DOCUMENT HISTORY LOG

| **STATUS1** | **DOCUMENT**  **REVISION2** | **EFFECTIVE**  **DATE** | **DESCRIPTION3** |
| --- | --- | --- | --- |
| Baseline | n/a | November 15, 2005 | Initial version Uniform Managed Care Manual, Chapter 3.1 Medicaid Managed Care Provider directory Required Critical Elements |
| Revision | 1.1 | September 1, 2006 | Chapter 3.1 is modified to provide clarification resulting from the implementation of the Joint Medicaid/CHIP HMO Contract. |
| Revision | 1.2 | September 30, 2006 | Chapter 3.1 is modified to include the STAR+PLUS Provider directory requirements and to increase the weight limits for the STAR and STAR+PLUS directories. |
| Revision | 1.3 | November 1, 2006 | Chapter 3.1 is modified to include a STAR+PLUS indicator in the inventory code. |
| Revision | 1.4 | March 1, 2007 | Chapter 3.1 is modified to include the Foster Care Provider directory requirements. |
| Revision | 1.5 | December 31, 2007 | All provisions of Chapter 3.1 are modified to remove the Foster Care Model. Information regarding the Foster Care Model can be found in Chapter 3.13 Foster Care Provider directory Critical Elements. |
| Revision | 1.6 | August 1, 2009 | Chapter 3.1 is revised add requirements regarding the Consumer Information Tool Kit and conform to its requirements. |
| Revision | 1.7 | December 1, 2010 | Chapter 3.1 is revised to allow MCOs to clarify the requirements regarding out-of-Service Area Network Providers. |
| Revision | 1.8 | April 10, 2011 | Chapter 3.1 is revised to increase the weight limit for the Harris Service Area to 6.0 ounces to accommodate the addition of the Expansion Counties, beginning with the directory due to the Enrollment Broker on May 10, 2011.  The weight limit is not increased for other service areas impacted by the expansion, nor the 4th Quarter SFY Harris Service Area Provider directory. |
| Revision | 2.0 | March 1, 2012 | Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020 and 529-12-0002. The chapter is reformatted to convert the outline narrative to a form and to delete final attachment checklist as redundant.  Hospital listings are modified to include Level III Birthing Centers.  Section V.B. is modified apply to STAR Directories and to add pharmacy providers.  Section V.C. is added to apply to STAR+PLUS Directories.  Section VI. modifies the index requirements.  Attachment A is modified to identify the provider types that are to be included in the STAR new Member packet inserts. |
| Revision | 2.1 | August 1, 2012 | Section I is modified to require the online directory to indicate the date last updated.  Sections V.B. and V.C. are modified to clarify the listing requirements for pharmacies. |
| Revision | 2.2 | May 1, 2014 | Section V.B. is modified to update the requirements for STAR Directories.  Section V.C. is modified to update the requirements for STAR+PLUS Directories and to add Nursing Facility listings.  Section VI. STAR+PLUS Indices is modified to add Nursing Facility Index.  Nursing Facility requirements are effective March 1, 2015. |
| Revision | 2.3 | December 15, 2015 | Revision 2.3 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-13-0042, and 529-13-0071.  “Applicability of Chapter 3.1” is modified to add the STAR Kids Program.  Section II. “Front Cover” is modified to add the STAR Kids Program.  Section IV. “Primary Care Provider Information” is modified to add the STAR Kids Program.  Section V. “Provider Listings” is modified to add the STAR Kids Program.  Section V.A. “Information on Provider Listings” is modified to add "Whether the Provider offers Telemedicine, Telehealth, or Telemonitoring Services."  Section V.C. “STAR+PLUS Directories” is renamed “STAR+PLUS and STAR Kids Directories” and modified to change “PCP information” to “PCP and OB/GYN information” and to require that FNSA and HCSSA are identified as separate provider listings in LTSS.  Section VI. “Provider Indices” is modified to add the STAR Kids Program.  Section VII. “Back Cover” is modified to add the STAR Kids Program.  Attachment A is modified to add PPECC as a provider type. |
| Revision | 2.4 | October 1, 2016 | Section V. C. "STAR+PLUS and STAR Kids Directories" is modified to add language regarding the end of NorthSTAR.  Revision 2.4 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-13-0042, and 529-13-0071. |
| Revision | 2.5 | June 5, 2019 | Section I. "General Instructions for MCOs" is modified to add requirements regarding hard copy directories and to specify the new frequency requirements.  Section 1. is modified to add requirement regarding 18-point tagline.  Section V.A. "Information on Provider Listings" is modified to include street address, Provider's cultural and linguistic capabilities, office accommodations for persons with disabilities, group affiliation, website URL, and specialty.  Section V. B. "STAR Directories" is modified to clarify the listing requirements and to add requirements for private duty nursing providers, PPECC providers, and LTSS providers.  Section V. C. "STAR+PLUS and STAR Kids Directories" is modified to clarify the listing requirements, to remove references to NorthSTAR, and to add requirements for PPECC providers. Attachment A is modified to add "Gynecology only" with a star qualifier and to add a star qualifier to the PPECC listing.  General Instructions 1. Provider directory must use a minimum 12-point font size increasing the weight of the directory. Weight limits increased for the Provider directory.  CFR reference on monthly Provider directory updates to 42CFR 438.10(h)(3) to be more precise. Removed requirements pertaining to the online provider directory. Removed requirement to send STAR provider directory to HHSC Enrollment Broker. |
| Revision | 2.5.1 | September 16, 2019 | Accessibility approved version.  Removed the previous Attachment A section. Previous Attachment A section was not deleted when the new Attachment A section was included. |
| Revision | 2.6 | March 31, 2022 | Section V. A. “Information on Provider Listings” is modified to add whether a provider is a Healthy Texas Women (HTW) Provider.  Section V.A. is modified to state that MCOs do not have to implement the HTW indicator until 90 days after the Master Provider File is available from HHSC Enrollment Broker. |

**1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.

2 Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” 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.

# Applicability of Chapter 3.1

This chapter applies to Health Maintenance Organizations (HMOs) and Managed Care Organizations (MCOs), hereinafter, collectively referred to as Managed Care Organizations (MCOs), participating in the STAR Program, the STAR+PLUS Program, and the STAR Kids Program.

All capitalized terms in this chapter are defined in Attachment A, Contract Terms and Conditions, to the Uniform Managed Care contract, STAR+PLUS MRSA contract, STAR+PLUS Expansion contract, and STAR Kids contract.

| **Required Critical Elements** | **Page Number** |
| --- | --- |
| I. GENERAL INSTRUCTIONS FOR MCOs |  |
| 1. Provider directory must be written at or below a 6th grade reading level in English, Spanish and in any other Prevalent Languages in the Service Area, as specified by HHSC. |  |
| 2. Provider directory must be in accordance with UMCM Chapter 4.3 Marketing and Member Materials Policy and written using the HHS Brand Guide. |  |
| 3. Fonts must be 12 points in height and lowercase, unspaced, alphabet length of 120 points. |  |
| 4. The Provider directory weight limit is 4.5 ounces for all program and Service Areas, with a measurement of 8 ½” x 11” with the exception of the following:   * 6.0 ounces - STAR+PLUS Dallas * 7.0 ounces - STAR Kids Nueces and STAR+PLUS MRSA Central * 8.0 ounces - STAR+PLUS Hidalgo * 9.0 ounces - STAR Kids Bexar, STAR Kids Hidalgo, STAR+PLUS El Paso, and STAR+PLUS Jefferson * 10 ounces - STAR+PLUS Bexar and STAR+PLUS MRSA NE * 11.0 ounces - STAR Kids MRSA NE and STAR+PLUS Travis * 13.0 ounces - STAR Kids Tarrant * 14.0 ounces - STAR Kids El Paso and STAR+PLUS Lubbock * 15.0 ounces - STAR+PLUS Harris and STAR+PLUS Tarrant * 18.0 ounces - STAR Kids Lubbock * 21.0 ounces - STAR Kids Harris and STAR Kids MRSA Central * 23.0 ounces STAR Kids Dallas * 24.0 ounces STAR Kids MRSA West and STAR+PLUS MRSA West * 28.0 ounces STAR Kids Travis |  |
| 5. MCOs must inform Members that the Provider directory is available in hard copy free of charge, and must provide it within 5 Business Days upon request. 6. Provider directory must include an 18 point tagline as required in 42 C.F.R. § 438.10. |  |
| 6. The hard copy Provider directory must be updated in accordance with the Hard Copy Provider Directory section of the contract. |  |
| 7. The specialist Provider types listed in **Attachment A, "Specialty Listings for Provider Directories" of this document** must be included in the Provider directory. |  |
| The following items, hereinafter referenced as the “critical elements,” must be included in the Provider directory.  The critical elements table must be attached when submitted for HHSC approval and include the page number of the location for each required critical element and in accordance with UMCM Chapter 4.6 MCO Materials Submission Process. |  |
| II. PROVIDER DIRECTORY FRONT COVER |  |
| The front cover must include, at a minimum: |  |
| 1. MCO name |  |
| 1. MCO logo |  |
| 1. Program logo (STAR, STAR+PLUS, or STAR Kids) |  |
| 1. Service Area(s) (counties may be listed within the Provider directory) |  |
| 1. Member Services 1-800 telephone numbers |  |
| 1. Inventory code (front lower right corner) |  |
| III. PROVIDER DIRECTORY TABLE OF CONTENTS |  |
| The Provider directory must include a table of contents. |  |
| IV. PROVIDER DIRECTORY PRIMARY CARE PROVIDER INFORMATION |  |
| The Provider directory must contain the following information regarding Primary Care Providers (PCPs). |  |
| 1. Explain how Members choose a PCP or clinic. 2. Explain that a Member may access family planning, OB/GYN, and behavioral health Providers without a referral by a PCP. Include process for Member to access these Providers (phone numbers, any limitations, etc.) |  |
| 1. Explain how Dual Eligible Members are affected for PCP selection (STAR+PLUS and STAR Kids only). |  |

| Required Critical Elements | **Page Number** |
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| V. PROVIDER DIRECTORY PROVIDER LISTINGS |  |
| The following standards apply to Provider listings for all Members of the STAR, STAR+PLUS, and STAR Kids Programs. |  |
| 1. Provider listings must be sorted alphabetically by city, then alphabetically by Provider name (optional to list alphabetically by county, by city, then alphabetically by Provider name). |  |
| 2. Provider listings may include: |  |
| 1. Providers located in contracted Service Area(s); and |  |
| 1. Providers in counties adjacent to the contracted Service Area(s), provided the MCO has TDI licensure/approval in the county where the Provider is located. For a Provider who performs services in a licensed/approved county but whose billing office is located in another city or state, the MCO may list the Provider with a toll-free phone number or a local number for the licensed/approved county. |  |
| **A. Information on Provider Listings** |  |
| I. MCOs have the option of using symbols, colors, or other designations to identify exceptions that deviate from the standard for practice limitation, languages, Texas Health Steps Provider, or Open Panel/closed panel status. |  |
| II. Individual Provider listings in the Provider directory must include the following Provider information in accordance with CFR § 438.10 (h): |  |
| 1. The Provider’s name |  |
| 1. Provider office address(es), including the street addresses, city, state, and zip code |  |
| 1. Provider phone number with area code |  |
| 1. Office hours (standard office hours are 8 a.m. – 5 p.m.; indicate any exceptions) |  |
| 1. Days of operation |  |
| 1. Practice limitations |  |
| 1. Whether the Provider has an Open Panel (accepting new patients) or closed panel |  |
| 1. Whether the Provider is a Texas Health Steps Provider |  |
| 1. Whether the Provider is a Healthy Texas Women Provider (MCOs do not have to implement until 90 days after the Master Provider File is available from HHSC Enrollment Broker) |  |
| 1. Whether the Provider offers Telemedicine, Telehealth, or Telemonitoring Services (excludes Provider types where tele-services are not applicable) |  |
| 1. The Provider's cultural and linguistic capabilities, including languages spoken and American Sign Language (ASL), offered by the Provider, Provider’s staff or a skilled medical interpreter at the Provider's office, or a certified and skilled interpreter provided by the MCO at Member’s/Provider’s request, and whether the Provider has completed cultural competence training. |  |
| 1. Whether the Provider's office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment. |  |
| 1. Group name affiliation or clinic (if applicable) |  |
| 1. Provider’s Website URL, as appropriate |  |
| 1. Provider’s area(s) of Specialty, ex. Family Medicine, Internal Medicine, Cardiology) (as appropriate) |  |
| **B. STAR, STAR+PLUS, and STAR Kids Provider Directories** |  |
| 1. The MCO’s website may include a Provider directory in text-searchable format, in addition to the required online Provider directory search functionality. Provider information must be accurate and the MCO must be updated on at least a weekly basis on a predictable schedule. The MCO must predominantly display on the website the date that its Provider Network information was last updated. |  |
| 1. The MCO must list Home Health Ancillary providers on its website, with an indicator for pediatric services if provided. |  |
| 1. The MCO must list private duty nursing providers and prescribed pediatric extended care center providers, respectively, on its website with an indicator designating these services as pediatric only. |  |
| 1. PCP and OB/GYN information must include all items listed above in Section V.A. |  |
| 1. Specialist information, including behavioral health Providers, must be listed in alphabetical order by specialty (with description of specialty in parentheses) and include all items listed above in Section V.A. Provider directory must identify the behavioral health Providers who can provide Mental Health Rehabilitation Services or Mental Health Targeted Case Management. |  |
| 1. Hospital information (including behavioral health facilities and level III birthing centers) must include, at a minimum, items one through three, item eight, and items eleven through fifteen as listed above in Section V.A. |  |
| 1. Ancillary Provider information (e.g., laboratory and radiology facilities) must have a separate listing with an indicator for pediatric services if provided and include item one, and, if applicable, item eight as listed above in Section V.A.; or include a statement directing Members to contact the MCO for a list of ancillary Providers. |  |
| 1. Pharmacy information must have a separate listing and include items one through three, item eight, and items eleven through fifteen as listed above in Section V.A. The Provider directory must identify all pharmacies that are open 24-hours a day. In addition, the Provider directory must identify all pharmacies that are also durable medical equipment (DME) providers (e.g., with an asterisk as an identifier.)   The Provider directory must include the following statement:  *To find out which pharmacies are in (insert MCO’s name) network, you can call us at (insert MCO’s toll-free number) or look on our website at (insert URL for pharmacy listing).* |  |
| 1. Include the following statement with the new Member packet insert:   *For more information about the pharmacies, hospitals, specialists, and other providers in (insert MCO’s name) network, you can call us at (insert MCO’s toll-free number) or look on our website at (insert URL for comprehensive online Provider directory.)* |  |
| 10. If an MCO limits Members’ access to a limited Provider Network, the MCO must be in compliance with the Texas Department of Insurance (TDI) rules located in 28 Tex. Admin Code §11.1600. |  |
| **C. STAR+PLUS and STAR Kids Provider Directories Only** |  |
| 1. MCOs will send comprehensive Provider directories to HHSC’s enrollment broker for inclusion in the new Member packets. |  |
| 1. Long-Term Services and Supports (LTSS) provider information must have items one through three, item eight, and items eleven through fifteen as listed above in Section V. A. and, with an indicator for pediatric services if provided. LTSS providers should be listed by subcategory. |  |
| 1. Nursing Facility information must have a separate listing and include items one through three as listed above in Section V.A. The Provider Directory must include the following statement (**STAR+PLUS only**):   *To find out which nursing facilities are in (insert MCO's name) network, you can call us at (insert MCO's toll-free number) or look on our website at (insert URL for Nursing Facility listing).* |  |
| 1. MCOs must provide information to Members listing all contracted LTSS Providers. The listing should include items one through three, item eight, and items eleven through fifteen as listed above in Section V.A. and include the counties served. MCO must ensure Financial Management Services Agencies (FMSA) and Home and Community Support Services Agencies (HCSSA) are identified as separate provider entities under LTSS listings. |  |
| 1. The MCO must provide information to Members on all contracted prescribed pediatric extended care centers. The listing should include items one and three as listed above in Section V.A. and include the counties served. (**STAR Kids only**) |  |
| **VI. PROVIDER DIRECTORY INDICES** |  |
| The Provider directory should contain the following indices. Indices identified as “Required” are mandatory, and “Optional” are at the MCO’s discretion. All indices must be sorted alphabetically by Provider name with appropriate page numbers. |  |
| 1. STAR, STAR+PLUS, and STAR Kids Indices |  |
| * 1. PCP Index – **required** |  |
| * 1. Pharmacy Index – **required** |  |
| * 1. Specialist Index – **optional** |  |
| * 1. Behavioral Health Provider Index – **optional** |  |
| * 1. Behavioral Health Facilities – **REQUIRED** |  |
| * 1. Hospital Index (including level III Birthing centers) – **required** |  |
| 1. STAR+PLUS and STAR Kids Only Indices |  |
| * 1. Nursing Facility Index **(STAR+PLUS only) - required (online only)** |  |
| * 1. Hospital Index for Outpatient Hospital Services – **required** **(print and online)** |  |
| * 1. Long-Term Services and Supports Provider Index – **required** **(print and online)** |  |

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| **Required Critical Elements** | **Page Number** |
| **VII. PROVIDER DIRECTORY BACK COVER** |  |
| The back cover must include, at a minimum: |  |
| 1. Inventory code with the following naming convention unless otherwise provided by the HHSC Enrollment Broker: (back lower left corner) |  |
| * 1. Inventory code for STAR directories: Service Area + MCO#/hyphen/corresponding quarter code (e.g., HA71-0605) |  |
| * 1. Inventory code for STAR+PLUS directories: Service Area + SP + MCO#/hyphen/corresponding quarter code (e.g., HASP71-0605) |  |
| * 1. Inventory code for STAR Kids directories: Service Area + SK + MCO#/hyphen/corresponding quarter code (e.g., HASK71-0605) |  |

### Attachment A: Primary Care Provider List

1. Advanced Practice Nurse
2. Certified Nurse Specialist
3. Clinical Nurse Specialist
4. Family Practice/General Practice
5. Federally Qualified Health Center (FQHC)
6. General Practice
7. Geriatrics
8. Gynecology (D.O.), as applicable
9. Internal Medicine
10. Multispecialty Clinic
11. Nurse Midwife
12. Nurse Practitioner
13. OB/GYN (D.O.), as applicable
14. OB/GYN (M.D.), as applicable
15. Pediatrician
16. Physician (D.O.)
17. Physician (M.D.)
18. Physician Assistant
19. Physician Group (D.O.)
20. Physician Group (M.D.)
21. Rural Health Center (RHC) (Provider)
22. Rural Health Center (RHC) (Freestanding/Independent)

### Attachment B: Specialist Specialty List

1. Adolescent Medicine (Teenagers)
2. Allergist (Allergies)
3. Ambulatory Medicine (General Non-emergency Care)
4. Audiologists
5. Cardiology, Cardiovascular (Heart, Blood Vessels)
6. Cardiothoracic Surgery (Operations of the Heart and Chest)
7. Chiropractor (Bones, Joints)
8. Colon/Rectal (Bowels)
9. Dermatology (Skin)
10. Endocrinology (Glands)
11. ENT (Ears, Nose, Throat) (Otolaryngology)
12. Family Practice (General Family Medical Care)
13. Gastroenterology (Stomach, Digestion)
14. Genetics (Inherited Diseases, Birth Defects)
15. Hematology (Blood)
16. Hepatology (Liver)
17. Immunology (Immune System)
18. Infectious Diseases (Viral/Bacterial Infections)
19. Internal Medicine (General Medical Care)
20. Local Public Health Center
21. Local Public Health Clinic
22. Neonatology/Perinatology (Fetus and Newborns)
23. Nephrology (Kidney)
24. Neurology (Brain, Nervous System)
25. Neurosurgery (Operations of the Brain, Spinal Cord)
26. Nuclear Medicine (Testing, e.g., MRI, CAT scan)
27. Nutrition/GI (Eating, Digestion)
28. OB/GYN (Pregnancy, Women’s Health)
29. Occupational Medicine (Work-Related Injuries)
30. Oncology (Cancer)
31. Ophthalmology (Eyes)
32. Optometrist (Eyes, Glasses)
33. Oral-Maxillofacial Surgery (Jaw and Mouth)
34. Orthopedics (Bones and Joints)
35. Otolaryngology (Ear, Nose, and Throat)
36. Otology (Ears)
37. Pediatrician (Babies, Children)
38. Perinatology (Fetus)
39. Physical Medicine (Rehabilitation)
40. Plastic Surgery (Corrective Surgery)
41. Podiatry (Feet, Toenails)
42. Prescribed Pediatric Extended Care Center (PPECC) (STAR Kids only)
43. Psychiatry (Mental Illness)
44. Pulmonology (Lungs, Breathing)
45. Radiology (X-Rays)
46. Renal (Kidney)
47. Reproductive Endocrinology (Reproductive System Diseases)
48. Retrovirology (Viral Diseases, AIDS)
49. Rheumatologist (Joints, Muscles, Tendons)
50. Sports Medicine (Sports Injuries)
51. Surgery (Operations)
52. Thoracic Surgery (Chest Surgery)
53. Urology (Urinary Tract)
54. Vascular Surgery (Operations of the Blood Vessels)

### Attachment C: Main Dentist and Dental Specialist Providers

1. Endodontist
2. Main Dentist
3. Oral and Maxiofacial Surgeon
4. Orthodontist and Dentalfacial Orthopedics
5. Pediatric dentistry
6. Periodontist
7. Prosthodontist

### Attachment D: Long Term Services and Supports Providers

1. Adaptive Aids/Medical Equipment
2. Adult Day Care/Day Activity and Health Services
3. Adult Foster Care
4. Agency Adult Foster Care
5. Assisted Living Facilities
6. Emergency Response System
7. Employment Assistance
8. Financial Management Service Agencies (STAR+PLUS, STAR Kids, and STAR Health)
9. Habilitation Services (STAR+PLUS, STAR Kids, and STAR Health)
10. Home Delivered Meals
11. In-Home Occupational Therapy (STAR+PLUS, STAR Kids, and STAR Health)
12. In-Home Physical Therapy (STAR+PLUS, STAR Kids, and STAR Health)
13. In-Home Speech Therapy (STAR+PLUS, STAR Kids, and STAR Health)
14. Minor Home Modifications
15. Nursing Facility
16. Personal Attendant Services (State Plan STAR+PLUS LTSS and STAR+PLUS HCBS)
17. Personal Care Services (STAR Kids, STAR Health, and CFC)
18. Private Duty Nursing Services (STAR Kids and STAR Health)
19. Skilled Nursing Services (STAR+PLUS only)
20. Supported Employment
21. Transition Assistance Services
22. Value Added Services