

Redlined Attachments

- [Exhibit A - Managed Care Uniform Terms and Conditions](#)
- [Exhibit B - STAR+PLUS Scope of Work \(SOW\)](#)
- [Exhibit D - Deliverables Liquidated Damages Matrix Redline](#)
- [Exhibit Q - Document History Log](#)

Section-by-Section Comments

[Exhibit A - Managed Care Uniform Terms and Conditions](#)

4.08. Subcontractors and Agreement with Third Parties (same as STAR/CHIP). We encourage the agency to provide clarity by changing the language to “their PBM,” as MCOs will not have contracts with “all PBMs.” Additionally, it should be clarified throughout (o) that HHSC will have the right to review contracts “upon request.”

[Exhibit B - STAR+PLUS Scope of Work \(SOW\)](#)

Section 2.6.17.2.1. Member Handbook (NEW). While a minor issue, the additions to this section are primarily related to adding and removing covered services, rather than the member handbook. We encourage the agency to put this in a more appropriate section, as MCOs are unlikely to look at this section for requirements related to changes in covered services.

Section 2.6.25.4.1.8. Directed Payment Program (DPP) Payments (same as STAR/CHIP). Implementing these requirements by September 1 will be unachievable. Plans need final specifications for system development, and any non-standard use of encounter agreement will take significant development time. We ask that the agency provide a six-month grace period to make necessary system changes. Plans will also need guidance on timelines, testing plans, and UMCM chapter updates to facilitate a structured implementation. In addition, there are still a number of outstanding questions on the Q&A log for this project; the plans need those questions answered and to

receive final specifications from HHSC before they can start on implementation activities such as system builds and provider training.

Section 2.6.25.7.2.3. Medicaid Managed Care Aligning Technology by Linking Interoperable Systems (ATLIS) (same as STAR/CHIP). Draft changes to UMCM Chapter 6 to include ATLIS have not been issued for review and comment by MCOs, so HHSC should issue those proposed changes and extend the comment period for this section. Also, the mechanisms to earn payout, as well as timing of payments, are different for ATLIS and P4Q. The agency should clarify how these two programs will be measured together, as well as the total maximum payout for ATLIS.

Section 2.6.49.8. Service Coordinators (NEW). We have two recommendations on this section. First, within the bulleted list that applies to Level 1 Coordination, it would be helpful to clarify that an RN can be a coordinator for “all other members who have SPMI or co-occurring mental health and SUD diagnosis.” Those members should be treated in the same way as other Level 1 Members who have an assigned RN Service Coordinator and SPMI—there must be a member on the team who meets the mental health credentials. Second, we have serious concerns about the requirement for annual person-centered training. We simply do not have enough trainers to meet the requirements. MCOs already do a significant amount of training, and increasing these requirements would make each specific training less valuable and impactful, as it would become largely a repetitive box-checking exercise.

Section 2.6.57. Service Planning for Members (similar to STAR/CHIP). The concerns with this section are related to the “nine core elements” required in service plan assessments. While these requirements make sense for some members, it would be extremely difficult for MCOs to gather this information for others, such as Level 3 members. We ask that the agency specify which members these new requirements apply to, rather than creating a one-size-fits-all model across vastly different populations.

Section 2.6.59. STAR+PLUS Assessments (NEW) - Again, the scope of the “nine core elements” requirements are overly broad. This should only be applied to the waiver population. At the very least, MCOs request a work group with HHSC to discuss the appropriateness of these changes for different populations, as well as an extended time frame for operationalization.

Section 2.6.59.3. Nonmedical Health Related Needs Screening for Pregnant Members (same as STAR/CHIP).

This section should be about the screening tool, not the effort made to engage with the members. Mail is expensive, and it has been shown to be one of the least effective options for communication, with a less than 3% response rate. This is not a good use of taxpayer dollars, and it violates the instruction from Rider 27 to “reduce unnecessary administrative and operational costs.” HHSC should leave the decision of how to operationalize the screening tool with the MCOs.