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	EFFECTIVE DATE April 5, 2016	
Notification Process for Incomplete Prior Authorization Requests		Version 2.1

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	N/A	January 15, 2010	Initial version Uniform Managed Care Manual Chapter 13.1, "Notification Process for Incomplete Prior Authorization Requests".
Revision	2.0	November 15, 2014	Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042. Applicability is updated to include Medicaid Dental.
Revision	2.1	April 5, 2016	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. "Applicability of Chapter 3.22" is modified to add the STAR Kids Program and the Medicare-Medicaid Dual Demonstration. "Notification for Incomplete Prior Authorization Requests" is modified to change Alberto N. v. Suehs to Alberto N. v. Traylor.

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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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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Applicability of Chapter 3.22

Applicability modified by Versions 2.0 and 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR Program, the STAR+PLUS Program (including the Medicare-Medicaid Dual Demonstration), STAR Kids Program, or the STAR Health Program, and Dental Contractors providing Children’s Medicaid Dental Services to Members through dental health plans. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs, and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all Programs, except where noted.

Notification for Incomplete Prior Authorization Requests

Notification modified by Version 2.1

Pursuant to the requirements of the *Alberto N. v. Traylor, et al.* Partial Settlement Agreement, the following process applies when the MCO receives a request for prior authorization for a member under age 21, and the request does not contain complete documentation and/or information:

1. The MCO will:
 - return the request to the Medicaid provider with a letter describing the documentation that needs to be submitted, and
 - when possible, the MCO will contact the Medicaid provider by telephone and obtain the information necessary to complete the prior authorization process.
2. If the documentation/information is not provided within sixteen (16) business hours of the MCO’s request to the Medicaid provider, the MCO will send a letter to the member explaining that the request cannot be acted upon until the documentation/information is provided, along with a copy of the letter sent to the Medicaid provider describing the documentation/information that needs to be submitted.
3. If the documentation/information is not provided to the MCO within seven calendar days (7) of its letter to the member, the MCO will send a notice to the member informing the member of its denial of the requested service due to the incomplete documentation/information, and providing the member an opportunity to request an appeal through the MCO’s internal appeals process and the HHSC fair hearing process.