



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER 4.6.1	PAGE 1 of 3
	EFFECTIVE DATE September 1, 2016	
Medicaid Managed Care, CHIP, and DMO Marketing, Member, and Provider Materials Form Instructions		Version 2.0

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	September 1, 2016	<p>Initial version of Uniform Managed Care Manual Chapter 4.6.1 "Medicaid Managed Care, CHIP, and DMO Marketing, Member, and Provider Materials Form Instructions."</p> <p>Chapter 4.6.1 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, 529-13-0042, 529-13-0071, and 529-15-0001.</p>

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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions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 4.6.1

This Chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Health, and STAR Kids 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, and any other entities licensed or approved by the Texas Department of Insurance.

II. General Instructions

Per Section IV. Submission Guidelines of UMCM Chapter 4.6 MCO Materials Submission Process, the MCO must complete all sections of the *Medicaid Managed Care, CHIP, and DMO Marketing, Member, and Provider Materials* form located in UMCM Chapter 4.6.2 with the required elements identified and submit the form with its material submission to HPM_Communications@hhsc.state.tx.us. The required elements are necessary for review appropriateness.

III. Medicaid Managed Care, CHIP, and DMO Marketing, Member, and Provider Materials Form Instructions

The MCO must complete all fields of the *MCO Information* and *Material Information* sections of the form. Do not complete the *For HHSC Use Only* section.

MCO Information

- 1) **MCO Name:** Enter the name of the MCO.
- 2) **MCO Submitter:** Enter the name of the MCO representative submitting this form and material for review.
- 3) **E-mail Address:** Enter the email address of the MCO representative submitting this form and material for review.

Material Information

- 1) **Date of Submission:** Enter the date the material is submitted.
- 2) **Material File Name:** Assign and enter a file name for the material submission.
- 3) **Form Number:** Assign and enter a Form Number for the material submission.
- 4) **Applicable Program(s):** Select all applicable Programs for which the material submission is designed.



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- 5) **Target Audience(s):** Select all applicable Targeted Audiences for which the material submission is designed.
- 6) **Reading Grade Level:** Enter the Reading Grade Level for the material submission based on the MCO readability statistics or indicate N/A for Provider Materials.
- 7) **Service Area(s):** Select all applicable Service Areas for which the material submission is designed.
- 8) **Template:** Select "Yes" if the material submission is intended to be utilized as a template in which details such as dates, times, or articles will be interchangeable, e.g., a newsletter or MCO event flyer. Select "No" if the material submission is not intended to be used as a template.
- 9) **Advance Notice Required:** Select "Yes" if the material submission is a result of, or a requirement of, advance notice, e.g., covered benefits or claims processing guideline changes. If "Yes" is selected, enter the effective date of the notice. Select "No" if the material submission is not the result or requirement of advance notice.
- 10) **Purpose/Intended Use of Material:** Enter a brief description of the purpose or intended use of the material. The description should provide a description rather than a restatement of required elements already provided.
- 11) **Cite Source(s) Used:** Cite or provide the source/resource utilized in the development of the material, if applicable (e.g., the Texas Medicaid Healthcare Partnership (TMHP) link, Texas Medicaid Provider Procedures Manual (TMPPM) section, or Healthcare Effectiveness Data and Information Set (HEDIS) reference).
- 12) **Consortium MCOs (if applicable):** Enter if the materials will be utilized by an MCO consortium (e.g., a common Pharmacy Benefit Manager (PBM) amongst multiple MCOs) and provide a list of MCOs. Enter "N/A" if not applicable.