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DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	June 1, 2015	<p>Initial version Uniform Managed Care Manual Chapter 5.14.7, "STAR and STAR+PLUS Geo-Mapping Report Instructions."</p> <p>This chapter applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, and 529-13-0042.</p>
Revision	2.1	November 15, 2015	<p>Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, and 529-13-0042; ; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.</p> <p>Section I "Applicability of Chapter" is modified to add the Medicare-Medicaid Dual Demonstration.</p> <p>Section IV "Naming Convention and Submission" is modified to add instructions for MMPs.</p> <p>Section VI "Data Entry Instructions" is modified to add instructions for the MMPs.</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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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

I. Applicability of Chapter Modified by Version 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, and Medicare-Medicaid Dual Demonstration Programs (each referred to herein as a "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. MCOs participating in the demonstration may also be referred to as Medicare-Medicaid Plans (MMPs) in this chapter.

The requirements in this chapter apply to all Programs, except where noted. All MCOs must submit a Geo-Mapping Report (UMCM Chapter 5.14.8) for each Program and Service Area in accordance with the instructions below.

II. Objective

MCOs contracting with the State of Texas to provide comprehensive health care services to qualified Program recipients must submit the Geo-Mapping Report in accordance with the Contract for services between HHSC and the MCO, and in accordance with the instructions below. Ad Hoc reports may be requested by HHSC as needed.

III. General

The Geo-mapping Report must be completed using the template provided by HHSC. Each MCO is required to submit one report that includes all Programs and Service Areas by plan code.

All shaded data fields in the Geo-Mapping Report represent fields where data input is required. All data fields not shaded represent cell-referenced data or calculations.

HHSC will provide the Geo-mapping Report to the MCOs in an electronic format. Spreadsheet integrity is critical to the automated compilation of this data. MCOs may not alter the file name, worksheet name, existing cell locations, or the format of the data in the cells. MCOs may not add or delete any columns or rows to the spreadsheet.

MCOs may submit UMCM 5.15 Special Exception Request for geo-access standards that are not met.

IV. Naming Convention & Submission Modified by Version 2.1

IV. Naming Convention and Submission

MCOs must choose one plan code for the deliverable name and submission.



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MMPs must choose one MMP plan code for the deliverable name and submission.

V. Geo-Mapping Report

The Geo-Mapping Report will provide HHSC with information on member access to care by provider. The Geo-Mapping Report must be submitted quarterly by the last day of the month following the report period.

VI. Data Entry Instructions

VI. Data Entry Instructions
Modified by
Version 2.1

Please follow the instructions for each of the tabs in the workbook listed below. Each row should contain geo-access measures for one plan code. With the exception of MMPs, MCOs are required to populate the data in the CHILD and ADULT tabs in Excel (MMPs should populate the tabs as provided below in this section). Geo-access measurements must range between 0 and 100 %, formatted as a percentage with two decimal places. HHSC interprets 0% as no access to a provider type. If there are no members residing in non-urban counties it is appropriate to use "N/A" rather than zero for measures related to outpatient behavioral health.

MCOs must report an aggregated geo-access calculation for each provider type that includes only the allowed provider specialty codes, in accordance with the MAXIMUS JIP.

MCOs participating in the Dual Demonstration should follow the instructions below when populating data for "MCO Information," "Member Population, and "Provider Network." MCO's are only required to populate the data in the ADULT tab. Further, in the Provider Network tab, MCOs are only required to populate columns for the following categories per Service Area:

- Percent of Adult Members in Urban Counties Residing w/in 30 Miles of One Outpatient BH Provider.
- Percent of Adult Members Residing w/in 75 Miles of One Nursing Facility.

Report Elements

The following instructions apply to each section/column of the tabs.

1. MCO Information

- **Plan Code**



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- Select a plan code from the drop down for each row. After the plan code is selected, MCO program and Service Area will be automatically populated.
- **MCO, Program, and Service Area**
 - Do not enter any data, data will auto populate based on Plan Code.

2. Member Population

- Enrollment is based on the 834 eligibility file sent to the MCOs on the last month of the quarter.
- Consistent with the managed care contracts, children include members who are 20 years of age and younger. Child/adult status is based on the member's age as of the first day of the last month in the reporting period.
- MCOs must use the county designations provided by HHSC for medical and dental geo-access provided in UMCM Chapter 5.14.7.
- Do not include dual eligible members in calculations.

3. Provider Network

- Include providers who are actively contracted in the MCO's network as of the last day of the reporting period.
- The type of providers included in the reports are different for child and adult populations.

A. PCP

- Primary care provider is defined consistent with the managed care contracts.
- MCO may include only the following provider types or specialties (PT or PS) in PCP geo-access calculations:
 - Federally Qualified Health Center – PT 46
 - Rural Health Center (Independent and Hospital) – PT 78, 79
- MCOs may also include the following provider types in combination with the following provider specialty types (PS):
 - Physician Assistant/Nurse Practitioner/Clinical Nurse Specialist – PT 10
 - Physician (D.O., M.D.). – PT 19, 20
 - Physician Group (D.O., M.D.) – PT 21, 22
- AND
 - Family Practice/General Practice – PS 8
 - Gynecology (D.O.) – PS 9
 - Internal Medicine – PS 11
 - OB/GYN (D.O., M.D.) – PS 15, 16
 - Pediatrics - PS 37
 - Geriatrics – PS 38
 - Multispecialty Clinic – PS 70
 - Nurse/Nurse Midwife – PS 75



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- Certified Nurse Specialist – N1
- Nurse Practitioner – PA

B. OB/GYN

- OB/GYN, D.O- PS 15
- OB/GYN, M.D.– PS 16
- Gynecology, D.O. - PS 09

C. Orthopedic Surgeon

- PS 20

D. ENT

- Otorhinolaryngologist (ENT) - PS 04
- Eyes, ears, nose, and throat (E.E.N.T.), D.O. – PS 17

E. Outpatient behavioral health provider

- represents an aggregated geo-access calculation and may only include the following provider types:
 - Chemical Dependency Treatment Facility (DSHS Certified) – PT 08
 - Psychiatrist (M.D. or D.O.) – PT 26, 27
 - Licensed Clinical Social Worker (LCSW) – PT 18 & 40
 - Licensed Professional Counselor (LPC) – PT 16
 - Licensed Marriage and Family Therapist (LMFT) – PT 16
 - Licensed psychologist – PT 31
 - Psychologist Group – PT 97
 - Multispecialty Clinic licensed to bill MH Rehab and MH TCM - PS 47

F. Acute Care Hospital

- Hospital, short and long term – PT 60
- Hospital, private full care – PT 61
- Hospital, private – PT 62
- Psychiatric – PT 64
- Rehabilitation – PT 65

G. Cardiovascular Disease Specialist

- PS 6

H. General Surgeon

- PS 2

I. Urologist

- PS 34



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J. Ophthalmologist

- PS 18

K. Nursing Home

- Nursing Home – PT 47
- Nursing Home – PT 80