



MANUAL <b>HHSC Uniform Managed Care Manual</b>	CHAPTER <b>3.29</b>	PAGE <b>1 of 3</b>
CHAPTER TITLE <b>MEDICAID MANAGED CARE/CHIP MCO PHARMACY WEBSITE AND CLINICAL EDIT PROCESS REQUIRED CRITICAL ELEMENTS</b>	EFFECTIVE DATE <b>November 15, 2015</b> <b>Version 2.3</b>	

**DOCUMENT HISTORY LOG**

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	October 1, 2014	Initial version of Uniform Managed Care Manual, Chapter 3.29 “Medicaid Managed Care/CHIP MCO Pharmacy Website Required Critical Elements.” Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042.
Revision	2.1	October 15, 2014	Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. “Applicability of Chapter 3.29” is modified to add the Medicare-Medicaid Dual Demonstration.
Revision	2.2	October 24, 2014	Item I.2. is modified to clarify the posting requirements.
Revision	2.3	November 15, 2015	Version 2.0 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; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. Chapter title is changed from “Medicaid Managed Care/CHIP MCO Pharmacy Website Required Critical Elements” to “Medicaid Managed Care/CHIP MCO Pharmacy Website and Clinical Edit Process Required Critical Elements.” “Applicability of Chapter 3.29” is modified to add the STAR Kids Program. Item I.2. is clarified. Section II. “MCO Clinical Edit Instructions” is added.

<sup>1</sup> Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.

<sup>2</sup> 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.

<sup>3</sup> Brief description of the changes to the document made in the revision.



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## Applicability of Chapter 3.29

Applicability  
Modified by  
Versions 2.1  
and 2.3

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR Program, STAR+PLUS Program (including the Medicare-Medicaid Dual Demonstration), STAR Health Program, STAR Kids Program, and Children's Health Insurance Program (CHIP).

### Required Critical Elements

#### I. MCO Website Instructions

1. The MCO's pharmacy website must include a list of the MCO's implemented clinical edits for covered drugs. The list must include the following information for each clinical edit:
  - a. Drugs requiring prior authorization  
A list of the drugs to which the clinical edit applies that require prior authorization.
  - b. Prior authorization criteria logic  
A description of how the provider's prior authorization request will be evaluated against the clinical edit criteria rules or logic. (For example, the clinical edit may require the Member to have a certain diagnosis within a certain period of time and be under a certain age.)
  - c. Supporting tables  
A collection of information associated with the decision points for requirements/considerations within the criteria (e.g., diagnosis codes, procedure codes, and therapy classification).
  - d. References  
Clinical publications and sources relevant to the clinical edit (e.g., MCO internal documents and policies).
  - e. Publication history  
A record of publication iterations to the references and clinical edits.

Information must be accurate and up-to-date. Examples of these categories of information are located on the Texas Vendor Drug Program website:

<http://www.txvendordrug.com/dur/edits.shtml>

For clinical edits that are exactly identical to clinical edits implemented by the Vendor Drug Program in fee-for-service, the MCO may provide the link on the MCO's website to the specific clinical edit on the VDP website.

Item 1.2.  
Modified by  
Versions  
2.2 and 2.3

2. The MCO must provide the MCO's clinical edit website link to the Texas Vendor Drug Program and must notify the Texas Vendor Drug Program immediately if that link changes.



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## Required Critical Elements

### II. MCO Clinical Edit Instructions

Section II.  
Added by  
Version 2.3

MCOs may submit proposals for HHSC approval of prospective clinical edits and prior authorization criteria to the Vendor Drug Program prior to each quarterly DUR Board meeting. HHSC will notify MCOs of proposed new drugs and drug classes with submittal timelines prior to each quarterly meeting. MCOs should prioritize and submit clinical edit prior authorization proposals based on their overall utilization and/or impact; therefore, MCOs may only submit proposals for their top 5 Medicaid-related priorities. Proposals should include the following:

- **Background for clinical edit:** purpose and impact data (including, but not limited to, number of members, number of claims per member, age of members, costs, look-back time period, etc.).
- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit.
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules.
- **Supporting tables:** a collection of information associated with the decision points for requirements and/or considerations within the criteria (e.g. diagnosis codes, procedure codes, and therapy classification codes).
- **References:** clinical publications and sources relevant to this clinical edit (i.e. MCO internal documents, policies).
- **Publication History:** record of publication iterations and revisions to the references and/or clinical edits.

Prospective Clinical Edit and Prior Authorization criteria proposals are submitted via email to the Vendor Drug Program at [VDP\\_MCO\\_Solutions@hhsc.state.tx.us](mailto:VDP_MCO_Solutions@hhsc.state.tx.us).