



**HHSC UNIFORM MANAGED CARE MANUAL**

CHAPTER **5.27**

**Prior Authorization Annual Review Report**

EFFECTIVE DATE **November 10, 2020**

**Version 2.1**

**DOCUMENT HISTORY LOG**

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Baseline	2.0	July 24, 2020	Initial version Uniform Managed Care Manual Chapter 5.27, "Prior Authorization Annual Review Report." Chapter 5.27 applies to contracts issued as a result of HHSC RFP number(s) 529-12-0002, 529-10-0020, 529-13-0042, 529-15-0001, 529-13-0071, and 529-12-0003. Chapter 5.27 adds a new report deliverable. Refer to UCMCM Chapter 15.6 for reporting guidelines.
Revision	2.0.1	September 15, 2020	Accessibility approved version.
Revision	2.1	November 10, 2020	Administrative changes made to the Instructions worksheet as follows: Annual report is to be submitted to TexConnect instead of TexMedCentral with notification to Acute Care Utilization Review (ACUR), and language added that the annual report will contain data from the previous state fiscal year.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances and "Revision" for changes to the Baseline version.

<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.

<b>FIELD OR FIELD TOPIC HEADING</b>	<b>Field Definition</b>
<b>MCO NAME</b>	Formal Name of MCO Example: Example Health Plan
<b>CONTACT NAME</b>	Full Name of person to contact about this report and contents Example: John Smith
<b>CONTACT TITLE</b>	Full title of contact person Example: Compliance Officer
<b>CONTACT PHONE</b>	Complete phone number of contact person Example: (888) 123-4567
<b>CONTACT EMAIL</b>	Complete email address of contact person Example: name@company.com
<b>REPORT DATE MM/DD/YYYY</b>	Date report was generated Example: 02/28/2020
<b>FISCAL YEAR REPORTED</b>	State Fiscal Year for which the report data applies Example: SFY2020
<b>SUBMISSION TYPE</b>	Type of submission. Options would be Initial or Corrected

Enter responses for lines 2 through 9 in the space below

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08/22/2022

SFY2022

Initial

## Prior Authorization Annual Review Report

PROCEDURE CODE	DATE OF MOST RECENT REVIEW	DATE OF PREVIOUS REVIEW	STAR	STAR Kids	STAR+ PLUS	STAR Health	Dental
D0367	08/22/2022	08/23/2021					X
D0999	08/22/2022	08/23/2021					X
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D2520	08/22/2022	08/23/2021					X
D2530	08/22/2022	08/23/2021					X
D2542	08/22/2022	08/23/2021					X
D2543	08/22/2022	08/23/2021					X
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D9952	08/22/2022	08/23/2021					X
D9999	08/22/2022	08/23/2021					X

