

**DOCUMENT HISTORY LOG**

<b>Document Status</b>	<b>Document Revision Number</b>	<b>Effective Date</b>	<b>Description of Revision</b>
Amendment 1	1.1	March 1, 2023	<p><b>Section 2.2 of Signature Document revised.</b></p> <p><b>The Managed Care Uniform Terms and Conditions v.1.1 adds the following definitions:</b></p> <ul style="list-style-type: none"> <li>a. Audio-only;</li> <li>b. Audio-visual;</li> <li>c. Certified Community Behavioral Health Clinic (CCBHC);</li> <li>d. Collaborative Care Model (CoCM);</li> <li>e. Complaint;</li> <li>f. Corrective Action Plan;</li> <li>g. Designated Provider;</li> <li>h. Effective Date;</li> <li>i. Face-to-face;</li> <li>j. Force Majeure Event;</li> <li>k. Healthcare Effectiveness Data and Information Set (HEDIS);</li> <li>l. In-Person or In Person;</li> <li>m. Inquiry;</li> <li>n. Management Information Systems (MIS) Services;</li> <li>o. Member;</li> <li>p. Minimum Data Set for Home Care (MDS-HC) Services;</li> <li>q. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards);</li> <li>r. Outpatient Hospital Services;</li> <li>s. Parties;</li> <li>t. Party;</li> <li>u. Person;</li> <li>v. Platform;</li> <li>w. Population Risk Group;</li> <li>x. Proxy Claim Form;</li> <li>y. Qualified Mental Health Professional for Community Services (QMHP-CS);</li> <li>z. Reasonable Diligence;</li> <li>aa. Service Coordination;</li> <li>bb. Severe Emotional Disturbance (SED);</li> </ul>

Document Status	Document Revision Number	Effective Date	Description of Revision
			<p>cc. Subsidiary;            dd. Team of Health Care Professionals;            ee. Telecommunication;            ff. Temporary Assistance to Needy Families (TANF); and            gg. Utilization Management.</p> <p><b>The Managed Care Uniform Terms and Conditions v.1.1 revises the following definitions:</b></p> <p>a. Behavioral Health (BH);            b. Centers for Medicare and Medicaid Services (CMS);            c. Corrective Action Plan; and            d. Substance Use Disorder (SUD).</p> <p><b>Exhibit B, the Amended SOW, deletes the following definitions:</b></p> <p>a. Complaint;            b. Member;            c. Service Coordination; and            d. Severe Emotional Disturbance (SED).</p> <p><b>Exhibit B, the Amended SOW modifies the following definitions and sections:</b></p> <p>a. Health Home;            b. Health Home Services;            c. Section 2.5.3.6, Systems Readiness and Transfer of Data;            d. Section 2.6.10.4, Provider Overpayments;            e. Section 2.6.17.1.1 Competent Interpreter Services;            f. Section 2.6.19, Smart Phone Application;            g. Section 2.6.22.1, Policies and Procedures;            h. Section 2.6.25, Coordination With Texas Department Of Family And Protective Services            i. Section 2.6.29.2, General Requests For And Access To Data, Records, And Other Information;            j. Section 2.6.29.7 Lock-In Actions;            k. Section 2.6.31 Member Complaint And Appeal System;</p>

Document Status	Document Revision Number	Effective Date	Description of Revision
			l. Section 2.6.31.1 Managed Care Organization Internal Appeal Process For Members; m. Section 2.6.34, Telemedicine And Telehealth Access; n. Section 2.6.35, Provider Network; o. Section 2.6.47, Service Coordination; p. Section 2.6.47.1, Service Coordinator Roles And Responsibilities; q. Section 2.6.47.2.1, Level 1 Members; r. Section 2.6.47.2.2, Level 2 Members; s. Section 2.6.47.2.3, Level 3 Members; t. Section 2.6.48.1, ISP Requirements; u. Section 2.6.49.1, Disease Management For Members With Complex Care Needs And High Costs; v. Section 2.6.50.9, Substance use Disorder; w. Section 2.6.55, Health Home Services; x. Section 2.6.55.1, Health Home Services And Participating Providers; y. Section 2.6.57.2, Service Coordination Requirements For Medically Dependent Children; z. Section 2.6.57.3, Medically Dependent Children Program Provider Requirements; aa. Section 2.6.60.2, NEMT Services Database; bb. Section 2.6.60.25.3, Managed Care Organization Training On Abuse, Neglect, Or Exploitation, And Unexplained Death; cc. Section 2.8.8.1, MCO’s Duty To Pay; dd. Section 2.8.8.7.4, Example of Calculation; and ee. Section 2.8.9, Payment By Members;
Amendment 2	1.2	September 1, 2023	<b>The Managed Care Uniform Terms and Conditions v.1.3 revises the following definitions:</b>  a. Texas Certified Community Behavioral Health Clinic (T-CCBHC); b. Telepharmacy is deleted in its entirety c. Section 4.05 Responsibility for MCO personnel and Subcontractors; d. Section 4.08 Subcontractors and Agreements with Third Parties; e. Section 8.01 Maintenance of Books and Records;

Document Status	Document Revision Number	Effective Date	Description of Revision
			<p>f. Section 8.02 Access to records, books, and documents;</p> <p>g. Section 8.03 General access to accounting records;</p> <p>h. Section 8.04 Audits and inspections of Services and Deliverables; and</p> <p>i. Section 8.06 Response/compliance with audit or inspection findings.</p> <p><b>Exhibit B, the Amended SOW modifies the following sections:</b></p> <p>a. 1.1 Overview of STAR Health;</p> <p>b. 2.4.1 Eligibility Determination And Disenrollment;</p> <p>c. 2.6.10.4 Provider Overpayments;</p> <p>d. 2.6.15.1.2 Member Handbook;</p> <p>e. 2.6.21.2 Quality Assessment and Performance Improvement;</p> <p>f. 2.6.22.2 UM Determinations;</p> <p>g. 2.6.27.1 General Reporting Requirements;</p> <p>h. 2.6.29.2 General Requests For And Access To Data, Records, And Other Information;</p> <p>i. 2.6.29.3 Claims Data Submission Requirements;</p> <p>j. 2.6.29.5 Treatment of Recoveries by the MCO for Fraud, Waste, and Abuse;</p> <p>k. 2.6.33.1 Appointment Accessibility;</p> <p>l. 2.6.34 Telemedicine and Telehealth Access;</p> <p>m. 2.6.35 Provider Network;</p> <p>n. 2.6.35.5 Significant Traditional Providers;</p> <p>o. 2.6.39.1 Attendant Care Billing;</p> <p>p. 2.6.40 Community First Choice Services;</p> <p>q. 2.6.46.2 Initial Medical Exam;</p> <p>r. 2.6.47 Service Coordination;</p> <p>s. 2.6.47.2.1 Level 1 Members;</p> <p>t. 2.6.47.2.2 Level 2 Members;</p> <p>u. 2.6.47.2.3 Level 3 Members;</p> <p>v. 2.6.47.6 Discharge Planning;</p> <p>w. 2.6.53 Pharmacy Services;</p> <p>x. 2.6.53.11 Maximum Allowable Cost Requirement;</p>

Document Status	Document Revision Number	Effective Date	Description of Revision
			<p>y. 2.6.56 Medicaid Wrap-Around Services;            z. 2.6.57.1 Program Eligibility And Assessment;            and            aa. 2.6.60.19 Non-Capitated Services.</p> <p><b>Exhibit B, the Amended SOW, adds the following sections:</b></p> <p>a. 2.6.10.8 Hospital Quality Based Payment Program;            b. 2.6.21.11 MCO Alternative Payment Model with Certified Community Behavioral Health Clinics (CCBHCs);            c. 2.6.47.7 Discontinuation of Telecommunications for Services Coordination or Assessments;            d. 2.6.47.8 Service Coordination Using Telecommunication;            e. 2.6.51.4 CMS Interoperability and Patient Access;            f. 2.6.51.4.1 Payer-to-Payer Data Exchange;            g. 2.6.60.15 Case Management for Children and Pregnant Women; and</p> <p><b>Exhibit D, the Amended Deliverables/Liquidated Damages Matrix, modifies the following section:</b></p> <p>a. CL-1 and CL-10 Claims;            b. ED-6 Encounter Data;            c. HL-1, HL3, HL-4 and SHHL-2 Hotlines (HL)            d. PN-2 Provider Networks (PN);            e. FR-5 Financial Reporting (FR);            f. IG-7 Office of the Inspector General (IG);            g. PH-3, PH-6, PH-8, PH-9 and PH-10; Pharmacy (PH); and            h. PH-4, PH-7 and PH-11 are marked as “Reserved”.</p> <p><b>Exhibit F, Health Passport Overview and Requirements, modifies the following section:</b></p> <p>a. 2.8 Required Data Elements.</p>

Document Status	Document Revision Number	Effective Date	Description of Revision
			<p><b>Exhibit F, Health Passport Overview and Requirements, adds the following section:</b></p> <ul style="list-style-type: none"> <li>a. 2.8.1 Health Passport Review Requirements.</li> </ul> <p><b>Exhibit G, Capitation Rates, adds Rates</b></p>
Amendment 3	1.3	March 1, 2024	<p><b>Exhibit B, the Amended SOW, modifies the following sections:</b></p> <ul style="list-style-type: none"> <li>a. 2.5.3.3 “Employee Bonus or Incentive Payment Plan;</li> <li>b. 2.6.12 Electronic Visit Verification;</li> <li>c. 2.6.21.5 MCO Alternative Payment Models with Providers;</li> <li>d. 2.6.26 Financial Requirements for Covered Services;</li> <li>e. 2.6.26.2 Third-Party Liability and Recovery and Coordination of Benefits;</li> <li>f. 2.6.29 FWA;</li> <li>g. 2.6.29.1 Special Investigative Units</li> <li>h. 2.6.29.4 Payment Holds and Liquidated Damages Matrix;</li> <li>i. 2.6.31.4 Independent Review Organizations (IRO) Reimbursement for External Medical Reviews (EMRs);</li> <li>j. 2.6.33 Access to Care;</li> <li>k. 2.6.33.1 Appointment Accessibility;</li> <li>l. 2.6.33.2.11 Nursing Services, Attendant Care, and Habilitation;</li> <li>m. 2.6.33.2.12 Long Term Services and Supports Providers;</li> <li>n. 2.6.42 Service Delivery Options;</li> <li>o. 2.6.42.2 Service Responsibility Option;</li> <li>p. 2.6.42.3 Agency Option;</li> <li>q. 2.6.47 Service Coordination;</li> <li>r. Section 2.6.47.1 Service Coordinator Roles and Responsibilities;</li> <li>s. 2.6.48.1 ISP Requirements;</li> <li>t. 2.6.51 Continuity of Care;</li> </ul>

Document Status	Document Revision Number	Effective Date	Description of Revision
			<ul style="list-style-type: none"> <li>u. 2.6.53.2 Prior Authorizations for Prescription Drugs and 72-Hour Emergency Supply;</li> <li>v. 2.6.53.11 Maximum Allowable Cost Reimbursement;</li> <li>w. 2.6.57.1 Program Eligibility and Assessment;</li> <li>x. 2.6.57.2 Service Coordination Requirements for Medically Dependent Children Program Members;</li> <li>y. 2.6.60.21 Member Rights and Responsibilities; and</li> <li>z. 2.8.16 Non-Risk Payments for Certain Drugs.</li> </ul> <p><b>Exhibit D, Deliverables/Liquidated Damages Matrix, modifies the following sections:</b></p> <ul style="list-style-type: none"> <li>a. PS-3 Privacy/ Security (PS);</li> <li>b. CL-1, 5 Claims (CL);</li> <li>c. ED-2 Encounter Data (ED);</li> <li>d. HL-3 Hotlines (HL);</li> <li>e. PN-2 Provider Networks (PN);</li> <li>f. FR-1, 5 Financial Reporting (FR);</li> <li>g. IG-1 Office of the Inspector General (IG); and</li> <li>h. PH-8, 9 Pharmacy (PH).</li> </ul> <p><b>Exhibit G, Capitation Rates, revised to modify the following section:</b></p> <ul style="list-style-type: none"> <li>a. Capitation Rate Payment</li> </ul>
Amendment 4	1.3	June 1, 2024	<p><b>Exhibit G, Capitation Rates, revised to modify the following section:</b></p> <ul style="list-style-type: none"> <li>a. Capitation Rate Payment</li> </ul>