



# UNIFORM MANAGED CARE MANUAL

## *CHAPTER 5.25.2.1*

### *MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary Instructions*

**Version 2.1**

**Effective Date: March 18, 2022**

#### **I. Applicability of Chapter 5.25.2.1**

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 participating in Children's Medicaid Dental Services or CHIP Dental Services (hereinafter collectively referred to as "Programs"). The term "MCO" includes health maintenance organizations (HMOs), Medicare-Medicaid Plans (MMPs), Dental Contractors and any other entities licensed or approved by the Texas Department of Insurance.

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

#### **II. MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary Instructions**

The MCO must complete the fields of the *Monthly Deliverable 45 Day Submission Non-Compliance Summary* as indicated below for each section. The MCO must submit a *MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary* report no later than 5 Business Days after submission of the 45 Day monthly deliverables for non-compliances identified on Member Complaints, Provider Complaints, and Member Appeals via TexConnect.

##### **A. General Information Section**

The MCO must complete the fields of the *General Information* section as follows:

1. **MCO Name:** Enter the MCO name.
2. **Date:** Enter the date when the summary was completed by the MCO.
3. **Reporting Period:** Enter the month being reported in the naming convention as follows:
  - a. If the *Monthly Deliverable 45 Day Non-Compliance Summary* is being submitted for the monthly Deliverables, enter the appropriate range in dates (e.g., 09/01/2019 to 09/30/19).

## **B. Deliverables Section**

The MCO must complete the fields of the Deliverables section on all Deliverables for which MCO performance does not meet contractual standards as follows:

1. **Deliverable Type:** Check the box next to all Deliverables for which the performance standard was not met.
2. **Performance Standard:** Select the performance standard(s) not met for the Deliverable selected.
3. **Program:** Check the box for each Program for which the MCO did not meet contractual standards.
4. **Service Area(s) (if applicable):** Enter the Service Area(s) for which the MCO did not meet contractual standards. Specify the Service Area by name, not by plan code (i.e. "Bexar", **not** "43").
5. **Cause of Non-compliance/Corrective Action Taken:** Enter the MCO's actual performance results, the cause of the non-compliance, and the corrective action(s) the MCO will put in place to correct the non-compliance. For the cause of the non-compliance, the MCO should consider trends related to previous Deliverable results if applicable.
  - a. Include the top 3 reasons for Member/Provider substantiated Complaints and provide an explanation if complaints increased 10% or more from the previous reporting period.
  - b. Include top 3 reasons for overturned appeals and provide an explanation if appeals increased 10% or more from the previous reporting period.
6. **MCCO Comments:** Do not complete this section. This section is for HHSC use only.

## **Table 1. 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>	<b>STATUS<sup>1</sup></b>
<b>Baseline</b>	2.0	April 3, 2020	Initial version of Uniform Managed Care Manual Chapter 5.25.2.1 "MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary Instructions."  Chapter 5.25.2.1 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, 529-15-0001, and Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.	Baseline
<b>Revision</b>	2.0.1	June 18, 2020	Accessibility approved version.	Revision
<b>Revision</b>	2.1	March 18, 2022	Administrative changes made to update the due date and submission information.	Revision

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<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.