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April 1, 2016		Version 2.1

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	April 15, 2015	<p>Initial version Uniform Managed Care Manual Chapter 5.3.8.1, "Out-of-Network Utilization report Instructions."</p> <p>Chapter 5.3.8.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, and 529-13-0042.</p>
Revision	2.1	April 1, 2016	<p>Version 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-13-0042, 529-13-0071, and 529-15-0001.</p> <p>Section I. "Applicability" is modified to add the STAR Kids Program.</p> <p>Section III. "General Instructions" is modified to include a reporting exception for claims for OON school-based telemedicine.</p> <p>Section IV. "Definition of Terms Used in Out-Of-Network Utilization Report" is modified to clarify the definition for Newborn Hospital Stay.</p>

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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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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I. Applicability of Chapter 5.3.8.1

Section I.
modified by
Version 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS, STAR Kids, STAR Health, 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, STAR+PLUS, STAR Kids, and STAR Health, Programs. For purposes of this Chapter, 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 to all Programs listed in this section, except where noted.

II. References

- 1 Tex. Admin. Code § 353.4
- 1 Tex. Admin. Code § 370.604

III. General Instructions

The Out-of-Network (OON) Utilization Report must be completed using the template provided by HHSC in UMCM Chapter 5.3.8. The MCO is required to submit a report for each Service Area in which the MCO operates.

Claims data reported under the Hospital Admissions tab must be inclusive of Covered Services rendered by all OON providers with the exception of claims for which Medicaid or CHIP is the secondary payor and newborn claims for a newborn hospital stay.

Claims data reported under the Emergency Room Visits tab must be inclusive of Covered Services rendered by all OON providers with the exception of claims for which Medicaid or CHIP is the secondary payor.

Claims data reported under the Other Outpatient Services tab must be inclusive of Covered Services rendered by all OON providers with the exception of

- claims for OON school-based telemedicine; and
- claims for which Medicaid or CHIP is the secondary payor.

Section III.
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HHSC has provided the OON Utilization Report template to the MCO in an electronic format via the UMCM. Spreadsheet integrity is critical to the automated compilation of this data. The MCO may not alter the file name, worksheet name, existing cell locations, format of the data in the cells, or any other template function. The MCO may not add or delete any columns or rows to the spreadsheet.

Section IV.
modified by
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IV. Definition of Terms Used in Out-Of-Network Utilization Report

OON has the meaning assigned in Attachment A to the Contract.

OON, In-Area means a claim submitted by an OON provider who is in the MCO's Service Area.

OON, Out-Of-Area means a claim submitted by an OON provider who is outside of the MCO's Service Area.

Other Outpatient Services means any and all Covered Services that do not fall into Hospital Admissions or Emergency Room Visits. Other Outpatient Services includes provider services delivered in the physician's office, clinic, or hospital outpatient setting, and also ambulatory surgery, home health care, etc.

Newborn Hospital Stay means circumstances that require the mother and/or newborn to remain in the hospital longer than two days for a routine vaginal delivery or four days for a cesarean section. The need for additional days must be documented in the clients' medical records.

V. OON Special Exception Request

Refer to UMCM, Chapter 5.15, "Special Exception Request Template for Variance of Mileage or Out-of-Network Utilization Standards."

VI. Instructions for Completing Report

Hospital Admissions & Emergency Room Visits Tabs

1. Column C Total #: enter the total number of claims for each category.
2. Column D Total # OON: enter the grand total number of claims for OON in-area (Column F) and add the grand total of claims for OON out-of-area (Column G).



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3. Do not include as OON an in-network Provider claim for services provided out-of-area. If you operate in more than one service area, and you receive a claim from a contracted provider in one service area for a member in another service area, do not count that claim as an OON claim.

Other Outpatient Services

1. Column C Total #: enter the total dollar amount for each category.
2. Column D Total # OON: enter the grand total dollar amount for OON in-area (Column F) and add the grand total of claims for OON out-of-area (Column G).
3. Do not include as OON an in-network Provider claim for services provided out-of-area. If you operate in more than one service area, and you receive a claim from a contracted provider in one service area for a member in another service area, do not count that claim as an OON claim.