

UNIFORM MANAGED CARE MANUAL

CHAPTER 5.25.1

MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary

Version 2.5

Effective Date: December 23, 2021

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| **MCO Monthly Deliverable**  **30 Day Submission Non-Compliance Summary** |
| **General Information** |
| **MCO Name:** |
| **Date:** |
| **Reporting Period: to** |
| **Deliverables** |
| **Member Services Hotline (UMCM 5.24.7) (Due 30 Days after the end of the reporting month)** |
| **Performance Standard:  Call Abandonment Rate  Call Hold Rate  Average Hold Time** |
| **Program:  STAR  STAR+PLUS  STAR Health  STAR Kids  CHIP  CHIP Dental Services**  **MMP  Children’s Medicaid Dental Services** |
| **Cause of Non-compliance/Corrective Action Taken:** |
| **MCCO Comments:** |
| **Provider Hotline (UMCM 5.24.7) (Due 30 Days after the end of the reporting month)** |
| **Performance Standard:  Call Abandonment Rate  Average Hold Time** |
| **Program:  STAR  STAR+PLUS  STAR Health  STAR Kids  CHIP  CHIP Dental Services**  **MMP  Children’s Medicaid Dental Services** |
| **Cause of Non-compliance/Corrective Action Taken:** |
| **MCCO Comments:** |
| **Behavioral Health Services Hotline (UMCM 5.24.7) (Due 30 Days after the end of the reporting month)** |
| **Performance Standard:  Call Abandonment Rate  Call Hold Rate  Average Hold Time** |
| **Program:  STAR  STAR+PLUS  STAR Health  STAR Kids  CHIP  CHIP Dental Services**  **MMP  Children’s Medicaid Dental Services** |
| **Cause of Non-compliance/Corrective Action Taken:** |
| **MCCO Comments:** |
| **Nurse Hotline (UMCM 5.24.7) (Due 30 Days after the end of the reporting month)** |
| **Performance Standard:  Call Abandonment Rate  Call Hold Rate  Average Hold Time** |
| **Program:  STAR  STAR+PLUS  STAR Health  STAR Kids  CHIP  CHIP Dental Services**  **MMP  Children’s Medicaid Dental Services** |
| **Cause of Non-compliance/Corrective Action Taken:** |
| **MCCO Comments:** |
| **Where’s My Ride Hotline (UMCM 5.24.7) (Due 30 Days after the end of the reporting month)** |
| **Performance Standard:  Call Abandonment Rate  Average Hold Time** |
| **Program:  STAR  STAR+PLUS  STAR Health  STAR Kids  CHIP  CHIP Dental Services**  **MMP  Children’s Medicaid Dental Services** |
| **Cause of Non-compliance/Corrective Action Taken:** |
| **MCCO Comments:** |
| **Claims Summary (UMCM 5.24.1) (Due 30 Days after the end of the reporting month)** |
| **Performance Standard:**  **98% Acute Clean Claims Adjudicated within 30 Days**  **99% Acute Clean Claims Adjudicated within 90 Days**  **98% Acute Appealed Claims Adjudicated within 30 Days**  **98% BH Clean Claims Adjudicated within 30 Days**  **99% BH Cleans Claims Adjudicated within 90 Days**  **98% BH Appealed Claims Adjudicated within 30 Days**  **98% Dental Clean Claims Adjudicated witin 30 Days**  **99% Dental Clean Claims Adjudicated within 90 Days**  **98% Dental Appealed Claims Adjudicated witin 30 Days**  **98% LTSS Clean Claims Adjudicated within 30 Days**  **99% LTSS Clean Claims Adjudicated within 90 Days**  **98% LTSS Appealed Claims Adjudicated within 30 Days**  **98% NF Clean Claims Adjudicated within 10 Days**  **99% NF Clean Claims Adjudicated witin 90 Days**  **98% NF Appealed Claims Adjudicated within 30 Days**  **98% NF Unit Rate Clean Claims within 10 Days**  **98% Vision Clean Claims Adjudicated within 30 Days**  **99% Vision Clean Claims Adjudicated witin 90 Days**  **98% Vision Appealed Claims Adjudicatd witin 30 Days**  **98% Medical Transportation Clean Claims Adjudicated within 30 Days**  **99% Medical Transportation Clean Claims Adjudicated within 90 Days**  **98% Medical Transportation Appealed Claims Adjudicated within 30 Days**  **PBM Electronic Claims Adjudicated witin 18 Days**  **PBM Non-electronic Claims Adjudicated within 21 Days** |
| **Program:  STAR  STAR+PLUS  STAR Health  STAR Kids  CHIP  CHIP Dental Services**  **MMP  Children’s Medicaid Dental Services** |
| **Cause of Non-compliance/Corrective Action Taken:** |
| **MCCO Comments:** |

Table 1. DOCUMENT HISTORY LOG

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| --- | --- | --- | --- | --- |
| STATUS[[1]](#endnote-2) | DOCUMENT REVISION[[2]](#endnote-3) | EFFECTIVE DATE | DESCRIPTION[[3]](#endnote-4) | STATUS1 |
| Baseline | 2.0 | April 3, 2020 | Initial version Uniform Managed Care Manual Chapter 5.25.1, “MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary.”  Chapter 5.25.1 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 | June 18, 2020 | Accessibility approved version. | Revision |
| Revision | 2.0.2 | September 1, 2021 | Added hotline standards for Where’s My Ride  Added Medical Transportation standards for the Claims Summary Report.. | Revision |
| Revision | 2.0.3 | September 2, 2021 | Administrative change made to correct inactive check boxes for the Nurse Hotline, Where’s My Ride Hotline and Claims Summary Report performance metrics.  . | Revision |
| Revision | 2.4 | September 3, 2021 | Administrative change to correct all inactive check boxes in document and version format. | Revision |
| Revision | 2.5 | December 23, 2021 | Administrative change made to remove Call Hold Rate from the Where’s My Ride Hotline performance.  Administrative change made to correct the Nursing Facility Clean Claims Adjudicated performance standard to read within 10 Days.  Administrative change made to add the Nursing Facility Unit Rate Clean Claims Adjudicated within 10 Days performance standard. | Revision |

1. Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions [↑](#endnote-ref-2)
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. [↑](#endnote-ref-3)
3. Brief description of the changes to the document made in the revision. [↑](#endnote-ref-4)