



UNIFORM MANAGED CARE MANUAL

CHAPTER 5.25.3.1

MCO Quarterly Deliverable Submission Non-Compliance Summary Instructions

Version 2.2

Effective Date: January 8, 2024

I. Applicability of Chapter 5.25.3.1

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 and 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 Quarterly Deliverable Submission Non-Compliance Summary Instructions

The MCO must complete the fields of the *Quarterly Deliverable Submission Non-Compliance Summary* as indicated below for each section. The MCO must submit a *MCO Quarterly Deliverable Submission Non-Compliance Summary* report no later than 5 Business Days after submission of the quarterly deliverables for non-compliances identified on Provider Termination and Out-of-Network via TexConnect. If all performance standards were met

for each report, the MCO must complete the fields under A. General Information Section only.

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. **State Fiscal Year (SFY) and Quarter:** Enter the corresponding state fiscal year and quarter.

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 performance standards.
4. **Service Area(s) (if applicable):** Enter the Service Area(s) for which the MCO did not meet performance 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 if any Provider terminations lead to Network Adequacy or Access to Care issues.

6. **Special Exception Request Template on File & Current:** Select "Yes" if MCO has an approved Special Exception Request and is current. Select "No" if not.
7. **MCCO Comments:** Do not complete this section. This section is for internal state use only.

Table 1. DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
Baseline	2.0	July 24, 2020	Initial version of Uniform Managed Care Manual Chapter 5.25.3.1 "MCO Quarterly Deliverable Submission Non-Compliance Summary Instructions." Chapter 5.25.3.1 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
Revision	2.0.1	September 15, 2020	Accessibility approved version.	Revision
Revision	2.1	March 18, 2022	Administrative changes made to update the due date and submission information.	Revision
Revision	2.2	January 8, 2024	Administrative change made to clarify submission instructions when all standards are met.	Revision

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.