



**TEXAS**  
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**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	2.0	April 15, 2019	Initial version Uniform Managed Care Manual, Chapter 3.34 “MMC/CHIP Online Provider Directory 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	March 31, 2022	Section II is modified to add Maternal Mental Health (Postpartum Depression and Anxiety).  Section III is modified to add whether a provider is a Healthy Texas Women Provider.  Section III is modified to add that MCOs do not have to implement the HTW indicator until 90 days after the Master Provider File is available from HHSC Enrollment Broker.

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as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.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

**Applicability of Chapter 3.34**

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), Children’s Health Insurance Program (CHIP), including CHIP Perinatal and CHIP Perinatal Newborn, or Texas CHIP Dental Services, collectively referred to herein as “Programs”. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers,



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Dental Contractors, and any other entities licensed or approved by the Texas Department of Insurance (TDI).

The requirements in this chapter apply to all Programs, except where noted.

All MCOs contracting with HHSC are required to comply with the Uniform Managed Care Manual (UMCM) Chapter 4 Marketing Policies and Procedures.

## Required Critical Elements

### I. General Requirements

1. The MCO must develop a Texas-specific Medicaid Managed Care and CHIP Online Provider Directory with Mobile-optimization for mobile devices. For purpose of this chapter, Mobile-optimization includes but is not limited to: enhanced navigation buttons; reformatted content for maximum readability' and smaller image/file sizes for quicker upload and reduced data usage. A mobile responsive and/or mobile-friendly website design does not meet the intended requirement for Mobile-optimization.
2. The link to the Online Provider Directory must be located on the Texas-specific MCO home page, Member main home page of the MCO website, and Provider main home page.
3. The Online Provider Directory website must include the MCO logo, and the Member Services toll-free number. Applicable Program logos are preferred, but optional.
4. The MCO's Subcontractor must comply with the requirements in this chapter. The MCO must predominantly display a link in the Online Provider Directory to the website for any Subcontractor that provides the Medicaid and CHIP services listed below:
  - a. Prescription Benefits Manager (PBM)
  - b. Vision
  - c. Behavioral Health
  - d. Dental
5. The MCO must not require the Member to enter a username or password to access the Online Provider Directory.
6. The search fields and Provider search results must be available in English and Spanish and the languages of other Major Population Groups. Links to select these language options must be prominently displayed on the Online Provider Directory website. All links and search fields must meet accessibility standards, be clearly labeled, and functional.
7. The Member must be allowed to fill in as many or as few fields as desired. However, if the Member attempts a search with no selection criteria populated, an alert or error



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message must appear requesting the Member provide at least a geographic value such as city or zip code.

- The MCO must clearly define acronyms or abbreviations to identify search fields, search options, or Provider search results. The MCO must refer to the HHS Brand Guide for the use of preferred terms which is located on the HHSC website at:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/vendor-contract-information/hhs-brand-guide.pdf>

- The Online Provider Directory must comply with the UMCM Chapter 4 Marketing Policies and Procedures.
- The MCO must provide basic and advanced search functionality. At a minimum, the basic and advanced search functionality must include the requirements outlined in Sections II and III below; however, the MCO may provide additional search criteria to enhance the Member experience without undue limitations or restrictions.
- The online search must be able to accommodate more than one selection from the basic and advanced search criteria. For each field, the MCO must allow the Member to select multiple options among the choices provided such as drop down menus, check boxes, radio buttons, or other similar selection options to meet this requirement.
- The MCO may provide additional descriptive information for search fields that, in the MCO's assessment, require additional clarity.
- The MCO may only include: 1) Network Providers located in its contracted Service Area(s), and 2) Network Providers located in counties adjacent to its contracted Service Area(s), TDI licensure/approval in the county where the Network Provider is located. For a Network 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 Network Provider with a toll-free phone number or a local number for the licensed/approved county. If an MCO limits Members' access to a limited Provider Network, the MCO must be in compliance with the TDI's rules located in 28 Texas Admin. Code §11.1600.
- The MCO must include and predominantly display on its Online Provider Directory website a direct Member Services email address and toll-free Member Services hotline number for assistance with: 1) scheduling an appointment, and 2) finding a Provider. The MCO must also include a statement notifying Members of the option to contact the toll-free Member Services hotline for assistance with locating Network Providers or assistance with scheduling an appointment using three-way call with the Provider and Member or Member's representative.
- The MCO must include an electronic method to report inaccurate Provider information within the Online Provider Directory.



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16. The MCO Online Provider Directory must be updated on a weekly predictable schedule to reflect the most updated Provider Network.
17. The MCO must predominantly display on the website the date that its Provider Network information was last updated.
18. The MCO must have written policies and standard operating procedures that comply with this chapter.

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## II. Basic Search Criteria

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The MCO must include, at a minimum, as basic search criteria the following items:

1. Program search options such as drop down menus, check boxes, radio buttons, or other similar selection options that include the following Programs as applicable to the MCO:
  - a. STAR
  - b. STAR+PLUS
  - c. STAR Health
  - d. STAR Kids
  - e. CHIP
  - f. CHIP Perinate (Member)
  - g. Medicare-Medicaid Plan
  - h. Children’s Medicaid Dental Services (CMDs)
  - i. CHIP Dental
2. Geographic search options including, at a minimum, the following values:
  - a. City
  - b. County
  - c. Zip Code
  - d. Service Area/Dental Region
  - e. Provider Address
3. The distance search feature must allow the Member to choose a mileage radius option to search for Providers within a given mileage radius of the Member’s selected geographic value. MCOs must offer multiple mileage radius values (i.e. 5, 10, 15, 30, 45, 75, and Over), using search selection features such as drop down menus, check boxes, radio buttons, or other similar selection options to meet this requirement.



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4. Provider name search option that includes, at a minimum, the following values:
  - a. First Name
  - b. Last Name
  - c. Clinic/Group Practice Name or Business Name
  
5. Provide selections such as drop down menus, check boxes, radio buttons, or other similar selection options that allow members to search by Provider types and Provider specialties. MCOs have the autonomy to implement this requirement, but must ensure that Online Provider Directory functionality, at a minimum, allows Members to find Providers of the following Provider types and specialty options:
  - a. MCO Provider Type and Provider Specialty options
    - Primary Care Provider or OB/GYN with specialty options identified in Attachment A;
    - Specialist with specialty options identified in Attachment B;
    - Hospital with additional selection options for Behavioral Health Facilities, Children's Hospitals or Hospitals with Specialized Pediatric Services;
    - Clinic with additional selection options for Urgent Care, Multispecialty, Walk-in, and After Hours;
    - Pharmacy with additional selection options for 24 Hour, Mail-Order, Specialty, and Durable Medical Equipment (DME) Provider;
    - Long Term Services and Supports (LTSS) with specialty options identified in Attachment D, with a separate selection option for pediatric for each LTSS specialty, as applicable;
    - Behavioral Health with selection options for Mental Health Rehabilitation Services and Mental Health Targeted Case Management;
    - Ancillary with additional selection options for dietician, home health, laboratory, radiology/imaging, Occupational Therapy, Physical Therapy, Speech Therapy, and social worker, and a separate selection option for pediatric for each ancillary specialty, as applicable;
    - Nursing Facilities;
    - Dental with specialty options identified in Attachment C; and
    - Vision services.
    - Maternal Mental Health (Postpartum Depression and Anxiety)



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- b. Dental Contractor Provider Type and Provider Specialty options
  - Main Dentist with additional selection options for General Dentist, Pediatric Dentist, FQHC, and RHC; and
  - Specialist provider type with additional selection options identified in Attachment C.

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### III. Advanced Search Criteria

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The MCO must include as advanced search criteria, at a minimum, the following items, as appropriate for provider:

1. Languages spoken by Provider or Provider's staff;
2. Accepting new Members;
3. Provider gender;
4. Patient age limitations; and
5. Extended office hours search fields options:
  - a. Open after 5:00 PM
  - b. Open after 5:00 PM some days
  - c. Open weekends
  - d. Open some weekends

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### IV. Map Functionality

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The MCO's Online Provider Directory search tool must provide an interactive map that, at a minimum:

1. Shows a visual representation of Provider location(s) from the Provider search results; and
2. Links to an online mapping tool to provide directions to a Provider's office location from the Member's location.

## Provider Search Results Display Criteria

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### I. General Requirements

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1. The MCO must provide the ability to print or save the lists of Providers or Provider information pages that result from the search in PDF or printer-friendly format.



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- The MCO must provide the ability for Members to select and copy alphanumeric characters within the PDF or printer-friendly format return results.

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## II. Initial Provider Results Display

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- The MCO must have, at a minimum, the following Provider information appear for each Provider from the initial search results:
  - First and last name;
  - Address including the street address, city, state, and zip code;
  - Phone number with area code
- For a search that results in multiple Providers, the MCO must display the Provider information in list form and provide sorting options by alphabetical order and distance.
- Results must include a link to an interactive map display showing the location(s) of the Provider(s) in the search results.

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## III. Provider Information

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The MCO must have, at a minimum, the following Provider information appear for each selected Provider in accordance with 42 CFR § 438.10 (h):

- Provider's name
- Provider's office address(es) including the street address, city, state, and zip code
- Provider's office phone number with area code
- Provider's website URL, as appropriate
- Office hours
- Days of operation
- Provider's area(s) of specialty (ex. Family Medicine, Internal Medicine, Cardiology, Orthodontist, Endodontist.) (as appropriate)
- Group name affiliation or clinic (if applicable)
- Practice limitations
- Languages spoken by the Provider or the Provider's staff
- Whether the Provider or the Provider's staff has completed the MCO's cultural competency training



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12. Whether the Provider's office or facility has accommodations for people with physical disabilities
13. Whether the Provider is accepting new Members
14. Whether the Provider is a Texas Health Steps Provider (applicable to Medicaid managed care only)
15. 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)
16. Whether the Provider offers Telemedicine, Telehealth, or Telemonitoring Services (excludes Provider types where tele-services are not applicable)
17. Whether the Dental Provider is accepting Children with Special Health Care Needs (Dental Contractors only)
18. Whether the Dental Provider is a Main Dentist provider (Medicaid Dental Contractors only)
19. Whether the Provider provides pediatric services (for Ancillary, Home Health Ancillary, and LTSS provider types, as applicable)
20. For Behavioral Health Providers only, whether the Provider can provide Mental Health Rehabilitation Services or Mental Health Targeted Case Management
21. For Pharmacies, whether or not the pharmacy is a Durable Medical Equipment (DME) Provider, 24-Hour, Mail Order, and Specialty Pharmacy.





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### **Attachment A: Primary Care Provider List**

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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)



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## **Attachment B: Specialist Specialty List**

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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)



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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)



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

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



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

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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