

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



November 19, 2021

Molina HealthCare, Inc. – Texas – HIOS # 45786

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Re: Final Determination Letter - Mental Health Parity and Addiction Equity Act (MHPAEA)
Non-Quantitative Treatment Limitation (NQTL) Comparative Analysis Review -
Credentialing standards to qualify as an inpatient, in-network provider and credentialing
standards to qualify as an outpatient, in-network provider

Dear Ms. Koons and Molina Healthcare Team:

On behalf of the Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) Oversight Group's Compliance and Enforcement Division, this notice is being sent to advise you that a MHPAEA NQTL Analysis Review (Review) is complete. The purpose of this Review was to assess Molina HealthCare, Inc.'s compliance with the following requirements under Title XXVII of the Public Health Services Act (PHS Act) for the specific NQTL comparative analyses reviewed:

42 U.S.C. § 300gg-26, 45 C.F.R. § 146.136 and 45 C.F.R. § 147.160 - Parity In Mental Health And Substance Use Disorder Benefits

The Review covered the 2021 plan year for provider network participation requirements for inpatient, in-network providers and outpatient, in-network providers. CMS conducted this Review pursuant to PHS Act § 2726(a)(8)(A), as added by Section 203 of Title II of Division BB of the Consolidated Appropriations Act, 2021.¹ CMS contracted with Examination Resources, LLC to conduct the Review in conjunction with CMS.

Based solely on the review of the NQTL analysis information submitted by Molina HealthCare, Inc. in connection to this specific Review, CMS did not note any areas of non-compliance. As a

¹ Pub. L. 116-260 (Dec. 27, 2020).

result, no corrective action is required on behalf of the Molina HealthCare, Inc. in connection with this Review at this time. CMS's findings detailed in this letter pertain only to the NQTL under review and does not bind CMS (or any other government agency or entity) in any subsequent or further review of other Plan provisions or their application for compliance with governing law, including MHPAEA. If additional information is provided to CMS regarding this NQTL or Plan, CMS reserves the right to conduct an additional review for compliance with MHPAEA or other applicable PHS Act requirements.² Importantly, CMS's findings pertain only to the specific Plan under review offered by Molina HealthCare, Inc., Texas, and do not apply to any other plan or issuer, including other plans or coverage for which Molina HealthCare, Inc., Texas acts as an Administrator.

CMS will include a summary of the comparative analyses and the results of this Review in its annual report to Congress pursuant to PHS Act § 2726(a)(8)(B)(iv).

Sincerely,

Mary Nugent
Director, Compliance and Enforcement Division
Oversight Group
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services

cc: Texas Department of Insurance

² See PHS Act § 2726(a)(8)(B)(i). Also see 45 C.F.R. § 150.303.