



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER 1.1	PAGE 1 of 2
	EFFECTIVE DATE November 15, 2015	

MATERIALS SUBMITTED FOR HHSC REVIEW

Version 2.2

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	September 1, 2007	Initial version Uniform Managed Care Manual Chapter 1.1 Materials Submitted for HHSC Review.
Revision	1.1	June 1, 2010	Chapter 1.1 is revised to update the “Applicability” section to include the CHIP Dental Program and clarify the term “MCO.”
Revision	2.0	April 5, 2012	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, and 529-12-0003. “Applicability” section is modified to remove the CHIP Perinatal Program and to include Children’s Medicaid Dental Services.
Revision	2.1	March 10, 2015	Revision 2.1 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 1.1” is modified to add the Medicare-Medicaid Dual Demonstration. General Instructions is modified to clarify that this chapter applies to all materials except marketing materials.
Revision	2.2	November 15, 2015	Revision 2.2 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 1.1” is modified to add the STAR Kids Program.

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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions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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Applicability of Chapter 1.1

Applicability Modified by Versions 1.1, 2.0, 2.1, and 2.2

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), CHIP, STAR Kids, and STAR Health Programs and Dental Contractors providing Children’s Medicaid Dental Services and CHIP Dental Services. 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.

General Instructions to MCOs

General instructions Modified by Version 2.1

When submitting any provider or member materials, including Critical Element documents, for HHSC review, MCOs will include a form number on the document in the bottom left hand corner of the document. The MCO will include this form number on the bottom left hand corner on at least the first page of the document when published or distributed. Marketing materials will be submitted under the process outlined in UMCM Chapter 4.6, “MCO Marketing Materials Submission Process.”