

**Independent Review Organization Services  
Medicaid and CHIP Services  
Managed Care Contracts and Oversight**

Procurement Number: HHS0014047

April 22, 2024

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**ADDENDUM #1**

To

Open Enrollment

For

**HHS0014047**

**Independent Review Organization Services  
Medicaid and CHIP Services  
Managed Care Contracts and Oversight**

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Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

## Addendum 1 Table 4-22-2024

<u>Item</u>	<u>Open Enrollment Reference</u>	<u>Previous Language</u>	<u>Revised Language</u>
1.	Open Enrollment Section 12 Web page sublink– Documents Exhibits and Forms and OE References to Exhibit B, HHS Uniform Terms and Conditions	HHS Uniform Terms and Conditions -Vendor, Version 3.3	HHS Uniform Terms and Conditions-Vendor v 3.4
2.	Open Enrollment Section 12 Web page sublink– Documents Exhibits and Forms and OE References to Exhibit C, Data Use Agreement	HHS Data Use Agreement v. 8.5 August 8, 2019	HHS Data Use Agreement v. 8.5 October 23, 2019
3.	Open Enrollment Section 4.1.2	Eileen White Contract Manager Email: <a href="mailto:cmd_managedcareorganizations@hhsc.state.tx.us">cmd_managedcareorganizations@hhsc.state.tx.us</a>	Eileen Kreh Contract Manager Email: <a href="mailto:HHSCMCCOContracts@hhs.texas.gov">HHSCMCCOContracts@hhs.texas.gov</a> .

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4.	Open Enrollment Section 4.1.3	<b>4.1.3. To be considered for contract award, applications must only be submitted to email address cmd_managedcareorganizations@hhsc.state.</b>	<b>4.1.3. To be considered for contract award, applications must only be submitted to email address hhscmccocontracts@hhs.texas.gov</b>
5.	Open Enrollment Section 7.2(c)(Table)	Amerigroup Insurance Co. Amerigroup Texas, Inc.	Wellpoint Insurance Co. Wellpoint Texas, Inc.
6.	Open Enrollment Section 8.3, Contractor Responsibilities	<b>8.3.8</b> Reviewers must immediately disclose to the IRO any action taken by a licensing, certification or credentialing body, health care facility or health plan to condition, suspend or revoke the Reviewer’s license, certification, or credentials. When such notification is received, the IRO must immediately exclude that Reviewer from all Texas EMRs.	<b>8.3.8</b> Each Reviewer must be in good standing with their respective State of Texas licensing, certifying, or credentialing body. The IRO must contractually require that all Reviewers immediately disclose to the IRO any action taken by a licensing, certification or credentialing body, health care facility or health plan to condition, suspend or revoke the Reviewer’s license, certification, or credentials. When such notification is received, the IRO must immediately exclude that Reviewer from all Texas EMRs.
7.	Open Enrollment Section 8.4, Statement of Services to be Provided	<b>8.4.1.</b> The IRO must perform EMRs for appealed cases resulting from a managed care benefit reduction or denial. This includes, but is not limited to, acute care, Medicaid Long Term Services and Supports, Home and Community Based Services, Intermediate Care Facility for Individuals with an Intellectual Disability, pharmacy, behavioral health, therapy, private duty nursing and dental benefits.	Amending OE Section 8.4 to reformat and revise now designated Section 8.4.1, ‘Service Reductions or Denials’ and to add subsection 8.4.2, ‘Eligibility Denials,’ to read as follows: <b>8.4. STATEMENT OF SERVICES TO BE PROVIDED</b> <b>8.4.1. Service Reductions or Denials</b> <b>8.4.1.1.</b> The IRO must perform EMRs for appealed cases resulting from a managed care benefit reduction or denial. This includes, but is

		<p><b>8.4.2.</b> The IRO must review assignments and determine if there is a Conflict of Interest. If a Conflict of Interest is identified on a request for a Standard EMR, the assignment must be returned to HHSC for reassignment to another IRO no later than the next Business Day. If a Conflict of Interest is identified on a request for an Expedited EMR, the assignment must be returned to HHSC for reassignment to another IRO as soon as possible but no later than three hours from when the Expedited EMR was received by the IRO.</p> <p><b>8.4.3.</b> The IRO must perform these reviews and render a decision within 10 Calendar Days from the date the request is received from the HHSC Intake Team. If a case is determined to be appropriate for an Expedited EMR by HHSC, the IRO must render a decision within one Business Day from the date of assignment.</p> <p><b>8.4.4.</b> The IRO must use an HHSC-approved decision letter template when providing the Member with a decision. Decision letters must include the option for members to request the IRO decision be sent to the Member in a different language.</p>	<p>not limited to, acute care, Medicaid Long Term Services and Supports, Home and Community Based Services, Intermediate Care Facility for Individuals with an Intellectual Disability, pharmacy, behavioral health, therapy, private duty nursing and dental benefits.</p> <p><b>8.4.1.2.</b> The IRO must review assignments and determine if there is a Conflict of Interest. If a Conflict of Interest is identified on a request for a Standard EMR, the assignment must be returned to HHSC for reassignment to another IRO no later than the next Business Day. If a Conflict of Interest is identified on a request for an Expedited EMR, the assignment must be returned to HHSC for reassignment to another IRO as soon as possible but no later than three hours from when the Expedited EMR was received by the IRO.</p> <p><b>8.4.1.3.</b> The IRO must perform these reviews and render a decision within 10 Calendar Days from the date the request is received from the HHSC Intake Team. If a case is determined to be appropriate for an Expedited EMR by HHSC, the IRO must render a decision within one Business Day from the date of assignment.</p> <p><b>8.4.1.4.</b> The IRO must provide notice of its decision using language approved by HHSC to the Member, the MCO/DMO and to HHSC by the 10th Calendar Day following receipt of the MCO's records related to the service denial or</p>
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			<p>upon evidenced-based guidelines and follow all applicable Texas Medicaid clinical policy and applicable state and federal regulations.</p> <p><b>8.4.2. Eligibility Denials</b></p> <p><b>8.4.2.1.</b> The IRO must perform EMRs for appealed cases resulting from an eligibility decision made on behalf of HHSC for the 1915 (c) waiver programs or the nursing facility program in which eligibility is based on the Medicaid member’s medical or functional needs. Functional needs include, but are not limited to, medical necessity determinations, intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) level of care, or clinical level of care criteria.</p> <p><b>8.4.2.2.</b> The IRO must perform these reviews and render a decision within 10 calendar days from the date the request is received from the HHSC Intake Team. Determination information will be provided to the IRO with the assignment by HHSC Intake Team Staff.</p> <p><b>8.4.2.3.</b> The IRO must electronically submit the decision directly to HHSC via secure email by the EMR decision due date.</p> <p><b>8.4.2.4.</b> For these reviews, HHSC or their representative will provide the IRO with the same medical necessity information received by HHSC. The IRO must render a decision based</p>
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			<p>upon evidence-based guidelines including, but not limited to, the Texas Medicaid Provider Procedures Manual (TMPPM) and follow all applicable Texas Medicaid clinical policy and applicable state and federal regulations.</p> <p><b>8.4.2.5.</b> The IRO must review assignments and determine if there is a conflict of interest. If a conflict of interest is identified on a request for a Standard EMR, the assignment must be returned to HHSC for reassignment to another IRO no later than the next Business Day. If a conflict of interest is identified on a request for an Expedited EMR, the assignment must be returned to HHSC for reassignment to another IRO as soon as possible but no later than three hours from when the Expedited EMR was received by the IRO.</p>
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