



MANUAL	<b>HHSC Uniform Managed Care Manual</b>	Chapter <b>1.0</b>	PAGE <b>1 of 2</b>
CHAPTER TITLE  <b>INTRODUCTION</b>		EFFECTIVE DATE <b>November 15, 2015</b>	
		<b>Version 2.1</b>	

**DOCUMENT HISTORY LOG**

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 1.0, Introduction
Revision	1.1	September 15, 2009	Chapter 1.0 is modified to add applicability to STAR, STAR+PLUS, CHIP, CHIP Perinatal, CHIP EPO, STAR Health, and the CHIP Dental Program.
Revision	2.0	October 1, 2014	Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  "Applicability of Chapter 1.0" is modified to add the Medicare-Medicaid Dual Demonstration and the Children's Medicaid Dental Program and to remove the CHIP Perinatal Program.
Revision	2.1	November 15, 2015	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  "Applicability of Chapter 1.0" is modified to add the STAR Kids Program.
<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions <sup>2</sup> 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. <sup>3</sup> Brief description of the changes to the document made in the revision.			



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## Applicability of Chapter 1.0

This chapter applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), CHIP, STAR Kids, STAR Health, or Dental Contractors providing Texas Medicaid and CHIP Dental Services to members through dental health plans. In the chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all Programs, except where noted.

Applicability  
Modified by  
Versions 1.1,  
2.0, and 2.1

## Purpose

The purpose of the Health and Human Services Commission (HHSC) Uniform Managed Care Manual (Manual) is to define procedures that Managed Care Organizations (MCOs) must follow in order to meet certain requirements in the HHSC managed care contracts, and to provide interpretation on contractual provisions that need clarification.

Purpose  
Modified by  
Version 1.1

## Modification of HHSC Uniform Managed Care Manual

HHSC will attempt to provide MCOs with at least thirty (30) days advance written notice before implementing a substantive and material change in the Manual, unless otherwise noted in the Manual or the contract. HHSC will provide MCOs with a reasonable amount of time to comment on such changes, generally at least ten (10) business days. HHSC is not required to provide advance written notice of changes that are not substantive in nature, such as corrections of clerical errors.

Modification of  
HHSC UMCM  
Modified by  
Version 1.1