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Health and Human
Services

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	EFFECTIVE DATE April 9, 2020	
	Version 2.0.1	

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	January 10, 2020	Initial version of the Uniform Managed Care Manual Chapter 18, "Record Retention," applies to contracts issued as a result of HHSC RFP numbers 529-12-0002, 529-10-0020, 529-13-0042, 529-15-0001, 529-13-0071, 529-08-0001, and 529-12-0003.
Revision	2.0.1	April 9, 2020	Accessibility approved version.

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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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.



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I. APPLICABILITY OF CHAPTER 18

This chapter applies to STAR, STAR+PLUS, STAR Kids, STAR Health, CHIP, Children’s Medicaid Dental Services, and CHIP Dental Services.

II. PURPOSE AND BACKGROUND

This chapter provides additional guidance for record retention requirements found in the Uniform Terms and Conditions Article 9 – “Audit & Financial Compliance and Litigation Hold,” and in the Scope of Work “General Requests for and Access to Data, Records, and Other Information” of the managed care contracts. The specific requirements in these two sections are extended to requests made by the Texas Office of the Attorney General’s Civil Medicaid Fraud Division (CMF) through civil investigative demands (CIDs) and litigation holds related to CMF investigations and litigation involving state and federal false claims allegations. “Record” has the meaning assigned in the Uniform Terms and Conditions Article 9.

III. Scope

Upon MCO/DMO’s receipt from CMF of either a CID or litigation hold relating to a false claims investigation or lawsuit, the MCO/DMO and its Subcontractors must retain the records it maintains related to CMF’s CID or litigation hold until such investigation, lawsuit or litigation hold ends and must produce the records and information if requested to do so. In accordance with the Uniform Terms and Conditions Article 9, the MCO/DMO and its Subcontractors must maintain records relating to the work performed under the managed care contracts for 10 years after the Contract Expiration Date or until resolution of all investigations, litigation, claims, financial management reviews, or audits pertaining to the contract, whichever is longer. The CIDs and litigation holds under this chapter do not supersede that requirement.

The following are examples of the types of records CMF may require to be produced under a CID or retained under a litigation hold. The records fall within the types of records that the MCO/DMO and its Subcontractors must maintain under the Contract.

1. MCO/DMO or Subcontractors’ organizational files
 - a. Organizational charts related to the managed care organization contracted with HHSC under the MCO/DMO’s Contract.
 - b. Lists of employees engaged in work related to the MCO/DMOs Contract with HHSC.
 - c. Personnel records of employees engaged in work related to the MCO/DMOs Contract with HHSC.
 - d. Employee training materials and records relating to such training, in relation to the MCO/DMOs Contract with HHSC.



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- e. Inventories of where records relating to the Contract are stored, either in hard copy or electronically, including the storage facilities.
2. Records created and used for the MCO/DMO's Contract with HHSC, including records created or maintained by Subcontractors
 - a. Claims data, including Pharmacy Benefit Manager (PBM) claims data, and raw claims data.
 - b. Utilization review data.
 - c. Preauthorization data.
 - d. Provider enrollment and credentialing records.
 - e. Reimbursement agreements with Subcontractors.
 - f. PBM agreements, communications, and reviews.
 - g. HHSC audit records, including communications with HHSC.
 - h. Corrective Action Plans issued by HHSC relating to the Contract.
 - i. Policies and procedures relating to requirements, and services provided under the Contract.
 - j. Special Investigative Units (SIU) records, including complaints, investigation files, referrals to HHSC OIG, and investigative and administrative findings, results, and actions.
 - k. Member eligibility, enrollment, and Dual Eligible status.
 - l. Prior Authorizations, in hard copy and electronic format, including all data used to make determinations.
 - m. Medical necessity records, including all data used to make determinations.
 - n. Subcontracts for all services provided under the Contract.