**Table 1. DOCUMENT HISTORY LOG**

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| STATUS1 | DOCUMENT REVISION2 | EFFECTIVE DATE |  DESCRIPTION3 | STATUS1 |
| Baseline | 2.0 | July 24,2020 | Initial version Uniform Managed Care Manual Chapter 5.25.3, “MCO Quarterly Deliverable Submission Non-ComplianceSummary.”Chapter 5.25.3 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, andMedicare-Medicaid Plans (MMPs) in the Dual Demonstration. | Baseline |
| Revision | 2.0.1 | September 15, 2020 | Accessibility approved version. | Revision |
| Revision | 2.1 |  October 1,2021 | Added performance standard forSUD Residential. | Revision |
| Revision | 2.2 | February 1, 2024 | Added section for MCO QuarterlyPharmacy Report. | 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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions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

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| --- |
| **MCO Quarterly Deliverable** **Submission Non-Compliance Summary** |
| **General Information** |
| **MCO Name:**  |
| **Date:**  |
| **SFY: Quarter:**  |
| **Deliverables** |
| [ ]  **Provider Termination (UMCM 5.24.3) (Due 30 Days after the end of the reporting quarter)**  |
| **Notification of Terminations:** [ ]  **> 10% of PCP/MDH** [ ]  **> 10% of Specialists** [ ]  **> 10% of LTSS** [ ]  **> 10% of Pharmacies** [ ]  **> 10% of Specialty Pharmacies** [ ]  **> 10% of Mail Order Pharmacies** [ ]  **> 10% of 24 Hour Pharmacies** [ ]  **> 10% of Acute Care Hospitals** |
| **Program:** [ ]  **STAR** [ ]  **STAR+PLUS** [ ]  **STAR Health** [ ]  **STAR Kids** [ ]  **CHIP** [ ]  **CHIP Dental Services**[ ]  **MMP** [ ]  **Children’s Medicaid Dental Services**  |
| **Service Delivery Area(s):**   |
| **Cause of Non-compliance/Corrective Action Taken (Include if any Provider terminations lead to Network adequacy or access to care issues):**   |
| **MCCO Comments:**   |
| [ ]  **Out-of-Network (UMCM 5.24.4) (Due 30 Days after the end of the reporting quarter)** |
| **Performance Standard:** [ ]  **15% Total OON Hospital Admissions** [ ]  **20% Total OON ER Visits** [ ]  **20% Total Dollars Billed for Other Outpatient** [ ]  **20% Total Dollars Billed for SUD Residential** |
| **Program:** [ ]  **STAR** [ ]  **STAR+PLUS** [ ]  **STAR Health** [ ]  **STAR Kids** [ ]  **CHIP** [ ]  **CHIP Dental Services**[ ]  **MMP** [ ]  **Children’s Medicaid Dental Services**  |
| **Service Delivery Area(s):**   |
| **Cause of Non-compliance/Corrective Action Taken:**   |
| **Special Exception Request Template on File & Current:** [ ]  **Yes** [ ]  **No**  |
| **MCCO Comments:**   |
| [ ]  **MCO Quarterly Pharmacy Report (UMCM 5.13.4) (Due 30 Days after the end of the reporting quarter)** |
| **Performance Standard:** [ ]  **98% Medicaid Call Center PA Requests** [ ]  **98% Medicaid Other PA Requests** [ ]  **98% CHIP PA Denial Notices** [ ]  **98% CHIP PA Approval Notices** [ ]  **98% MAC Challenges Resolved within 15 Days** [ ]  **98% MAC Challenges Resolved after 15 Days**  |
| **Program:** [ ]  **STAR** [ ]  **STAR+PLUS** [ ]  **STAR Health** [ ]  **STAR Kids** [ ]  **CHIP** |
| **Cause of Non-compliance/Corrective Action Taken:**   |
| **MCCO Comments:**   |