

UNIFORM MANAGED CARE MANUAL 15.7 Managed Care Utilization Review Rebuttal Process

DOCUMENT HISTORY LOG

STATUS¹	DOCUMENT REVISION²	EFFECTIVE DATE	DESCRIPTION³
Baseline	2.0	January 31, 2022	Initial version Uniform Managed Care Manual Chapter 15.7, "Managed Care Utilization Review Rebuttal Process." Chapter 15.7 applies to contracts issued as a result of HHSC RFP numbers 529-12-0002, 529-10-0020, 529-13-0042, 529-15-0001, and 529-13-0071.
Revision	2.1	September 1, 2024	Revision to add applicability to the Prior Authorization Annual Review deliverable.

¹. Status should be represented as "Baseline" for initial issuances and "Revision" for changes to the Baseline version.

². Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "2.2" refers to the first version of the document and the second revision.

³. Brief description of the changes to the document made in the revision.



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I. Applicability of Chapter 15.7

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, STAR Health, and STAR Kids Programs. In this chapter, references to "Medicaid" or the "Medicaid Managed Care Program(s)" apply to the STAR, STAR+PLUS, STAR Health, and STAR Kids Programs, hereinafter collectively referred to as "Programs".

The requirements in this chapter apply to all Programs referenced above, except where noted.

II. Purpose

HHSC Managed Care Utilization Review (MCUR) staff conduct targeted and focused reviews, as well as Acute Care Utilization Review (ACUR) biennial case reviews, and LTSS annual reviews of long-term services and supports delivered through managed care waiver programs. These reviews evaluate Contractor compliance with implementation and operational functioning of Texas Medicaid contracts; to include, State and Federal requirements.

This chapter outlines MCO requirements related to rebuttals of MCUR's review findings. For purposes of this chapter, the term Contractor refers to MCOs.

III. Contract Provisions

In accordance with the sections of the managed care contracts relating to utilization reviews and ongoing monitoring efforts, HHSC may conduct desk or onsite reviews and member interviews as part of its routine Contract monitoring efforts.

HHSC, at their discretion, will review, evaluate, and assess the Medicaid Contractor's policies and procedures and other case documentation related to the timely and appropriate delivery of Services and Deliverables as required under Contract.

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IV. MCUR Rebuttal Process

HHSC will provide an email notification to the Contractor that the draft findings report, and rebuttal template are available for review. If the Contractor chooses to rebut findings in the report, they must do so by submitting the completed rebuttal template, according to the template instructions. The review type determines the rebuttal submission deadline, as follows:

1. ACUR biennial case reviews & LTSS annual reviews: Ten business days from the date of the notification email.
2. Targeted and focused reviews: within 10 business days from the date of the notification email.
3. Prior Authorization Annual Review Deliverable: Ten business days from the date of the notification email.

If the Contractor is unable to meet the rebuttal submission deadline, they must request an extension, via email as instructed in the notification email provided by HHSC. HHSC may grant an extension of the rebuttal deadline on a case-by-case basis.

HHSC will review the Contractor's rebuttal and provide outcomes in the rebuttal template. The Contractor will be notified via email that the rebuttal response document is available. The final report will reflect the outcome of the rebuttal process.