736. Corrected CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals: 103 overturned (34.8%), 189 upheld, and 4 partially upheld. The M/S population included 293 appeals: 100 overturned (34.1%), 189 upheld, and 4 partially upheld. The Behavioral Health population included 3 appeals, all 3 overturned (100.0%), with no upheld or partially upheld Behavioral Health appeals. By age, 248 appeals involved adults, including 88 overturned (35.5%), 157 upheld, and 3 partially upheld. Pediatric appeals totaled 48, including 15 overturned (31.3%), 32 upheld, and 1 partially upheld.	The same OON emergency exemption applies to M/S and MH/SUD services. ED OON Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits. The corrected appeal results do not demonstrate greater stringency for Behavioral Health benefits. All three Behavioral Health appeals were overturned, compared with a 34.1% overturn rate for M/S appeals. The Behavioral Health percentage reflects a small population of three appeals and is presented with the underlying count. Adult and pediatric overturn rates were generally similar at 35.5% and 31.3%, respectively. The appeal evidence is consistent with comparable access to reconsideration and does not alter the determination that the reviewed NQTL is comparable and no more stringent for Behavioral Health benefits than for M/S benefits.	1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx; NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx; NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona appeals completed in CY2025.

Source	Role / Use
NQTL_6_Out_of_Network_Authorization_BCBSAZ_HealthChoice_CY2025_v3.2.1.docx	Primary CY2025 NQTL analysis
MHPAEA_Operational_Data_Framework_CY2025.docx	CY2025 stratified operational metrics framework
AHCCCS MHPAEA NQTL Acute Plans_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer acute-plan RFI response
AHCCCS MHPAEA NQTL Dual Eligible_Health Choice Arizona_Reviewed_070717_HCA_Response.xlsx	Historical AHCCCS/Mercer dual-eligible RFI response
1736 - Mental Health Parity Authorization Analysis (ACOM 110)_20260810_1307.xlsx	Current Task 1736 operational authorization extract
Rx_PA_Summary_2025.xlsx	CY2025 prescription-drug coverage determination totals and outcomes
NQTL AHCCCS Reporting_2025_Complete.xlsx	Corrected CY2025 appeal totals, outcomes, M/S versus Behavioral Health, and adult versus pediatric breakdown

Classification	Metric	M/S Adult XIX	M/S Child XIX	M/S Adult XXI	M/S Child XXI	M/S Total	MH/SUD Adult XIX	MH/SUD Child XIX	MH/SUD Adult XXI	MH/SUD Child XXI	MH/SUD Total	Variance (MH/SUD - M/S)	
All Service Locations - In Network	Distinct Services					116988.00					18143.00	-98845.00	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - In Network	% Approved					95.5%					97.6%	2.1%	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - In Network	% Denied					4.5%					2.4%	-2.1%	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - In Network	Avg Service LoS					20.00					30.00	10.00	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - In Network	Distinct Authorizations					50000.00					10000.00	-40000.00	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - In Network	Avg Authorization LoS					20.00					30.00	10.00	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - Out of Network	Distinct Services					19264.00					1008.00	-18256.00	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - Out of Network	% Approved					86.3%					84.6%	-1.7%	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - Out of Network	% Denied					13.7%					15.4%	1.7%	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - Out of Network	Avg Service LoS					5.91					11.89	5.98	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - Out of Network	Distinct Authorizations					10000.00					800.00	-9200.00	Service-level measures use Authorization Service ID; appeals are authorization-level.
All Service Locations - Out of Network	Avg Authorization LoS					5.91					11.89	5.98	Service-level measures use Authorization Service ID; appeals are authorization-level.
	Data not separately reported												

Prescription Drug Operational D

Age	Benefit	Total Determinations	Approved	Approved %	Denied	Denied %	Behavioral - Physical Approval Variance	Source / Scope
Adults	Physical Health	13579	7548	55.6%	6031	44.4%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Adults	Behavioral Health	1926	1218	63.2%	708	36.8%	7.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Physical Health	1493	1041	69.7%	452	30.3%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
Pediatrics	Behavioral Health	403	270	67.0%	133	33.0%	-2.7%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Physical Health	15072	8589	57.0%	6483	43.0%		Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full
All Ages	Behavioral Health	2329	1488	63.9%	841	36.1%	6.9%	Rx_PA_Summary_2025.xlsx; Health Choice Arizona coverage determinations, full

Corrected Appeal Operational Data - CY2025

Population	Total Appeals	Overturned	Overturned %	Upheld	Partially Upheld		Source
Combined M/S + Behavioral Health	296	103	34.8%	189	4	Combined total across both parity categories; not a	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona
M/S	293	100	34.1%	189	4	M/S subgroup: 293 of the 296 combined appeals	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona
Behavioral Health	3	3	100.0%	0	0	Behavioral Health subgroup: 3 of the 296 combined	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona
Adults	248	88	35.5%	157	3	Age 18 or older	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona
Pediatrics	48	15	31.3%	32	1	Younger than age 18	NQTL AHCCCS Reporting_2025_Complete.xlsx; Health Choice Arizona

Mental Health Parity Supporting Details

Provider Admission, Credentialing, Network and Geographic Access, Reimbursement, and Out-of-Network Access

Overall Mental Health Parity Standard

Blue Cross Blue Shield of Arizona Health Choice evaluates provider network-related Non-Quantitative Treatment Limitations, or NQTLs, to ensure that the processes, strategies, evidentiary standards, and other factors used to administer Mental Health and Substance Use Disorder, or MH/SUD, benefits are comparable to and applied no more stringently than those used for Medical/Surgical, or M/S, benefits within the applicable inpatient, outpatient, emergency care, and prescription drug classifications.

The assessment considers each NQTL both as written and in operation. This includes review of applicable policies, procedures, decision-making criteria, operational workflows, committee structures, provider data, access results, and monitoring outcomes. ACOM 110 expressly identifies provider network admission standards, standards for accessing out-of-network providers, reimbursement rates and methodologies, and restrictions based on location, facility type, or provider specialty as potential NQTLs. [ACOM 110 Policy | PDF]

Health Choice's supporting analyses demonstrate that provider network standards are based on objective factors such as licensure, accreditation, quality, program integrity, member need, geographic access, provider availability, market conditions, utilization, and applicable regulatory requirements. Provider requirements are not established or applied solely because a provider furnishes MH/SUD services.

1. Provider Network Admission Standards

ACOM 110 Requirement

Provider network admission standards are NQTLs when they affect whether a provider or facility may participate in the network. Health Choice demonstrates that the processes, strategies, evidentiary standards, and factors used to evaluate MH/SUD provider participation are comparable to and applied no more stringently than those used for M/S providers in the same benefit classification. [ACOM 110 Policy | PDF]

Supporting Details

Health Choice applies a structured provider admission process to organizations and practitioners requesting network participation. Provider participation requests are evaluated based on documented and objective considerations, including:

- Provider licensure, certification, registration, and scope of practice;
- Ability to furnish covered services consistent with the provider's license and specialty;

- Network need and identified service gaps;
- Geographic availability and member access requirements;
- Provider capacity and ability to accept members;
- Quality, safety, and program integrity considerations;
- Compliance with credentialing and contracting requirements;
- Ability to satisfy applicable AHCCCS, federal, accreditation, and Health Choice standards; and
- Agreement on contractual, operational, and reimbursement terms.

Provider submissions may be evaluated through a cross-functional process involving Provider Network, Clinical, Quality, Credentialing, Compliance, and other operational areas, as applicable. Comparable categories of information are evaluated for MH/SUD and M/S providers, although the specific documents required may appropriately vary by provider type, facility type, licensure category, accreditation status, or scope of services.

Health Choice uses the same general network participation framework, provider contract structure, committee oversight, and contracting requirements for MH/SUD and M/S providers. Provider admission decisions are based on objective provider qualifications, network needs, member access, quality, and regulatory requirements rather than the provider's designation as a behavioral health provider.

Behavioral Health Pre-Contract Site Review

Certain behavioral health providers may be subject to a Quality Management pre-contract site review. This additional review was introduced in response to elevated fraud, waste, abuse, quality, and program integrity risks identified within specified provider categories beginning in 2023.

As it relates to parity, the site review administered as a risk-based control, not as a categorical restriction imposed solely because services are MH/SUD-related. Health Choice maintains evidence demonstrating that:

- The Quality Site Visit review is triggered when a MH/SUD request to participate;
- The scope of review is reasonably related to the identified risk or potential risk indicators;
- The same or comparable reviews may be applied to an M/S provider or facility presenting comparable quality or program-integrity risk;
- The Site Visit review does not automatically result in exclusion from the network;
- Providers receive consistent review criteria and an opportunity to request reconsideration if declined to participate;
- Approval and denial decisions are documented in the Contract Vetting workgroup; and
- Processing times and participation decisions are monitored to determine whether the review disproportionately restricts MH/SUD network participation.

Operational Demonstration

Health Choice demonstrates operational comparability through periodic review of:

- Provider participation requests received by MH/SUD and M/S category;

- Approval, denial, withdrawal, and pending rates;
- Average and median time from request to decision;
- Reasons for denial or non-participation;
- Number and outcomes of site reviews;
- Contracting exceptions or escalations;
- Provider reconsideration request; and
- Whether admission criteria contributed to an identified network gap.

Parity Conclusion

Based on the documented admission framework, Health Choice's provider admission standards are reasonably designed to evaluate provider qualifications, network need, quality, safety, and program integrity consistently across MH/SUD and M/S networks. Subject to continued monitoring of the behavioral health pre-contract site-review process, the available documentation supports a finding that provider admission standards are comparable and not applied more stringently to MH/SUD providers.

2. Credentialing and Contracting Standards

ACOM 110 Requirement

Credentialing and contracting standards may constitute NQTLs when they limit provider participation or affect access to covered services. Health Choice evaluates whether the credentialing and contracting requirements imposed on MH/SUD practitioners and facilities are comparable to and applied no more stringently than those imposed on similarly situated M/S providers and facilities. [ACOM 110 Policy | PDF]

Supporting Details

Health Choice requires providers seeking network participation to satisfy applicable credentialing, contracting, and participation requirements. The same overarching credentialing framework applies to MH/SUD and M/S providers according to AHCCCS AMPM 950 and SB1291 whichever is most stringent, including, as applicable:

- Completion of the appropriate credentialing application;
- Verification of current and unrestricted licensure;
- Primary-source verification;
- Review of education, training, and professional qualifications;
- Evaluation of applicable board certification;
- Verification of professional liability coverage;
- Review of malpractice and adverse-event history;
- National Practitioner Data Bank review;
- Federal and state exclusion and sanctions screening;
- Medicare and Medicaid participation verification;
- Accreditation or certification review for organizational providers;

- Credentialing Committee review;
- Recredentialing at the established interval; and
- Availability of applicable reconsideration or appeal processes.

Health Choice applies the same credentialing policies and governance structure to MH/SUD and M/S providers. The underlying criteria may differ where required by provider type, specialty, licensure, facility category, or applicable law, but those differences are based on objective professional and regulatory distinctions rather than the provider's behavioral health status.

Health Choice also uses comparable network participation agreements, credentialing forms appropriate to provider type, contract review processes, and financial and operational requirements for M/S and MH/SUD providers. Providers in both categories must meet applicable credentialing requirements and reach agreement on financial and other terms before network participation.

Operational Demonstration

Credentialing parity is supported by reporting outcomes that compare MH/SUD and M/S providers, including:

- Credentialing approval and denial rates;
- Average and median credentialing turnaround time;
- Applications returned for missing information;
- Cases referred to the Credentialing Committee;
- Reasons for adverse credentialing decisions;
- Recredentialing completion rates;
- Recredentialing terminations;
- Sanctions or exclusions identified;
- Appeals and reconsideration outcomes; and
- Temporary or provisional participation arrangements where permitted.

Parity Conclusion

The written credentialing and contracting framework supports a determination that MH/SUD and M/S providers are subject to the same core credentialing governance, verification standards, committee review, participation requirements, and recredentialing expectations. Differences attributable to licensure, specialty, provider type, accreditation, or service scope are permissible when supported by objective standards and applied comparably to similarly situated providers.

3. Network Composition, Adequacy, and Geographic Access

ACOM 110 Requirement

Restrictions based on geographic location, facility type, provider type, or provider specialty operate as NQTLs. Health Choice assess network composition, time and distance, provider availability, appointment access,

recruitment, and gap-remediation standards to ensure these restrictive barriers and equally evaluated to MH/SUD services and M/S services. [ACOM 110 Policy | PDF]

Supporting Details

Health Choice evaluates network composition and geographic access across MH/SUD and M/S provider categories using a common network-management framework. The framework includes:

- Time and distance analysis;
- Provider-to-member capacity and availability;
- Appointment availability and access standards;
- Geographic distribution of providers and facilities;
- Rural, frontier, tribal, and other underserved-area considerations;
- Specialty-specific network needs;
- Member utilization and service demand;
- Provider directory and roster validation;
- Network gap identification;
- Provider recruitment and contracting;
- Telehealth, mobile, and field-based alternatives;
- Out-of-network access when the contracted network cannot meet a member's needs or availability in-network ; and
- Corrective action and ongoing monitoring.

Behavioral health specialties are included in the same network adequacy monitoring structure used for physical health specialties. Monitoring may include psychiatrists, psychologists, therapists, behavioral health clinics, substance use disorder providers, residential treatment providers, and inpatient/outpatient psychiatric facilities, as applicable to the benefit package and geographic service area.

Health Choice uses time and distance analytics, appointment availability reviews, service validation, and network gap analyses to assess whether members can obtain covered services within required standards. Available mitigation strategies include provider recruitment, focused contracting, telehealth, mobile clinics, field services, and out-of-network arrangements. These approaches are available for both MH/SUD and M/S network gaps and are selected based on the nature and severity of the access issue.

Geographic and Access Factors

The factors considered in evaluating MH/SUD and M/S network access include:

- Member location and geographic distribution;
- Provider location and service capacity;
- Travel time and distance;
- Appointment wait times;
- Availability of routine and urgent services;

- Availability of initial behavioral health assessments;
- Availability of psychiatric evaluation and medication management;
- Access to follow-up care;
- Availability of inpatient and residential services;
- Language, cultural, disability-access, and transportation needs;
- Service utilization and referral patterns; and
- Complaints, grievances, appeals, and member survey results.

The use of different specialty-specific thresholds does not, by itself, establish a parity violation. Health Choice's analysis demonstrate that the methods used to establish, monitor, and remediate those thresholds for MH/SUD are comparable to M/S, and that any differences are supported by legitimate factors such as provider supply, clinical scope, population needs, service setting, or regulatory requirements.

Operational Demonstration

Health Choice retain comparative data for MH/SUD and M/S services showing:

- Time and distance compliance by specialty and geographic area;
- Appointment availability results;
- Provider directory accuracy;
- Open and closed network gaps;
- Recruitment efforts and outcomes;
- Contracting cycle times;
- Provider capacity limitations;
- Member complaints concerning access;
- Out-of-network referrals attributable to network gaps;
- Telehealth utilization and availability; and
- Corrective actions and dates of resolution.

Parity Conclusion

The supporting documentation shows that Health Choice includes MH/SUD providers in its ongoing network adequacy, geographic access, appointment availability, and gap-remediation framework. The same general processes are used to identify access needs, measure network performance, recruit providers, and implement access alternatives. This supports a determination that network and geographic standards are comparable and not designed or applied to create a more restrictive barrier to MH/SUD services.

4. Provider Reimbursement Methodology

ACOM 110 Requirement

Provider reimbursement rates, including the methodologies for establishing and negotiating rates, are expressly identified as potential NQTLs. Health Choice must evaluate whether the factors and processes used

to establish MH/SUD reimbursement are comparable to and applied no more stringently than those used for M/S provider reimbursement. [ACOM 110 Policy | PDF]

Parity does not necessarily require identical reimbursement amounts across all providers or specialties. It requires a comparable decision-making methodology supported by legitimate factors rather than a methodology that systematically disadvantages MH/SUD providers.

Supporting Details

Health Choice establishes and negotiates provider reimbursement using a common contracting and financial-review framework applicable to MH/SUD and M/S providers. Reimbursement determinations may consider:

- Applicable AHCCCS fee schedules;
- Applicable Medicare or other recognized fee schedules, when relevant;
- Percentage-of-fee-schedule arrangements;
- Prospective payment, per diem, case rate, bundled, or other methodologies;
- Provider type and specialty;
- Facility type and level of care;
- Geographic location;
- Network need and access gaps;
- Provider supply and specialty shortages;
- Member utilization and projected service demand;
- Provider Market conditions;
- Quality, capacity, and scope of services;
- Regulatory requirements;
- Budgetary and actuarial considerations; and
- Negotiated contractual terms.

Behavioral health and physical health contracted providers are generally reimbursed at an agreed percentage of the applicable AHCCCS or Medicare fee schedules, subject to the provider type, covered service, contract terms, and applicable reimbursement methodology.

The supporting analyses indicate that reimbursement proposals and exceptions are evaluated through comparable contracting, financial-analysis, network-need, and Contract Committee approval processes. Rate differences may occur between provider types or services, but the differences are evaluated and documented, compared to market, access, services, facility, specialty, or regulatory factors rather than MH/SUD status.

Operational Demonstration

To demonstrate that the methodology is comparable in operation, Health Choice monitors:

- Contracted rates as a percentage of the applicable fee schedule;
- Rate increase requests received and approved;

- Average time to resolve rate negotiations;
- Reimbursement exceptions;
- Single case and letter-of-agreement rates;
- Provider terminations attributable to reimbursement;
- Network gaps associated with reimbursement;
- Provider disputes and complaints related to rates; and
- Approval levels required for MH/SUD and M/S reimbursement exceptions.

Comparisons are made among reasonably analogous provider and facility categories and account for legitimate differences in specialty, service setting, coding, provider supply, acuity, rural or urban availability and standard payment methodologies.

Parity Conclusion

Health Choice's reimbursement framework supports the finding that MH/SUD and M/S reimbursement decisions are made through comparable contracting and financial-review processes using common factors such as fee schedules, network need, geographic access, specialty availability, utilization, provider market conditions, and negotiated terms. Continued monitoring is performed to ensure rate negotiations, exceptions, and outcomes do not systematically disadvantage MH/SUD providers.

5. Out-of-Network Access and Geographic Area Coverage

ACOM 110 Requirement

ACOM 110 identifies standards for accessing out-of-network providers and out-of-network/geographic area coverage as NQTLs. ACOM 110 C specifically requires reporting of out-of-network/geographic area coverage analyses for inpatient, outpatient, and emergency care. [ACOM 110 C | Word], [ACOM 110 Policy | PDF]

Health Choice demonstrates that MH/SUD members can obtain out-of-network care under processes that are comparable to and no more stringent than those governing M/S out-of-network care.

Supporting Details

When a covered service is not reasonably available within the contracted network, Health Choice permits access to an out-of-network provider through the applicable authorization and network-exception process. The process includes:

- Confirmation that the requested service is covered;
- Evaluation of clinical appropriateness and medical necessity;
- Assessment of in-network provider availability;
- Review of appointment access, capacity, and geographic considerations;
- Credential or qualification verification for the proposed provider;
- Prior authorization approval;

- Single Case Agreement or Letter of Agreement development;
- Negotiation of reimbursement terms;
- Care coordination and continuity-of-care planning; and
- Member notification and appeal rights when a request is denied.

These processes apply to both MH/SUD and M/S covered services. Out-of-network approval decisions are based on covered-benefit status, medical necessity, provider availability, geographic access, continuity of care, and member-specific clinical needs rather than the behavioral or physical health designation of the service.

When approved, out-of-network services may be reimbursed using the applicable Medicaid fee schedule unless the provider and Health Choice agree to a separately negotiated Single Case Agreement or other payment arrangement. The same general reimbursement options and negotiation structure apply to MH/SUD and M/S out-of-network providers.

Emergency services should be available consistent with applicable emergency-service requirements and should not be restricted because an emergency provider is outside the contracted network.

Operational Demonstration

Health Choices reviews OON data by both MH/SUD and M/S classification, including:

- Number of OON requests;
- Approval and denial rates;
- Reasons for approval or denial;
- Requests arising from network inadequacy;
- Number of Single Case Agreements and Letters of Agreement executed;
- OON claims utilization;
- Continuity-of-care arrangements;
- Appeals and grievances;
- Geographic areas associated with OON use; and
- Corrective action or recruitment initiated in response to recurring OON utilization.

Parity Conclusion

The supporting documentation indicates that members unable to obtain covered services within the contracted network may request access to an out-of-network provider through a common authorization, credential-verification, clinical review, and agreement process. The available information supports a determination that OON access and reimbursement processes are comparable for MH/SUD and M/S services and are not applied more stringently to MH/SUD benefits.

ACOM 110 Reporting Summary

NQTL area	Applicable classifications	Parity issue determination	Supporting summary
Provider admission standards	Inpatient and outpatient	No	Health Choice applies comparable participation, contracting, quality, network-need, and regulatory factors to MH/SUD and M/S providers. Enhanced reviews are supported by objective risk criteria and monitored for different outcomes.
Credentialing standards	Inpatient and outpatient	No	The same core credentialing framework, verification requirements, committee oversight, sanctions screening, recredentialing cycle, and appeal structure apply to MH/SUD and M/S providers.
Network and geographic standards	Inpatient, outpatient, and emergency care	No	MH/SUD specialties are included in the same time and distance, appointment access, network gap, recruitment, and corrective-action framework used for M/S services.
Reimbursement methodology	Inpatient and outpatient	No	Reimbursement is developed through comparable contracting and financial-review processes using fee schedules, network need, geography, provider supply, service type, provider market conditions, and negotiated terms.
Out-of-network/geographic area coverage	Inpatient, outpatient, and emergency care	No	Health Choice uses comparable coverage, clinical review, authorization, qualification verification, SCA/LOA, reimbursement, and appeal processes for MH/SUD and M/S services.

Overall Finding

Based on the reviewed policies, parity narrative, comparative analyses, and identified operational practices, Health Choice has established a provider network-management framework under which provider admission, credentialing, network composition, geographic access, reimbursement, and out-of-network access requirements are designed to apply comparably to MH/SUD and M/S providers and benefits.

The available documentation supports compliance with the ACOM 110 NQTL standard, provided Health Choice maintains current operational evidence showing that these requirements are applied comparably and no more stringently in practice. Pre-contracting site visits for behavioral health providers serve as an additional risk-mitigation measure in response to the 2023 AHCCCS CAF for behavioral health pre-contract site review requirement and supports monitoring of comparative reimbursement, credentialing, network access, and out-of-network outcome data.

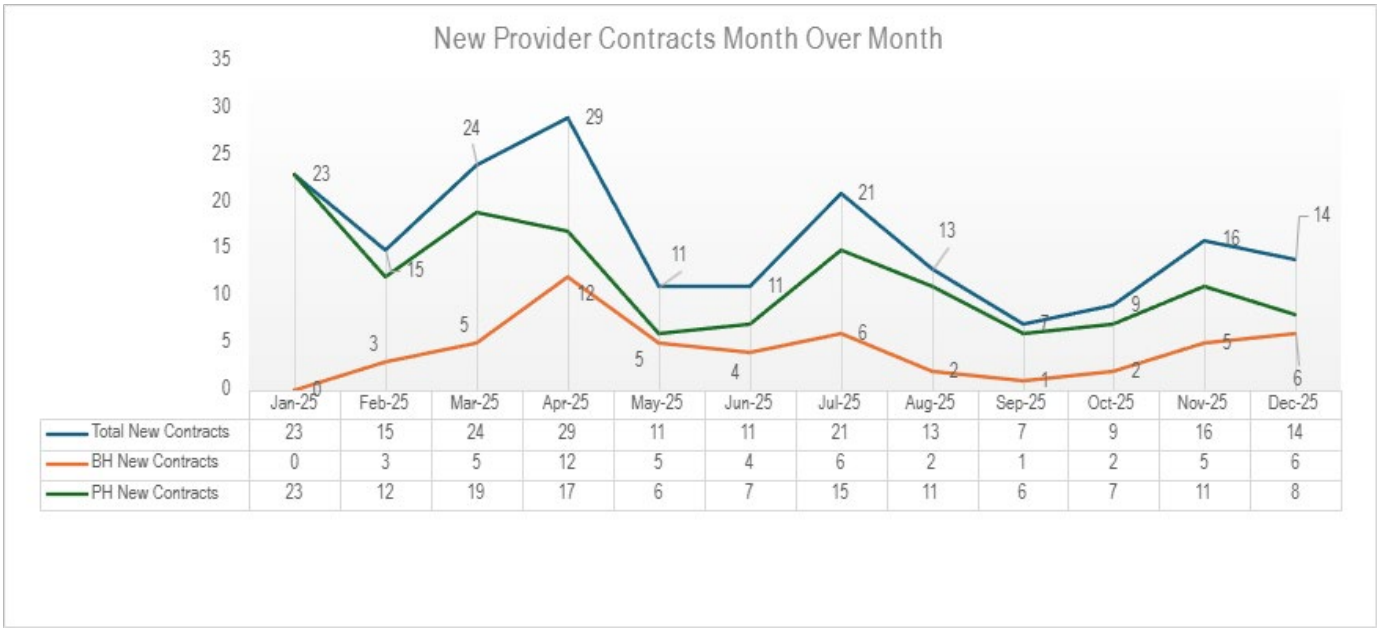
Supporting Documentation 2025

ACOM 110 requires documentation of methodology, processes, strategies, evidentiary standards, monitoring mechanisms, aggregated results, findings, and remediation of any noncompliant components. [ACOM 110 Policy | PDF]

1. Provider Network Admission/Contracting

The charts summarize monthly provider network contracting activity, including new network participation requests, contracts offered, and requests closed with a “no thank you” notice when participation is not offered or agreed to. They also reflect ongoing monitoring of total contracted network participation statewide, with particular focus on assigned GSAs and counties where Health Choice plans are offered.

Category	Unique Tax IDs	Behavioral Health	Physical Health
Total # Requests for Network Participation	**516 (100%)**	**92 (18%)**	**424 (82%)**
New Contracts	**193 (37%)**	**51 (55%)**	**142 (33%)**
No Thank You	**323 (63%)**	**41 (45%)**	**282 (67%)**



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Total New Contracts	23	15	24	29	11	11	21	13	7	9	16	14
BH New Contracts	0	3	5	12	5	4	6	2	1	2	5	6
PH New Contracts	23	12	19	17	6	7	15	11	6	7	11	8

Provider Network of Contracted Tax IDs

County	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Apache	15	16	18	19	19	19	19	19	19	19	19	19
Coconino	69	87	98	111	113	116	116	124	124	124	125	122
Gila	29	54	59	62	62	61	60	62	62	62	62	62
Maricopa	1,435	1,430	1,423	1,418	1,422	1,445	1,464	1,497	1,498	1,494	1,512	1,526
Mohave	159	162	166	176	176	180	182	181	182	185	188	187
Navajo	52	78	81	84	85	84	84	85	85	86	86	86
Pima	203	232	256	260	261	269	271	270	270	268	271	272
Pinal	96	144	183	190	193	200	198	196	200	221	200	214
Santa Cruz	13	19	20	24	24	24	25	24	24	24	24	24
Yavapai	139	168	175	182	184	186	188	188	189	193	192	193
Statewide/ Out of State	294	295	277	264	270	284	286	287	289	288	288	290
Total	**2504**	**2685**	**2756**	**2790**	**2809**	**2868**	**2893**	**2933**	**2942**	**2964**	**2967**	**2995**

Policy Names:

- C.7.225 Establishing a Provider Network without Discrimination
- C.7.228 Provider Recruitment
- C.7.231 Contract Committee
- Health Choice Contract Committee Charter

2. Credentialing and Recredentialing

Analysis shows that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.

Blue Cross Blue Shield of Arizona Health Choice monitors the process of credentialing facilities and providers through data collection and oversight of the Quality Committee. A report was pulled indicating the time- frame it took to credential/recredential providers/institutions and the percentage of files denied versus the percentage approved by the Credentials Committee. Evaluation of Credentialing Reports comparing Mental Health and Medical/Surgery Providers.

There were <u>4390</u> Initial Credentialing files presented to the Committee in this time frame.

- 28.7% were Non-Mental Health physicians, completed in an average of 20 days.
- 1% were Mental Health Physicians, completed in an average of 12 days.
- 48.2% were Non-Mental Health Mid-Level Providers, completed in an average of 20 days.

- 21.8% were Mental Health Mid-Level Providers, completed in an average of 10 days.
- The average number of days to complete all files was 18 days.
- The data indicates that Mental Health providers for both physicians and mid-levels take less time than non-mental health providers for both provider types.

There were 8 Initial Credentialing files that were denied by the Credentials Committee in this time frame.

- 25% of these denials were Non-Mental Health Physicians.
- 0% of these denials were Mental Health Physicians.
- 62.5% of these denials were Non-Mental Health Mid-Level Providers.
- 12.5% of these denials were Mental Health Mid-Level Providers.
- The average number of days to complete these files with issues was 18 days.

Credentialing files with issues, such as Board actions or malpractice suits, take longer to process for both provider types. The data indicates that a greater percentage of denials were issued to non-mental health providers.

There were 1336 Recredentialing files presented to the Committee in this time frame.

- 48.5% were Non-Mental Health Physicians.
- 1.8% were Mental Health Physicians.
- 38.4% were Non-Mental Health Mid-Level Providers.
- 11% were Mental Health Mid-Level Providers; Recredentialing files were completed within 36 months from initial credentialing.

The data indicates that the recredentialing process is applied in parity for both provider types. There were no red flags or gaps identified in the credentialing or recredentialing process. This analysis supports mental health parity compliance in our credentialing process.

Overall, the analysis indicates that the credentialing process is not more stringently applied to mental health facilities. The report showed that there is not a significant difference in the amount of time it takes to complete a Mental Health Facility -vs- a Non-Mental Health facility, and that there were no denied applications or Terminations during this timeframe.

Policy Names: Credentialing standards appear or are described in the following documents:
- C.9.202 Initial Credentialing
- C.9.203 Organizational Credentialing
- C9.210 Temporary Provisional Credentialing
- C.9.207 Provider Rights to Review Credentialing Documents
- C.9.204 Recredentialing
- Arizona state law A.R.S. § 20-3451 et seq
- State, URAC and NCQA Accreditation Credentialing requirements

3. Network Composition, Adequacy, and Geographic Access

In accordance with the AHCCCS Contract Section D. Program Requirements 32. Appointment Availability, Transportation Timeliness, Monitoring and Reporting, AHCCCS Contractor Operations Manual (ACOM), Policy 417, and 42 CFR 438.206(c)(1)(iv)-(vi) CFR 438.206 -- Availability of services and subpart B § 438.68(e) Network Adequacy Standards, the Network Services Department facilitates appointment availability monitoring and reporting. The Provider Manual outlines the appointment availability standards by provider category, which align with AHCCCS appointment standards as provided in ACOM 417 Appointment Availability Monitoring and Reporting.

Network Adequacy appears or is described in the following documents:

- CMS Health Services Delivery Network Criteria
- Network Services Policies and Procedures
- Network Strategy Plan (Network Development and Management Plan)
- Quest Analytic Reporting
- State Medicaid Network Development Criteria,
- NCQA/URAC Accreditation Network Adequacy Requirements

The process for monitoring network access and availability involves two Network Services divisions performing access/accessibility and the other performing availability/adequacy monitoring. Network Contracting performs monthly review of geo-access using Quest Analytics reporting for gap assessment and recruiting. Network Operations performs Site Visit education and appointment availability assessment for timely access to care and capacity of provider panels; in addition to monitoring and facilitating provider additions, terminations and changes.

Reports & Policy Names:

C.7.219 Minimum Network Standards
C.7.229 Network Contract Request, Development and Management Protocol

Deliverables: Network Standards Reports submitted to AHCCCS and NCQA Reports:

- HCA_ACC_ACOM_436_Attachment A_CY2025 04.30.2025
- HCA_ACC_ACOM_436_Attachment A_CY2025 10.30.2025
- HCA_ACC_ACOM_436_Attachment A_CY2026 04.30.2026
- NET 1B,C_HCA-Less Maricopa and Maricopa_Quest Analytics_10.23.25
- NET 1B,C_HCP-Less Maricopa and Maricopa_Quest Analytics_10.23.25
- 0_NET 1B NET 1C NET 1D_HCA ACC HCP CY25_(NCQA Summary)_11.14.2025

Deliverables: Appointment availability reports for Apr 2025, Oct 2025, Apr 2026

- '25 SA_1 ACOM 417_Appointment Avail CoverLetter_HCA - Compliance
- '25 SA_2 ACOM 417_Appointment Avail CoverLetter_HCA – Compliance

- '26_SA_1_ACOM_417_Appointment_Avail_CoverLetter.docx

Description of Appointment Availability Monitoring and Reporting Methodology

Network Services performs provider appointment availability assessments to ensure sufficient access and capacity within the provider network. These assessments may include either all providers or at a minimum a statistically valid sample during the AHCCCS Contract Year (CY). The goal is to apply a methodology that meets or exceeds the minimum sample size required to achieve a 95% statistically significant confidence level. The following process is used to determine the sample size:

Appointment Availability Survey Sampling and Process

- **Provider Assignment**: PPRs are assigned Provider Groups by Tax Identification Number (TIN) representing provider types outlined in the ACOM 417 Attachment A reporting template and are responsible for ensuring appointment availability surveys with each provider/group at least annually.
- **AHCCCS 1800 PCP Report**: PCPs with 1800 AHCCCS members assigned to the PCP by all MCOs. In the event a provider appears on the AHCCCS 1800 report or is identified for increased monitoring activity either through the Member Grievance process or reported Quality of Care Concern, BCBSAZ Health Choice's Network Services Department will initiate increased appointment availability monitoring activities for those identified providers/Group.
- **Frequency:** PPR survey a sample of our providers quarterly to independently validate appointment availability for: Behavioral Health, PCP and OB/Maternal Health. Specialists and Dentists are surveyed semi-annually.
- **Sample:** Example, at minimum, 25% (n=4.25) of the 17 Behavioral Health Homes will have a site visit each quarter. All 17 Behavioral Health Homes must be surveyed within one (1) year. The overall aim is to ensure at least 95%, ideally 100%, of the Network provider types receive the necessary frequency of Site Visits per Contract Year.
- **Method:** PPR will request access to the appointment scheduling systems at each site visit to validate appointment availability by appropriate patient type New/Established PCP/Specialist/Dental and as required for BH and Maternity.
- **Survey:** PPR will perform availability of appointment times for each provider types.

4. Provider Reimbursement

The Network Strategy includes contracting all MS/SURG and MH/SUD providers and facilities at the regulatory default fee schedules. The starting percentage is a discount off the applicable fee schedules for all provider types for newly contracted providers to attempt to have lower cost share for members when receiving services from MS/SURG and MH/SUD. For example, professional MS/SURG and MH/SUD providers might have a starting discount of 10%, reimbursing 90% of the applicable fee schedule. As a result of contract rate negotiations, some providers may obtain a contract at a greater percent (%) than the standard 100% default fee schedule, i.e. 105%+ or higher.

The CMS and Arizona Medicaid reimbursement methodology is typically designed for a specific population, age (adult/child) and demographics (urban/rural), in addition, Arizona's fair market value can present a different analysis for parity across provider types, urban vs rural, volume and number of specific specialties or services available to our membership.

In addition, Health Choice may also assign reimbursement percentages/fees that are unrelated to the CMS and Arizona Medicaid fee schedules. This may originate from internal evaluation of the specific or unique services utilized or through provider communications. Also, there are times when CMS and Arizona Medicaid allow for the services, however, there is no allowable payment rate in the fee schedule, then the reimbursement will default to Health Choice's policy for By Report (BR) codes:

In the event there is not a published rate, the reimbursement rate will be determined by the following: Medicare or Arizona Medicaid published rate. If there is not a published allowable payment rate from either government entity, then the default shall be Health Choice's policy for "By Report" ("BR"). "By Report" or "BR" indicates that a procedure is not assigned at a specific rate and is reimbursed at a pre-determined percentage of the procedure's billed charge. BCBSAZ Health Choice reimburses contracted providers for "By Report" procedures at thirty percent (30%) of the procedure's billed charge. "By Report" code(s) billed with charges above $5000.00 are subject to medical/clinical review.

If a hospital provider requests non-standard rates or a rate increase, Network Contracting will submit to Business Intelligence (BI) a Financial Analysis (FA) of the request which will be presented in Contract Committee to review the following factors:

- Is provider essential and will loss of provider jeopardize network adequacy?
- Lack of specialty in the network
- High on the utilization report
- Rate comparisons among providers of same specialty, location and utilization

For out of network providers and facilities, reimbursement is set at 100% of the applicable AHCCCS or CMS fee schedules applicable to MS/SURG and MH/SUD providers and facilities.

Medicare and Arizona Fees Schedules and Reimbursement Methods.

- CMS Medicare based on Jurisdiction Medicare Part A & B (Noridian) https://med.noridianmedicare.com
- Arizona Medicaid Fee for Service Fee Schedules Fee-For-Service https://www.azahcccs.gov/

Claim Reports and Analyses

An internal analysis has been completed for all claims with dates of service 01/01/2025-12/31/2025 Paid through 08/26/2026. The 2025 Mental Health Parity Comparison shows parity among M/S and MH/SUD providers payment.

Reports: 1604 - MHPC-NQTL Report for All LOBs/Mental Health Parity Claim Comparison (1604)_20260827_1103

In-Network Professional

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
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Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: Advanced Practice Provider (NP/PA), Other, Physician (MD/DO)

ClaimType: Dental, Inpatient, Outpatient, Professional

ClaimNetworkStatus: In Network, Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	97.73%	83.11%
	Out of Network	2.27%	16.89%
HCP	In Network	84.49%	80.42%
	Out of Network	15.51%	19.58%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	84.37%	86.23%
	Out of Network	2.68%	2.09%
HCP	In Network	12.30%	11.93%
	Out of Network	0.66%	0.40%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Physician (MD/DO)	16.00%	37.73%
	Advanced Practice Provider (NP/PA)	59.24%	34.45%
	Other	12.03%	16.21%
HCP	Physician (MD/DO)	2.21%	6.25%
	Advanced Practice Provider (NP/PA)	10.25%	4.89%
	Other	0.26%	1.09%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99202	$4.29	$29.14	$ 24.86	579.6%
	99203	$7.64	$51.08	$ 43.45	568.9%
	99204	$8.12	$71.57	$ 63.45	781.3%
	99205	$14.37	$99.98	$ 85.61	595.7%
	99211	$0.93	$8.82	$ 7.89	851.5%
	99212	$3.16	$22.94	$ 19.79	626.3%
	99213	$6.42	$37.00	$ 30.57	475.9%
	99214	$11.18	$53.82	$ 42.63	381.3%
	99215	$23.45	$81.03	$ 57.59	245.6%
HCA Total		**$10.56**	**$48.99**	**$38.43**	**363.8%**
HCP	99202	$75.46	$63.43	$ (12.03)	-15.9%
	99203	$97.93	$102.99	$ 5.06	5.2%
	99204	$116.87	$154.42	$ 37.55	32.1%
	99205	$191.09	$205.14	$ 14.05	7.4%
	99211	$25.47	$20.76	$ (4.71)	-18.5%
	99212	$54.39	$51.74	$ (2.65)	-4.9%
	99213	$76.91	$83.49	$ 6.58	8.6%
	99214	$112.75	$116.12	$ 3.36	3.0%
	99215	$156.40	$165.49	$ 9.09	5.8%
HCP Total		**$110.61**	**$110.66**	**$0.05**	**0.0%**

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	85	2,576
	99203	506	32,691
	99204	1,387	36,644
	99205	514	6,031
	99211	258	4,834
	99212	763	13,208
	99213	8,895	194,059
	99214	22,192	211,879
	99215	2,672	21,265
HCA Total		**37,254**	**522,987**
HCP	99202	1	155
	99203	23	2,621
	99204	67	4,303
	99205	11	882
	99211	15	373
	99212	57	1,384
	99213	1,108	20,067
	99214	3,427	38,895
	99215	724	3,669
HCP Total		**5,430**	**72,324**

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	$364.50	$75,074.28
	99203	$3,864.51	$1,669,953.78
	99204	$11,264.05	$2,622,543.02
	99205	$7,386.45	$602,982.76
	99211	$239.19	$42,641.86
	99212	$2,410.27	$303,050.00
	99213	$57,140.42	$7,179,265.54
	99214	$248,161.93	$11,402,696.42
	99215	$62,655.78	$1,723,197.76
HCA Total		**$393,487.10**	**$25,621,405.42**
HCP	99202	$75.46	$9,831.69
	99203	$2,252.42	$269,946.42
	99204	$7,830.38	$664,455.07
	99205	$2,102.01	$180,937.40
	99211	$382.07	$7,744.92
	99212	$3,100.38	$71,607.08
	99213	$85,214.38	$1,675,354.76
	99214	$386,402.23	$4,516,331.61
	99215	$113,237.07	$607,184.29
HCP Total		**$600,596.40**	**$8,003,393.24**

In-Network Inpatient

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Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: Other, Advanced Practice Provider (NP/PA), Physician (MD/DO)

ClaimType: Dental, Inpatient, Outpatient, Professional

ClaimNetworkStatus: In Network, Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.77%	97.43%
	Out of Network	3.23%	2.57%
HCP	In Network	92.61%	97.42%
	Out of Network	7.39%	2.58%

In-Network Outpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.21%	94.66%
	Out of Network	3.79%	5.34%
HCP	In Network	88.13%	97.21%
	Out of Network	11.87%	2.79%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	90.46%	92.64%
	Out of Network	0.33%	1.91%
HCP	In Network	7.24%	4.78%
	Out of Network	1.97%	0.70%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Other	92.59%	95.11%
HCP	Other	7.41%	4.90%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99202	$15.71	$31.23	$ 15.52	98.8%
	99203	$0.00	$39.96	$ 39.96	
	99204	$6.21	$30.69	$ 24.48	393.8%
	99205	$0.00	$34.20	$ 34.20	
	99211	$0.70	$22.39	$ 21.68	3080.1%
	99212	$0.00	$34.09	$ 34.09	
	99213	$5.32	$34.20	$ 28.88	542.4%
	99214	$0.96	$32.54	$ 31.58	3302.7%
	99215	$0.00	$35.81	$ 35.81	
HCA Total		$1.23	$32.69	$31.46	2566.9%
HCP	99202		$439.76	$ 439.76	
	99203	$409.44	$369.00	$ (40.44)	-9.9%
	99204		$369.71	$ 369.71	
	99205		$369.95	$ 369.95	
	99211		$38.34	$ 38.34	
	99212	$409.44	$361.61	$ (47.83)	-11.7%
	99213	$327.38	$371.91	$ 44.53	13.6%
	99214	$379.81	$324.55	$ (55.26)	-14.5%
	99215		$369.64	$ 369.64	
HCP Total		$365.82	$353.96	($11.86)	-3.2%
				$ -	

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	2	297
	99203	5	1,194
	99204	11	1,119
	99205	9	301
	99211	75	2,580
	99212	1	1,363
	99213	21	4,928
	99214	76	4,786
	99215	75	1,995
HCA Total		275	18,404
HCP	99202		14
	99203	1	32
	99204		38
	99205		8
	99211		6
	99212	1	53
	99213	7	459
	99214	13	321
	99215		18
HCP Total		22	949

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	$31.42	$9,276.78
	99203	$0.00	$47,713.11
	99204	$68.36	$34,342.14
	99205	$0.00	$10,294.55
	99211	$52.80	$57,761.28
	99212	$0.00	$46,463.95
	99213	$111.80	$168,547.82
	99214	$72.67	$155,717.75
	99215	$0.00	$71,449.00
HCA Total		$337.05	$601,566.38
HCP	99202		$6,156.69
	99203	$409.44	$11,807.88
	99204		$14,048.85
	99205		$2,959.60
	99211		$230.04
	99212	$409.44	$19,165.28
	99213	$2,291.64	$170,707.67
	99214	$4,937.51	$104,180.68
	99215		$6,653.48
HCP Total		$8,048.03	$335,910.17

Out of Network Inpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.77%	97.43%
	Out of Network	3.23%	2.57%
HCP	In Network	92.61%	97.42%
	Out of Network	7.39%	2.58%

Out of Network Outpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: Other | ~~Advanced Practice Provider (NP/PA)~~ | ~~Physician (MD/DO)~~

ClaimType: Dental | Inpatient | Outpatient | Professional

ClaimNetworkStatus: In Network | Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.21%	94.66%
	Out of Network	3.79%	5.34%
HCP	In Network	88.13%	97.21%
	Out of Network	11.87%	2.79%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	90.46%	92.64%
	Out of Network	0.33%	1.91%
HCP	In Network	7.24%	4.78%
	Out of Network	1.97%	0.70%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Other	14.29%	73.22%
HCP	Other	85.71%	26.78%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99203		$20.69	$ 20.69	
	99204		$25.87	$ 25.87	
	99205		$14.25	$ 14.25	
	99212		$4.96	$ 4.96	
	99213	$17.97	$16.23	$ (1.74)	-9.7%
	99214		$26.08	$ 26.08	
	99215		$0.00	$ -	
HCA Total		$17.97	$18.79	$ 0.82	4.6%
HCP	99203		$323.17	$ 323.17	
	99204	$346.86	$315.77	($31.09)	-9.0%
	99213	$305.41	$321.30	$ 15.89	5.2%
	99214	$346.86	$319.94	$ (26.92)	-7.8%
	99215		$291.59	$ 291.59	
HCP Total		$333.04	$319.54	$ (13.50)	-4.1%
				$ -	

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99203		164
	99204		22
	99205		2
	99212		11
	99213	1	157
	99214		21
	99215		3
HCA Total		1	380
HCP	99203		7
	99204	1	8
	99213	2	30
	99214	3	91
	99215		3
HCP Total		6	139

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99203		$3,393.38
	99204		$569.05
	99205		$28.50
	99212		$54.54
	99213	$17.97	$2,547.45
	99214		$547.73
	99215		$0.00
HCA Total		$17.97	$7,140.65
HCP	99203		$2,262.22
	99204	$346.86	$2,526.18
	99213	$610.82	$9,638.99
	99214	$1,040.58	$29,114.40
	99215		$874.78
HCP Total		$1,998.26	$44,416.57

Out of Network Professional

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: ~~Advanced Practice Provider (NP/PA)~~ | ~~Other~~ | ~~Physician (MD/DO)~~

ClaimType: Dental | Inpatient | Outpatient | Professional

ClaimNetworkStatus: In Network | Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	97.73%	83.11%
	Out of Network	2.27%	16.89%
HCP	In Network	84.49%	80.42%
	Out of Network	15.51%	19.58%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	84.37%	86.23%
	Out of Network	2.68%	2.09%
HCP	In Network	12.30%	11.93%
	Out of Network	0.66%	0.40%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Advanced Practice Provider (NP/PA)	66.17%	40.18%
	Physician (MD/DO)	9.51%	37.03%
	Other	4.62%	6.67%
HCP	Advanced Practice Provider (NP/PA)	16.24%	8.88%
	Physician (MD/DO)	3.19%	5.81%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99202	$0.00	$37.09	$ 37.09	
	99203	$15.76	$57.42	$ 41.66	264.4%
	99204	$7.54	$83.46	$ 75.91	1006.4%
	99205	$123.97	$124.67	$ 0.70	0.6%
	99211	$4.71	$13.54	$ 8.83	187.3%
	99212	$5.74	$26.69	$ 20.95	365.4%
	99213	$8.23	$46.55	$ 38.32	465.6%
	99214	$39.92	$62.14	$ 22.22	55.7%
	99215	$58.37	$107.75	$ 49.37	84.6%
HCA Total		$24.07	$60.23	$36.17	150.3%
HCP	99202		$60.77	$ 60.77	
	99203	$90.91	$95.91	$ 5.00	5.5%
	99204	$68.19	$140.79	$ 72.60	106.5%
	99205		$196.24	$ 196.24	
	99211		$17.72	$ 17.72	
	99212	$45.88	$40.95	$ (4.93)	-10.8%
	99213	$75.16	$72.99	$ (2.18)	-2.9%
	99214	$106.12	$106.48	$ 0.36	0.3%
	99215	$142.80	$150.51	$ 7.70	5.4%
HCP Total		$97.68	$97.93	$0.25	0.3%
				-	

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	1	134
	99203	12	928
	99204	113	1,085
	99205	6	228
	99211	4	81
	99212	8	439
	99213	527	3,928
	99214	410	5,276
	99215	101	582
HCA Total		1,182	12,674
HCP	99202		14
	99203	2	150
	99204	6	191
	99205		50
	99211		8
	99212	1	102
	99213	83	789
	99214	186	1,065
	99215	12	81
HCP Total		290	2,445

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	$0.00	$4,970.59
	99203	$189.10	$53,284.05
	99204	$852.39	$90,550.28
	99205	$743.81	$28,424.04
	99211	$18.85	$1,096.62
	99212	$45.88	$11,716.82
	99213	$4,337.18	$182,838.21
	99214	$16,367.04	$327,828.66
	99215	$5,895.52	$62,707.99
HCA Total		$28,449.77	$763,417.26
HCP	99202		$850.72
	99203	$181.82	$14,386.90
	99204	$409.14	$26,891.23
	99205		$9,812.10
	99211		$141.79
	99212	$45.88	$4,176.57
	99213	$6,238.61	$57,586.91
	99214	$19,737.91	$113,399.22
	99215	$1,713.65	$12,190.91
HCP Total		$28,327.01	$239,436.35

Comparison: BH and PH average allowed per claim for mid-levels and physicians. Comparing the two most utilized procedure codes, office/OP visit, the average allowed is only a few dollars apart. Basic E&Ms are not the primary code used by non-prescriber BH services but are for BH prescribers and Professional/Physician services. However, there are codes that both M/S and MH/SUD providers bill on their claims. This analysis shows the summary totals and allows unit to sum up for MH and BH, broken into mid-level and physician and others. The average allowed per units are comparable in cost. The Medical/Surgical are slightly higher due to more hospital-based M/S in the data, where these are not normally a specialty that hospitals employ.

Hospitals use their leverage for their facilities to negotiate higher rates for their professional providers. If you remove this set of Hospital affiliated providers, the average allowed per unit gets even closer. But even where they are with this known variable, they are comparable.

The analysis compares the average allowed for each provider category and several highly utilized procedure codes. This considers average cost per unit for more procedure codes and shows how MH/SUD and M/S compare.

Overall, reimbursement by common E/Ms codes based on either regulatory default fee schedules comparable to both BH and M/S provider types. MHPAEA is focused on the process of equity, but these views also act as guides, even though they are results-based.

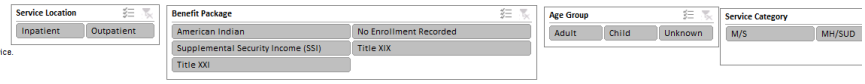
MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for **Authorizations** and translated to claims with 2025 dates of service.

Reports: 1708 - Mental Health Parity Analysis\1736 - Mental Health Parity Claim Analysis (ACOM 110)_20260827

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING
Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of service.
Report Date: 08/27/2026



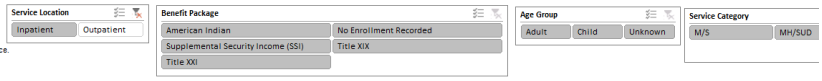
CLAIM METRICS BY SERVICE LOCATION, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S	MH/SUD										MH/SUD
	Title XXI		Title XIX		American Indian		Supplemental Security		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded		
Service Location	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknow		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknow	
Inpatient																								
Distinct Claims	83	840	166,169	35,181	12,245	2,537	23,153	2,235	1,325	1,682	1,284	**246,734**	7	303	44,229	8,934	7,186	462	2,180	584	1,627	64	935	**66,511**
% Paid	85.542%	92.857%	81.395%	93.488%	86.778%	91.250%	85.868%	92.975%	26.113%	86.445%	0.000%	**83.367%**	100.000%	94.719%	85.912%	71.636%	84.818%	74.675%	85.826%	71.062%	29.564%	4.688%	0.000%	**81.042%**
% Denied	14.458%	7.143%	18.605%	6.512%	13.222%	8.750%	14.132%	7.025%	73.887%	13.555%	100.000%	**16.633%**	0.000%	5.281%	14.088%	28.364%	15.182%	25.325%	14.174%	28.938%	70.436%	95.313%	100.000%	**18.958%**
Avg Claim LoS	2.8	0.4	1.8	0.8	1.3	0.7	0.9	0.4	3.1	1.4	0.3	**1.5**	0.0	1.3	1.3	1.4	0.8	0.7	1.1	1.0	0.8	1.3	0.8	**1.2**
% Appealed	0.000%	0.119%	0.341%	0.122%	0.253%	0.000%	0.281%	0.089%	0.075%	0.000%	0.156%	**0.289%**	0.000%	0.000%	0.111%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.110%**
% Appeal Overturned	0.000%	0.000%	0.016%	0.003%	0.008%	0.000%	0.013%	0.045%	0.000%	0.000%	0.000%	**0.013%**	0.000%	0.000%	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.006%**
% Appeal Not Overturned	0.000%	0.119%	0.326%	0.119%	0.245%	0.000%	0.268%	0.045%	0.075%	0.000%	0.156%	**0.276%**	0.000%	0.000%	0.102%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.104%**
Outpatient																								
Distinct Claims	2,455	33,701	1,605,558	454,214	79,929	33,301	150,997	17,221	22,541	5,244	11,983	**2,417,144**	848	18,720	966,995	262,077	79,117	14,201	60,479	12,810	25,459	3,995	7,200	**1,451,901**
% Paid	86.599%	90.840%	79.847%	90.349%	79.569%	88.093%	85.879%	89.913%	1.726%	17.258%	0.192%	**81.274%**	87.972%	85.844%	87.949%	86.475%	88.410%	89.219%	89.987%	87.986%	1.783%	6.433%	0.000%	**85.607%**
% Denied	13.401%	9.160%	20.153%	9.651%	20.431%	11.907%	14.121%	10.087%	98.274%	82.742%	99.808%	**18.726%**	12.028%	14.156%	12.051%	13.525%	11.590%	10.781%	10.013%	12.014%	98.217%	93.567%	100.000%	**14.393%**
Avg Claim LoS	0.4	0.4	0.8	0.6	0.7	0.6	1.6	3.2	3.1	1.6	0.8	**0.9**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.2	0.1	0.5	**0.2**
% Appealed	0.081%	0.083%	0.223%	0.116%	0.216%	0.132%	0.183%	0.110%	0.031%	0.057%	0.050%	**0.193%**	0.000%	0.021%	0.039%	0.010%	0.042%	0.007%	0.023%	0.000%	0.012%	0.000%	0.014%	**0.032%**
% Appeal Overturned	0.000%	0.006%	0.030%	0.015%	0.039%	0.039%	0.025%	0.012%	0.000%	0.000%	0.000%	**0.026%**	0.000%	0.005%	0.013%	0.006%	0.013%	0.007%	0.010%	0.000%	0.000%	0.000%	0.000%	**0.011%**
% Appeal Not Overturned	0.081%	0.077%	0.193%	0.101%	0.178%	0.093%	0.158%	0.099%	0.031%	0.057%	0.050%	**0.167%**	0.000%	0.016%	0.026%	0.004%	0.029%	0.000%	0.013%	0.000%	0.012%	0.000%	0.014%	**0.021%**

Inpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING
Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of service.
Report Date: 08/27/2026



CLAIM METRICS BY SERVICE LOCATION, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SU										MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment		
Service Location	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
Inpatient																								
Distinct Claims	83	840	166,169	35,181	12,245	2,537	23,153	2,235	1,325	1,682	1,284	**246,734**	7	303	44,229	8,934	7,186	462	2,180	584	1,627	64	935	**66,511**
% Paid	85.542%	92.857%	81.395%	93.488%	86.778%	91.250%	85.868%	92.975%	26.113%	86.445%	0.000%	**83.367%**	100.000%	94.719%	85.912%	71.636%	84.818%	74.675%	85.826%	71.062%	29.564%	4.688%	0.000%	**81.042%**
% Denied	14.458%	7.143%	18.605%	6.512%	13.222%	8.750%	14.132%	7.025%	73.887%	13.555%	100.000%	**16.633%**	0.000%	5.281%	14.088%	28.364%	15.182%	25.325%	14.174%	28.938%	70.436%	95.313%	100.000%	**18.958%**
Avg Claim LoS	2.8	0.4	1.8	0.8	1.3	0.7	0.9	0.4	3.1	1.4	0.3	**1.5**	0.0	1.3	1.3	1.4	0.8	0.7	1.1	1.0	0.8	1.3	0.8	**1.2**
% Appealed	0.000%	0.119%	0.341%	0.122%	0.253%	0.000%	0.281%	0.089%	0.075%	0.000%	0.156%	**0.289%**	0.000%	0.000%	0.111%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.110%**
% Appeal Overturned	0.000%	0.000%	0.016%	0.003%	0.008%	0.000%	0.013%	0.045%	0.000%	0.000%	0.000%	**0.013%**	0.000%	0.000%	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.006%**
% Appeal Not Overturned	0.000%	0.119%	0.326%	0.119%	0.245%	0.000%	0.268%	0.045%	0.075%	0.000%	0.156%	**0.276%**	0.000%	0.000%	0.102%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.104%**

Outpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)

Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of service.
Report Date: 08/27/2026

Service Location: Inpatient | Outpatient

Benefit Package: American Indian | No Enrollment Recorded | Supplemental Security Income (SSI) | Title XIX | Title XXI

Age Group: Adult | Child | Unknown

Service Category: M/S | MH/SUD

CLAIM METRICS BY SERVICE LOCATION, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SU											MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded			
Service Location	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
Outpatient																								
Distinct Claims	2,455	33,701	1,605,558	454,214	79,929	33,301	150,997	17,221	22,541	5,244	11,983	**2,417,144**	848	18,720	966,995	262,077	79,117	14,201	60,479	12,810	25,459	3,995	7,200	**1,451,901**
% Paid	86.599%	90.840%	79.847%	90.349%	79.569%	88.093%	85.879%	89.913%	1.726%	17.258%	0.192%	**81.274%**	87.972%	85.844%	87.949%	86.475%	88.410%	89.219%	89.987%	87.986%	1.783%	6.433%	0.000%	**85.607%**
% Denied	13.401%	9.160%	20.153%	9.651%	20.431%	11.907%	14.121%	10.087%	98.274%	82.742%	99.808%	**18.726%**	12.028%	14.156%	12.051%	13.525%	11.590%	10.781%	10.013%	12.014%	98.217%	93.567%	100.000%	**14.393%**
Avg Claim LoS	0.4	0.4	0.8	0.6	0.7	0.6	1.6	3.2	3.1	1.6	0.8	**0.9**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.2	0.1	0.5	**0.2**
% Appealed	0.081%	0.083%	0.223%	0.116%	0.216%	0.132%	0.183%	0.110%	0.031%	0.057%	0.050%	**0.193%**	0.000%	0.021%	0.039%	0.010%	0.042%	0.007%	0.023%	0.000%	0.012%	0.000%	0.014%	**0.032%**
% Appeal Overturned	0.000%	0.006%	0.030%	0.015%	0.039%	0.039%	0.025%	0.012%	0.000%	0.000%	0.000%	**0.026%**	0.000%	0.005%	0.013%	0.006%	0.013%	0.007%	0.010%	0.000%	0.000%	0.000%	0.000%	**0.011%**
% Appeal Not Overturned	0.081%	0.077%	0.193%	0.101%	0.178%	0.093%	0.158%	0.099%	0.031%	0.057%	0.050%	**0.167%**	0.000%	0.016%	0.026%	0.004%	0.029%	0.000%	0.013%	0.000%	0.012%	0.000%	0.014%	**0.021%**

Continued Stay

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)

Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of ser
Report Date: 08/27/2026

ContinuedStayCategory: BHRF/RTC | None | SNF

Benefit Package: American Indian | No Enrollment Recorded | Supplemental Security Income (SSI) | Title XIX | Title XXI

Service Category: M/S | MH/SUD

CLAIM METRICS BY CONTINUED STAY CATEGORY, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SU											MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security		No Enrollment			
Continued Stay Category	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
BHRF/RTC																								
Distinct Claims	0	1	120	44	7	3	30	0	0	0	0	**205**	0	73	20,109	5,322	4,060	203	942	327	243	5	272	**31,556**
% Paid	0.000%	100.000%	100.000%	70.455%	100.000%	100.000%	83.333%	0.000%	0.000%	0.000%	0.000%	**91.220%**	0.000%	90.411%	86.867%	58.925%	83.473%	51.724%	82.696%	54.434%	13.580%	0.000%	0.000%	**79.712%**
% Denied	0.000%	0.000%	0.000%	29.545%	0.000%	0.000%	16.667%	0.000%	0.000%	0.000%	0.000%	**8.780%**	0.000%	9.589%	13.133%	41.075%	16.527%	48.276%	17.304%	45.566%	86.420%	100.000%	100.000%	**20.288%**
Avg Claim LoS	0.0	0.0	1.5	0.0	0.0	0.0	12.1	0.0	0.0	0.0	0.0	**2.7**	0.0	3.1	1.9	1.7	0.9	0.9	1.7	1.2	1.8	9.2	1.3	**1.7**
% Appealed	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.000%**	0.000%	0.000%	0.159%	0.000%	0.271%	0.000%	0.212%	0.000%	0.000%	0.000%	0.000%	**0.143%**
% Appeal Overturned																								
% Appeal Not Overturned	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.000%**	0.000%	0.000%	0.159%	0.000%	0.271%	0.000%	0.212%	0.000%	0.000%	0.000%	0.000%	**0.143%**
None																								
Distinct Claims	2,538	34,540	1,757,962	489,350	91,372	35,835	171,193	19,456	23,141	6,925	13,029	**2,645,341**	855	18,950	989,468	265,684	82,165	14,460	61,392	13,067	26,582	4,054	7,747	**1,484,424**
% Paid	86.564%	90.889%	79.992%	90.576%	80.447%	88.316%	85.805%	90.265%	2.990%	34.065%	0.031%	**81.491%**	88.070%	85.968%	87.919%	86.528%	88.359%	89.281%	90.043%	88.069%	3.367%	6.413%	0.000%	**85.576%**
% Denied	13.436%	9.111%	20.008%	9.424%	19.553%	11.684%	14.195%	9.735%	97.010%	65.935%	99.969%	**18.509%**	11.930%	14.032%	12.081%	13.472%	11.641%	10.719%	9.957%	11.931%	96.633%	93.587%	100.000%	**14.424%**
Avg Claim LoS	0.5	0.4	0.9	0.6	0.8	0.6	1.5	2.8	3.1	1.5	0.8	**0.9**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.2	0.1	0.6	**0.2**
% Appealed	0.079%	0.084%	0.234%	0.116%	0.223%	0.123%	0.195%	0.108%	0.035%	0.043%	0.061%	**0.202%**	0.000%	0.021%	0.040%	0.010%	0.043%	0.007%	0.023%	0.000%	0.045%	0.000%	0.013%	**0.033%**
% Appeal Overturned	0.000%	0.006%	0.029%	0.014%	0.035%	0.036%	0.024%	0.015%	0.000%	0.000%	0.000%	**0.025%**	0.000%	0.005%	0.013%	0.006%	0.012%	0.007%	0.010%	0.000%	0.000%	0.000%	0.000%	**0.011%**
% Appeal Not Overturned	0.079%	0.078%	0.205%	0.103%	0.188%	0.087%	0.171%	0.093%	0.035%	0.043%	0.061%	**0.177%**	0.000%	0.016%	0.026%	0.004%	0.030%	0.000%	0.013%	0.000%	0.045%	0.000%	0.013%	**0.022%**
SNF																								
Distinct Claims	0	0	13,645	1	795	0	2,927	0	725	1	238	**18,332**	0	0	1,647	5	78	0	325	0	261	0	116	**2,432**
% Paid	0.000%	0.000%	79.824%	100.000%	89.560%	0.000%	90.161%	0.000%	5.931%	0.000%	7.983%	**78.038%**	0.000%	0.000%	64.724%	100.000%	67.949%	0.000%	72.615%	0.000%	2.682%	0.000%	0.000%	**56.209%**
% Denied	0.000%	0.000%	20.176%	0.000%	10.440%	0.000%	9.839%	0.000%	94.069%	100.000%	92.017%	**21.962%**	0.000%	0.000%	35.276%	0.000%	32.051%	0.000%	27.385%	0.000%	97.318%	0.000%	100.000%	**43.791%**
Avg Claim LoS	0.0	0.0	1.1	0.0	1.1	0.0	1.0	0.0	0.7	0.0	0.1	**1.1**	0.0	0.0	1.2	0.0	0.5	0.0	0.7	0.0	0.3	0.0	0.0	**1.0**
% Appealed	0.000%	0.000%	0.242%	0.000%	0.000%	0.000%	0.273%	0.000%	0.000%	0.000%	0.000%	**0.224%**	0.000%	0.000%	0.243%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.164%**
% Appeal Overturned	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.005%**	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.000%**
% Appeal Not Overturned	0.000%	0.000%	0.235%	0.000%	0.000%	0.000%	0.273%	0.000%	0.000%	0.000%	0.000%	**0.218%**	0.000%	0.000%	0.243%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.164%**

Network Status

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)

Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of s
Report Date: 08/27/2026

NetworkStatus: In Network | Out of Network

Benefit Package: American Indian | No Enrollment Recorded | Supplemental Security Income (SSI) | Title XIX | Title XXI

Service Category: M/S | MH/SUD

CLAIM METRICS BY NETWORK STATUS, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SUD											MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded			
Network Status	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
In Network																								
Distinct Claims	2,209	30,759	1,389,596	429,521	69,854	30,263	133,471	17,450	1,966	2,191	3	**2,107,283**	809	17,686	940,609	253,116	79,822	13,844	58,729	12,808	897	267	0	**1,378,587**
% Paid	88.321%	93.108%	83.432%	92.857%	84.041%	91.243%	89.706%	92.716%	23.601%	88.361%	66.667%	**86.056%**	92.089%	90.942%	92.210%	90.636%	92.788%	92.567%	93.106%	89.514%	76.812%	96.629%	0.000%	**91.945%**
% Denied	11.679%	6.892%	16.568%	7.143%	15.959%	8.757%	10.294%	7.284%	76.399%	11.639%	33.333%	**13.944%**	7.911%	9.058%	7.790%	9.364%	7.212%	7.433%	6.894%	10.486%	23.188%	3.371%	0.000%	**8.055%**
Avg Claim LoS	0.5	0.4	1.1	0.7	1.0	0.7	1.8	3.0	6.0	1.5	10.0	**1.0**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.7	0.0	0.0	**0.2**
% Appealed	0.000%	0.039%	0.133%	0.055%	0.147%	0.050%	0.115%	0.034%	0.051%	0.137%	0.000%	**0.113%**	0.000%	0.006%	0.019%	0.005%	0.031%	0.000%	0.019%	0.000%	1.115%	0.000%	0.000%	**0.017%**
% Appeal Overturned	0.000%	0.003%	0.023%	0.009%	0.031%	0.013%	0.016%	0.000%	0.000%	0.000%	0.000%	**0.019%**	0.000%	0.000%	0.009%	0.002%	0.005%	0.000%	0.009%	0.000%	0.000%	0.000%	0.000%	**0.007%**
% Appeal Not Overturned	0.000%	0.036%	0.110%	0.046%	0.116%	0.036%	0.099%	0.034%	0.051%	0.137%	0.000%	**0.094%**	0.000%	0.006%	0.010%	0.003%	0.026%	0.000%	0.010%	0.000%	1.115%	0.000%	0.000%	**0.010%**
Out of Network																								
Distinct Claims	329	3,782	382,131	59,874	22,320	5,575	40,679	2,006	21,900	4,735	13,264	**556,595**	46	1,337	70,615	17,895	6,481	819	3,930	586	26,189	3,792	8,135	**139,825**
% Paid	74.772%	72.845%	67.482%	74.201%	69.530%	72.430%	73.318%	68.943%	1.237%	8.933%	0.158%	**64.100%**	17.391%	20.419%	29.920%	20.212%	30.505%	24.420%	41.069%	37.713%	0.939%	0.053%	0.000%	**20.945%**
% Denied	25.228%	27.155%	32.518%	25.799%	30.470%	27.570%	26.682%	31.057%	98.763%	91.067%	99.842%	**35.900%**	82.609%	79.581%	70.080%	79.788%	69.495%	75.580%	58.931%	62.287%	99.061%	99.947%	100.000%	**79.055%**
Avg Claim LoS	0.0	0.2	0.4	0.3	0.2	0.2	0.3	1.3	2.8	1.5	0.8	**0.5**	0.0	0.1	0.4	0.4	0.2	0.4	0.4	0.5	0.2	0.1	0.6	**0.3**
% Appealed	0.608%	0.449%	0.600%	0.554%	0.453%	0.520%	0.462%	0.748%	0.032%	0.000%	0.060%	**0.518%**	0.000%	0.224%	0.355%	0.078%	0.324%	0.122%	0.127%	0.000%	0.008%	0.000%	0.012%	**0.213%**
% Appeal Overturned	0.000%	0.026%	0.049%	0.047%	0.045%	0.161%	0.047%	0.150%	0.000%	0.000%	0.000%	**0.047%**	0.000%	0.075%	0.065%	0.061%	0.093%	0.122%	0.025%	0.000%	0.000%	0.000%	0.000%	**0.047%**
% Appeal Not Overturned	0.608%	0.423%	0.551%	0.508%	0.408%	0.359%	0.415%	0.598%	0.032%	0.000%	0.060%	**0.491%**	0.000%	0.150%	0.290%	0.017%	0.231%	0.000%	0.102%	0.000%	0.008%	0.000%	0.012%	**0.166%**

5. Out-of-Network Access

Total OON/SCA Request Inventory

Total OON/SCA request received in calendar year 2025: 584
Total # SCAs executed: 168
Total # SCAs converted into Contract: 28

Behavioral Health (BH)
BH SCAs received in calendar year 2025: 100
BH # SCAs executed: 36
BH # SCAs converted into Contract: 7

Physical Health (PH)
PH SCAs received in calendar year 2025: 484
PH # SCAs executed: 132
PH # SCAs converted into Contract: 21

Category	OON/SCA Requests Received	SCAs Executed	Converted to Contract
Behavioral Health (BH)	100	36	7
Physical Health (PH)	484	132	21
Total	**584**	**168**	**28**

Policy Names:
A.7.208 Single Case Agreement
C.7.207 Letter of Agreement Process

Mental Health Parity Supporting Details

NQTL 1: Prior Authorization

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analysis and available CY2025 operational evidence support that Prior Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in this submission.

Overall Mental Health Parity Standard

Health Choice evaluates this NQTL to ensure that the processes, strategies, evidentiary standards, and factors used for MH/SUD benefits are comparable to and applied no more stringently than those used for M/S benefits within the applicable inpatient, outpatient, emergency care, and prescription-drug classifications. The assessment considers the NQTL as written and in operation, including policies, criteria, workflows, reviewer qualifications, decision outcomes, and appeal protections.

ACOM 110 Requirement

Prior Authorization is an NQTL when approval is required before a covered service or medication is furnished. Health Choice compares the services selected for review, clinical and administrative factors, criteria, reviewer qualifications, decision pathways, and consequences for M/S and MH/SUD benefits.

Supporting Details

- Coverage and medical-necessity requirements are established through plan terms, AHCCCS requirements, adopted criteria, and clinical policies.
- Clinical requests are reviewed by appropriately qualified staff; adverse clinical determinations receive physician review.
- Equivalent notice, peer-to-peer, and appeal protections apply to M/S and MH/SUD requests.
- Emergency evaluation and stabilization are not subject to prior authorization under the prudent-layperson standard.
- Prescription-drug prior authorization is administered through the delegated pharmacy process, including formulary exceptions and MAT/MOUD access protections.

Operational Demonstration

Task 1736 authorization data reported 24,199 inpatient M/S services and 6,064 inpatient MH/SUD services, with approval rates of 96.0% and 99.3% and denial rates of 4.0% and 0.7%, respectively. Outpatient data included 112,053 M/S services and 13,087 MH/SUD services, with approval rates of 95.2% and 94.0% and denial rates of 4.8% and 6.0%, respectively. CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Adult approval was 55.6% Physical Health and 63.2% Behavioral Health. Pediatric approval was 69.7% Physical Health and 67.0% Behavioral Health. CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals. The subgroup counts are 293 M/S appeals and 3 Behavioral Health appeals. M/S included 100 fully overturned appeals, a 34.1% overturn rate; all 3 Behavioral Health appeals were overturned. The Behavioral Health percentage is presented with the underlying count. Adult appeals totaled 248, with 88 overturned (35.5%); pediatric appeals totaled 48, with 15 overturned (31.3%).

Parity Conclusion

The inpatient outcomes are favorable to MH/SUD. Outpatient outcomes are closely aligned and do not demonstrate systemic greater stringency. Prescription-drug outcomes are favorable to Behavioral Health overall. The small Behavioral Health appeal volume limits rate-based interpretation; all 3 reported Behavioral Health appeals were fully overturned. Based on the written processes and available operational evidence, Health Choice determines that this NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.

ACOM 110 Reporting Summary

NQTL Area	Applicable Classifications	Parity Issue	Supporting Summary
Prior Authorization	Inpatient, outpatient, emergency care, and prescription drug, as applicable	No	The inpatient outcomes are favorable to MH/SUD. Outpatient outcomes are closely aligned and do not demonstrate systemic greater stringency. Prescription-drug outcomes are favorable to Behavioral Health overall. The small Behavioral Health appeal volume limits rate-based interpretation; all 3 reported Behavioral Health appeals were fully overturned.

Classification Summary

Classification	Application	Finding
Inpatient	Written standards and available inpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Outpatient	Written standards and available outpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Emergency Care	Prudent-layperson protections and transition to inpatient review when admitted.	Comparable; no additional MH/SUD pre-service restriction.
Prescription Drug	Delegated pharmacy governance and CY2025 coverage-determination results.	Comparable and no more stringent for Behavioral Health; not applicable where the NQTL does not operate as a pharmacy process.

Supporting Documentation 2025

- Applicable CY2025 NQTL narrative analysis and comparative-analysis workbook.
- Task 1736 Mental Health Parity Authorization Analysis, report date August 10, 2026.
- Rx_PA_Summary_2025.xlsx, CY2025 Health Choice Arizona prescription coverage determinations.
- NQTL AHCCCS Reporting_2025_Complete.xlsx, corrected CY2025 combined and subgroup appeal outcomes.
- Applicable plan policies, clinical criteria, delegated-vendor procedures, notices, and appeal procedures.

Overall Finding

Health Choice has established a documented framework for Prior Authorization under which the processes, strategies, evidentiary standards, factors, and procedural safeguards are applied comparably to M/S and MH/SUD benefits. The written and operational evidence supports compliance with the ACOM 110 NQTL standard.

Mental Health Parity Supporting Details

NQTL 2: Concurrent Review

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analysis and available CY2025 operational evidence support that Concurrent Review is comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in this submission.

Overall Mental Health Parity Standard

Health Choice evaluates this NQTL to ensure that the processes, strategies, evidentiary standards, and factors used for MH/SUD benefits are comparable to and applied no more stringently than those used for M/S benefits within the applicable inpatient, outpatient, emergency care, and prescription-drug classifications. The assessment considers the NQTL as written and in operation, including policies, criteria, workflows, reviewer qualifications, decision outcomes, and appeal protections.

ACOM 110 Requirement

Concurrent Review is an NQTL when continued coverage during an ongoing episode depends on review of clinical information, continued medical necessity, level of care, or discharge readiness. Health Choice compares review triggers, frequency, information requirements, reviewer qualifications, and adverse-determination protections.

Supporting Details

- Acute inpatient review uses a common acuity-based framework for M/S and MH/SUD.
- Post-acute and residential review cycles reflect the structure of the covered level of care and applicable AHCCCS requirements.
- SNF is used as an M/S comparator for BHRF/RTC continued-stay review where appropriate.
- Requests not approved at the initial clinical level are escalated to an appropriately qualified physician.
- Concurrent review does not apply before emergency stabilization and is not a prescription-drug process.

Operational Demonstration

Acute concurrent-review approval was 96.3% for M/S and 99.8% for MH/SUD; denial was 3.7% and 0.2%. Post-acute approval was 92.4% for M/S and 99.6% for MH/SUD; denial was 7.6% and 0.4%. Continued-stay approval was 90.4% for the SNF M/S comparator and 99.8% for BHRF/RTC MH/SUD. CY2025 appeal reporting, presented as contextual information rather than a concurrent-review-specific measure, includes 296 total combined M/S and Behavioral Health appeals. The subgroup counts are 293 M/S appeals and 3 Behavioral Health appeals. M/S included 100 fully overturned appeals, a 34.1% overturn rate; all 3 Behavioral Health appeals were overturned. The Behavioral Health percentage is presented with the underlying count. Adult appeals totaled 248, with 88 overturned (35.5%); pediatric appeals totaled 48, with 15 overturned (31.3%).

Parity Conclusion

MH/SUD approval was higher and denial lower across the principal acute, post-acute, and continued-stay comparisons. Review-cycle differences correspond to the service and level of care and do not impose greater MH/SUD stringency. Based on the written processes and available operational evidence, Health Choice determines that this NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.

ACOM 110 Reporting Summary

NQTL Area	Applicable Classifications	Parity Issue	Supporting Summary
Concurrent Review	Inpatient, outpatient, emergency care, and prescription drug, as applicable	No	MH/SUD approval was higher and denial lower across the principal acute, post-acute, and continued-stay comparisons. Review-cycle differences correspond to the service and level of care and do not impose greater MH/SUD stringency.

Classification Summary

Classification	Application	Finding
Inpatient	Written standards and available inpatient operational outcomes.	Comparable and no more stringent for MH/SUD based on the evidence described.
Outpatient	Written standards; the current narrative does not present a separately identified outpatient concurrent-review metric.	Comparable and no more stringent for MH/SUD based on the evidence described.
Emergency Care	Prudent-layperson protections and transition to inpatient review when admitted.	Comparable; no additional MH/SUD pre-service restriction.
Prescription Drug	Not applicable; concurrent review is not described as operating as a prescription-drug process.	Not applicable to this NQTL as described.

Supporting Documentation 2025

- Applicable CY2025 NQTL narrative analysis and comparative-analysis workbook.
- Task 1736 Mental Health Parity Authorization Analysis, report date August 10, 2026.
- Rx_PA_Summary_2025.xlsx, CY2025 Health Choice Arizona prescription coverage determinations.
- NQTL AHCCCS Reporting_2025_Complete.xlsx, corrected CY2025 combined and subgroup appeal outcomes.
- Applicable plan policies, clinical criteria, delegated-vendor procedures, notices, and appeal procedures.

Overall Finding

Health Choice has established a documented framework for Concurrent Review under which the processes, strategies, evidentiary standards, factors, and procedural safeguards are applied comparably to M/S and MH/SUD benefits. The written and operational evidence supports compliance with the ACOM 110 NQTL standard.

Mental Health Parity Supporting Details

NQTL 3: Medical Necessity Criteria

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analysis and available CY2025 operational evidence support that Medical Necessity Criteria is comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in this submission.

Overall Mental Health Parity Standard

Health Choice evaluates this NQTL to ensure that the processes, strategies, evidentiary standards, and factors used for MH/SUD benefits are comparable to and applied no more stringently than those used for M/S benefits within the applicable inpatient, outpatient, emergency care, and prescription-drug classifications. The assessment considers the NQTL as written and in operation, including policies, criteria, workflows, reviewer qualifications, decision outcomes, and appeal protections.

ACOM 110 Requirement

Medical Necessity Criteria are NQTLs when they determine whether a service or medication satisfies coverage requirements. Health Choice compares evidence standards, criterion development and approval, update processes, application, clinical judgment, and exception and appeal rights.

Supporting Details

- M/S criteria include applicable InterQual medical/surgical criteria and the SNF policy framework.
- MH/SUD criteria include InterQual behavioral health criteria and applicable AHCCCS criteria for specialized services.
- Different criteria instruments reflect clinical differences and operate under comparable evidence and governance standards.
- Qualified reviewers apply the criterion in effect and escalate unresolved adverse determinations for physician review.
- ASAM may inform clinical review but is not used as an unsupported sole denial basis.

Operational Demonstration

Task 1736 authorization data reported 24,199 inpatient M/S services and 6,064 inpatient MH/SUD services, with approval rates of 96.0% and 99.3% and denial rates of 4.0% and 0.7%, respectively. Outpatient data included 112,053 M/S services and 13,087 MH/SUD services, with approval rates of 95.2% and 94.0% and denial rates of 4.8% and 6.0%, respectively. CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Adult approval was 55.6% Physical Health and 63.2% Behavioral Health. Pediatric approval was 69.7% Physical Health and 67.0% Behavioral Health. CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals; the Behavioral Health subgroup is small and limits rate-based interpretation. The subgroup counts are 293 M/S appeals and 3 Behavioral Health appeals. M/S included 100 fully overturned appeals, a 34.1% overturn rate; all 3 Behavioral Health appeals were overturned. The Behavioral Health percentage is presented with the underlying count. Adult appeals totaled 248, with 88 overturned (35.5%); pediatric appeals totaled 48, with 15 overturned (31.3%).

Parity Conclusion

Inpatient outcomes are favorable to MH/SUD; outpatient outcomes are closely aligned and should be interpreted together with the comparable written criteria-governance and review safeguards. Prescription-drug outcomes are favorable to Behavioral Health overall. The evidence supports comparable criteria governance and no greater MH/SUD stringency in application. Based on the written processes and available operational evidence, Health Choice determines that this NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.

ACOM 110 Reporting Summary

NQTL Area	Applicable Classifications	Parity Issue	Supporting Summary
Medical Necessity Criteria	Inpatient, outpatient, emergency care, and prescription drug, as applicable	No	Inpatient outcomes are favorable to MH/SUD; outpatient outcomes are closely aligned and should be interpreted together with the comparable written criteria-governance and review safeguards. Prescription-drug outcomes are favorable to Behavioral Health overall. The evidence supports comparable criteria governance and no greater MH/SUD stringency in application.

Classification Summary

Classification	Application	Finding
Inpatient	Written standards and available inpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Outpatient	Written standards and available outpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Emergency Care	Prudent-layperson protections and transition to inpatient review when admitted.	Comparable; no additional MH/SUD pre-service restriction.
Prescription Drug	Delegated pharmacy governance and CY2025 coverage-determination results.	Comparable and no more stringent for Behavioral Health; not applicable where the NQTL does not operate as a pharmacy process.

Supporting Documentation 2025

- Applicable CY2025 NQTL narrative analysis and comparative-analysis workbook.
- Task 1736 Mental Health Parity Authorization Analysis, report date August 10, 2026.
- Rx_PA_Summary_2025.xlsx, CY2025 Health Choice Arizona prescription coverage determinations.
- NQTL AHCCCS Reporting_2025_Complete.xlsx, corrected CY2025 combined and subgroup appeal outcomes.
- Applicable plan policies, clinical criteria, delegated-vendor procedures, notices, and appeal procedures.

Overall Finding

Health Choice has established a documented framework for Medical Necessity Criteria under which the processes, strategies, evidentiary standards, factors, and procedural safeguards are applied comparably to M/S and MH/SUD benefits. The written and operational evidence supports compliance with the ACOM 110 NQTL standard.

Mental Health Parity Supporting Details

NQTL 4: Outlier Management / Review

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analysis and available CY2025 operational evidence support that Outlier Management / Review is comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in this submission.

Overall Mental Health Parity Standard

Health Choice evaluates this NQTL to ensure that the processes, strategies, evidentiary standards, and factors used for MH/SUD benefits are comparable to and applied no more stringently than those used for M/S benefits within the applicable inpatient, outpatient, emergency care, and prescription-drug classifications. The assessment considers the NQTL as written and in operation, including policies, criteria, workflows, reviewer qualifications, decision outcomes, and appeal protections.

ACOM 110 Requirement

Outlier Management / Review is an NQTL when unusual cost, utilization, length-of-stay, quality, coding, or provider patterns trigger added review or action. Health Choice compares analytic triggers, benchmarks, validation, clinical review, consequences, and reconsideration rights.

Supporting Details

- Outlier indicators prompt review and do not predetermine an adverse result.
- Benchmarks account for service type, level of care, diagnosis mix, utilization, and applicable program requirements.
- Statistical findings receive human review and appropriate clinical or coding expertise.
- Placement scarcity and network adequacy are distinguished from utilization-management stringency.
- Comparable safeguards apply to M/S and MH/SUD providers and services.

Operational Demonstration

Aggregate authorization results provide contextual outcome information: inpatient approval was 96.0% M/S and 99.3% MH/SUD, with denial of 4.0% and 0.7%; outpatient approval was 95.2% M/S and 94.0% MH/SUD, with denial of 4.8% and 6.0%; and post-acute MH/SUD approval was 99.6%, compared with 92.4% for M/S. These aggregate results are not, by themselves, direct measures of outlier-triggered review. CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals. The subgroup counts are 293 M/S appeals and 3 Behavioral Health appeals. M/S included 100 fully overturned appeals, a 34.1% overturn rate; all 3 Behavioral Health appeals were overturned. The Behavioral Health percentage is presented with the underlying count. Adult appeals totaled 248, with 88 overturned (35.5%); pediatric appeals totaled 48, with 15 overturned (31.3%).

Parity Conclusion

Available contextual results do not show more restrictive MH/SUD outcomes. Because the reported authorization results are not specific to outlier-triggered cases, the parity finding primarily relies on comparable written triggers, validation, human review, expertise, consequences, and reconsideration safeguards. Based on the written processes and available operational evidence, Health Choice determines that this NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.

ACOM 110 Reporting Summary

NQTL Area	Applicable Classifications	Parity Issue	Supporting Summary
Outlier Management / Review	Inpatient, outpatient, emergency care, and prescription drug, as applicable	No	Available contextual results do not show more restrictive MH/SUD outcomes. Because the reported authorization results are not specific to outlier-triggered cases, the parity finding primarily relies on comparable written triggers, validation, human review, expertise, consequences, and reconsideration safeguards.

Classification Summary

Classification	Application	Finding
Inpatient	Written standards and available inpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Outpatient	Written standards and available outpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Emergency Care	Prudent-layperson protections and transition to inpatient review when admitted.	Comparable; no additional MH/SUD pre-service restriction.
Prescription Drug	Not applicable unless a prescription-drug outlier process is separately identified and analyzed.	Not applicable to this NQTL as currently described.

Supporting Documentation 2025

- Applicable CY2025 NQTL narrative analysis and comparative-analysis workbook.
- Task 1736 Mental Health Parity Authorization Analysis, report date August 10, 2026.
- Rx_PA_Summary_2025.xlsx, CY2025 Health Choice Arizona prescription coverage determinations.
- NQTL AHCCCS Reporting_2025_Complete.xlsx, corrected CY2025 combined and subgroup appeal outcomes.
- Applicable plan policies, clinical criteria, delegated-vendor procedures, notices, and appeal procedures.

Overall Finding

Health Choice has established a documented framework for Outlier Management / Review under which the processes, strategies, evidentiary standards, factors, and procedural safeguards are applied comparably to M/S and MH/SUD benefits. The written and operational evidence supports compliance with the ACOM 110 NQTL standard.

Mental Health Parity Supporting Details

NQTL 5: Documentation Requirements

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analysis and available CY2025 operational evidence support that Documentation Requirements is comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in this submission.

Overall Mental Health Parity Standard

Health Choice evaluates this NQTL to ensure that the processes, strategies, evidentiary standards, and factors used for MH/SUD benefits are comparable to and applied no more stringently than those used for M/S benefits within the applicable inpatient, outpatient, emergency care, and prescription-drug classifications. The assessment considers the NQTL as written and in operation, including policies, criteria, workflows, reviewer qualifications, decision outcomes, and appeal protections.

ACOM 110 Requirement

Documentation Requirements are NQTLs when information demands affect authorization, continued coverage, payment, or appeal. Health Choice compares the amount, type, timing, relevance, confidentiality protections, opportunity to supplement, and consequences of missing information.

Supporting Details

- Requests are limited to information reasonably necessary for the determination.
- Comparable clinical and administrative documentation standards apply to M/S and MH/SUD.
- Additional MH/SUD records required by law or AHCCCS are treated as service-specific requirements, not categorical barriers.
- Sensitive behavioral health and substance-use records receive applicable privacy protections.
- Equivalent notice, supplementation, review, and appeal protections apply.

Operational Demonstration

As contextual outcome information rather than a direct measure of documentation burden, Task 1736 authorization data reported 24,199 inpatient M/S services and 6,064 inpatient MH/SUD services, with approval rates of 96.0% and 99.3% and denial rates of 4.0% and 0.7%, respectively. Outpatient data included 112,053 M/S services and 13,087 MH/SUD services, with approval rates of 95.2% and 94.0% and denial rates of 4.8% and 6.0%, respectively. CY2025 prescription-drug coverage determinations included 15,072 Physical Health requests and 2,329 Behavioral Health requests. Physical Health approval was 57.0% and denial was 43.0%; Behavioral Health approval was 63.9% and denial was 36.1%. Adult approval was 55.6% Physical Health and 63.2% Behavioral Health. Pediatric approval was 69.7% Physical Health and 67.0% Behavioral Health. CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals. The subgroup counts are 293 M/S appeals and 3 Behavioral Health appeals. M/S included 100 fully overturned appeals, a 34.1% overturn rate; all 3 Behavioral Health appeals were overturned. The Behavioral Health percentage is presented with the underlying count. Adult appeals totaled 248, with 88 overturned (35.5%); pediatric appeals totaled 48, with 15 overturned (31.3%).

Parity Conclusion

The aggregate approval, denial, prescription-drug, and appeal results do not independently measure documentation burden, but they do not identify a pattern inconsistent with the written comparison. The parity finding primarily relies on comparable minimum-necessary standards, information relevance, supplementation opportunities, notice, confidentiality protections, and appeal safeguards. Based on the written processes and available operational evidence, Health Choice determines that this NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.

ACOM 110 Reporting Summary

NQTL Area	Applicable Classifications	Parity Issue	Supporting Summary
Documentation Requirements	Inpatient, outpatient, emergency care, and prescription drug, as applicable	No	The aggregate approval, denial, prescription-drug, and appeal results do not independently measure documentation burden, but they do not identify a pattern inconsistent with the written comparison. The parity finding primarily relies on comparable minimum-necessary standards, information relevance, supplementation opportunities, notice, confidentiality protections, and appeal safeguards.

Classification Summary

Classification	Application	Finding
Inpatient	Written standards and available inpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Outpatient	Written standards and available outpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Emergency Care	Prudent-layperson protections and transition to inpatient review when admitted.	Comparable; no additional MH/SUD pre-service restriction.
Prescription Drug	Delegated pharmacy governance and CY2025 coverage-determination results.	Comparable and no more stringent for Behavioral Health; not applicable where the NQTL does not operate as a pharmacy process.

Supporting Documentation 2025

- Applicable CY2025 NQTL narrative analysis and comparative-analysis workbook.
- Task 1736 Mental Health Parity Authorization Analysis, report date August 10, 2026.
- Rx_PA_Summary_2025.xlsx, CY2025 Health Choice Arizona prescription coverage determinations.
- NQTL AHCCCS Reporting_2025_Complete.xlsx, corrected CY2025 combined and subgroup appeal outcomes.
- Applicable plan policies, clinical criteria, delegated-vendor procedures, notices, and appeal procedures.

Overall Finding

Health Choice has established a documented framework for Documentation Requirements under which the processes, strategies, evidentiary standards, factors, and procedural safeguards are applied comparably to M/S and MH/SUD benefits. The written and operational evidence supports compliance with the ACOM 110 NQTL standard.

Mental Health Parity Supporting Details

NQTL 6: Out-of-Network Authorization

Blue Cross Blue Shield of Arizona Health Choice

CY2025 | Prepared for AHCCCS

Overall Determination

The written comparative analysis and available CY2025 operational evidence support that Out-of-Network Authorization is comparable and no more stringent for MH/SUD benefits than for M/S benefits, within the classifications and processes described in this submission.

Overall Mental Health Parity Standard

Health Choice evaluates this NQTL to ensure that the processes, strategies, evidentiary standards, and factors used for MH/SUD benefits are comparable to and applied no more stringently than those used for M/S benefits within the applicable inpatient, outpatient, emergency care, and prescription-drug classifications. The assessment considers the NQTL as written and in operation, including policies, criteria, workflows, reviewer qualifications, decision outcomes, and appeal protections.

ACOM 110 Requirement

Out-of-Network Authorization is an NQTL when access outside the contracted network depends on network availability, geographic access, continuity of care, provider qualifications, authorization, or single-case agreement requirements. Health Choice compares administrative criteria and outcomes for M/S and MH/SUD.

Supporting Details

- The same network availability, continuity-of-care, geographic access, and SCA/LOA factors apply.
- Clinical prior authorization or concurrent review, when applicable, is analyzed separately from the network-access decision.
- Provider-directory listing alone is not treated as conclusive evidence of timely availability.
- Emergency services are covered without prior authorization under the prudent-layperson standard.
- Approved OON services use comparable credential-verification, agreement, reimbursement, and member-notification processes.

Operational Demonstration

Overall OON authorization activity included 19,264 M/S services and 1,008 MH/SUD services. Approval was 86.3% M/S and 84.6% MH/SUD; denial was 13.7% and 15.4%. Average authorization duration was 5.91 days M/S and 11.89 days MH/SUD, a 5.98-day difference. This duration difference should be interpreted with service mix, level of care, network availability, and case-complexity context; duration alone does not establish the source or stringency of the difference. CY2025 appeal reporting includes 296 total combined M/S and Behavioral Health appeals. The subgroup counts are 293 M/S appeals and 3 Behavioral Health appeals. M/S included 100 fully overturned appeals, a 34.1% overturn rate; all 3 Behavioral Health appeals were overturned. The Behavioral Health percentage is presented with the underlying count. Adult appeals totaled 248, with 88 overturned (35.5%); pediatric appeals totaled 48, with 15 overturned (31.3%).

Parity Conclusion

Overall OON approval and denial outcomes are relatively close. The longer average MH/SUD authorization duration warrants contextual monitoring, but duration alone does not establish greater NQTL stringency. The parity finding relies on the same administrative access standards, separation of clinical review from the network-access decision, and comparable procedural safeguards. The Behavioral Health appeal subgroup is too small for reliable rate-based conclusions. Based on the written processes and available operational evidence, Health Choice determines that this NQTL is comparable and no more stringent for MH/SUD benefits than for M/S benefits in writing and in operation.

ACOM 110 Reporting Summary

NQTL Area	Applicable Classifications	Parity Issue	Supporting Summary
Out-of-Network Authorization	Inpatient, outpatient, emergency care, and prescription drug, as applicable	No	Overall OON approval and denial outcomes are relatively close. The longer average MH/SUD authorization duration warrants contextual monitoring, but duration alone does not establish greater NQTL stringency. The parity finding relies on the same administrative access standards, separation of clinical review from the network-access decision, and comparable procedural safeguards. The Behavioral Health appeal subgroup is too small for reliable rate-based conclusions.

Classification Summary

Classification	Application	Finding
Inpatient	Written standards and available inpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Outpatient	Written standards and available outpatient operational outcomes.	Comparable and no more stringent for MH/SUD.
Emergency Care	Prudent-layperson protections and transition to inpatient review when admitted.	Comparable; no additional MH/SUD pre-service restriction.
Prescription Drug	Not applicable; out-of-network authorization is not described as operating as a prescription-drug process.	Not applicable to this NQTL as described.

Supporting Documentation 2025

- Applicable CY2025 NQTL narrative analysis and comparative-analysis workbook.
- Task 1736 Mental Health Parity Authorization Analysis, report date August 10, 2026.
- Rx_PA_Summary_2025.xlsx, CY2025 Health Choice Arizona prescription coverage determinations.
- NQTL AHCCCS Reporting_2025_Complete.xlsx, corrected CY2025 combined and subgroup appeal outcomes.
- Applicable plan policies, clinical criteria, delegated-vendor procedures, notices, and appeal procedures.

Overall Finding

Health Choice has established a documented framework for Out-of-Network Authorization under which the processes, strategies, evidentiary standards, factors, and procedural safeguards are applied comparably to M/S and MH/SUD benefits. The written and operational evidence supports compliance with the ACOM 110 NQTL standard.

Mental Health Parity Supporting Details

Provider Admission, Credentialing, Network and Geographic Access, Reimbursement, and Out-of-Network Access

Overall Mental Health Parity Standard

Blue Cross Blue Shield of Arizona Health Choice evaluates provider network-related Non-Quantitative Treatment Limitations, or NQTLs, to ensure that the processes, strategies, evidentiary standards, and other factors used to administer Mental Health and Substance Use Disorder, or MH/SUD, benefits are comparable to and applied no more stringently than those used for Medical/Surgical, or M/S, benefits within the applicable inpatient, outpatient, emergency care, and prescription drug classifications.

The assessment considers each NQTL both as written and in operation. This includes review of applicable policies, procedures, decision-making criteria, operational workflows, committee structures, provider data, access results, and monitoring outcomes. ACOM 110 expressly identifies provider network admission standards, standards for accessing out-of-network providers, reimbursement rates and methodologies, and restrictions based on location, facility type, or provider specialty as potential NQTLs. [ACOM 110 Policy | PDF]

Health Choice's supporting analyses demonstrate that provider network standards are based on objective factors such as licensure, accreditation, quality, program integrity, member need, geographic access, provider availability, market conditions, utilization, and applicable regulatory requirements. Provider requirements are not established or applied solely because a provider furnishes MH/SUD services.

1. Provider Network Admission Standards

ACOM 110 Requirement

Provider network admission standards are NQTLs when they affect whether a provider or facility may participate in the network. Health Choice demonstrates that the processes, strategies, evidentiary standards, and factors used to evaluate MH/SUD provider participation are comparable to and applied no more stringently than those used for M/S providers in the same benefit classification. [ACOM 110 Policy | PDF]

Supporting Details

Health Choice applies a structured provider admission process to organizations and practitioners requesting network participation. Provider participation requests are evaluated based on documented and objective considerations, including:

- Provider licensure, certification, registration, and scope of practice;
- Ability to furnish covered services consistent with the provider's license and specialty;

- Network need and identified service gaps;
- Geographic availability and member access requirements;
- Provider capacity and ability to accept members;
- Quality, safety, and program integrity considerations;
- Compliance with credentialing and contracting requirements;
- Ability to satisfy applicable AHCCCS, federal, accreditation, and Health Choice standards; and
- Agreement on contractual, operational, and reimbursement terms.

Provider submissions may be evaluated through a cross-functional process involving Provider Network, Clinical, Quality, Credentialing, Compliance, and other operational areas, as applicable. Comparable categories of information are evaluated for MH/SUD and M/S providers, although the specific documents required may appropriately vary by provider type, facility type, licensure category, accreditation status, or scope of services.

Health Choice uses the same general network participation framework, provider contract structure, committee oversight, and contracting requirements for MH/SUD and M/S providers. Provider admission decisions are based on objective provider qualifications, network needs, member access, quality, and regulatory requirements rather than the provider's designation as a behavioral health provider.

Behavioral Health Pre-Contract Site Review

Certain behavioral health providers may be subject to a Quality Management pre-contract site review. This additional review was introduced in response to elevated fraud, waste, abuse, quality, and program integrity risks identified within specified provider categories beginning in 2023.

As it relates to parity, the site review administered as a risk-based control, not as a categorical restriction imposed solely because services are MH/SUD-related. Health Choice maintains evidence demonstrating that:

- The Quality Site Visit review is triggered when a MH/SUD request to participate;
- The scope of review is reasonably related to the identified risk or potential risk indicators;
- The same or comparable reviews may be applied to an M/S provider or facility presenting comparable quality or program-integrity risk;
- The Site Visit review does not automatically result in exclusion from the network;
- Providers receive consistent review criteria and an opportunity to request reconsideration if declined to participate;
- Approval and denial decisions are documented in the Contract Vetting workgroup; and
- Processing times and participation decisions are monitored to determine whether the review disproportionately restricts MH/SUD network participation.

Operational Demonstration

Health Choice demonstrates operational comparability through periodic review of:

- Provider participation requests received by MH/SUD and M/S category;

- Approval, denial, withdrawal, and pending rates;
- Average and median time from request to decision;
- Reasons for denial or non-participation;
- Number and outcomes of site reviews;
- Contracting exceptions or escalations;
- Provider reconsideration request; and
- Whether admission criteria contributed to an identified network gap.

Parity Conclusion

Based on the documented admission framework, Health Choice's provider admission standards are reasonably designed to evaluate provider qualifications, network need, quality, safety, and program integrity consistently across MH/SUD and M/S networks. Subject to continued monitoring of the behavioral health pre-contract site-review process, the available documentation supports a finding that provider admission standards are comparable and not applied more stringently to MH/SUD providers.

2. Credentialing and Contracting Standards

ACOM 110 Requirement

Credentialing and contracting standards may constitute NQTLs when they limit provider participation or affect access to covered services. Health Choice evaluates whether the credentialing and contracting requirements imposed on MH/SUD practitioners and facilities are comparable to and applied no more stringently than those imposed on similarly situated M/S providers and facilities. [ACOM 110 Policy | PDF]

Supporting Details

Health Choice requires providers seeking network participation to satisfy applicable credentialing, contracting, and participation requirements. The same overarching credentialing framework applies to MH/SUD and M/S providers according to AHCCCS AMPM 950 and SB1291 whichever is most stringent, including, as applicable:

- Completion of the appropriate credentialing application;
- Verification of current and unrestricted licensure;
- Primary-source verification;
- Review of education, training, and professional qualifications;
- Evaluation of applicable board certification;
- Verification of professional liability coverage;
- Review of malpractice and adverse-event history;
- National Practitioner Data Bank review;
- Federal and state exclusion and sanctions screening;
- Medicare and Medicaid participation verification;
- Accreditation or certification review for organizational providers;

- Credentialing Committee review;
- Recredentialing at the established interval; and
- Availability of applicable reconsideration or appeal processes.

Health Choice applies the same credentialing policies and governance structure to MH/SUD and M/S providers. The underlying criteria may differ where required by provider type, specialty, licensure, facility category, or applicable law, but those differences are based on objective professional and regulatory distinctions rather than the provider's behavioral health status.

Health Choice also uses comparable network participation agreements, credentialing forms appropriate to provider type, contract review processes, and financial and operational requirements for M/S and MH/SUD providers. Providers in both categories must meet applicable credentialing requirements and reach agreement on financial and other terms before network participation.

Operational Demonstration

Credentialing parity is supported by reporting outcomes that compare MH/SUD and M/S providers, including:

- Credentialing approval and denial rates;
- Average and median credentialing turnaround time;
- Applications returned for missing information;
- Cases referred to the Credentialing Committee;
- Reasons for adverse credentialing decisions;
- Recredentialing completion rates;
- Recredentialing terminations;
- Sanctions or exclusions identified;
- Appeals and reconsideration outcomes; and
- Temporary or provisional participation arrangements where permitted.

Parity Conclusion

The written credentialing and contracting framework supports a determination that MH/SUD and M/S providers are subject to the same core credentialing governance, verification standards, committee review, participation requirements, and recredentialing expectations. Differences attributable to licensure, specialty, provider type, accreditation, or service scope are permissible when supported by objective standards and applied comparably to similarly situated providers.

3. Network Composition, Adequacy, and Geographic Access

ACOM 110 Requirement

Restrictions based on geographic location, facility type, provider type, or provider specialty operate as NQTLs. Health Choice assess network composition, time and distance, provider availability, appointment access,

recruitment, and gap-remediation standards to ensure these restrictive barriers and equally evaluated to MH/SUD services and M/S services. [ACOM 110 Policy | PDF]

Supporting Details

Health Choice evaluates network composition and geographic access across MH/SUD and M/S provider categories using a common network-management framework. The framework includes:

- Time and distance analysis;
- Provider-to-member capacity and availability;
- Appointment availability and access standards;
- Geographic distribution of providers and facilities;
- Rural, frontier, tribal, and other underserved-area considerations;
- Specialty-specific network needs;
- Member utilization and service demand;
- Provider directory and roster validation;
- Network gap identification;
- Provider recruitment and contracting;
- Telehealth, mobile, and field-based alternatives;
- Out-of-network access when the contracted network cannot meet a member's needs or availability in-network ; and
- Corrective action and ongoing monitoring.

Behavioral health specialties are included in the same network adequacy monitoring structure used for physical health specialties. Monitoring may include psychiatrists, psychologists, therapists, behavioral health clinics, substance use disorder providers, residential treatment providers, and inpatient/outpatient psychiatric facilities, as applicable to the benefit package and geographic service area.

Health Choice uses time and distance analytics, appointment availability reviews, service validation, and network gap analyses to assess whether members can obtain covered services within required standards. Available mitigation strategies include provider recruitment, focused contracting, telehealth, mobile clinics, field services, and out-of-network arrangements. These approaches are available for both MH/SUD and M/S network gaps and are selected based on the nature and severity of the access issue.

Geographic and Access Factors

The factors considered in evaluating MH/SUD and M/S network access include:

- Member location and geographic distribution;
- Provider location and service capacity;
- Travel time and distance;
- Appointment wait times;
- Availability of routine and urgent services;

- Availability of initial behavioral health assessments;
- Availability of psychiatric evaluation and medication management;
- Access to follow-up care;
- Availability of inpatient and residential services;
- Language, cultural, disability-access, and transportation needs;
- Service utilization and referral patterns; and
- Complaints, grievances, appeals, and member survey results.

The use of different specialty-specific thresholds does not, by itself, establish a parity violation. Health Choice's analysis demonstrate that the methods used to establish, monitor, and remediate those thresholds for MH/SUD are comparable to M/S, and that any differences are supported by legitimate factors such as provider supply, clinical scope, population needs, service setting, or regulatory requirements.

Operational Demonstration

Health Choice retain comparative data for MH/SUD and M/S services showing:

- Time and distance compliance by specialty and geographic area;
- Appointment availability results;
- Provider directory accuracy;
- Open and closed network gaps;
- Recruitment efforts and outcomes;
- Contracting cycle times;
- Provider capacity limitations;
- Member complaints concerning access;
- Out-of-network referrals attributable to network gaps;
- Telehealth utilization and availability; and
- Corrective actions and dates of resolution.

Parity Conclusion

The supporting documentation shows that Health Choice includes MH/SUD providers in its ongoing network adequacy, geographic access, appointment availability, and gap-remediation framework. The same general processes are used to identify access needs, measure network performance, recruit providers, and implement access alternatives. This supports a determination that network and geographic standards are comparable and not designed or applied to create a more restrictive barrier to MH/SUD services.

4. Provider Reimbursement Methodology

ACOM 110 Requirement

Provider reimbursement rates, including the methodologies for establishing and negotiating rates, are expressly identified as potential NQTLs. Health Choice must evaluate whether the factors and processes used

to establish MH/SUD reimbursement are comparable to and applied no more stringently than those used for M/S provider reimbursement. [ACOM 110 Policy | PDF]

Parity does not necessarily require identical reimbursement amounts across all providers or specialties. It requires a comparable decision-making methodology supported by legitimate factors rather than a methodology that systematically disadvantages MH/SUD providers.

Supporting Details

Health Choice establishes and negotiates provider reimbursement using a common contracting and financial-review framework applicable to MH/SUD and M/S providers. Reimbursement determinations may consider:

- Applicable AHCCCS fee schedules;
- Applicable Medicare or other recognized fee schedules, when relevant;
- Percentage-of-fee-schedule arrangements;
- Prospective payment, per diem, case rate, bundled, or other methodologies;
- Provider type and specialty;
- Facility type and level of care;
- Geographic location;
- Network need and access gaps;
- Provider supply and specialty shortages;
- Member utilization and projected service demand;
- Provider Market conditions;
- Quality, capacity, and scope of services;
- Regulatory requirements;
- Budgetary and actuarial considerations; and
- Negotiated contractual terms.

Behavioral health and physical health contracted providers are generally reimbursed at an agreed percentage of the applicable AHCCCS or Medicare fee schedules, subject to the provider type, covered service, contract terms, and applicable reimbursement methodology.

The supporting analyses indicate that reimbursement proposals and exceptions are evaluated through comparable contracting, financial-analysis, network-need, and Contract Committee approval processes. Rate differences may occur between provider types or services, but the differences are evaluated and documented, compared to market, access, services, facility, specialty, or regulatory factors rather than MH/SUD status.

Operational Demonstration

To demonstrate that the methodology is comparable in operation, Health Choice monitors:

- Contracted rates as a percentage of the applicable fee schedule;
- Rate increase requests received and approved;

- Average time to resolve rate negotiations;
- Reimbursement exceptions;
- Single case and letter-of-agreement rates;
- Provider terminations attributable to reimbursement;
- Network gaps associated with reimbursement;
- Provider disputes and complaints related to rates; and
- Approval levels required for MH/SUD and M/S reimbursement exceptions.

Comparisons are made among reasonably analogous provider and facility categories and account for legitimate differences in specialty, service setting, coding, provider supply, acuity, rural or urban availability and standard payment methodologies.

Parity Conclusion

Health Choice's reimbursement framework supports the finding that MH/SUD and M/S reimbursement decisions are made through comparable contracting and financial-review processes using common factors such as fee schedules, network need, geographic access, specialty availability, utilization, provider market conditions, and negotiated terms. Continued monitoring is performed to ensure rate negotiations, exceptions, and outcomes do not systematically disadvantage MH/SUD providers.

5. Out-of-Network Access and Geographic Area Coverage

ACOM 110 Requirement

ACOM 110 identifies standards for accessing out-of-network providers and out-of-network/geographic area coverage as NQTLs. ACOM 110 C specifically requires reporting of out-of-network/geographic area coverage analyses for inpatient, outpatient, and emergency care. [ACOM 110 C | Word], [ACOM 110 Policy | PDF]

Health Choice demonstrates that MH/SUD members can obtain out-of-network care under processes that are comparable to and no more stringent than those governing M/S out-of-network care.

Supporting Details

When a covered service is not reasonably available within the contracted network, Health Choice permits access to an out-of-network provider through the applicable authorization and network-exception process. The process includes:

- Confirmation that the requested service is covered;
- Evaluation of clinical appropriateness and medical necessity;
- Assessment of in-network provider availability;
- Review of appointment access, capacity, and geographic considerations;
- Credential or qualification verification for the proposed provider;
- Prior authorization approval;

- Single Case Agreement or Letter of Agreement development;
- Negotiation of reimbursement terms;
- Care coordination and continuity-of-care planning; and
- Member notification and appeal rights when a request is denied.

These processes apply to both MH/SUD and M/S covered services. Out-of-network approval decisions are based on covered-benefit status, medical necessity, provider availability, geographic access, continuity of care, and member-specific clinical needs rather than the behavioral or physical health designation of the service.

When approved, out-of-network services may be reimbursed using the applicable Medicaid fee schedule unless the provider and Health Choice agree to a separately negotiated Single Case Agreement or other payment arrangement. The same general reimbursement options and negotiation structure apply to MH/SUD and M/S out-of-network providers.

Emergency services should be available consistent with applicable emergency-service requirements and should not be restricted because an emergency provider is outside the contracted network.

Operational Demonstration

Health Choices reviews OON data by both MH/SUD and M/S classification, including:

- Number of OON requests;
- Approval and denial rates;
- Reasons for approval or denial;
- Requests arising from network inadequacy;
- Number of Single Case Agreements and Letters of Agreement executed;
- OON claims utilization;
- Continuity-of-care arrangements;
- Appeals and grievances;
- Geographic areas associated with OON use; and
- Corrective action or recruitment initiated in response to recurring OON utilization.

Parity Conclusion

The supporting documentation indicates that members unable to obtain covered services within the contracted network may request access to an out-of-network provider through a common authorization, credential-verification, clinical review, and agreement process. The available information supports a determination that OON access and reimbursement processes are comparable for MH/SUD and M/S services and are not applied more stringently to MH/SUD benefits.

ACOM 110 Reporting Summary

NQTL area	Applicable classifications	Parity issue determination	Supporting summary
Provider admission standards	Inpatient and outpatient	No	Health Choice applies comparable participation, contracting, quality, network-need, and regulatory factors to MH/SUD and M/S providers. Enhanced reviews are supported by objective risk criteria and monitored for different outcomes.
Credentialing standards	Inpatient and outpatient	No	The same core credentialing framework, verification requirements, committee oversight, sanctions screening, recredentialing cycle, and appeal structure apply to MH/SUD and M/S providers.
Network and geographic standards	Inpatient, outpatient, and emergency care	No	MH/SUD specialties are included in the same time and distance, appointment access, network gap, recruitment, and corrective-action framework used for M/S services.
Reimbursement methodology	Inpatient and outpatient	No	Reimbursement is developed through comparable contracting and financial-review processes using fee schedules, network need, geography, provider supply, service type, provider market conditions, and negotiated terms.
Out-of-network/geographic area coverage	Inpatient, outpatient, and emergency care	No	Health Choice uses comparable coverage, clinical review, authorization, qualification verification, SCA/LOA, reimbursement, and appeal processes for MH/SUD and M/S services.

Overall Finding

Based on the reviewed policies, parity narrative, comparative analyses, and identified operational practices, Health Choice has established a provider network-management framework under which provider admission, credentialing, network composition, geographic access, reimbursement, and out-of-network access requirements are designed to apply comparably to MH/SUD and M/S providers and benefits.

The available documentation supports compliance with the ACOM 110 NQTL standard, provided Health Choice maintains current operational evidence showing that these requirements are applied comparably and no more stringently in practice. Pre-contracting site visits for behavioral health providers serve as an additional risk-mitigation measure in response to the 2023 AHCCCS CAF for behavioral health pre-contract site review requirement and supports monitoring of comparative reimbursement, credentialing, network access, and out-of-network outcome data.

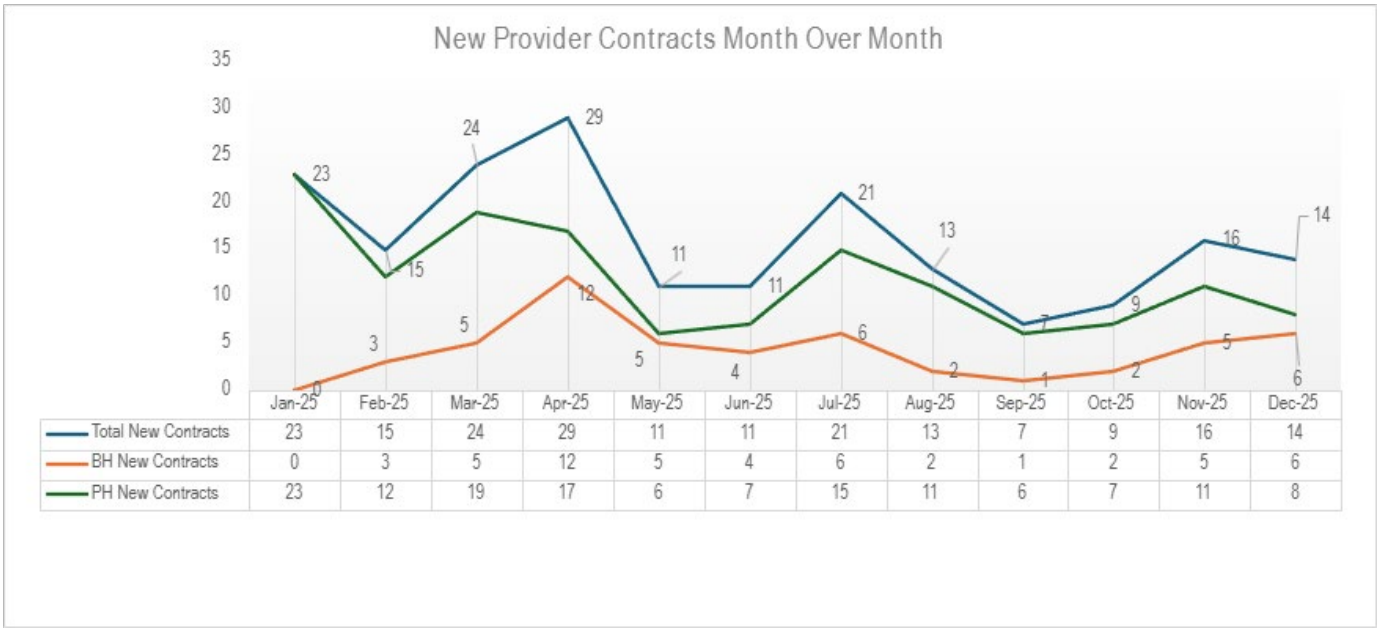
Supporting Documentation 2025

ACOM 110 requires documentation of methodology, processes, strategies, evidentiary standards, monitoring mechanisms, aggregated results, findings, and remediation of any noncompliant components. [ACOM 110 Policy | PDF]

1. Provider Network Admission/Contracting

The charts summarize monthly provider network contracting activity, including new network participation requests, contracts offered, and requests closed with a “no thank you” notice when participation is not offered or agreed to. They also reflect ongoing monitoring of total contracted network participation statewide, with particular focus on assigned GSAs and counties where Health Choice plans are offered.

Category	Unique Tax IDs	Behavioral Health	Physical Health
Total # Requests for Network Participation	**516 (100%)**	**92 (18%)**	**424 (82%)**
New Contracts	**193 (37%)**	**51 (55%)**	**142 (33%)**
No Thank You	**323 (63%)**	**41 (45%)**	**282 (67%)**



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Total New Contracts	23	15	24	29	11	11	21	13	7	9	16	14
BH New Contracts	0	3	5	12	5	4	6	2	1	2	5	6
PH New Contracts	23	12	19	17	6	7	15	11	6	7	11	8

Provider Network of Contracted Tax IDs

County	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Apache	15	16	18	19	19	19	19	19	19	19	19	19
Coconino	69	87	98	111	113	116	116	124	124	124	125	122
Gila	29	54	59	62	62	61	60	62	62	62	62	62
Maricopa	1,435	1,430	1,423	1,418	1,422	1,445	1,464	1,497	1,498	1,494	1,512	1,526
Mohave	159	162	166	176	176	180	182	181	182	185	188	187
Navajo	52	78	81	84	85	84	84	85	85	86	86	86
Pima	203	232	256	260	261	269	271	270	270	268	271	272
Pinal	96	144	183	190	193	200	198	196	200	221	200	214
Santa Cruz	13	19	20	24	24	24	25	24	24	24	24	24
Yavapai	139	168	175	182	184	186	188	188	189	193	192	193
Statewide/ Out of State	294	295	277	264	270	284	286	287	289	288	288	290
Total	**2504**	**2685**	**2756**	**2790**	**2809**	**2868**	**2893**	**2933**	**2942**	**2964**	**2967**	**2995**

Policy Names:

- C.7.225 Establishing a Provider Network without Discrimination
- C.7.228 Provider Recruitment
- C.7.231 Contract Committee
- Health Choice Contract Committee Charter

2. Credentialing and Recredentialing

Analysis shows that the process of applying the NQTL to MH/SUD benefits, in operation, is comparable to and not applied more stringently than to Med/Surg benefits.

Blue Cross Blue Shield of Arizona Health Choice monitors the process of credentialing facilities and providers through data collection and oversight of the Quality Committee. A report was pulled indicating the time- frame it took to credential/recredential providers/institutions and the percentage of files denied versus the percentage approved by the Credentials Committee. Evaluation of Credentialing Reports comparing Mental Health and Medical/Surgery Providers.

There were <u>4390</u> Initial Credentialing files presented to the Committee in this time frame.

- 28.7% were Non-Mental Health physicians, completed in an average of 20 days.
- 1% were Mental Health Physicians, completed in an average of 12 days.
- 48.2% were Non-Mental Health Mid-Level Providers, completed in an average of 20 days.

- 21.8% were Mental Health Mid-Level Providers, completed in an average of 10 days.
- The average number of days to complete all files was 18 days.
- The data indicates that Mental Health providers for both physicians and mid-levels take less time than non-mental health providers for both provider types.

There were 8 Initial Credentialing files that were denied by the Credentials Committee in this time frame.

- 25% of these denials were Non-Mental Health Physicians.
- 0% of these denials were Mental Health Physicians.
- 62.5% of these denials were Non-Mental Health Mid-Level Providers.
- 12.5% of these denials were Mental Health Mid-Level Providers.
- The average number of days to complete these files with issues was 18 days.

Credentialing files with issues, such as Board actions or malpractice suits, take longer to process for both provider types. The data indicates that a greater percentage of denials were issued to non-mental health providers.

There were 1336 Recredentialing files presented to the Committee in this time frame.

- 48.5% were Non-Mental Health Physicians.
- 1.8% were Mental Health Physicians.
- 38.4% were Non-Mental Health Mid-Level Providers.
- 11% were Mental Health Mid-Level Providers; Recredentialing files were completed within 36 months from initial credentialing.

The data indicates that the recredentialing process is applied in parity for both provider types. There were no red flags or gaps identified in the credentialing or recredentialing process. This analysis supports mental health parity compliance in our credentialing process.

Overall, the analysis indicates that the credentialing process is not more stringently applied to mental health facilities. The report showed that there is not a significant difference in the amount of time it takes to complete a Mental Health Facility -vs- a Non-Mental Health facility, and that there were no denied applications or Terminations during this timeframe.

Policy Names: Credentialing standards appear or are described in the following documents:
- C.9.202 Initial Credentialing
- C.9.203 Organizational Credentialing
- C9.210 Temporary Provisional Credentialing
- C.9.207 Provider Rights to Review Credentialing Documents
- C.9.204 Recredentialing
- Arizona state law A.R.S. § 20-3451 et seq
- State, URAC and NCQA Accreditation Credentialing requirements

3. Network Composition, Adequacy, and Geographic Access

In accordance with the AHCCCS Contract Section D. Program Requirements 32. Appointment Availability, Transportation Timeliness, Monitoring and Reporting, AHCCCS Contractor Operations Manual (ACOM), Policy 417, and 42 CFR 438.206(c)(1)(iv)-(vi) CFR 438.206 -- Availability of services and subpart B § 438.68(e) Network Adequacy Standards, the Network Services Department facilitates appointment availability monitoring and reporting. The Provider Manual outlines the appointment availability standards by provider category, which align with AHCCCS appointment standards as provided in ACOM 417 Appointment Availability Monitoring and Reporting.

Network Adequacy appears or is described in the following documents:

- CMS Health Services Delivery Network Criteria
- Network Services Policies and Procedures
- Network Strategy Plan (Network Development and Management Plan)
- Quest Analytic Reporting
- State Medicaid Network Development Criteria,
- NCQA/URAC Accreditation Network Adequacy Requirements

The process for monitoring network access and availability involves two Network Services divisions performing access/accessibility and the other performing availability/adequacy monitoring. Network Contracting performs monthly review of geo-access using Quest Analytics reporting for gap assessment and recruiting. Network Operations performs Site Visit education and appointment availability assessment for timely access to care and capacity of provider panels; in addition to monitoring and facilitating provider additions, terminations and changes.

Reports & Policy Names:

C.7.219 Minimum Network Standards
C.7.229 Network Contract Request, Development and Management Protocol

Deliverables: Network Standards Reports submitted to AHCCCS and NCQA Reports:

- HCA_ACC_ACOM_436_Attachment A_CY2025 04.30.2025
- HCA_ACC_ACOM_436_Attachment A_CY2025 10.30.2025
- HCA_ACC_ACOM_436_Attachment A_CY2026 04.30.2026
- NET 1B,C_HCA-Less Maricopa and Maricopa_Quest Analytics_10.23.25
- NET 1B,C_HCP-Less Maricopa and Maricopa_Quest Analytics_10.23.25
- 0_NET 1B NET 1C NET 1D_HCA ACC HCP CY25_(NCQA Summary)_11.14.2025

Deliverables: Appointment availability reports for Apr 2025, Oct 2025, Apr 2026

- '25 SA_1 ACOM 417_Appointment Avail CoverLetter_HCA - Compliance
- '25 SA_2 ACOM 417_Appointment Avail CoverLetter_HCA – Compliance

- '26_SA_1_ACOM_417_Appointment_Avail_CoverLetter.docx

Description of Appointment Availability Monitoring and Reporting Methodology

Network Services performs provider appointment availability assessments to ensure sufficient access and capacity within the provider network. These assessments may include either all providers or at a minimum a statistically valid sample during the AHCCCS Contract Year (CY). The goal is to apply a methodology that meets or exceeds the minimum sample size required to achieve a 95% statistically significant confidence level. The following process is used to determine the sample size:

Appointment Availability Survey Sampling and Process

- **Provider Assignment**: PPRs are assigned Provider Groups by Tax Identification Number (TIN) representing provider types outlined in the ACOM 417 Attachment A reporting template and are responsible for ensuring appointment availability surveys with each provider/group at least annually.
- **AHCCCS 1800 PCP Report**: PCPs with 1800 AHCCCS members assigned to the PCP by all MCOs. In the event a provider appears on the AHCCCS 1800 report or is identified for increased monitoring activity either through the Member Grievance process or reported Quality of Care Concern, BCBSAZ Health Choice's Network Services Department will initiate increased appointment availability monitoring activities for those identified providers/Group.
- **Frequency:** PPR survey a sample of our providers quarterly to independently validate appointment availability for: Behavioral Health, PCP and OB/Maternal Health. Specialists and Dentists are surveyed semi-annually.
- **Sample:** Example, at minimum, 25% (n=4.25) of the 17 Behavioral Health Homes will have a site visit each quarter. All 17 Behavioral Health Homes must be surveyed within one (1) year. The overall aim is to ensure at least 95%, ideally 100%, of the Network provider types receive the necessary frequency of Site Visits per Contract Year.
- **Method:** PPR will request access to the appointment scheduling systems at each site visit to validate appointment availability by appropriate patient type New/Established PCP/Specialist/Dental and as required for BH and Maternity.
- **Survey:** PPR will perform availability of appointment times for each provider types.

4. Provider Reimbursement

The Network Strategy includes contracting all MS/SURG and MH/SUD providers and facilities at the regulatory default fee schedules. The starting percentage is a discount off the applicable fee schedules for all provider types for newly contracted providers to attempt to have lower cost share for members when receiving services from MS/SURG and MH/SUD. For example, professional MS/SURG and MH/SUD providers might have a starting discount of 10%, reimbursing 90% of the applicable fee schedule. As a result of contract rate negotiations, some providers may obtain a contract at a greater percent (%) than the standard 100% default fee schedule, i.e. 105%+ or higher.

The CMS and Arizona Medicaid reimbursement methodology is typically designed for a specific population, age (adult/child) and demographics (urban/rural), in addition, Arizona's fair market value can present a different analysis for parity across provider types, urban vs rural, volume and number of specific specialties or services available to our membership.

In addition, Health Choice may also assign reimbursement percentages/fees that are unrelated to the CMS and Arizona Medicaid fee schedules. This may originate from internal evaluation of the specific or unique services utilized or through provider communications. Also, there are times when CMS and Arizona Medicaid allow for the services, however, there is no allowable payment rate in the fee schedule, then the reimbursement will default to Health Choice's policy for By Report (BR) codes:

In the event there is not a published rate, the reimbursement rate will be determined by the following: Medicare or Arizona Medicaid published rate. If there is not a published allowable payment rate from either government entity, then the default shall be Health Choice's policy for "By Report" ("BR"). "By Report" or "BR" indicates that a procedure is not assigned at a specific rate and is reimbursed at a pre-determined percentage of the procedure's billed charge. BCBSAZ Health Choice reimburses contracted providers for "By Report" procedures at thirty percent (30%) of the procedure's billed charge. "By Report" code(s) billed with charges above $5000.00 are subject to medical/clinical review.

If a hospital provider requests non-standard rates or a rate increase, Network Contracting will submit to Business Intelligence (BI) a Financial Analysis (FA) of the request which will be presented in Contract Committee to review the following factors:

- Is provider essential and will loss of provider jeopardize network adequacy?
- Lack of specialty in the network
- High on the utilization report
- Rate comparisons among providers of same specialty, location and utilization

For out of network providers and facilities, reimbursement is set at 100% of the applicable AHCCCS or CMS fee schedules applicable to MS/SURG and MH/SUD providers and facilities.

Medicare and Arizona Fees Schedules and Reimbursement Methods.

- CMS Medicare based on Jurisdiction Medicare Part A & B (Noridian) https://med.noridianmedicare.com
- Arizona Medicaid Fee for Service Fee Schedules Fee-For-Service https://www.azahcccs.gov/

Claim Reports and Analyses

An internal analysis has been completed for all claims with dates of service 01/01/2025-12/31/2025 Paid through 08/26/2026. The 2025 Mental Health Parity Comparison shows parity among M/S and MH/SUD providers payment.

Reports: 1604 - MHPC-NQTL Report for All LOBs/Mental Health Parity Claim Comparison (1604)_20260827_1103

In-Network Professional

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: Advanced Practice Provider (NP/PA), Other, Physician (MD/DO)

ClaimType: Dental, Inpatient, Outpatient, Professional

ClaimNetworkStatus: In Network, Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	97.73%	83.11%
	Out of Network	2.27%	16.89%
HCP	In Network	84.49%	80.42%
	Out of Network	15.51%	19.58%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	84.37%	86.23%
	Out of Network	2.68%	2.09%
HCP	In Network	12.30%	11.93%
	Out of Network	0.66%	0.40%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Physician (MD/DO)	16.00%	37.73%
	Advanced Practice Provider (NP/PA)	59.24%	34.45%
	Other	12.03%	16.21%
HCP	Physician (MD/DO)	2.21%	6.25%
	Advanced Practice Provider (NP/PA)	10.25%	4.89%
	Other	0.26%	1.09%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99202	$4.29	$29.14	$ 24.86	579.6%
	99203	$7.64	$51.08	$ 43.45	568.9%
	99204	$8.12	$71.57	$ 63.45	781.3%
	99205	$14.37	$99.98	$ 85.61	595.7%
	99211	$0.93	$8.82	$ 7.89	851.5%
	99212	$3.16	$22.94	$ 19.79	626.3%
	99213	$6.42	$37.00	$ 30.57	475.9%
	99214	$11.18	$53.82	$ 42.63	381.3%
	99215	$23.45	$81.03	$ 57.59	245.6%
HCA Total		**$10.56**	**$48.99**	**$38.43**	**363.8%**
HCP	99202	$75.46	$63.43	$ (12.03)	-15.9%
	99203	$97.93	$102.99	$ 5.06	5.2%
	99204	$116.87	$154.42	$ 37.55	32.1%
	99205	$191.09	$205.14	$ 14.05	7.4%
	99211	$25.47	$20.76	$ (4.71)	-18.5%
	99212	$54.39	$51.74	$ (2.65)	-4.9%
	99213	$76.91	$83.49	$ 6.58	8.6%
	99214	$112.75	$116.12	$ 3.36	3.0%
	99215	$156.40	$165.49	$ 9.09	5.8%
HCP Total		**$110.61**	**$110.66**	**$0.05**	**0.0%**

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	85	2,576
	99203	506	32,691
	99204	1,387	36,644
	99205	514	6,031
	99211	258	4,834
	99212	763	13,208
	99213	8,895	194,059
	99214	22,192	211,879
	99215	2,672	21,265
HCA Total		**37,254**	**522,987**
HCP	99202	1	155
	99203	23	2,621
	99204	67	4,303
	99205	11	882
	99211	15	373
	99212	57	1,384
	99213	1,108	20,067
	99214	3,427	38,895
	99215	724	3,669
HCP Total		**5,430**	**72,324**

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	$364.50	$75,074.28
	99203	$3,864.51	$1,669,953.78
	99204	$11,264.05	$2,622,543.02
	99205	$7,386.45	$602,982.76
	99211	$239.19	$42,641.86
	99212	$2,410.27	$303,050.00
	99213	$57,140.42	$7,179,265.54
	99214	$248,161.93	$11,402,696.42
	99215	$62,655.78	$1,723,197.76
HCA Total		**$393,487.10**	**$25,621,405.42**
HCP	99202	$75.46	$9,831.69
	99203	$2,252.42	$269,946.42
	99204	$7,830.38	$664,455.07
	99205	$2,102.01	$180,937.40
	99211	$382.07	$7,744.92
	99212	$3,100.38	$71,607.08
	99213	$85,214.38	$1,675,354.76
	99214	$386,402.23	$4,516,331.61
	99215	$113,237.07	$607,184.29
HCP Total		**$600,596.40**	**$8,003,393.24**

In-Network Inpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: Other, Advanced Practice Provider (NP/PA), Physician (MD/DO)

ClaimType: Dental, Inpatient, Outpatient, Professional

ClaimNetworkStatus: In Network, Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.77%	97.43%
	Out of Network	3.23%	2.57%
HCP	In Network	92.61%	97.42%
	Out of Network	7.39%	2.58%

In-Network Outpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.21%	94.66%
	Out of Network	3.79%	5.34%
HCP	In Network	88.13%	97.21%
	Out of Network	11.87%	2.79%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	90.46%	92.64%
	Out of Network	0.33%	1.91%
HCP	In Network	7.24%	4.78%
	Out of Network	1.97%	0.70%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Other	92.59%	95.11%
HCP	Other	7.41%	4.90%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99202	$15.71	$31.23	$ 15.52	98.8%
	99203	$0.00	$39.96	$ 39.96	
	99204	$6.21	$30.69	$ 24.48	393.8%
	99205	$0.00	$34.20	$ 34.20	
	99211	$0.70	$22.39	$ 21.68	3080.1%
	99212	$0.00	$34.09	$ 34.09	
	99213	$5.32	$34.20	$ 28.88	542.4%
	99214	$0.96	$32.54	$ 31.58	3302.7%
	99215	$0.00	$35.81	$ 35.81	
HCA Total		$1.23	$32.69	$31.46	2566.9%
HCP	99202		$439.76	$ 439.76	
	99203	$409.44	$369.00	$ (40.44)	-9.9%
	99204		$369.71	$ 369.71	
	99205		$369.95	$ 369.95	
	99211		$38.34	$ 38.34	
	99212	$409.44	$361.61	$ (47.83)	-11.7%
	99213	$327.38	$371.91	$ 44.53	13.6%
	99214	$379.81	$324.55	$ (55.26)	-14.5%
	99215		$369.64	$ 369.64	
HCP Total		$365.82	$353.96	($11.86)	-3.2%
				$ -	

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	2	297
	99203	5	1,194
	99204	11	1,119
	99205	9	301
	99211	75	2,580
	99212	1	1,363
	99213	21	4,928
	99214	76	4,786
	99215	75	1,995
HCA Total		275	18,404
HCP	99202		14
	99203	1	32
	99204		38
	99205		8
	99211		6
	99212	1	53
	99213	7	459
	99214	13	321
	99215		18
HCP Total		22	949

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	$31.42	$9,276.78
	99203	$0.00	$47,713.11
	99204	$68.36	$34,342.14
	99205	$0.00	$10,294.55
	99211	$52.80	$57,761.28
	99212	$0.00	$46,463.95
	99213	$111.80	$168,547.82
	99214	$72.67	$155,717.75
	99215	$0.00	$71,449.00
HCA Total		$337.05	$601,566.38
HCP	99202		$6,156.69
	99203	$409.44	$11,807.88
	99204		$14,048.85
	99205		$2,959.60
	99211		$230.04
	99212	$409.44	$19,165.28
	99213	$2,291.64	$170,707.67
	99214	$4,937.51	$104,180.68
	99215		$6,653.48
HCP Total		$8,048.03	$335,910.17

Out of Network Inpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.77%	97.43%
	Out of Network	3.23%	2.57%
HCP	In Network	92.61%	97.42%
	Out of Network	7.39%	2.58%

Out of Network Outpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: Other | ~~Advanced Practice Provider (NP/PA)~~ | ~~Physician (MD/DO)~~

ClaimType: Dental | Inpatient | Outpatient | Professional

ClaimNetworkStatus: In Network | Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	96.21%	94.66%
	Out of Network	3.79%	5.34%
HCP	In Network	88.13%	97.21%
	Out of Network	11.87%	2.79%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	90.46%	92.64%
	Out of Network	0.33%	1.91%
HCP	In Network	7.24%	4.78%
	Out of Network	1.97%	0.70%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Other	14.29%	73.22%
HCP	Other	85.71%	26.78%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99203		$20.69	$ 20.69	
	99204		$25.87	$ 25.87	
	99205		$14.25	$ 14.25	
	99212		$4.96	$ 4.96	
	99213	$17.97	$16.23	$ (1.74)	-9.7%
	99214		$26.08	$ 26.08	
	99215		$0.00	$ -	
HCA Total		$17.97	$18.79	$ 0.82	4.6%
HCP	99203		$323.17	$ 323.17	
	99204	$346.86	$315.77	($31.09)	-9.0%
	99213	$305.41	$321.30	$ 15.89	5.2%
	99214	$346.86	$319.94	$ (26.92)	-7.8%
	99215		$291.59	$ 291.59	
HCP Total		$333.04	$319.54	$ (13.50)	-4.1%
				$ -	

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99203		164
	99204		22
	99205		2
	99212		11
	99213	1	157
	99214		21
	99215		3
HCA Total		1	380
HCP	99203		7
	99204	1	8
	99213	2	30
	99214	3	91
	99215		3
HCP Total		6	139

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99203		$3,393.38
	99204		$569.05
	99205		$28.50
	99212		$54.54
	99213	$17.97	$2,547.45
	99214		$547.73
	99215		$0.00
HCA Total		$17.97	$7,140.65
HCP	99203		$2,262.22
	99204	$346.86	$2,526.18
	99213	$610.82	$9,638.99
	99214	$1,040.58	$29,114.40
	99215		$874.78
HCP Total		$1,998.26	$44,416.57

Out of Network Professional

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE PATHWAY HMO SNP (HCP)

Medicaid Business Intelligence | Task 1604

2025 MENTAL HEALTH PARITY COMPARISON

Comprising 2025 dates of service and paid dates to 08/26/2026
Report Date: 08/27/2026

ProviderCategory: ~~Advanced Practice Provider (NP/PA)~~ | ~~Other~~ | ~~Physician (MD/DO)~~

ClaimType: Dental | Inpatient | Outpatient | Professional

ClaimNetworkStatus: In Network | Out of Network

PERCENT OF DISTINCT CLAIMS - TOTAL

Distinct Clai		ClaimCategory	
LOB	ClaimNetworkStatu	Behavioral Health	Physical Health
HCA	In Network	97.73%	83.11%
	Out of Network	2.27%	16.89%
HCP	In Network	84.49%	80.42%
	Out of Network	15.51%	19.58%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ClaimNetworkStatus	Behavioral Health	Physical Health
HCA	In Network	84.37%	86.23%
	Out of Network	2.68%	2.09%
HCP	In Network	12.30%	11.93%
	Out of Network	0.66%	0.40%

PERCENT OF DISTINCT CLAIMS - E/M CODES ONLY

Distinct Claims		ClaimCategory	
LOB	ProviderCategory	Behavioral Health	Physical Health
HCA	Advanced Practice Provider (NP/PA)	66.17%	40.18%
	Physician (MD/DO)	9.51%	37.03%
	Other	4.62%	6.67%
HCP	Advanced Practice Provider (NP/PA)	16.24%	8.88%
	Physician (MD/DO)	3.19%	5.81%

ALLOWED PER CLAIM BY CLAIM TYPE

Allowed Per		ClaimCategory			
LOB	ProcedureCode	Behavioral Health	Physical Health	Difference	% Difference
HCA	99202	$0.00	$37.09	$ 37.09	
	99203	$15.76	$57.42	$ 41.66	264.4%
	99204	$7.54	$83.46	$ 75.91	1006.4%
	99205	$123.97	$124.67	$ 0.70	0.6%
	99211	$4.71	$13.54	$ 8.83	187.3%
	99212	$5.74	$26.69	$ 20.95	365.4%
	99213	$8.23	$46.55	$ 38.32	465.6%
	99214	$39.92	$62.14	$ 22.22	55.7%
	99215	$58.37	$107.75	$ 49.37	84.6%
HCA Total		$24.07	$60.23	$36.17	150.3%
HCP	99202		$60.77	$ 60.77	
	99203	$90.91	$95.91	$ 5.00	5.5%
	99204	$68.19	$140.79	$ 72.60	106.5%
	99205		$196.24	$ 196.24	
	99211		$17.72	$ 17.72	
	99212	$45.88	$40.95	$ (4.93)	-10.8%
	99213	$75.16	$72.99	$ (2.18)	-2.9%
	99214	$106.12	$106.48	$ 0.36	0.3%
	99215	$142.80	$150.51	$ 7.70	5.4%
HCP Total		$97.68	$97.93	$0.25	0.3%
				-	

DISTINCT CLAIMS BY CLAIM TYPE

Distinct Claims		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	1	134
	99203	12	928
	99204	113	1,085
	99205	6	228
	99211	4	81
	99212	8	439
	99213	527	3,928
	99214	410	5,276
	99215	101	582
HCA Total		1,182	12,674
HCP	99202		14
	99203	2	150
	99204	6	191
	99205		50
	99211		8
	99212	1	102
	99213	83	789
	99214	186	1,065
	99215	12	81
HCP Total		290	2,445

ALLOWED AMOUNT BY CLAIM TYPE

Allowed Amount		ClaimCategory	
LOB	ProcedureCode	Behavioral Health	Physical Health
HCA	99202	$0.00	$4,970.59
	99203	$189.10	$53,284.05
	99204	$852.39	$90,550.28
	99205	$743.81	$28,424.04
	99211	$18.85	$1,096.62
	99212	$45.88	$11,716.82
	99213	$4,337.18	$182,838.21
	99214	$16,367.04	$327,828.66
	99215	$5,895.52	$62,707.99
HCA Total		$28,449.77	$763,417.26
HCP	99202		$850.72
	99203	$181.82	$14,386.90
	99204	$409.14	$26,891.23
	99205		$9,812.10
	99211		$141.79
	99212	$45.88	$4,176.57
	99213	$6,238.61	$57,586.91
	99214	$19,737.91	$113,399.22
	99215	$1,713.65	$12,190.91
HCP Total		$28,327.01	$239,436.35

Comparison: BH and PH average allowed per claim for mid-levels and physicians. Comparing the two most utilized procedure codes, office/OP visit, the average allowed is only a few dollars apart. Basic E&Ms are not the primary code used by non-prescriber BH services but are for BH prescribers and Professional/Physician services. However, there are codes that both M/S and MH/SUD providers bill on their claims. This analysis shows the summary totals and allows unit to sum up for MH and BH, broken into mid-level and physician and others. The average allowed per units are comparable in cost. The Medical/Surgical are slightly higher due to more hospital-based M/S in the data, where these are not normally a specialty that hospitals employ.

Hospitals use their leverage for their facilities to negotiate higher rates for their professional providers. If you remove this set of Hospital affiliated providers, the average allowed per unit gets even closer. But even where they are with this known variable, they are comparable.

The analysis compares the average allowed for each provider category and several highly utilized procedure codes. This considers average cost per unit for more procedure codes and shows how MH/SUD and M/S compare.

Overall, reimbursement by common E/Ms codes based on either regulatory default fee schedules comparable to both BH and M/S provider types. MHPAEA is focused on the process of equity, but these views also act as guides, even though they are results-based.

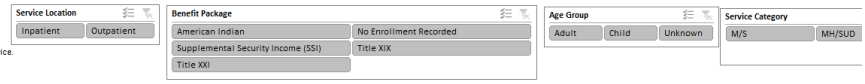
MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for **Authorizations** and translated to claims with 2025 dates of service.

Reports: 1708 - Mental Health Parity Analysis\1736 - Mental Health Parity Claim Analysis (ACOM 110)_20260827

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING
Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of service.
Report Date: 08/27/2026



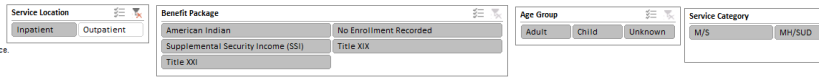
CLAIM METRICS BY SERVICE LOCATION, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S	MH/SUD										MH/SUD
	Title XXI		Title XIX		American Indian		Supplemental Security		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded		
Service Location	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknow		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknow	
Inpatient																								
Distinct Claims	83	840	166,169	35,181	12,245	2,537	23,153	2,235	1,325	1,682	1,284	**246,734**	7	303	44,229	8,934	7,186	462	2,180	584	1,627	64	935	**66,511**
% Paid	85.542%	92.857%	81.395%	93.488%	86.778%	91.250%	85.868%	92.975%	26.113%	86.445%	0.000%	**83.367%**	100.000%	94.719%	85.912%	71.636%	84.818%	74.675%	85.826%	71.062%	29.564%	4.688%	0.000%	**81.042%**
% Denied	14.458%	7.143%	18.605%	6.512%	13.222%	8.750%	14.132%	7.025%	73.887%	13.555%	100.000%	**16.633%**	0.000%	5.281%	14.088%	28.364%	15.182%	25.325%	14.174%	28.938%	70.436%	95.313%	100.000%	**18.958%**
Avg Claim LoS	2.8	0.4	1.8	0.8	1.3	0.7	0.9	0.4	3.1	1.4	0.3	**1.5**	0.0	1.3	1.3	1.4	0.8	0.7	1.1	1.0	0.8	1.3	0.8	**1.2**
% Appealed	0.000%	0.119%	0.341%	0.122%	0.253%	0.000%	0.281%	0.089%	0.075%	0.000%	0.156%	**0.289%**	0.000%	0.000%	0.111%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.110%**
% Appeal Overturned	0.000%	0.000%	0.016%	0.003%	0.008%	0.000%	0.013%	0.045%	0.000%	0.000%	0.000%	**0.013%**	0.000%	0.000%	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.006%**
% Appeal Not Overturned	0.000%	0.119%	0.326%	0.119%	0.245%	0.000%	0.268%	0.045%	0.075%	0.000%	0.156%	**0.276%**	0.000%	0.000%	0.102%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.104%**
Outpatient																								
Distinct Claims	2,455	33,701	1,605,558	454,214	79,929	33,301	150,997	17,221	22,541	5,244	11,983	**2,417,144**	848	18,720	966,995	262,077	79,117	14,201	60,479	12,810	25,459	3,995	7,200	**1,451,901**
% Paid	86.599%	90.840%	79.847%	90.349%	79.569%	88.093%	85.879%	89.913%	1.726%	17.258%	0.192%	**81.274%**	87.972%	85.844%	87.949%	86.475%	88.410%	89.219%	89.987%	87.986%	1.783%	6.433%	0.000%	**85.607%**
% Denied	13.401%	9.160%	20.153%	9.651%	20.431%	11.907%	14.121%	10.087%	98.274%	82.742%	99.808%	**18.726%**	12.028%	14.156%	12.051%	13.525%	11.590%	10.781%	10.013%	12.014%	98.217%	93.567%	100.000%	**14.393%**
Avg Claim LoS	0.4	0.4	0.8	0.6	0.7	0.6	1.6	3.2	3.1	1.6	0.8	**0.9**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.2	0.1	0.5	**0.2**
% Appealed	0.081%	0.083%	0.223%	0.116%	0.216%	0.132%	0.183%	0.110%	0.031%	0.057%	0.050%	**0.193%**	0.000%	0.021%	0.039%	0.010%	0.042%	0.007%	0.023%	0.000%	0.012%	0.000%	0.014%	**0.032%**
% Appeal Overturned	0.000%	0.006%	0.030%	0.015%	0.039%	0.039%	0.025%	0.012%	0.000%	0.000%	0.000%	**0.026%**	0.000%	0.005%	0.013%	0.006%	0.013%	0.007%	0.010%	0.000%	0.000%	0.000%	0.000%	**0.011%**
% Appeal Not Overturned	0.081%	0.077%	0.193%	0.101%	0.178%	0.093%	0.158%	0.099%	0.031%	0.057%	0.050%	**0.167%**	0.000%	0.016%	0.026%	0.004%	0.029%	0.000%	0.013%	0.000%	0.012%	0.000%	0.014%	**0.021%**

Inpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)
Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING
Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of service.
Report Date: 08/27/2026



CLAIM METRICS BY SERVICE LOCATION, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SU										MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment		
Service Location	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
Inpatient																								
Distinct Claims	83	840	166,169	35,181	12,245	2,537	23,153	2,235	1,325	1,682	1,284	**246,734**	7	303	44,229	8,934	7,186	462	2,180	584	1,627	64	935	**66,511**
% Paid	85.542%	92.857%	81.395%	93.488%	86.778%	91.250%	85.868%	92.975%	26.113%	86.445%	0.000%	**83.367%**	100.000%	94.719%	85.912%	71.636%	84.818%	74.675%	85.826%	71.062%	29.564%	4.688%	0.000%	**81.042%**
% Denied	14.458%	7.143%	18.605%	6.512%	13.222%	8.750%	14.132%	7.025%	73.887%	13.555%	100.000%	**16.633%**	0.000%	5.281%	14.088%	28.364%	15.182%	25.325%	14.174%	28.938%	70.436%	95.313%	100.000%	**18.958%**
Avg Claim LoS	2.8	0.4	1.8	0.8	1.3	0.7	0.9	0.4	3.1	1.4	0.3	**1.5**	0.0	1.3	1.3	1.4	0.8	0.7	1.1	1.0	0.8	1.3	0.8	**1.2**
% Appealed	0.000%	0.119%	0.341%	0.122%	0.253%	0.000%	0.281%	0.089%	0.075%	0.000%	0.156%	**0.289%**	0.000%	0.000%	0.111%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.110%**
% Appeal Overturned	0.000%	0.000%	0.016%	0.003%	0.008%	0.000%	0.013%	0.045%	0.000%	0.000%	0.000%	**0.013%**	0.000%	0.000%	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.006%**
% Appeal Not Overturned	0.000%	0.119%	0.326%	0.119%	0.245%	0.000%	0.268%	0.045%	0.075%	0.000%	0.156%	**0.276%**	0.000%	0.000%	0.102%	0.000%	0.181%	0.000%	0.092%	0.000%	0.553%	0.000%	0.000%	**0.104%**

Outpatient

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)

Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of service.
Report Date: 08/27/2026

Service Location: Inpatient | Outpatient

Benefit Package: American Indian | No Enrollment Recorded | Supplemental Security Income (SSI) | Title XIX | Title XXI

Age Group: Adult | Child | Unknown

Service Category: M/S | MH/SUD

CLAIM METRICS BY SERVICE LOCATION, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SU											MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded			
Service Location	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
Outpatient																								
Distinct Claims	2,455	33,701	1,605,558	454,214	79,929	33,301	150,997	17,221	22,541	5,244	11,983	**2,417,144**	848	18,720	966,995	262,077	79,117	14,201	60,479	12,810	25,459	3,995	7,200	**1,451,901**
% Paid	86.599%	90.840%	79.847%	90.349%	79.569%	88.093%	85.879%	89.913%	1.726%	17.258%	0.192%	**81.274%**	87.972%	85.844%	87.949%	86.475%	88.410%	89.219%	89.987%	87.986%	1.783%	6.433%	0.000%	**85.607%**
% Denied	13.401%	9.160%	20.153%	9.651%	20.431%	11.907%	14.121%	10.087%	98.274%	82.742%	99.808%	**18.726%**	12.028%	14.156%	12.051%	13.525%	11.590%	10.781%	10.013%	12.014%	98.217%	93.567%	100.000%	**14.393%**
Avg Claim LoS	0.4	0.4	0.8	0.6	0.7	0.6	1.6	3.2	3.1	1.6	0.8	**0.9**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.2	0.1	0.5	**0.2**
% Appealed	0.081%	0.083%	0.223%	0.116%	0.216%	0.132%	0.183%	0.110%	0.031%	0.057%	0.050%	**0.193%**	0.000%	0.021%	0.039%	0.010%	0.042%	0.007%	0.023%	0.000%	0.012%	0.000%	0.014%	**0.032%**
% Appeal Overturned	0.000%	0.006%	0.030%	0.015%	0.039%	0.039%	0.025%	0.012%	0.000%	0.000%	0.000%	**0.026%**	0.000%	0.005%	0.013%	0.006%	0.013%	0.007%	0.010%	0.000%	0.000%	0.000%	0.000%	**0.011%**
% Appeal Not Overturned	0.081%	0.077%	0.193%	0.101%	0.178%	0.093%	0.158%	0.099%	0.031%	0.057%	0.050%	**0.167%**	0.000%	0.016%	0.026%	0.004%	0.029%	0.000%	0.013%	0.000%	0.012%	0.000%	0.014%	**0.021%**

Continued Stay

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)

Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of ser
Report Date: 08/27/2026

ContinuedStayCategory: BHRF/RTC | None | SNF

Benefit Package: American Indian | No Enrollment Recorded | Supplemental Security Income (SSI) | Title XIX | Title XXI

Service Category: M/S | MH/SUD

CLAIM METRICS BY CONTINUED STAY CATEGORY, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SU											MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security		No Enrollment			
Continued Stay Category	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
BHRF/RTC																								
Distinct Claims	0	1	120	44	7	3	30	0	0	0	0	**205**	0	73	20,109	5,322	4,060	203	942	327	243	5	272	**31,556**
% Paid	0.000%	100.000%	100.000%	70.455%	100.000%	100.000%	83.333%	0.000%	0.000%	0.000%	0.000%	**91.220%**	0.000%	90.411%	86.867%	58.925%	83.473%	51.724%	82.696%	54.434%	13.580%	0.000%	0.000%	**79.712%**
% Denied	0.000%	0.000%	0.000%	29.545%	0.000%	0.000%	16.667%	0.000%	0.000%	0.000%	0.000%	**8.780%**	0.000%	9.589%	13.133%	41.075%	16.527%	48.276%	17.304%	45.566%	86.420%	100.000%	100.000%	**20.288%**
Avg Claim LoS	0.0	0.0	1.5	0.0	0.0	0.0	12.1	0.0	0.0	0.0	0.0	**2.7**	0.0	3.1	1.9	1.7	0.9	0.9	1.7	1.2	1.8	9.2	1.3	**1.7**
% Appealed	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.000%**	0.000%	0.000%	0.159%	0.000%	0.271%	0.000%	0.212%	0.000%	0.000%	0.000%	0.000%	**0.143%**
% Appeal Overturned																								
% Appeal Not Overturned	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.000%**	0.000%	0.000%	0.159%	0.000%	0.271%	0.000%	0.212%	0.000%	0.000%	0.000%	0.000%	**0.143%**
None																								
Distinct Claims	2,538	34,540	1,757,962	489,350	91,372	35,835	171,193	19,456	23,141	6,925	13,029	**2,645,341**	855	18,950	989,468	265,684	82,165	14,460	61,392	13,067	26,582	4,054	7,747	**1,484,424**
% Paid	86.564%	90.889%	79.992%	90.576%	80.447%	88.316%	85.805%	90.265%	2.990%	34.065%	0.031%	**81.491%**	88.070%	85.968%	87.919%	86.528%	88.359%	89.281%	90.043%	88.069%	3.367%	6.413%	0.000%	**85.576%**
% Denied	13.436%	9.111%	20.008%	9.424%	19.553%	11.684%	14.195%	9.735%	97.010%	65.935%	99.969%	**18.509%**	11.930%	14.032%	12.081%	13.472%	11.641%	10.719%	9.957%	11.931%	96.633%	93.587%	100.000%	**14.424%**
Avg Claim LoS	0.5	0.4	0.9	0.6	0.8	0.6	1.5	2.8	3.1	1.5	0.8	**0.9**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.2	0.1	0.6	**0.2**
% Appealed	0.079%	0.084%	0.234%	0.116%	0.223%	0.123%	0.195%	0.108%	0.035%	0.043%	0.061%	**0.202%**	0.000%	0.021%	0.040%	0.010%	0.043%	0.007%	0.023%	0.000%	0.045%	0.000%	0.013%	**0.033%**
% Appeal Overturned	0.000%	0.006%	0.029%	0.014%	0.035%	0.036%	0.024%	0.015%	0.000%	0.000%	0.000%	**0.025%**	0.000%	0.005%	0.013%	0.006%	0.012%	0.007%	0.010%	0.000%	0.000%	0.000%	0.000%	**0.011%**
% Appeal Not Overturned	0.079%	0.078%	0.205%	0.103%	0.188%	0.087%	0.171%	0.093%	0.035%	0.043%	0.061%	**0.177%**	0.000%	0.016%	0.026%	0.004%	0.030%	0.000%	0.013%	0.000%	0.045%	0.000%	0.013%	**0.022%**
SNF																								
Distinct Claims	0	0	13,645	1	795	0	2,927	0	725	1	238	**18,332**	0	0	1,647	5	78	0	325	0	261	0	116	**2,432**
% Paid	0.000%	0.000%	79.824%	100.000%	89.560%	0.000%	90.161%	0.000%	5.931%	0.000%	7.983%	**78.038%**	0.000%	0.000%	64.724%	100.000%	67.949%	0.000%	72.615%	0.000%	2.682%	0.000%	0.000%	**56.209%**
% Denied	0.000%	0.000%	20.176%	0.000%	10.440%	0.000%	9.839%	0.000%	94.069%	100.000%	92.017%	**21.962%**	0.000%	0.000%	35.276%	0.000%	32.051%	0.000%	27.385%	0.000%	97.318%	0.000%	100.000%	**43.791%**
Avg Claim LoS	0.0	0.0	1.1	0.0	1.1	0.0	1.0	0.0	0.7	0.0	0.1	**1.1**	0.0	0.0	1.2	0.0	0.5	0.0	0.7	0.0	0.3	0.0	0.0	**1.0**
% Appealed	0.000%	0.000%	0.242%	0.000%	0.000%	0.000%	0.273%	0.000%	0.000%	0.000%	0.000%	**0.224%**	0.000%	0.000%	0.243%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.164%**
% Appeal Overturned	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.005%**	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.000%**
% Appeal Not Overturned	0.000%	0.000%	0.235%	0.000%	0.000%	0.000%	0.273%	0.000%	0.000%	0.000%	0.000%	**0.218%**	0.000%	0.000%	0.243%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	**0.164%**

Network Status

BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE (HCA)

Medicaid Business Intelligence | Task 1736

MEDICAID CLAIMS MENTAL HEALTH PARITY REPORTING

Identifies authorizations based on specific criteria and categories defined for Authorizations and translated to claims with 2025 dates of s
Report Date: 08/27/2026

NetworkStatus: In Network | Out of Network

Benefit Package: American Indian | No Enrollment Recorded | Supplemental Security Income (SSI) | Title XIX | Title XXI

Service Category: M/S | MH/SUD

CLAIM METRICS BY NETWORK STATUS, SERVICE CATEGORY, BENEFIT CATEGORY, AND AGE GROUP

	M/S											M/S Total	MH/SUD											MH/SUD Total
	Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded				Title XXI		Title XIX		American Indian		Supplemental Security Income (SSI)		No Enrollment Recorded			
Network Status	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown		Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Unknown	
In Network																								
Distinct Claims	2,209	30,759	1,389,596	429,521	69,854	30,263	133,471	17,450	1,966	2,191	3	**2,107,283**	809	17,686	940,609	253,116	79,822	13,844	58,729	12,808	897	267	0	**1,378,587**
% Paid	88.321%	93.108%	83.432%	92.857%	84.041%	91.243%	89.706%	92.716%	23.601%	88.361%	66.667%	**86.056%**	92.089%	90.942%	92.210%	90.636%	92.788%	92.567%	93.106%	89.514%	76.812%	96.629%	0.000%	**91.945%**
% Denied	11.679%	6.892%	16.568%	7.143%	15.959%	8.757%	10.294%	7.284%	76.399%	11.639%	33.333%	**13.944%**	7.911%	9.058%	7.790%	9.364%	7.212%	7.433%	6.894%	10.486%	23.188%	3.371%	0.000%	**8.055%**
Avg Claim LoS	0.5	0.4	1.1	0.7	1.0	0.7	1.8	3.0	6.0	1.5	10.0	**1.0**	0.0	0.2	0.2	0.2	0.4	0.3	0.1	0.3	0.7	0.0	0.0	**0.2**
% Appealed	0.000%	0.039%	0.133%	0.055%	0.147%	0.050%	0.115%	0.034%	0.051%	0.137%	0.000%	**0.113%**	0.000%	0.006%	0.019%	0.005%	0.031%	0.000%	0.019%	0.000%	1.115%	0.000%	0.000%	**0.017%**
% Appeal Overturned	0.000%	0.003%	0.023%	0.009%	0.031%	0.013%	0.016%	0.000%	0.000%	0.000%	0.000%	**0.019%**	0.000%	0.000%	0.009%	0.002%	0.005%	0.000%	0.009%	0.000%	0.000%	0.000%	0.000%	**0.007%**
% Appeal Not Overturned	0.000%	0.036%	0.110%	0.046%	0.116%	0.036%	0.099%	0.034%	0.051%	0.137%	0.000%	**0.094%**	0.000%	0.006%	0.010%	0.003%	0.026%	0.000%	0.010%	0.000%	1.115%	0.000%	0.000%	**0.010%**
Out of Network																								
Distinct Claims	329	3,782	382,131	59,874	22,320	5,575	40,679	2,006	21,900	4,735	13,264	**556,595**	46	1,337	70,615	17,895	6,481	819	3,930	586	26,189	3,792	8,135	**139,825**
% Paid	74.772%	72.845%	67.482%	74.201%	69.530%	72.430%	73.318%	68.943%	1.237%	8.933%	0.158%	**64.100%**	17.391%	20.419%	29.920%	20.212%	30.505%	24.420%	41.069%	37.713%	0.939%	0.053%	0.000%	**20.945%**
% Denied	25.228%	27.155%	32.518%	25.799%	30.470%	27.570%	26.682%	31.057%	98.763%	91.067%	99.842%	**35.900%**	82.609%	79.581%	70.080%	79.788%	69.495%	75.580%	58.931%	62.287%	99.061%	99.947%	100.000%	**79.055%**
Avg Claim LoS	0.0	0.2	0.4	0.3	0.2	0.2	0.3	1.3	2.8	1.5	0.8	**0.5**	0.0	0.1	0.4	0.4	0.2	0.4	0.4	0.5	0.2	0.1	0.6	**0.3**
% Appealed	0.608%	0.449%	0.600%	0.554%	0.453%	0.520%	0.462%	0.748%	0.032%	0.000%	0.060%	**0.518%**	0.000%	0.224%	0.355%	0.078%	0.324%	0.122%	0.127%	0.000%	0.008%	0.000%	0.012%	**0.213%**
% Appeal Overturned	0.000%	0.026%	0.049%	0.047%	0.045%	0.161%	0.047%	0.150%	0.000%	0.000%	0.000%	**0.047%**	0.000%	0.075%	0.065%	0.061%	0.093%	0.122%	0.025%	0.000%	0.000%	0.000%	0.000%	**0.047%**
% Appeal Not Overturned	0.608%	0.423%	0.551%	0.508%	0.408%	0.359%	0.415%	0.598%	0.032%	0.000%	0.060%	**0.491%**	0.000%	0.150%	0.290%	0.017%	0.231%	0.000%	0.102%	0.000%	0.008%	0.000%	0.012%	**0.166%**

5. Out-of-Network Access

Total OON/SCA Request Inventory

Total OON/SCA request received in calendar year 2025: 584
Total # SCAs executed: 168
Total # SCAs converted into Contract: 28

Behavioral Health (BH)
BH SCAs received in calendar year 2025: 100
BH # SCAs executed: 36
BH # SCAs converted into Contract: 7

Physical Health (PH)
PH SCAs received in calendar year 2025: 484
PH # SCAs executed: 132
PH # SCAs converted into Contract: 21

Category	OON/SCA Requests Received	SCAs Executed	Converted to Contract
Behavioral Health (BH)	100	36	7
Physical Health (PH)	484	132	21
Total	**584**	**168**	**28**

Policy Names:
A.7.208 Single Case Agreement
C.7.207 Letter of Agreement Process