



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.6.2	1 of 5
	EFFECTIVE DATE	
Members with Special Health Care Needs (MSHCN) Report Instructions	January 15, 2019	
	Version 2.2	

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	May 1, 2016	Initial version Uniform Managed Care Manual Chapter 5.4.6.2, "Members with Special Health Care Needs (MSHCN) Report Instructions." Chapter 5.4.6.2 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001 and 529-12-0002.
Revision	2.1	September 1, 2017	Chapter 5.4.6.2 is updated to clarify instructions.
Revision	2.2	January 15, 2019	Chapter 5.4.6.2 is updated to clarify members who should be included in the MSHCN report.
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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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.			

I. Applicability of Chapter 5.4.6.2

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR program and CHIP. In this chapter, references to "CHIP" or the "CHIP Managed Care Program(s)" apply to the Children's Health Insurance Program. References to "Medicaid" or the "Medicaid Managed Care Program(s)" apply to the STAR program. The term "MCO" includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply only to the STAR program and CHIP.

II. General

MCOs must complete the Quarterly MSHCN Report using the locked Microsoft Excel template provided by HHSC. Each MCO is required to submit one report for both STAR and CHIP (as applicable) that includes all Service Areas by plan code. Data integrity is critical to the automated compilation of the data. Do not alter the file name, sheet names, existing cell locations, or formatting of the data in the file and sheets. Do not add or delete any columns or rows. **Any deviations from the locked**



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.6.2	2 of 5
Members with Special Health Care Needs (MSHCN) Report Instructions	EFFECTIVE DATE	
	January 15, 2019	
Version 2.2		

template will render the report unreadable by the software application and therefore unacceptable to HHSC.

To maintain consistency, MCOs must ensure that the data input is in black. All line numbers in these instructions refer to the line numbers in column A on each worksheet.

The Quarterly reports are due 30 days after the end of each quarter of the State Fiscal Year.

III. Naming Convention and Submission

MCOs must choose one plan code for the deliverable name and submission.

IV. References

Uniform Managed Care Contract (UMCC) 8.1.12.1

UMCC 8.1.20.2

V. Definition of Terms Used in MSHCN Report

Member with Special Health Care Needs (MSHCN) A member including a child in the Department of State Health Services (DSHS) Children with Special Health Care Needs (CSHCN) Program as further defined in Texas Health & Safety Code § 35.0022, who:

- (1) has a serious ongoing illness, a Chronic or Complex Condition, or a Disability that has lasted or is anticipated to last for a significant period of time,
- (2) requires regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel, or
- (3) meets the criteria described in UMCC Section 8.1.12.1

New MSHCN: A member identified as MSHCN in accordance with UMCC 8.1.12.1 in the reporting month.

Service Management: An administrative service performed by the MCO to facilitate development of a Service Plan and coordination of services among a Member's PCP, specialty providers and non-medical providers to ensure Members with Special



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.6.2	3 of 5
Members with Special Health Care Needs (MSHCN) Report Instructions	EFFECTIVE DATE	
	January 15, 2019	
Version 2.2		

Health Care Needs have access to, and appropriately utilize, Medically Necessary Covered Services, Non-capitated Services, and other services and supports.

Service Plan: A service plan developed in accordance with UMCC 8.1.12.3.

Risk Group: Risk Group ID, as found in the monthly capitation file.

VI. Instructions for Completing Report

1. Column A PCN: Enter the MSHCN's Medicaid or CHIP ID.
2. Column B DOB: Enter the MSHCN date of birth (yyyymmdd).
3. Column C Last Name: Enter MSHCN last name.
4. Column D First Name: Enter MSHCN first name
5. Column E Middle Name: Enter MSHCN-middle name
6. Column F Risk Group: Enter the MSHCN's rate code, also called the Risk Group ID, as found on the capitation file.
7. Column G New MSHCN Member: Enter 1 for yes and 0 for no. The MCO will enter 1 for the first month the Member is identified as MSHCN. The MCO will enter 0 for each month following the first month that the member remains an MSHCN. If the MCO determines the Member is no longer an MSHCN, the Member will be removed from list for the month after the determination was made. Example: A Member is diagnosed with a high-risk pregnancy and identified as an MSHCN in October before delivery in December. For this Member the MCO will enter 1 for October and 0 for November in the Q1 MSHCN Report. For this Member the MCO will enter 0 for December and will not list the member for January in the Q2 MSHCN Report.
8. Column H Service Plan Indicator: Enter 1 if member has a service plan. Enter 0 if the member does not have a Service Plan.
9. Column I Unable to Reach: Enter 1 if the MCO is unable to reach the Member to initiate Service Management. Enter 0 if the MCO successfully contacted the Member. The MCO may enter 0 for all months the Member has a service plan in place.
10. Column J Declined: Enter 1 if the Member or Member's authorized representative declined Service Management. Enter 0 if the Member or Member's authorized representative agrees to participate in Service Management. Enter 0 if the MCO is unable to reach the Member to initiate Service Management. The MCO may enter 0 for all months the Member



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.6.2	4 of 5
	EFFECTIVE DATE	
Members with Special Health Care Needs (MSHCN) Report Instructions	January 15, 2019	
	Version 2.2	

has a service plan in place.

11. Column K Health Plan Code: Enter 2-character health plan code.
12. Column L Report Submission Date: Enter the date the report is submitted to HHSC as yyyymmdd.
13. Column M Reporting Month: Enter month for which data is being reported as yyyymm. Each month of the quarter will be reported separately within the quarterly report.

VII. Example

The MSHCN Report should be inclusive of all enrolled MSHCN in the reporting quarter. For example:

A Member is newly identified as MSHCN in September and the member's service plan is complete in October. The Q1 report should show:

C	D	[...]	G	H	[...]	L	M
<u>Last Name</u>	<u>First Name</u>	[...]	<u>New MSHCN Member</u>	<u>Service Plan Indicator</u>	[...]	<u>Report Submission Date</u>	<u>Reporting Month</u>
Doe	Jane	[...]	1	0	[...]	20161230	201609
Doe	Jane	[...]	0	1	[...]	20161230	201610
Doe	Jane	[...]	0	1	[...]	20161230	201611

If the Member continues to meet MSHCN criteria through the end of February, the Q2 report should show:

C	D	[...]	G	H	[...]	L	M
<u>Last Name</u>	<u>First Name</u>	[...]	<u>New MSHCN Member</u>	<u>Service Plan Indicator</u>	[...]	<u>Report Submission Date</u>	<u>Reporting Month</u>
Doe	Jane	[...]	0	1	[...]	20170330	201612
Doe	Jane	[...]	0	1	[...]	20170330	201701
Doe	Jane	[...]	0	1	[...]	20170330	201702



TEXAS
Health and Human
Services

HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER

5.4.6.2

PAGE

5 of 5

**Members with Special Health Care Needs
(MSHCN) Report Instructions**

EFFECTIVE DATE

January 15, 2019

Version 2.2

If the Member does not meet MSHCN criteria as of April, the Q3 report should show no data for April or May:

C	D	[...]	G	H	[...]	L	M
<u>Last Name</u>	<u>First Name</u>	[...]	<u>New MSHCN Member</u>	<u>Service Plan Indicator</u>	[...]	<u>Report Submission Date</u>	<u>Reporting Month</u>
Doe	Jane	[...]	0	1	[...]	20170630	201703