

DOCUMENT HISTORY LOG

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

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			<p>cc. Subsidiary; dd. Team of Health Care Professionals; ee. Telecommunication; ff. Temporary Assistance to Needy Families (TANF); and gg. Utilization Management.</p> <p>The Managed Care Uniform Terms and Conditions v.1.1 revises the following definitions:</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>Exhibit B, the Amended SOW, deletes the following definitions:</p> <p>a. Complaint; b. Member; c. Service Coordination; and d. Severe Emotional Disturbance (SED).</p> <p>Exhibit B, the Amended SOW modifies the following definitions and sections:</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>

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			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	The Managed Care Uniform Terms and Conditions v.1.3 revises the following definitions: 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;

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			<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>Exhibit B, the Amended SOW modifies the following sections:</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> <p>y. 2.6.56 Medicaid Wrap-Around Services;</p>

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			<p>z. 2.6.57.1 Program Eligibility And Assessment; and aa. 2.6.60.19 Non-Capitated Services.</p> <p>Exhibit B, the Amended SOW, adds the following sections:</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>Exhibit D, the Amended Deliverables/Liquidated Damages Matrix, modifies the following section:</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>Exhibit F, Health Passport Overview and Requirements, modifies the following section:</p> <p>a. 2.8 Required Data Elements.</p>

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			<p>Exhibit F, Health Passport Overview and Requirements, adds the following section:</p> <ul style="list-style-type: none"> a. 2.8.1 Health Passport Review Requirements. <p>Exhibit G, Capitation Rates, adds Rates</p>
Amendment 3	1.3	March 1, 2024	<p>Exhibit B, the Amended SOW, modifies the following sections:</p> <ul style="list-style-type: none"> a. 2.5.3.3 “Employee Bonus or Incentive Payment Plan; b. 2.6.12 Electronic Visit Verification; c. 2.6.21.5 MCO Alternative Payment Models with Providers; d. 2.6.26 Financial Requirements for Covered Services; e. 2.6.26.2 Third-Party Liability and Recovery and Coordination of Benefits; f. 2.6.29 FWA; g. 2.6.29.1 Special Investigative Units h. 2.6.29.4 Payment Holds and Liquidated Damages Matrix; i. 2.6.31.4 Independent Review Organizations (IRO) Reimbursement for External Medical Reviews (EMRs); j. 2.6.33 Access to Care; k. 2.6.33.1 Appointment Accessibility; l. 2.6.33.2.11 Nursing Services, Attendant Care, and Habilitation; m. 2.6.33.2.12 Long Term Services and Supports Providers; n. 2.6.42 Service Delivery Options; o. 2.6.42.2 Service Responsibility Option; p. 2.6.42.3 Agency Option; q. 2.6.47 Service Coordination; r. Section 2.6.47.1 Service Coordinator Roles and Responsibilities; s. 2.6.48.1 ISP Requirements; t. 2.6.51 Continuity of Care; u. 2.6.53.2 Prior Authorizations for Prescription Drugs and 72-Hour Emergency Supply;

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			<p>v. 2.6.53.11 Maximum Allowable Cost Reimbursement;</p> <p>w. 2.6.57.1 Program Eligibility and Assessment;</p> <p>x. 2.6.57.2 Service Coordination Requirements for Medically Dependent Children Program Members;</p> <p>y. 2.6.60.21 Member Rights and Responsibilities; and</p> <p>z. 2.8.16 Non-Risk Payments for Certain Drugs.</p> <p>Exhibit D, Deliverables/Liquidated Damages Matrix, modifies the following sections:</p> <p>a. PS-3 Privacy/ Security (PS);</p> <p>b. CL-1, 5 Claims (CL);</p> <p>c. ED-2 Encounter Data (ED);</p> <p>d. HL-3 Hotlines (HL);</p> <p>e. PN-2 Provider Networks (PN);</p> <p>f. FR-1, 5 Financial Reporting (FR);</p> <p>g. IG-1 Office of the Inspector General (IG); and</p> <p>h. PH-8, 9 Pharmacy (PH).</p> <p>Exhibit G, Capitation Rates, revised to modify the following section:</p> <p>a. Capitation Rate Payment</p>
Amendment	5	September 1, 2024	<p>Exhibit A - Managed Care Uniform Terms and Conditions V1.3 is amended and restated with Exhibit A - Managed Care Uniform Terms and Conditions V 1.4</p> <p>Exhibit A - Managed Care Uniform Terms and Conditions v.1.4 adds the following definitions:</p> <p>a. Person with Disability</p> <p>Exhibit A - Managed Care Uniform Terms and Conditions v.1.4 deletes the following sections:</p> <p>a. Section 3.13 Governing Law and Venue;</p> <p>Exhibit A - Managed Care Uniform Terms and Conditions v.1.4 revises the following section:</p> <p>a. Section 2.02 Construction of the Contract;</p>

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			<p>b. Section 3.06 Assignment; c. Section 4.02 MCO’s Key Personnel; d. Section 4.03 Executive Director; e. Section 4.04 Medical Director; f. Section 4.07 Conduct of MCO personnel; g. Section 4.08 Subcontractors and Agreements with Third Parties; h. Section 6.02 MCO responsibility for compliance with laws and regulations; i. Section 6.03 Compliance with state and federal anti-discrimination laws; j. Section 7.01 Mutual agreement; k. Section 7.04 Modifications upon renewal or extension of Contract; l. Section 7.05 Modification of HHSC Uniform Managed Care Manual m. Section 8.05 SAO Audit; n. Section 9.04 Requests for public information; o. Section 10.03 Termination by HHSC; p. Section 10.04 Termination by MCO; q. Section 11.08 Outstanding debts and judgments; r. Section 12.01 Authorization; s. Section 13.01 Infringement and misappropriation; t. Section 13.03 Ownership and licenses; u. Section 14.03 Limitation of HHSC’s liability.</p> <p>Exhibit B, the Amended SOW modifies the following definition and sections:</p> <p>a. Court-ordered Commitment; b. 1.6.10 Outpatient Pharmacy Services; c. 2.6.7.3 Provider Training; d. 2.6.15.1 Member Materials; e. 2.6.15.1.1 Member Identification Cards; f. 2.6.15.2.2 Member Handbook; g. 2.6.17 Member Education; h. 2.6.21.2 Quality Assessment and Performance Improvement (QAPI); g. 2.6.22.2 UM Determinations; h. 2.6.25.1 Services Ordered By the Court;</p>

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			<p>i. 2.6.31 Member Complaint and Appeal System;</p> <p>j. 2.6.32 Covered Services;</p> <p>k. 2.6.34 Telemedicine, Telehealth, and Telemonitoring Access;</p> <p>l. 2.6.34.1 School-based Telemedicine Medical Services;</p> <p>m. 2.6.35.15 Primary Care Providers;</p> <p>n. 2.6.46.1 Initial Telephonic Screening;</p> <p>o. 2.6.47.6 Discharge Planning;</p> <p>p. 2.6.48.1 ISP Requirements;</p> <p>q. 2.6.49 Disease Management;</p> <p>r. 2.6.50 Behavioral Health Services;</p> <p>s. 2.6.50.5 Follow-Up After Hospitalization for Behavioral Health Services;</p> <p>t. 2.6.50.8 Mental Health Parity;</p> <p>u. 2.6.53.1 Formulary and Preferred Drug List;</p> <p>v. 2.6.56 Medicaid Wrap-Around Services;</p> <p>w. 2.6.60.19 Non-Capitated services; and</p> <p>x. 2.6.60.25.1 Member Education on Abuse, Neglect, or Exploitation.</p> <p>Exhibit B, the Amended SOW, adds the following definition and section:</p> <p>a. Wrap-Around Services</p> <p>b. 2.6.46.5 Nonmedical Health-Related Needs Screening for Pregnant Members.</p> <p>Exhibit D, the Amended Deliverables/Liquidated Damages Matrix, modifies the following sections:</p> <p>a. IG-1 Office of the Inspector General (IG);</p> <p>b. PN-1 Provider Networks (PN); and</p> <p>c. PH-1, 2 Pharmacy (PH).</p>
Amendment	6	December 1, 2024	<p>Exhibit G, Capitation Rates, revised to modify the following section:</p> <p>a. Capitation Rate Payment.</p>