



TEXAS
Health and Human
Services

MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	1 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	July 1, 2016	Initial version Uniform Managed Care Manual, Chapter 3.32 "Medicaid Managed Care / CHIP Website Required Critical Elements." Version 2.0 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.
Revision	2.1	December 10, 2016	Chapter title "Medicaid Managed Care / CHIP Website Required Critical Elements" is changed to "Medicaid Managed Care / CHIP MCO Website Required Critical Elements." Section III. A. "Member Handbook" is modified to clarify use of bookmarks and hyperlinks. Section III. C. "Provider Directory" is modified to update the requirements. Section III. G. "Medicaid Complaint Process" is modified to add STAR Kids to "File a complaint." Section IV. A. "Provider Manual" is modified to clarify use of bookmarks and hyperlinks. Section IV. B. "Provider Information" is modified to add a link to the Texas Health Steps Provider Information website. Section IV. F. "Provider Portal Link" item 11 is modified to change "benefit statements" to "payment statements" and to require ability to view and download a PDF version.
Revision	2.2	November 15, 2018	Section I. "General Requirements" is modified to clarify MCOs required use of HHSC's definitions. Section I. "General Requirements" is modified to implement better behavioral and physical health integration activities at the MCO level in compliance with SB 74, 85R.



TEXAS
Health and Human
Services

MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	2 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
			<p>Section II. B. "Phone Numbers" is modified to update the Enrollment Broker help lines information.</p> <p>Section II. C. "Subcontractor Information (MCO Only)" is modified to add therapies.</p> <p>Section III. A. "Member Handbook" is modified to add requirements regarding paper directories and counseling or referral services not covered because of moral or religious objections.</p> <p>Section III. G. "Medicaid Complaint Process" is modified to add a hyperlink to the Online Submission Form.</p> <p>Section III. "Main Member Home Page" is modified to add a subsection "I. Member Portal Link.</p> <p>Section VI. "Optional Items" is modified to indicate Member Portal currently optional except for STAR Kids.</p>
Revision	2.3	February 1, 2019	General Requirements is modified to reflect the name change from Consumer Information Tool Kit to HHS Brand Guide and add hyperlink to the HHS Brand Guide.
Revision	2.4	August 7, 2020	<p>Section III. Main Member Home Page, B. Member Information is modified to add specific information regarding Medicaid managed care prior authorizations per S.B. 1207, 86th Regular Session amending Texas Government Code §531.024163. <i>Accessibility of Information Regarding Medicaid Prior Authorization Requirements.</i></p> <p>Section IV. Main Provider Home Page, E. Prior Authorization is modified to add specific information regarding Medicaid managed care prior authorizations per S.B. 1207, 86th Regular Session amending Texas Government Code §531.024163. <i>Accessibility of Information Regarding Medicaid Prior Authorization Requirements.</i></p>
Revision	2.4.1	November 18, 2020	Accessibility approved version.
Revision	2.5	December 18, 2020	<p>Chapter 3.32 continues to apply to the Dental Services Contract. The new Dental Services Contract HHSC RFP number is HHS0002879.</p> <p>Section IV. G "Additional Specific Requirements for the STAR Health and STAR Kids MCOs" is modified to add additional</p>



TEXAS
Health and Human
Services

MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	3 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
			requirements to the provider portal regarding a process to allow providers to access the STAR Kids Screening and Assessment Instrument (SK-SAI); Member SK-SAI MDCP review signature page (Form 2605), if applicable and Individual Service Plan (ISP), if applicable with the Member's consent.
Revision	2.6	April 1, 2021	Section IV. B. "Provider Information" is modified to add a requirement for MCOs to add a hyperlink to TMHP so Provider data can be reconciled with MCO demographic information.
Revision	2.7	May 19, 2021	Section I. "General Requirements" is modified to add NEMT Services providers to #9. Section II. B. "Phone Numbers" is modified to add NEMT Services and Where's My Ride Hotline criteria. Section II.C. "Subcontractor Information (MCO Only)" is modified to add NEMT Services. Section III. B. "Member Information" is modified to add a reference to NEMT-specific Member responsibilities and a required element for a hyperlink to the online NEMT Services Member reservation system. Section IV. B. "Provider Information" is modified to add a reference to NEMT-specific Member responsibilities.
Revision	2.8	May 1, 2022	Subsection F. of Section III added to provide information on the External Medical Review process. <u>Section 2(B)(7) revised to add External Medical Review contact information.</u>
Revision	2.8.1	May 2, 2022	Administrative Change

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.



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	4 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

Applicability of Chapter 3.32

This chapter applies to Managed Care Organizations (MCOs) or Dental Contractors participating in the Texas Medicaid Managed Care Programs: STAR, STAR+PLUS, including the Medicare-Medicaid Dual Demonstration, STAR Health, STAR Kids, or Texas Medicaid Dental Services and the Children’s Health Insurance Program (CHIP), and Texas CHIP Dental Services, collectively referred to herein as “Program” or “Programs”.

Required Critical Elements

I. General Requirements

1. Each MCO and Dental Contractor must have a Texas-specific MCO home webpage on its website. The MCO home webpage must include links to a designated webpage for Members and one for Providers.
2. The website must operate with sufficient bandwidth such that it has quick upload and download speeds.
3. Website tools and techniques should not require significant memory.
4. The website must be compliant with the Health Insurance Portability and Accountability Act (HIPAA).
5. The website must be written using the style and preferred terms of the HHS Brand Guide, made available at no more than a 6th grade reading level, in English and Spanish and other Prevalent Languages as appropriate with hyperlinks to select between the languages, with the exception of the main Provider home page’s required elements. The HHS Brand Guide can be found at <https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/vendor-contract-information/hhs-brand-guide.pdf>. All links must be clearly labeled and functional.
6. The website must include the link to financial literacy information on the Office of Consumer Credit Commission’s webpage.
7. If all required critical elements cannot be displayed on the designated page, the MCO and Dental Contractor has the option to provide a hyperlink to display the intended information for the required critical element specified for the MCO home page, main Member home page, or main Provider home page under the following conditions:



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	5 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

- a. The hyperlink from the MCO home page, main Member home page, or main Provider home page must be to a webpage that exclusively and readily displays the intended information specific to the hyperlink;
 - b. The critical element information must not be dispersed among or throughout multiple webpages through various links;
 - c. The hyperlink must not link to a handbook, manual, document, etc. that a Member or Provider must first access or search to obtain the information; and
 - d. The MCO and Dental Contractor may have subpages for additional information specific to a Program.
8. Each MCO and Dental Contractor must use HHSC’s definitions for managed care terminology, including: Appeal, Complaint, Copayment, durable medical equipment, Emergency Medical Condition, emergency medical transportation, emergency room care, Emergency Services, excluded services, Grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, Medically Necessary, Network, non-participating provider, participating provider physician services, plan, preauthorization, premium, prescription drug coverage, prescription drugs, Primary Care Physician, Primary Care Provider, provider, rehabilitation services and devices, skilled nursing care, specialist, and Urgent Care found in UCM Chapter 3.35.
 9. MCOs that have separate Provider portals for behavioral health Providers, NEMT Services providers, or other Providers or those that operate a smart phone application-based Provider portal must follow the requirements in Chapter 16 relating to such portals.

II. MCO Home Page

The MCO or Dental Contractor must include on its home page, at a minimum, the following items listed and those identified in the sections below:

1. MCO or Dental Contractor logo;
2. MCO or Dental Contractor background or history information;
3. Links to the MCO home page in English, Spanish, or other Prevalent Languages identified by HHSC, the Member portal home page, and the Provider home page or Provider portal;
4. Information regarding the availability of material published in alternate formats, such as large print, Braille, or audio;
5. A link to the MCO’s contract (STAR Health only); and



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	6 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

6. A link to the Texas Office of Inspector General website to report suspected Fraud, Waste, or Abuse by a Member or Provider.

A. Program(s) Overview

The MCO or Dental Contractor participating in any of the Programs listed below must include an overview of each Program in which it participates, including a list of the Service Area(s) it covers. Program logos must appear on specific Program pages.

1. STAR
2. STAR+PLUS
3. CHIP
4. CHIP Perinatal
5. CHIP Perinatal Newborn
6. STAR Health (STAR Health MCO only)
7. STAR Kids (STAR Kids MCO only)
8. Texas Medicaid Dental Services (Dental Contractor only)
9. Texas CHIP Dental Services (Dental Contractor only)

B. Phone Numbers

The MCO or Dental Contractor must include the following toll-free phone numbers and information as indicated:

1. Member Services hotline:
 - a. Member Services hotline number;
 - b. Hours of hotline's operation, including after-hours and weekend coverage;
 - c. Information on how to access all covered services – including what to do in an emergency or crisis (MCO only);
 - d. Availability of information in English, Spanish, or other Prevalent Languages identified by HHSC;
 - e. Availability of interpreter services;
 - f. TTY line for the hearing impaired; and



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	7 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

- g. Information on the availability of Service Coordination (STAR+PLUS and STAR Kids only)
2. Provider services hotline:
 - a. Provider services hotline number;
 - b. Hours of hotline’s operation, including after-hours and weekend coverage; and
 - c. Information on the purpose of the hotline and the available information.
3. Behavioral Health Service hotline (MCO only)
 - a. Behavioral Health Services hotline number;
 - b. Hours of hotline’s operation: 24 hours a day, 7 days a week;
 - c. Information on how to access services – including what to do in an emergency or crisis;
 - d. Availability of information in English, Spanish, or other Prevalent Languages identified by HHSC;
 - e. Availability of interpreter services;
 - f. Information on how to access substance abuse services, including information on self-referrals; and
 - g. Information on the availability of Service Coordination (STAR Health, STAR Kids, and STAR+PLUS only).
4. 24-hour Nurse Hotline (MCO only, if applicable)
 - a. 24-hour Nurse Hotline number;
 - b. Hours of hotline operation: 24 hours a day, 7 days a week;
 - c. Information on the services provided through hotline;
 - d. Availability of information in English, Spanish, or other Prevalent Languages identified by HHSC;
 - e. Availability of interpreter services;
 - f. TTY line for the hearing impaired; and
 - g. Information on how to seek specialty consultations and referrals (STAR Health only).
5. CHIP and STAR Program help line (Enrollment Broker)



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	8 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

- a. Program help line number (1-800-964-2777);
 - b. Hours of operation, including after-hours and weekend coverage;
 - c. Information on the information and assistance provided through the hotline; and
 - d. TTY line for the hearing impaired.
6. STAR Kids, STAR+PLUS, and MMP Program help line (Enrollment Broker)
- a. Program help line number (1-877-782-6440);
 - b. Hours of operation, including after-hours and weekend coverage;
 - c. Information on the information and assistance provided through the hotline; and
 - d. TTY line for the hearing impaired.
7. External Medical Review contact information
- a. Toll-free number to request an External Medical Review and
 - b. Information on the [External Medical Review process](#) and assistance provided.
 - e.
8. State Fair Hearing contact information
- c. Toll-free number to request an Appeal and
 - d. Information on the information and assistance provided.
9. NEMT Services and Where’s My Ride Hotline (if separate from other hotlines) information (MCO only)
- a. Hours of the NEMT Services hotline;
 - b. Hours of the “Where’s My Ride?” line;
 - c. How to access NEMT Services;
 - d. Availability of information in English and Spanish;
 - e. Availability of interpreter services; and
 - f. TTY Line for hearing-impaired.

C. Subcontractor Information (MCO only)

The MCO must provide the name, contact information, description of services provided, and link to a website for any Subcontractor that provides the Medicaid and CHIP services listed below:



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	9 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

1. Prescription Benefits Manager (PBM)
 - a. MCO must comply with UMCM 3.29 MMC/CHIP MCO Pharmacy Website Required Critical Elements
2. Vision
3. Behavioral Health
4. Dental
5. NEMT Services

III. Main Member Home Page

The MCO or Dental Contractor must include, on the Member home page, at a minimum, the items identified in the sections below.

A. Member Handbook

1. The MCO and Dental Contractor must have a printable version of its Member handbook in English, Spanish, or other Prevalent Languages identified by HHSC for each applicable Program and Service Area.
2. CHIP Program Member handbooks can either be individual books for CHIP, CHIP Perinatal, or CHIP Perinatal Newborn, or the CHIP Member handbook can include CHIP Perinatal and CHIP Perinatal Newborn.
3. The entire Member handbook should be available for printing including front and back covers. Member must be informed that the Member handbook is available in hard copy without charge, and the MCO or Dental Contractor must provide it upon request within 5 Business Days.
4. The MCO must include bookmarks to the table of contents in a searchable online PDF version of its Member handbook. Hyperlinks to inserts or addendums must be located with the Member handbook hyperlinks and, when selected, take the Member directly to the insert or addendum.

B. Member Information

1. Information on how to replace a lost or stolen Member ID card;



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	10 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

2. Members' rights and responsibilities, including NEMT-specific Member responsibilities (MCO only): The MCO or Dental Contractor may provide a hyperlink to the Member handbook to this information;
3. Texas Health Steps toll-free number and website;
4. Notice of privacy practice (NOPP) information;
5. Member advisory group overview (MCOs only);
6. Hyperlink to the Member portal, if applicable;
7. Hyperlink to online NEMT Services Member reservation system, if applicable (MCO only);
8. A list of premiums and cost sharing, including any conditions and limitations (CHIP only);
9. Provide designated space for HHSC notifications on the main Member home page. HHSC requested Member notices must be posted to the main Member home page within ten Business Days of receipt of notice. Notices must remain posted for as long as the information in the notice is current; and
10. Hyperlink to the Provider prior authorizations webpage required in Section IV. Provider Main Home Page, E. Prior Authorizations.

C. Provider Directory

1. The MCO or Dental Contractor must have a dedicated Provider directory webpage with information on PCP or clinic or Main Dentist selection, referral process, online Provider directory, PDF of the Provider directory, and a telephone number for additional assistance with scheduling an appointment or finding a Provider.
2. PCP or clinic or Main Dentist selection
 - a. The MCO or Dental Contractor must provide information that explains how Members may choose a PCP or Main Dentist.
 - b. The MCO must explain how Dual-Eligible Members are affected for PCP selection (STAR+PLUS and STAR Kids ONLY).
3. Referral process

The MCO must provide information that explains the referral process to specialty providers and the self-referral process that a Medicaid Member may use to access family planning; OB/GYN; and behavioral health Providers without a referral by a PCP. The



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	11 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

MCO must include the process for the Member to access these Providers, such as phone numbers, and any limitations to access.

4. In the case of a counseling or referral service that the MCO or Dental Contractor does not cover because of moral or religious objections, the MCO or Dental Contractor must inform Members that the service is not covered by the MCO or Dental Contractor. The MCO or Dental Contractor must inform Members how they can obtain information from the State about how to access these services that are not covered due to moral or religious objections.

5. Online Provider directory

The MCO or Dental Contractor must include an online Provider directory as described in UMCM Chapter 3.34 “MMC/CHIP Online Provider Directory Required Critical Elements”;

6. PDF of the Provider directory

The MCO or Dental Contractor must have a PDF version of its Provider directory as described in:

- a. UMCM Chapter 3.1 “MMC Provider Directory”;
- b. UMCM Chapter 3.2 “CHIP Provider Directory”;
- c. UMCM Chapter 3.13 “STAR Health Provider Directory”;
- d. UMCM 3.17 Chapter “CHIP Dental Provider Directory”; and
- e. UMCM Chapter 3.25 “MMC Dental Provider Directory.”

D. Medicaid Appeals Process

1. The MCO or Dental Contractor must provide a description of and information on how to file an Appeal with the MCO or Dental Contractor;
2. The MCO or Dental Contractor must provide the procedures for filing an Appeal;
3. The MCO or Dental Contractor must provide the toll-free phone number for receiving oral requests for Appeals;
4. The MCO or Dental Contractor must provide the mailing address for written requests for Appeals;
5. The MCO or Dental Contractor must include links, if applicable, to any forms created by the MCO or Dental Contractor for Appeals;



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	12 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

6. The MCO must provide contact numbers or information that the Members may use for process or status of Appeals questions; and
7. The MCO or Dental Contractor may hyperlink to the Appeals process information in its Member handbook.

E. CHIP Appeals Process

1. The MCO or Dental Contractor must provide a description of and information on how to file an Appeal with the MCO or Dental Contractor;
2. The MCO or Dental Contractor must provide the procedures for filing an Appeal;
3. The MCO or Dental Contractor must provide the toll-free phone number for receiving oral requests for Appeals;
4. The MCO or Dental Contractor must provide the mailing address for written requests for Appeals;
5. The MCO or Dental Contractor must include links, if applicable, to any forms for Appeals;
6. The MCO must provide contact numbers or information that the Members may use for process or status of Appeals questions; and
7. The MCO or Dental Contractor may hyperlink to the appeals process information in its Member handbook.

F. External Medical Review Process

1. The MCO or Dental Contractor must provide a description of an External Medical Review;
2. The MCO or Dental Contractor must provide the procedures for requesting an External Medical Review;
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests for an External Medical Review;
4. The MCO or Dental Contractor must provide the mailing address for written requests for an External Medical Review;
5. The MCO or Dental Contractor must include links, if applicable, to any forms for External Medical Reviews;
6. The MCO must provide contact numbers or information that the Members may use for process or status of External Medical Review questions; and
7. The MCO or Dental Contractor may include a hyperlink to the External Medical Review information in its Member handbook.



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	13 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

F. State Fair Hearing Process

1. The MCO or Dental Contractor must provide a description of and information on how to request a State Fair Hearing;
2. The MCO or Dental Contractor must provide the procedures for requesting a State Fair Hearing;
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests for a State Fair Hearing;
4. The MCO or Dental Contractor must provide the mailing address for written requests for a State Fair Hearing;
5. The MCO or Dental Contractor must include links, if applicable, to any forms for State Fair Hearings;
6. The MCO must provide contact numbers or information that the Members may use for process or status of State Fair Hearing questions; and
7. The MCO or Dental Contractor may hyperlink to the State Fair Hearing information in its Member handbook.

G. Medicaid Complaint Process

1. The MCO or Dental Contractor must provide a description of and information on how to file a Complaint;
2. The MCO or Dental Contractor must provide the procedures for filing a Complaint;
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests to file a Complaint;
4. The MCO or Dental Contractor must provide the mailing address for written requests to file a Complaint;
5. The MCO or Dental Contractor must include links, if applicable, to any form for Complaints;
6. The MCO or Dental Contractor must provide contact numbers or information that the Member may use for process or status of Complaint questions;
7. The MCO or Dental Contractor may hyperlink to the complaint information in its Member handbook;



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	14 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

8. The Medicaid MCO website must include the following message and contact information to address Complaints on its Member home page:

Filing a complaint:

If you receive benefits through Medicaid’s STAR, STAR+PLUS, STAR Health, or STAR Kids Program, call your medical or dental plan first. If you don’t get the help you need there, you should do one of the following:

- a. Call Medicaid Managed Care Helpline at 1-866-566-8989 (toll free).
- b. **Online:** <https://hhs.texas.gov/about-hhs/your-rights/hhs-office-ombudsman>
- c. **Mail:** Texas Health and Human Services Commission
Office of the Ombudsman, MC H-700
P.O. Box 13247
Austin, TX 78711-3247
- d. **Fax:** 1-888-780-8099 (toll-free); and

9. The STAR Health MCO must also include the HHSC mailbox for Member and Provider complaints: STAR.Health@hsc.state.tx.us.

H. CHIP Complaint Process

1. The MCO or Dental Contractor must provide a description of and information on how to file a Complaint;
2. The MCO or Dental Contractor must provide the procedures for filing a Complaint;
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests to file a Complaint;
4. The MCO or Dental Contractor must provide the mailing address for written requests to file a Complaint;
5. The MCO or Dental Contractor must include links, if applicable, to any form for Complaints;
6. The MCO or Dental Contractor must provide contact numbers or information that the Member may use for process or status of Complaints questions; and
7. The MCO or Dental Contractor may hyperlink to the complaint information in its Member handbook.

I. Member Portal (STAR Kids Only)



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	15 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

The MCO's Member portal must:

1. Require a single sign in through a secured login and password
2. Have an online capability to view and print, at a minimum, but not limited to:
 - a. Explanation of benefits (EOB)
 - i. EOB must be reflective of what is transmitted to Members.
 - ii. EOB data elements must include, at a minimum, but not limited to:
 1. Member information;
 - a. Name, D.O.B, address, contact number;
 - b. Medicaid ID; and
 - c. Group number (if applicable).
 2. Service detail claim information
 - a. Claim tracking ID;
 - b. Provider information;
 - c. Service date;
 - d. Service description;
 - e. Amount billed;
 - f. Discounts/reductions (if applicable);
 - g. Amount covered (if applicable); and
 - h. Amount not covered (if applicable).
 - b. Prior authorization requests & determinations
 - i. Prior authorization data elements must include, at a minimum, but not limited to:
 1. Date of request;
 2. Member information;
 - a. Name, D.O.B, address, contact number; and
 - b. Medicaid ID.
 3. Type of service;
 4. Tracking ID number; and



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	16 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

5. Results of prior authorizations.
 - a. Indicate explanation if authorization is denied or services approved are at level less than requested.
 - ii. Service authorization details
 1. NPI/API;
 2. Service effective and end dates;
 3. Units approved; and
 4. Unit type.
 - c. Third-party insurance information (most current available on Member)
 - i. Type of coverage;
 - ii. Term of coverage;
 - iii. Insurance company name, contact number;
 - iv. Insurance policy and group number;
 - v. Subscriber's name, contact number; and
 - vi. Subscriber's ID.
 - d. STAR Kids Screening and Assessment Instrument (SK SAI) including results for MDCP eligibility; whether approved or denied (if applicable).
 - e. Individual Service Plans (ISP) / Service Plan (SA) (if applicable).
 - f. Medical necessity/level of care form (MN/LOC) (if applicable).
3. Have the online capability for a Provider search
 - a. Provider search must indicate if the provider is accepting new Medicaid Members.
4. Display contact information including: name, address, phone number, email address as applicable.
 - a. Assigned Service Coordinator;
 - b. Technical support;
 - c. Fraud, Waste and Abuse Hotline; and
 - d. EOB, prior authorization, SK-SAI/ISP, MN/LOC.

MCOs must post the required documents to the Member's Member portal within 7 Business Days of receiving finalized document.



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	17 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

IV. Main Provider Home Page

The MCO or Dental Contractor must include on the main Provider home page, at a minimum, the items identified in the sections below.

A. Provider Manual

1. The MCO or Dental Contractor must have a printable version of its Provider manual for each applicable Program;
2. The entire Provider manual must be available for printing, including front and back covers; and
3. The MCO or Dental Contractor must include bookmarks to the Table of Contents in a searchable online PDF version of its Provider manual. Hyperlinks to inserts or addendums must be located with the Provider manual hyperlinks and when selected take the Provider directly to the insert or addendum.

B. Provider Information

1. Provider services hotline number and (optional) Provider services contact information;
2. Provider relations contact information;
3. Contracting or credentialing forms;
4. Credentialing verification organization (CVO) (MCO only)
5. Provider newsletters;
6. Provider advisory group;
7. Provider notices and reminders that include notices and reminders regarding claims processing guidelines;
8. Members rights and responsibilities, including NEMT-specific Member responsibilities listed in Member manual critical elements (MCO only);
9. Any plan-specific physician forms available for download;
10. Link to the Texas Medicaid & Healthcare Partnership;
11. Link to the HHSC's website (STAR+PLUS MCOs must also include a link for nursing facility unit rates on HHSC's website);



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	18 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

12. Link to the Texas Medicaid or CHIP vendor drug program, including how to access the Medicaid formulary and preferred drug list (PDL) on HHSC’s website;
13. Link to the Texas Health Steps Provider information website;
14. Training program schedules and topics, and directions for Provider on enrollment training, including continuing education credits for training on issues related to the target population;
15. How to apply to become a Network Provider including the Provider letter of intent or interest form;
16. Information on Cultural Competency and how to provide culturally sensitive care; and
17. The MCO or Dental Contractor must provide designated space for HHSC notifications on the main Provider home page. HHSC requires Provider notices must be posted to the main Provider home page within ten Business Days of receipt of notice. Notices must remain posted for as long as the information in the notice is current.
18. The MCO or Dental Contractor must include the following statement:
 - f. To Providers: Please update your enrollment and demographic information with TMHP (Texas Medicaid Healthcare Partnership). TMHP is HHSC’s provider enrollment administrator and serves as the authoritative source for HHSC Providers’ enrollment and demographic information. Once you update your enrollment and demographic information with TMHP, your data will be reconciled with the demographic information on file with the MCOs.
 - g. To make updates to your current enrollment (e.g., new practice locations or change of ownership updates), please access the web page titled “Provider Enrollment on the Portal - A Step-by-Step Guide” at the following URL:
<https://www.tmhp.com/sites/default/files/microsites/enrollment/index.html>.
 - h. For instructions on how to make other demographic updates to your current enrollment, please access the document titled “Provider Information Management System (PIMS) User Guide” at the following URL:
<https://www.tmhp.com/sites/default/files/file-library/edi/PIMS-user-guide-r2020-11-19.pdf>.
 - i. Otherwise, you can contact TMHP directly at 800-925-9126 for assistance.
 - j. The MCO or Dental Contractor must insert a hyperlink in the text of each URL contained within the required statement.

C. Provider Complaints



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	19 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

1. The MCO or Dental Contractor must provide, at a minimum, the following contact information for Providers to submit a Complaint:
 - a. Contact number;
 - b. Email address; and
 - c. Fax number.
2. The MCO must also include the HHSC mailbox for Provider complaints: HPM_Complaints@hhsc.state.tx.us and for STAR Health at STAR.Health@hhsc.state.tx.us.

D. Provider Appeals

The MCO or Dental Contractor must provide, at a minimum, the following contact information for Providers to submit a claims appeal:

1. Contact number;
2. Email address; and
3. Fax number.

E. Prior Authorizations (PA)

CHIP and CHIP Dental

The MCO or Dental Contractor must include its criteria for prior authorizations and link to any prior authorization request form(s) the Provider must utilize.

Medicaid Managed Care

The MCO or Dental Contractor must have a webpage which includes the items identified in this section:

1. The MCO or Dental Contractor must include a link to any prior authorization request form(s) the Provider must utilize.
2. The MCO or Dental Contractor must include the following information:
 - a. Prior authorization timelines, including the following timelines:



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	20 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

- i. Within three Business Days after receipt of the request for authorization services;
 - ii. Within one Business Day for concurrent Hospitalization decisions (MCO only); and
 - iii. Within one hour for post-hospitalization or life-threatening conditions, except that for Emergency Medical Conditions and Emergency Behavioral Health Conditions, the MCO must not require prior authorization (MCO only).
- b. Pharmacy prior authorization timelines (MCO only), including the following timelines:
- i. If the prescriber’s office calls the MCO’s PA call center, the MCO must provide prior authorization approval or denial immediately.
 - ii. For all other PA requests, the MCO must notify the prescriber’s office of a PA denial or approval no later than 24 hours after receipt.
 - iii. If the MCO cannot provide a response to the PA request within 24 hours after receipt or the prescriber is not available to make a PA request because it is after the prescriber’s office hours and the dispensing pharmacist determines it is an emergency situation, the MCO must allow the pharmacy to dispense a 72-hour supply of the drug.
3. The MCO or Dental Contractor must include the following descriptions pertaining to the UMCM 3.22 Notification Process for Incomplete Prior Authorization Requests:
- a. Overall description of the notification process for incomplete prior authorization requests;
 - b. A description of the content of the notices the MCO or Dental Contractor will issue to the Member and Provider; and
 - c. The timeframe by which the MCO or Dental Contractor will issue the notice to the Member and Provider
4. The MCO or Dental Contractor must include an accurate and up-to-date catalog of coverage criteria and prior authorization requirements in a searchable and accessible format, including:
- a. The effective date of each prior authorization requirement imposed on or after September 1, 2019;
 - b. A list or description of any supporting documentation or other documentation necessary to obtain prior authorization for a specified service; and



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	21 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

- c. The date and results of each MCO or Dental Contractor annual review conducted under Texas Government Code §533.00283. The MCO or Dental Contractor must utilize the Prior Authorization Annual Review Report template provided in UMCM Chapter 5.27.
- 5. The MCO or Dental Contractor must include the following regarding prior authorization assistance:
 - a. The hours of operation and toll-free phone number for Provider assistance with prior authorizations;
 - b. The hours of operation and toll-free phone number for Member assistance with prior authorizations;
 - c. The hours of operation and toll-free phone number for Provider assistance with pharmacy prior authorizations (MCO only); and
 - d. The purpose and information available for each hotline listed above.
- k.

F. Provider Portal Link

The MCO's or Dental Contractor's Provider portal must:

1. Be secure and require a login and password;
2. Have the ability to verify Member's eligibility;
3. Have online claims processing ability, permitting the electronic submission of all claim types, including professional, institutional, and dental;
4. Be able to gather required claim related information, such as form batch uploads, direct data entry, EDI, or other information, and at a minimum, must have batch submission capability and allow for the viewing of individual claims in a batch;
5. Have an online process to support the requirements of a prompt, expedited credentialing process as defined by the Contract between MCO and HHSC;
6. Have an online process to permit the submission of electronic claims and any related documentation requested by the MCO or Dental Contractor;
7. Have an online process to allow for the submission of prior authorization requests, including pharmaceutical requests, as applicable, and any related documentation requested by the MCO or Dental Contractor;
8. Have an online process to permit the submission of claims appeals and reconsiderations;



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	22 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

9. Have an online process to permit the submission of clinical data;
10. Have an online process to obtain electronic remittance advice, such as GUI, EDI, or other;
11. Include an electronic process to obtain explanation of payment statements and other standardized reports that allows the Provider to view and download a PDF version of the information;
12. Have the ability to accept electronic forms and capture an electronic signature or similar electronic authorization of a prior authorization request;
13. Allow for Provider access to MCO's maximum allowable cost lists as defined and required by the Contract between MCO and HHSC (MCO only); and
14. Provide information on how to handle appeals for recoupments due to HHSC retro-eligibility changes.

G. Additional Specific Requirements for the STAR Health and STAR Kids MCOs

In addition to the above-referenced requirements for the main Provider home page, the MCOs for STAR Health and STAR Kids must include the items identified below:

I. STAR Health MCOs

1. Links to the Department of Family and Protective Services policies and information required of Providers to meet the needs of the STAR Health population;
2. Posting of routine scheduled downtime of the Health Passport; and
3. An online process, through the provider portal or Health Passport, for providers to access the following information on their patients with the consent of each Member:
 - a. Screening and Assessment Instrument (SAI);
 - b. Member SAI MDCP Review signature (Form 2605), as applicable; and
 - c. ISP, as applicable.

STAR Kids MCOs

1. Information on the 24-hour Nurse hotline and how to seek specialty consultations and referrals;
2. Information regarding outages and downtime for Provider-facing systems; and
3. An online process for providers to access the following information on their patients with the consent of each Member:
 - a. SK-SAI;



MANUAL	CHAPTER	PAGE
HHSC Uniform Managed Care Manual	3.32	23 of 23
CHAPTER TITLE	EFFECTIVE DATE	
MEDICAID MANAGED CARE / CHIP MCO WEBSITE REQUIRED CRITICAL ELEMENTS	May 2, 2022	
	Version 2.8.1	

- b. Member SK-SAI MDCP Review signature (Form 2605), if applicable; and
- c. ISP, if applicable.

V. Social Media

If the MCO or Dental Contractor is unable to include its general terms and conditions for any social media platforms utilized to communicate with Members or Providers on the social media sites, the MCO must include the general terms and conditions on its MCO website.

VI. Optional Items

The following items are optional and are not requirements for the MCO or Dental Contractor websites.

1. MCO or Dental Contractor events calendar
2. Value Added Services
3. Comparison charts
4. Report cards
5. Member portal (Currently optional for all lines of business except for STAR Kids)
 - a. Ability for Member to view Individual Service Plan (ISP)
 - b. Ability for Member to view explanation of benefits (EOB)
6. Member newsletters
7. Community resources
8. Migrant Farmworkers page
9. Frequently asked questions (FAQs)
10. Quick tools
11. Provider training modules
12. Advance directives