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**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>
Baseline	2.0	September 1, 2018	Initial version Uniform Managed Care Manual Chapter 5.7.3.1 "STAR Health MDCP Measures Technical Specifications."  Chapter 5.7.3.1 applies to contracts issued as a result of HHSC RFP numbers 529-15-0001.
Revision	2.0.1	November 1, 2018	Accessibility version.
Revision	2.1	July 15, 2019	Chapter 5.7.3.1 was modified to add remediation details.



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STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Revision	2.2	September 1, 2020	<p>Chapter 5.7.3.1 was modified to remove service plan performance measures and add qualified Provider performance measures. The revision includes performance measures to determine performance outcomes identified as:</p> <ul style="list-style-type: none"> <li>• C.a.1 - newly enrolled or currently enrolled Providers credentialing/certification status prior to service provision;</li> <li>• C.a.2 - current MDCP Provider license or certification retention;</li> <li>• C.b.1 - background and training qualifications for newly enrolled non-licensed MDCP Providers have been met; and</li> <li>• C.b.2 background and training qualifications for currently enrolled non-licensed MDCP Providers have been met.</li> </ul> <p>The sampling and stratification have been modified to require reporting of all applicable Service Area per MCO.</p> <p>Updated report due dates to align with annual reporting timeframes.</p>
Revision	2.3	October 8, 2021	<p>Revised to add performance measure D.d.1: Number and percent of MDCP Members whose services were delivered in accordance with their service plans, including type, scope, amount, duration, and frequency.</p>



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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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.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.

### **I. Applicability of Chapter 5.7.3.1**

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR Health 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.

### **II. Introduction**

The Centers for Medicare and Medicaid Services (CMS) regulate the MDCP waiver using assurances and sub-assurances. As a result of MDCP Members receiving services in the STAR Health Program, the MCO must report on these metrics as part of the federal waiver requirements. This is not a new deliverable. Previously, this deliverable was part of the QAPI reporting.

Effective September 1, 2020, and in accordance with the STAR Health Contract, Section 8.1.26.2(w) the STAR Health MCO must file annual reports to include the data specified in this chapter. The due date is December 31 of each annual reporting period; September 1st – August 31st. The first deliverable is due December 31, 2021 for the reporting period of September 1, 2020-August 31, 2021. Please use the template in UMCM Chapter 5.7.3 to report these measures. Completed templates should be submitted to: [CPIPerformanceMeasures@hhsc.state.tx.us](mailto:CPIPerformanceMeasures@hhsc.state.tx.us) with a copy to Managed Care Compliance and Operations by the due date.

For each measure, when the numerator does not equal the denominator, resulting in less than 100% compliance, please indicate on the template in 5.7.3 the type of remediation taken by placing an ‘X’ next to each type of remediation that was used. These fields are intended to explain any deficiencies causing the measure results at the aggregate level to be below the CMS 86% compliance threshold.



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The required reporting is based on the CMS "Qualified Providers" assurance, which for the purposes of this chapter, demonstrates the requirement for Managed Care Organizations to implement an adequate system for assuring waiver services are provided by qualified providers.

Effective September 1, 2021, and in accordance with the STAR Health Contract Section 8.1.26.2(w), the STAR Health MCO must file quarterly and annual reports to include the data specified in this chapter for the service plan measure D.d.1, as well as the corresponding remediation details.

<b>Domain:</b>	<b>Qualified Providers</b>
<b>Measure Number:</b>	C.a.1
<b>Performance Measure:</b>	Number and percent of newly enrolled MDCP STAR Health licensed or certified Provider Agencies that were credentialed prior to the provision of services.
<b>Numerator:</b>	Number of newly enrolled MDCP STAR Health licensed or certified Provider Agencies that were credentialed prior to the provision of services.
<b>Denominator:</b>	Number of newly enrolled MDCP STAR Health licensed or certified Provider Agencies.
<b>Data Source Identified:</b>	State Medicaid Agency and Managed Care Organization
<b>Sampling and Stratification:</b>	Submission should include all newly enrolled, licensed or certified Star Health MDCP Provider Agencies per MCO for all applicable Service Area (SAs).



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<b>Domain:</b>	<b>Qualified Providers</b>
<b>Frequency of Data Aggregation:</b>	Annually
<b>First Reporting Period:</b>	9/1/2020 – 8/31/2021, due 12/31/2021
<b>Ongoing Reporting Periods:</b>	Annually by waiver year, reported no later than December 31 of each waiver year.
<b>Measure Number:</b>	C.a.2
<b>Performance Measure:</b>	Number and percent of continuing, credentialed MDCP STAR Health Providers that retain their licensure or certification.
<b>Numerator:</b>	Number of continuing, credentialed MDCP STAR Health Providers that retain their licensure or certification.
<b>Denominator:</b>	Number of continuing, credentialed MDCP STAR Health Providers.
<b>Data Source Identified:</b>	State Medicaid Agency and Managed Care Organization
<b>Sampling and Stratification:</b>	Submission should include all continuing, credentialed MDCP STAR Health Providers that retained their licensure or certification per MCO for all applicable Service Area (SAs).
<b>Frequency of Data Aggregation:</b>	Annually
<b>First Reporting Period:</b>	9/1/2020 – 8/31/2021, due 12/31/2021



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<b>Domain:</b>	<b>Qualified Providers</b>
<b>Ongoing Reporting Periods:</b>	Annually by waiver year, reported no later than December 31 of each waiver year.
<b>Measure Number:</b>	C.b.1
<b>Performance Measure:</b>	Number and percent of newly enrolled non-licensed MDCP STAR Health Provider Agencies that met initial background and training qualifications.
<b>Numerator:</b>	Number of newly enrolled non-licensed MDCP STAR Health Provider Agencies that met initial background and training qualifications.
<b>Denominator:</b>	Number of newly enrolled non-licensed MDCP STAR Health Provider Agencies.
<b>Data Source Identified:</b>	State Medicaid Agency and Managed Care Organization
<b>Sampling and Stratification:</b>	Submission should include all newly enrolled non-licensed MDCP STAR Health Provider Agencies per MCO for all applicable Service Areas (SAs).
<b>Frequency of Data Aggregation:</b>	Annually
<b>First Reporting Period:</b>	9/1/2020 – 8/31/2021, due 12/31/2021
<b>Ongoing Reporting Periods:</b>	Annually by waiver year, no later than December 31 of each waiver year.
<b>Measure Number:</b>	C.b.2



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<b>Domain:</b>	<b>Qualified Providers</b>
<b>Performance Measure:</b>	Number and percent of continuing, non-licensed MDCP STAR Health Provider Agencies that continue to maintain their background and training qualifications.
<b>Numerator:</b>	Number of continuing, non-licensed MDCP STAR Health Provider Agencies that continue to maintain their background and training qualifications.
<b>Denominator:</b>	Number of continuing, non-licensed MDCP STAR Health Provider Agencies.
<b>Data Source Identified:</b>	State Medicaid Agency and Managed Care Organization
<b>Sampling and Stratification:</b>	Submission should include all continuing non-licensed MDCP STAR Health Provider Agencies per MCO for all applicable Service Area (SAs).
<b>Frequency of Data Aggregation:</b>	Annually
<b>First Reporting Period:</b>	9/1/2020 – 8/31/2021, due 12/31/2021
<b>Ongoing Reporting Periods:</b>	Annually by waiver year, reported no later than December 31 of each waiver year.
<b>Domain:</b>	<b>Service Planning</b>
<b>Measure Number:</b>	D.d.1
<b>Performance Measure:</b>	Number and percent of MDCP Members whose services were delivered in accordance with their service plans, including type, scope, amount, duration, and frequency.



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<b>Numerator:</b>	Number of MDCP Members whose services were delivered in accordance with their service plans, including type, scope, amount, duration, and frequency.
<b>Denominator:</b>	Number of MDCP Members with new or renewed service plans.
<b>Data Source Identified:</b>	MCOs must use HCSP Section V and XVI for STAR Health. If Section V and XVI contains text and the date in the ' <b><i>Date Plan Discussed with Member/Medical Consenter/DFPS Caseworker</i></b> ' field is populated, then include the Member's Service Plan in the numerator count.
<b>Sampling and Stratification:</b>	Stratification must be by service delivery area (SDA). The random sample should include 75 Members stratified across all SDAs per quarter. Submit one template per SDA. For renewals, the MCO must include Members with continuous enrollment for at least 90 Days in the current plan. For renewals and initials, ensure the sample includes all SDAs. If the MCO has less than 75 Members, then sampling is 100% of Members. For the annual report, the MCO must compile the 4 quarters for a total sample size of 300 deduplicated Members per year. If the MCO has less than 300 Members, the annual sample is 100% of the Members.
<b>Frequency of Data Aggregation:</b>	Quarterly and Annually
<b>First Reporting Period:</b>	9/1/2021 - 11/30/2021, due 12/31/2021
<b>Ongoing Reporting Periods:</b>	All other data will be due quarterly by waiver year, reported 30 Days after the end of each quarter. Annually by waiver year, reported 60 Calendar Days after the end of each waiver year.