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DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 5.0, Consolidated Deliverables Matrix
Revision	1.1	August 1, 2010	Chapter 5.0 is modified to add deliverables not currently in the matrix, delete deliverables no longer required, to add a description of each deliverable, and to reorder the list by deliverable name. References for UMCC, EPO Contract, RSA Contract, STAR Health Contract, STAR+PLUS Expansion Contract, CHIP Dental Contract, and the UMCM are added. The second and third tables "RR, Conditional or Renewal" and "Performance Deliverables" are deleted as redundant.
Revision	1.2	February 1, 2011	Chapter 5.0 is modified to correct the folder locations for Claims Summary Reports, FQHC Reports, and FSR Reports deliverables posted to TXMedCentral. A row is added for CHIP Delivery Supplemental Payment (DSP) Reports as CHIP DSP reports are not posted to the same folder as the Medicaid DSP reports. All references to the EPO contract are deleted.
Revision	2.0	March 1, 2012	<p>Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529X-08-0001, 529-10-0020, 529-12-0002, and 529-12-0003.</p> <p>The chapter is revised to update the contract references for the new Uniform Managed Care contract and Medicaid and CHIP Dental Services contract.</p> <p>"Accounting Policy Manual" is deleted.</p> <p>"BSP Report" is deleted.</p> <p>"IBNR Plan" is deleted.</p> <p>"Main Dentist Network and Capacity Report" is added.</p> <p>The "Financial Disclosure Report" is renamed "MCO Disclosure Statement."</p> <p>The "Special Investigative Unit Report" is renamed "MCO Open Case List Report", the description of the report is revised, and the report timing is changed from quarterly to monthly.</p> <p>"Performance Improvement Goals" is renamed "Performance Improvement Projects."</p> <p>"Physician Incentive Plans" is added.</p>



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			“Value Added Services” is added.
Revision	2.1	May 5, 2012	<p>“Children of Migrant Farmworkers Annual Plan” is added.</p> <p>“Children of Migrant Farmworkers Annual Report (FWC Annual Report)” is modified to correct deliverable description, UMCM references, and due date.</p> <p>“Fraud and Abuse Compliance Plan” is modified to change the due date from “60 days” to “90 days” prior to the start of the fiscal year.</p> <p>“Frew Annual Provider Training Report” is modified to correct report name, deliverable description, UMCM references, and due date.</p> <p>“Frew Provider Recognition Report” is modified to correct deliverable description and UMCM references.</p> <p>“Frew Quarterly Monitoring Report” is modified to correct deliverable description, UMCM references, and due date.</p> <p>“LTSS Utilization Report” is added.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Quarterly Utilization Reports” is added.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs” is modified to correct report name, deliverable description, UMCM references, and due date.</p> <p>“Performance Improvement Projects” modified to correct due dates.</p> <p>“QAPI Program Annual Summary” modified to correct due date.</p>
Revision	2.2	September 1, 2014	<p>Revision 2.2 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.</p> <p>The chapter is revised to add the contract references for the STAR+PLUS MRSA contract and UMCM chapter references as applicable.</p> <p>“Affiliate Report” is modified to clarify the due dates.</p> <p>“Annual Financial Statements” is modified to clarify the due dates.</p> <p>“CHIP Craniofacial Anomalies Quarterly Report” is deleted.</p>



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			<p>“Disproportionate Share Hospital (DSH) Report” is deleted.</p> <p>“FQHC Monthly Encounter and Payment Reports” is deleted.</p> <p>“FSR Reports” is renamed “Financial Statistical Reports (FSR)”.</p> <p>“Geo-Mapping Report” is added.</p> <p>“HUB Reports” is modified to update the submission instructions.</p> <p>“Legal and Other Proceedings and Related Events Report” is modified to clarify the due dates.</p> <p>“Lock-in Claims Data Report” is added.</p> <p>“Lock-in Review Form” is added.</p> <p>“Lock-in Transaction Report” is added.</p> <p>“Main Dentist Network & Capacity Report” is renamed “Main Dental Home Network & Capacity Report.”</p> <p>“MCO Disclosure Statement” is modified to clarify the due dates.</p> <p>“MCO Lock-in Policies” is added.</p> <p>“MCO Open Case List Report” is modified to clarify OIG requirements.</p> <p>“MCO Pharmacy Quarterly Report” is added.</p> <p>“MCO Value-Based Contracting” is added.</p> <p>“Migrant Incentives Supporting Documentation Tracking Log” is added.</p> <p>“Other Existing Financial Reports” is added.</p> <p>“Performance Improvement Projects” is modified to correct the due dates.</p> <p>“Perinatal Risk Report” is added.</p> <p>“Pharmaceutical Delivery Fee Payment Methodology” is added.</p>



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			<p>“Plan for Special Populations Program” is added.</p> <p>“Provider Complaint Report” is modified to change the due date from 45 days to 30 days after the end of the reporting period.</p> <p>“Provider Termination Report” is modified to add UMCM reference.</p> <p>“QAPI Program Annual Summary” modified to correct due date.</p> <p>“TDI Filings” is modified to clarify the due dates.</p> <p>“Total MCO Member Lock-in Report” is added.</p> <p>Submission for Items 9, 10, 12, 21, 22, 24, 34, 35, 36, 37, 57, 63, 64, 69, 70, 71, 75, 84, and 85 is changed to TXMedCentral XXXDTS.</p>
Revision	2.3	January 5, 2015	<p>“Children of Migrant Farmworkers Annual Plan” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Children of Migrant Farmworkers Annual Report (FWC Annual Report)” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Claims Lag Report” is modified to clarify the description and to change the submission back to XXXDELIV.</p> <p>“Claims Summary Report” is modified to clarify the description and to change the submission back to 529CSR.</p> <p>“Electronic Visit Verification Contractor Compliance Report” is added.</p> <p>“Electronic Visit Verification Summary Report” is added.</p> <p>“Encounter Data” is modified to change the submission back to XXXDELIV.</p> <p>“Encounter Data Certification Report” is modified to change the submission back to XXXDELIV.</p> <p>“Financial Statistical Reports (FSR)” is modified to change the submission back to 529FSR.</p> <p>“Frew Annual Provider Training Report” is modified to change the submission notice to Frew Compliance Lead.</p> <p>“Frew Provider Recognition Report” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Frew Quarterly Monitoring Report” is modified to change the submission notice to Frew Compliance Lead and Frew Migrant Services Lead.</p>



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			<p>“MCO Pharmacy Website Required Critical Elements” is added.</p> <p>“Medicaid Managed Care Texas Health Steps Medical Checkups Quarterly Utilization Reports” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs” is modified to change the submission notice to Frew Compliance Lead.</p> <p>“Member Complaints and Appeals Summary Report” is modified to change the submission notice to DTS and to remove the HPM Communications email address.</p> <p>“Performance Bond” is modified to clarify the description.</p> <p>“Performance Improvement Projects” is modified to update the description and due date, and to change the submission notice to HPM and Program Management Quality Assurance.</p> <p>“Perinatal Risk Report” is renamed “Perinatal Risk Report (17P Report)” for clarification.</p> <p>“Provider Enrollment /Credentialing Denial Report” is added.</p> <p>“Psychotropic Medication Review (PMR) Report” is added.</p> <p>“QAPI Program Annual Summary” is modified to change the submission notice to Program Management Quality Assurance.</p> <p>“STAR+PLUS Service Coordination Report” is added.</p>
Revision	2.4	September 1, 2016	<p>Contract references to the STAR Kids contract and the Medicare-Medicaid Dual Demonstration (MMDD) contract are added to all applicable deliverables.</p> <p>“Applicability of Chapter 5.0” is modified to add STAR Kids and the Medicare-Medicaid Dual Demonstration and to clarify that when an MMDD contract reference does not appear, applicability may be found in the UMCM chapter’s applicability statement.</p> <p>STAR Health contract references are updated.</p> <p>“Abuse, Neglect, and Exploitation Reports” is added.</p> <p>“Claims Summary Report” is modified to add Nursing Facility to the description, and to change the submission back to XXXDTS and remove</p>



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			<p>“with notice to Program Operations Finance/HPM.”</p> <p>“Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report” is added.</p> <p>“Electronic Visit Verification Summary Report” is modified to move quarterly submission.</p> <p>"Encounter Data Certification Report" is renamed "Encounter Data Certification Form" and the due date is clarified.</p> <p>"Financial Statistical Reports (FSR)" is modified to change the 334 day report to the 210 day report.</p> <p>“Frew Annual Provider Training Report” is deleted.</p> <p>“Frew Provider Recognition Report” is deleted.</p> <p>“Frew Quarterly Monitoring Report” is modified to change “Frew v. Suehs” to “Frew v. Smith”</p> <p>“Joint Interface Plan Checklist” is modified to change submission notification from “Program Operations” to “Operations Coordination.”</p> <p>“LTSS Utilization Report” is modified to add a UMCM reference and to change the submission to XXXDTS with notice to HPM and the STAR+PLUS Specialist.</p> <p>"Main Dental Home Network & Capacity Report" is renamed "Provider Network & Capacity Report" and the description is updated.</p> <p>“MCO Open Case List Report” is modified to change the due date.</p> <p>“MCO Value-Based Contracting” is modified to add a "submit to" email address.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Quarterly Utilization Reports” is deleted.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs” is modified to remove the references to UMCM Chapters 12.13, 12.14, and 12.15</p> <p>"Member Complaints & Appeals Summary Report" is renamed "Provider Complaints, Member Complaints, and Member Appeals" and the description and due date are clarified.</p> <p>"PCP Network & Capacity Report" is removed.</p> <p>“Perinatal Risk Report (17P Report)” is modified to change the due date from 30 to 90 days after the end of the reporting quarter.</p> <p>“Plan for Special Populations Program” is modified to add a "submit to" email address.</p>



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			<p>"Provider Complaint Report" is removed modified to change the due date back to 45 days after the end of the reporting period.</p> <p>"Provider Contract Termination" is modified to update the due date and to change the submission to XXXDELIV.</p> <p>"Provider Network Examination Report" is added.</p> <p>"Provider Termination Report" modified to update the description.</p> <p>"Psychotropic Medication Review (PMR) Report" is removed.</p> <p>"Service Coordinators CDS Training Report" is added.</p> <p>"STAR+PLUS Service Coordination Report" is modified to change the submission to XXXDELIV.</p> <p>"Value-Added Services Templates" is modified to correct the due dates.</p> <p>Revision 2.4 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 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.</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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Applicability of Chapter 5.0

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration (MMDD)), CHIP, STAR Health, and STAR Kids Programs, and Dental Contractors providing Children’s Medicaid and CHIP Dental Services to Members through dental health plans. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, 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.

A deliverable listed below applies to the MMPs if (1) a specific MMDD contract section number is included in the "Contract Ref" column, or (2) if no MMDD contract section is cited, the applicable UMCM chapter listed specifically includes the MMDD. The requirements in this chapter apply to all Programs, except where noted. This matrix is not all inclusive, and is provided only as a convenience to the MCO. The absence on this form of any item otherwise required by contract does not relieve the contractor of its duty under the contract. The contract prevails if there are any language conflicts between this matrix and the contract.

Applicability modified by Versions 2.3 and 2.4

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing				Submitted to	
					Mo	Qtr	Ann	As Revised / Other		Due Date
1.	Quality	Abuse, Neglect, and Exploitation Reports	The MMP must submit to HHSC the aggregate number of reports of abuse, neglect, and exploitation of members receiving LTSS as reported to the MMP by its providers.	MMDD 2.14.2.3.3	X				The last day of the month following the reporting month.	TXMedCentral XXXDELIV with notice to MCD_managed_care_quality@hhsc.state.tx.us
		ANE Reports added by Version 2.4								
2.	Finance	Affiliate Report	The MCO must submit an Affiliate Report to HHSC as defined by UMCM Chapter 5.11. This report requires information regarding Affiliates that do business with the MCO relating to the HHSC contract.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2			X	X	1) During the initial contract Readiness Review (by no later than 30 days prior to the contract’s operational start date); 2) annually, by September	Program Operations Finance
		Affiliate Report modified by Version 2.2								



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.6.2 UMCM Chapter 5.11					1 each year; and 3) on an as-occurs basis, within 30 days of the event that triggered the change in the information submitted with the last report.	
3.	Finance	Annual Financial Statements (as submitted to TDI)	The MCO must provide a complete and searchable electronic copy to HHSC of the most recent annual financial statements (e.g., the "Health Annual Statement"), as submitted to and required by the Texas Department of Insurance (TDI) for each year covered under the Contract.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2					No later than 3 business days after the MCO's submission to TDI Irrespective of the 3 business-day deadline, the MCO must notify HHSC if it cannot provide the most recent Annual Statements by March 31st each year, and the Annual Audited Financial Report by June 30th each year. The notice should include an expected submission date.	Program Operations Finance
		Annual Financial Statements modified by Version 2.2	The MCO must provide a similar copy to HHSC of the annual <u>audited</u> financial statement submitted to TDI.	STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.2.1			X			
4.	Finance	Audit Reports (internal and external)	The MCO must comply with the Uniform Managed Care Manual's (UMCM) requirements regarding notification and/or submission to HHSC of certain internal and external audit reports. Note that "audit reports" are broadly defined in the UMCM, to include certain internal analysis, etc.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1				X	Within 45 days of issue date	Program Operations Finance



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				8.1.22.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 4.3.8 UMCM Chapter 5.3.11						
5.	Ops	Board Certification Status of Providers	The MCO must make information on the percentage of Board-certified PCPs in the Provider Network and the percentage of Board-certified specialty physicians, by specialty, available to HHSC upon request.	UMCC Att. B-1 8.1.4.5 CHIP RSA Att. B-1 8.1.4.5 STAR Health Att. B-1 8.1.4.5 STAR+PLUS Exp Att. B-1 8.1.4.5 STAR+PLUS MRSA Att. B-1 8.1.4.5 STAR Kids Att. B-1 8.1.4.3 MMDD 2.7.3.7.11				X	Upon HHSC request	HPM
6.	Systems	Business Continuity Plan	At the beginning of each SFY, the MCO must submit the Business Continuity Plan for HHSC's review and approval.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2				X	September 1	TXMedCentral XXXDELIV with notice to HPM



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.17.6.2. 2 UMCM Chapter 5.2						
7.	Systems	Business Continuity Plan/Disaster Recovery Plan Checklist	At the beginning of each SFY, the MCO must submit the Business Continuity Plan/Disaster Recovery Plan Checklist for HHSC's review and approval.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.8.5.1.7.1 UMCM Chapter 5.2					September 1	TXMedCentral XXXDELIV with notice to HPM
8.	Ops	Children of Migrant Farmworkers Annual Plan	Medicaid MCOs and Dental Contractors must submit an annual plan that describes how they will identify and provide accelerated services to Children of Migrant Farmworkers participating in the Medicaid Program.	UMCC Att. B-1 8.1.20.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att.					August 1	TXMedCentral XXXDELIV with notice to the Frew Migrant Services Lead
		FWC Annual Plan added by Version 2.1 and modified by Version 2.3								



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
				B-1 8.1.14.2 UMCM Chapters 12.1, 12.2, 12.27, & 12.28						
9.	Ops	Children of Migrant Farmworkers Annual Report (FWC Annual Report)	Medicaid MCOs and Dental Contractors must submit an annual report and migrant incentives supporting documentation log about the identification of and delivery of services to Children of Migrant Farmworkers in the Medicaid Program (also referred to as "Farmworker Children" or "FWC").	UMCC Att. B-1 8.1.20.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att. B-1 8.1.14.2 UMCM Chapters 12.1, 12.3, 12.27, 12.29, 12.31, & 12.32				X	September 15	TXMedCentral XXXDELIV with notice to the Frew Migrant Services Lead
		FWC Annual Report modified by Version 2.1 BS NIDUFUED BY Version 2.3								
10.	Finance	Claims Lag Report	The MCO must submit Claims Lag Report as a Contract year-to-date report. The report must disclose the amount of paid claims by incurred month and paid month.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.3				X	Last day of the month following the close of the reporting period	TXMedCentral XXXDELIV
		Claims Lag Report modified by Version 2.3								



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
				UMCM Chapter 5.6.2						
11.	Systems	Claims Processing System Changes	The MCO must notify HHSC of major claim system changes in writing no later than 180 days prior to implementation. The MCO must provide an implementation Plan and schedule of proposed changes.	UMCC Att. B-1 8.1.18.5 CHIP RSA Att. B-1 8.1.18.5 STAR Health Att. B-1 8.1.24.5 STAR+PLUS Exp Att. B-1 8.1.18.5 STAR+PLUS MRSA Att. B-1 8.1.20.5 STAR Kids Att. B-1 8.1.20.5 Medicaid and CHIP Dental Services Att. B-1 8.1.12.5 MMDD 2.17.3.2				X	180 days prior to implementation of a change	HPM
12.	Finance	Claims Summary Report	The MCO must submit quarterly Claims Summary Reports to HHSC by MCO Program, and Service Area for Acute Care, Behavioral Health, Long Term Care, Nursing Facility, Vision, Nursing, Dental and Pharmacy.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 UMCM Chapter 5.6.1		X			Last day of the month following the close of the reporting period	TXMedCentral XXXDTS
		Claims Summary Report modified by Versions 2.3 and 2.4								



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13.	Ops	Corrective Action Plan	MCO must take action to ensure its or a Subcontractor's compliance with or correction of any finding of noncompliance with any law, regulation, audit requirement, or generally accepted accounting principle relating to the Services and Deliverables or any other deficiency contained in any audit, review, or inspection conducted under this Article. This action will include MCO's delivery to HHSC, for HHSC'S approval, a Corrective Action Plan that addresses deficiencies.	UMCC Att. A 9.05(a) & Att. A 12.02(c) CHIP RSA Att. A 9.05(a) & Att. A 12.02(c) STAR+PLUS MRSA Att. A 9.05(a) & Att. A 12.02(c) STAR Health Att. A 9.06(a) & Att. A 12.02(c) STAR+PLUS Exp Att. A 9.05(a) & Att. A 12.02(c) STAR Kids Att. A 8.06(a) & Att. A 11.02(c) Medicaid and CHIP Dental Services Att. A 9.05(a) & Att. A 12.02(c) MMDD 5.3.14				X	Within 30 calendar days of the close of the audit(s), review(s), or inspection(s); or by deadline set by HHSC	HPM
14.	Quality	Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report	Medicaid MCOs must submit a quarterly report that includes the number of Critical Incidents and Abuse, Neglect and Exploitation reports received from the Department of Family and Protective Services (DFPS) Adult Protective Services (APS) for Members receiving LTSS services.	UMCC 8.1.20.2 STAR Health 8.1.26.2 STAR+PLUS Expansion 8.1.20.2 STAR+PLUS MRSA 8.1.22.2 STAR Kids 8.1.22.2 UMCM Chapter 5.18		x			Last day of the month following the close of the reporting period for Quarterly reports;	Program Management MCD_managed_care_quality@hhsc.state.tx.us
		Critical Incidents and ANE Quarterly Report added by Version 2.4								
15.	Ops	Cultural	The MCO must have a comprehensive written Cultural Competency Plan describing how the	UMCC Att. B-1 8.1.5.8				X	Modifications and amendments to the plan must be submitted to	TXMedCentral XXXDELIV



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
		Competency Plan	MCO will ensure culturally competent services, and provide Linguistic Access and Disability-related Access.	CHIP RSA Att. B-1 8.1.5.8 STAR Health Att. B-1 8.1.5.8 STAR+PLUS Exp Att. B-1 8.1.5.8 STAR+PLUS MRSA Att. B-1 8.1.5.8 STAR Kids Att. B-1 8.1.5.8 Medicaid and CHIP Dental Services Att. B 8.1.6.8 MMDD 2.8.9					HHSC no later than 30 days prior to implementation.	with notice to HPM
16.	Finance	Delivery Supplemental Payment (DSP) Report – CHIP	The MCO must submit a monthly CHIP Delivery Supplemental Payment (DSP) Report that includes the data elements specified by HHSC in the format specified by HHSC. The DSP Report must include only unduplicated deliveries and only deliveries for which the MCO has made a payment, to either a hospital or other provider.	UMCC Att. A 10.09, Att. B-1 8.1.20.2 CHIP RSA Att. A 10.09, Att. B-1 8.1.17.2 UMCM Chapter 5.3.5	X				COB on the first Monday of the month following the reporting period	TXMedCentral 529CHIP
17.	Finance	Delivery Supplemental Payment (DSP) Report – STAR	The MCO must submit a monthly STAR Delivery Supplemental Payment (DSP) Report that includes the data elements specified by HHSC in the format specified by HHSC. The DSP Report must include only unduplicated deliveries and only deliveries for which the MCO has made a payment, to either a hospital or other provider.	UMCC Att. A 10.09, Att. B-1 8.1.20.2 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.19.2 UMCM Chapter 5.3.5	X				COB on the first Monday of the month following the reporting period	TXMedCentral XXXDELIV



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
18.	Systems	Disaster Recovery Plan	At the beginning of each SFY, the MCO must submit the Disaster Recovery Plan for HHSC's review and approval.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.8.5.1.7.1 UMCM Chapter 5.2				X	September 1	TXMedCentral XXXDELIV with notice to HPM
19.	Ops	Electronic Visit Verification Contractor Compliance Report	The MCO must submit an EVV Contractor Compliance Report according to the MCO EVV Reporting Requirements of UMCM Chapter 8.7 Section XI.	UMCC Att. B-1 8.2.17 STAR Health Att. B-1 8.1.37 STAR+PLUS Exp Att. B-1 8.1.33.3 STAR+PLUS MRSA Att. B-1 8.1.35.3 STAR Kids Att. B-1 8.1.36.1 MMDD 2.1.4.6 UMCM Chapter 8.9	X				On the first day of each month.	TXMedCentral XXXDELIV with notice to HPM
		EVV Contractor Compliance Report added by Version 2.3								



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					Mo	Qtr	Ann	As Revised / Other	Due Date		
20.	Ops	Electronic Visit Verification Summary Report	The MCO must require EVV contractors to complete and submit a quarterly EVV Summary Report according to the MCO EVV Reporting Requirements of UMCM Chapter 8.7 Section XI.	UMCC Att. B-1 8.2.17 STAR Health Att. B-1 8.1.37 STAR+PLUS Exp Att. B-1 8.1.33.3 STAR+PLUS MRSA Att. B-1 8.1.35.3 STAR Kids Att. B-1 8.1.36.1 MMDD 2.1.4.6 UMCM Chapter 8.8		X		X	75 days after the close of the reporting period	TXMedCentral XXXDELIV with notice to HPM	
		EVV Summary Report added by Version 2.3 and modified by Version 2.4									
21.	Finance	Employee Bonus/Incentive Payment Plan	If the MCO intends to include Employee Bonus and/or Incentive Payments as allowable administrative expenses, a written Bonus and/or Incentive Payment Plan and description must be submitted to HHSC no later than 30 days after the Effective Date of the Contract and any Contract renewal. If the MCO substantively revises the Employee Bonus and/or Incentive Payment Plan, the MCO must submit the revised plan to HHSC for prior review at least 30 days in advance of its effective date.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.5				X	First report due 30 days after Contract Effective Date; revisions due 30 days prior to implementation of change	Program Operations Finance	
22.	Fin/ Ops/ Sys	Encounter Data	The MCO must provide complete Encounter Data for all Covered Services, including Value-added Services. Encounter Data must follow the format and data elements as described in the HIPAA-	UMCC Att. B-1 8.1.18.1 CHIP RSA Att. B-1 8.1.18.1 STAR Health Att. B-1 8.1.24.2	X				No later than the 30 th calendar day after the last day of the month in which the claim was adjudicated.	TXMedCentral XXXDELIV	
		Encounter Data modified by Version 2.3									



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
			compliant 837 format. The MCO must include all Encounter Data and Encounter Data adjustments processed by the MCO. Encounter Data quality validation must incorporate assessment standards developed jointly by the MCO and HHSC. The MCO must make original records available for inspection by HHSC for validation purposes. Encounter Data that do not meet quality standards must be corrected and returned within a time period specified by HHSC.	STAR+PLUS Exp Att. B-1 8.1.18.1 STAR+PLUS MRSA Att. B-1 8.1.20.1 STAR Kids Att. B-1 8.1.20.1 Medicaid and CHIP Dental Services Att. B-1 8.1.12.1 MMDD 2.18						
23.	Fin/ Ops/ Sys	Encounter Data Certification Form	In accordance with 42 CFR Section 438.604 and 438.606, MCO must certify in writing encounter data.	MMDD 2.18 UMCM Chapter 5.3.10	X				One certification form concurrent with encounter data	TXMedCentral XXXDELIV
		Encounter Data Certification Form modified by Versions 2.3 and 2.4								
24.	Finance	Fidelity Bond	The MCO will secure and maintain throughout the life of the Contract a fidelity bond in compliance with Chapter 843 of the Texas Insurance Code and 28 T.A.C. §11.1805. The MCO must promptly provide HHSC with copies of the bond and any amendments or renewals thereto.	UMCC Att. A 17.03 CHIP RSA Att. A 17.03 STAR Health Att. A 17.03 STAR+PLUS Exp Att. A 17.03 STAR+PLUS MRSA Att. A 17.03 STAR Kids Att. A 17.03 Medicaid and CHIP Dental Services Att. A 17.03 MMDD 4.10.2			X	X	Annually before the Effective Date of the Contract Due within 5 business days of renewal	Program Operations Finance



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to		
					Mo	Qtr	Ann	As Revised / Other	Due Date			
25.	Finance	Financial Statistical Reports (FSR)	The MCO must file four quarterly and two annual Financial-Statistical Reports (FSRs) for each SFY, in the format and timeframe specified by HHSC. Quarterly FSRs are due no later than 30 days after the end of the quarter. Note that Experience Rebate checks, if owed, are due in full to HHSC concurrently with the 90-day and the 210 day FSRs.	UMCC Att. A 10.11 & 10.11.1 UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.2 UMCM Chapter 5.3.1								
		Financial Statistical Report modified by Versions 2.3 and 2.5										
						X	X	X	Last day of the month following the close of the reporting period for Quarterly reports; 120 days after the end of the State Fiscal Year (SFY) for 90-day reports, and 365 days after the end of the SFY for 210 day reports.		TXMedCentral 529FSR with notice to Program Operations Finance	
26.	Finance	FQHC Supplemental Quarterly Payment summary report	Dental only. Based on the data from the three corresponding monthly encounter / payment reports, this quarterly summary is used to calculate (and document) the Supplemental Quarterly Payments made to FQHCs by the Dental MCO. The format will be developed by HHSC and provided in the Uniform Managed Care Manual.	UMCM Chapter 5.3.6		X			Reports will be required for run-out through 9/15/12, as applicable to each contract		TXMedCentral 529HC	
27.	Fraud	Fraud and Abuse - Subcontractors	If the MCO contracts for the investigation of allegations of Fraud, Abuse, or Waste and other types of program abuse by Members or Providers, the plan must include a copy of the subcontract; the names, addresses, telephone numbers, electronic mail addresses, and fax numbers of the	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp Att. B-1				X	Within 5 business days of execution of subcontract		OIG	



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					Mo	Qtr	Ann	As Revised / Other	Due Date		
			principals of the subcontracted entity; and a description of the qualifications of the subcontracted entity. Such subcontractors must be held to the requirements stated in this Section.	8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13 MMDD 2.1.4.5; 2.1.5							
28.	Fraud	Fraud and Abuse Compliance Plan	The MCO must submit a written Fraud and Abuse compliance plan to the Office of Inspector General at HHSC for approval each year.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13 MMDD 2.1.4.3				X	90 days prior to start of the SFY	OIG	
		Fraud and Abuse Compliance Plan modified by Version 2.1									
29.	Fraud	Fraudulent Practices Report	Utilizing the HHSC-Office of Inspector General (OIG) fraud referral form, the MCO's assigned officer or director must report and refer all possible acts of waste, abuse or fraud to the HHSC-OIG within 30 business days of receiving the reports of possible acts of waste, abuse or fraud from the MCO's Special Investigative Unit (SIU). The report and referral must include: an investigative report	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1				X	Within 30 days of notification by the MCO's SIU of the possible acts of waste, abuse, or fraud	OIG	



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
			identifying the allegation, statutes/regulations violated or considered, and the results of the investigation; copies of program rules and regulations violated for the time period in question; the estimated overpayment identified; a summary of the interviews conducted; the encounter data submitted by the provider for the time period in question; and all supporting documentation obtained as the result of the investigation. This requirement applies to all reports of possible acts of waste, abuse and fraud.	8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD 2.1.4.5; 2.1.5						
30.	Ops	Frew Quarterly Monitoring Report	Each calendar year quarter, HHSC prepares a report for the court that addresses the status of the Consent Decree paragraphs of the <i>Frew v. Smith</i> lawsuit. Medicaid MCOs and Dental Contractors must prepare responses to questions posed by HHSC on the Frew Quarterly Monitoring Report template.	UMCC Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att. B-1 8.1.14.2 UMCM Chapters 12.19, 12.20, 12.33, and 12.34		X			15 th of December, March, June, and September	TXMedCentral XXXDELIV with notice to the Frew Compliance Lead and Frew Migrant Services Lead
		Frew Quarterly Monitoring Report modified by Versions 2.1, 2.3, and 2.4								
31.	Ops / Systems	Geo-Mapping Provider Interface	The MCO must provide to HHSC on the last business day of the State Fiscal Quarter a complete picture of the Primary Care Provider, CHIP, and Specialist/Facilities Networks.	UMCM Chapter 6.2.3		X			Last business day of the State Fiscal Quarter	TXMedCentral 529LIB for STAR and 529CHIP for CHIP
32.	Ops	Geo-Mapping Report	To demonstrate Network adequacy, the MCO must submit quarterly Geo-Mapping reports as described	UMCC Att. B-1, Sections 8.1.3 and 8.1.4		X			30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
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			in the Uniform Managed Care Manual.	CHIP RSA Att. B-1, Sections 8.1.3 and 8.1.4 STAR Health Att. B-1, Sections 8.1.3 and 8.1.4 STAR+PLUS Exp Att. B-1, Sections 8.1.3 and 8.1.4 STAR+PLUS MRSA Att. B-1, Sections 8.1.3 and 8.1.4 STAR Kids Att. B-1 Sections 8.1.3 and 8.1.4 Medicaid and CHIP Dental Services Att. B-1, Sections 8.1.4 and 8.1.5 UMCM Chapter 5.14						
Geo-Mapping Report added by Version 2.2										
33.	Ops	Hotline Reports	The MCO must submit a status report for hotline performance in comparison with the performance standards set out in the contract	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD 2.9.1.3.9		X			30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to	
					Mo	Qtr	Ann	As Revised / Other	Due Date		
				UMCM Chapter 5.4.3							
34.	Ops	Hotline Reports - Nurse	The MCO must submit a status report for the Nurse Hotline in comparison with the performance standards set out in the contract	STAR Health Att. B-1 8.1.26.2 STAR Kids Att. B-1 8.1.22.2 MMDD 2.9 UMCM Chapter 5.4.3-7		X			30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM	
35.	Ops	HUB Reports	The MCO must maintain its HUB Subcontracting Plan and submit monthly reports documenting the MCO's Historically Underutilized Business (HUB) program efforts and accomplishments to the HHSC HUB Office.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD 2.7.2.8 UMCM Chapter 5.4.4					X	<p>Post the Progress Assessment Report (PAR) reports in Excel format to TXMedCentral XXXDELIV &-email to: HHSCHub@hhsc.state.tx.us with notice to HPM</p> <p>The Excel file must be submitted with the following naming convention: Prime Contractor Name, Contract Number and the 2-digit month/year being reported. EXAMPLE: ABC SUPPLY CO X29-08-0196 09-13</p> <p>The e-mail subject line should be the same as the file name: Prime Contractor Name, Contract Number, and the 2-digit month/year being reported. EXAMPLE: ABC SUPPLY CO X29-08-0196 09-13</p> <p>Upon successful implementation of the HHS</p>	
		HUB Reports modified by Version 2.2									



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#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.17.4.2 UMCM Chapter 7.1						
38.	Systems	Joint Interface Plan Checklist	At the beginning of each SFY, the MCO must submit the Joint Interface Plan (JIP) Checklist for HHSC's review and approval if the Joint Interface Plan has been modified.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.17.4.2 UMCM Chapter 7.1					September 1	TXMedCentral XXXDELIV with notice to Operations Coordination
		Joint Interface Plan Checklist modified by Version 2.4								
39.	Ops	Key Personnel Changes	MCO must notify HHSC of any change in Key Personnel. Hiring or replacement of Key Personnel must conform to all Contract requirements. If HHSC determines that a satisfactory working relationship cannot be established between certain Key Personnel and HHSC, it will notify the MCO in writing. Upon receipt of HHSC's notice, HHSC and MCO will attempt to resolve HHSC's concerns on a mutually agreeable basis.	UMCC Att. A 4.02(c) CHIP RSA Att. A 4.02(c) STAR Health Att. A 4.02(c) STAR+PLUS Exp Att. A 4.02(c) STAR+PLUS MRSA Att. A 4.02(c)				X	within 15 days of change	MCO/HPM



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
			unavailable).	STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13						
42.	Fraud	Lock-in Review Form	Provides a summary of the MCO member utilization as related to the Lock-in criteria.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13				X	Attached to each MCO referral to the LP. Within 7 days of OIG-LP request.	WAFERS TXMedCentral XXXDELIV
43.	Fraud	Lock-In Transaction Report	Excel spreadsheet of MCO changes made to lock edits for the previous month.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental	X				The first Monday of each month.	TXMedCentral XXXDELIV

Lock-in Review Form added by Version 2.2

Lock-in Transaction Report added by Version 2.2



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
				MMP UMCM Chapter 5.4.1.12						
47.	Ops	Marketing Materials	Each MCO is required to submit to HHSC all Marketing Materials for review and approval prior to use.	UMCC Att. B-1 8.1.6 CHIP RSA Att. B-1 8.1.6 STAR Health Att. B-1 8.1.6 STAR+PLUS Exp Att. B-1 8.1.6 STAR+PLUS MRSA Att. B-1 8.1.6 Medicaid and CHIP Dental Services Att. B-1 8.1.7 STAR Kids Att. B-1 8.1.6 MMDD 1.86; CY15 Marketing Guidelines UMCM Chapter 4				X	Prior to use	HPM
48.	Ops	Material Subcontractor Changes	MCOs must notify HHSC of changes in Material Subcontractors	UMCC Att. A 4.08(b) CHIP RSA Att. A 4.08(b) STAR Health Att. A 4.09(b) STAR+PLUS Exp Att. A 4.08(b) STAR+PLUS MRSA Att. A 4.08(b) STAR Kids Att. A 4.08(b) Medicaid and CHIP Dental				X	Unless otherwise provided in the Contract, provide HHSC with written notice no later than: (i) 3 Business Days after receiving notice from a Material Subcontractor of its intent to terminate a Subcontract; (ii) 180 calendar days prior to the termination date of a Material Subcontract for MIS systems operation or reporting; (iii) 90 calendar days prior to	HPM



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				STAR Health Att. B-1 8.1.3, 8.1.4, 8.1.20.2, 8.1.23, 8.1.26.2, 8.1.34 STAR+PLUS Exp Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.1.29, & 8.1.42 STAR+PLUS MRSA Att. B-1 8.1.3, 8.1.4, 8.1.16, 8.1.18, 8.1.22.2, & 8.1.31 STAR Kids Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.19, 8.1.22.2, 8.1.31 MMDD 2.18.1.5.5 UMCM Chapter 5.13.4						
53.	Pharmacy Ops	MCO Pharmacy Website Required Critical Elements	The MCO's pharmacy website must include a list of the MCO's implemented clinical edits for covered drugs and must include the specific information listed in UMCM Chapter 3.29. The MCOs must provide the link to the MCO's website to the Vendor Drug Program.	UMCC Att. B-1 8.1.21.1 CHIP RSA Att. B-1 8.1.24.1 STAR Health Att. B-1 8.1.5.6 STAR+PLUS Exp Att. B-1 8.1.42.1 STAR+PLUS MRSA Att. B-1 8.1.16.1 STAR Kids Att. B-1 8.1.17.1 MMDD 2.15.5.1.5 UMCM Chapter 3.29				X	Initial submission by December 15, 2014 and within 15 days of any change	VDP_MCO_Solutions@hhsc.state.tx.us with notice to HPM
		MCO Pharmacy Website Required Critical Elements added by Version 2.3								



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					Mo	Qtr	Ann	As Revised / Other	Due Date		
54.	Quality	MCO Value-Based Contracting	MCOs must submit a written plan based on an HHSC template for expansion of alternative payment structures with their providers.	UMCC Att. B-1 8.1.7.8.2 CHIP RSA Att. B-1 8.1.7.8.2 STAR Health Att. B-1 8.1.7.9.2 STAR+PLUS Exp Att. B-1 8.1.7.8.2 STAR+PLUS MRSA Att. B-1 8.1.7.8.2 STAR Kids Att. B-1 8.1.7.9.2 Medicaid and CHIP Dental Services Att. B-1 8.1.8.6.2 MMDD 5.1.9.1 UMCM Chapters 8.4 and 8.5				X	November 1	Healthcare Quality Analytics, Research and Coordination Support Unit HPCS_UMCC_Provisions@hsc.state.tx.us	
		MCO Value-Based Contracting Added by Version 2.2 and modified by Version 2.4									
55.	Ops	Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs	Medicaid MCOs must submit reports documenting the number of Members who receive Texas Health Steps (THSteps) checkups or refuse to do so.	UMCC Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 UMCM Chapters 12.4-12.6, and 12.9				X	May 12	TXMedCentral XXXDELIV with notice to the Frew Compliance Lead	
		MMC THSteps Medical Checkups Report & Refusal Log modified by Version 2.1 and modified by Versions 2.3 and 2.4									
56.	Ops	Medicaid Member Complaint and	The MCO must develop, implement, and maintain a Member Complaint and Appeal system that	UMCC Att. B-1 8.2.6				X	At least 30 days prior to implementation	HPM	



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		Appeal System	complies with the requirements in applicable federal and state laws and regulations. The Complaint and Appeal system must include a Complaint process, an Appeal process, and access to HHSC's Fair Hearing System. The procedures must be the same for all Members and must be reviewed and approved in writing by HHSC or its designee.	STAR Health Att. B-1 8.1.33 STAR+PLUS Exp Att. B-1 8.1.27 STAR+PLUS MRSA Att. B-1 8.1.29 STAR Kids Att. B-1 8.1.29 Medicaid and CHIP Dental Services Att. B-1 8.1.6.9 MMDD 2.11, 2.12						
57.	Ops	Provider Complaints, Member Complaints, and Member Appeals	The MCO must submit quarterly Complaints and Appeals reports. The MCO must include in its reports complaints and appeals submitted to the MCO and/or any Subcontractor delegated to provide a service for the MCO. Complaint reports must include all Member and Provider complaints submitted orally or in writing. Appeals reports must include counts of expedited and standard appeals received and resolved during the reporting quarter in addition to pending appeals.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD Appendix C.2 UMCM Chapter 5.4.2		X			45 days after end of the reporting period; the MCO must not submit its complaint and/or appeals reports prior to the due date if it has pending complaints or appeals	TXMedCentral XXXDTS with notice to HPM team
		Provider Complaints, Member Complaints, and Member Appeals modified by Versions 2.3 and 2.4								
58.	Ops	Member Handbook	The Member Handbook for each applicable MCO Program must, at a minimum, meet the Member Materials requirements specified in the contract and must include critical elements in the Uniform	UMCC Att. B-1 8.1.5.3 CHIP RSA Att. B-1 8.1.5.3				X	Revised Member Handbook, or an insert informing Members of changes to Covered Services, upon HHSC notification or at least	TXMedCentral XXXDELIV with notice to HPM



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			Managed Care Manual.	STAR Health Att. B-1 8.1.5.3 STAR+PLUS Exp Att. B-1 8.1.5.3 STAR+PLUS MRSA Att. B-1 8.1.5.3 STAR Kids Att. B-1 8.1.5.3 Medicaid and CHIP Dental Services Att. B-1 8.1.6.1 and 8.1.6.3 MMDD 2.15.4.3.1.1 UMCM Chapters 3.4,3.5, 3.15, 3.19, & 3.26					30 days prior to the effective date of change in Covered Services, unless HHSC requests a shorter notice period	
59.	Ops	Migrant Incentives Supporting Documentation Tracking Log	Migrant incentives log is used to calculate points for MCO outreach efforts. Total points will determine how each MCO is ranked per Services Area and Mailing region, respectively.	UMCC Att. B-1, 6.3.2.5 STAR+PLUS Exp Att. B-1 6.3.2.7 STAR+PLUS MRSA Att. B-1 6.3.2.7 Medicaid and CHIP Dental Services Att. B-1 6.2.4.4 UMCM Chapter 12.25 and 12.31				X	September 15	Migrant Services Lead
		Migrant Incentives Supporting Documentation Tracking Log added by Version 2.2								
60.	Ops	Model Provider Contracts	The MCO must submit model Provider contracts to HHSC for review during Readiness Review. HHSC retains the right to reject or require changes to any model Provider contract that does not comply with MCO Program requirements or the HHSC-MCO	UMCC Att. A 4.08, Att. B-1 8.1.4.1 CHIP RSA Att. A 4.08, Att. B-1 8.1.4.1 STAR Health Att. A 4.08, Att.				X	During Readiness Review	TXMedCentral XXXDELIV with notice to HPM



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			Contract.	B-1 8.1.4.1 STAR+PLUS Exp Att. A 4.08, Att. B-1 8.1.4.1 STAR+PLUS MRSA Att. B-1 8.1.4.1 STAR Kids Att. A 4.08, Att. B-1 8.1.4.1 Medicaid and CHIP Dental Services Att. A 4.08, Att. B-1 8.1.5.2 MMDD Appendix C.6 UMCM Chapters 8.1 & 8.6							
61.	Systems	Organizational Chart for MIS	The MCO must provide HHSC any updates to the MCO's organizational chart relating to MIS and the description of MIS responsibilities at least 30 days prior to the effective date of the change. The MCO must provide HHSC official points of contact for MIS issues on an on-going basis.	UMCC Att. B-1 8.1.18 CHIP RSA Att. B-1 8.1.18 STAR Health Att. B-1 8.1.24 STAR+PLUS Exp Att. B-1 8.1.18 STAR+PLUS MRSA Att. B-1 8.1.20 STAR Kids Att. B-1 8.1.20 Medicaid and CHIP Dental Services Att. B-1 8.1.12 MMDD 2.17.3.1.7				X	X	30 days prior to effective date of change	TXMedCentral XXXDELIV with notice to HPM
62.	Finance	Other Existing Financial Reports	The MCO must provide HHSC with full and complete searchable electronic copies of reports	UMCC Att. B-1 8.1.17.1				X	X	No later than 30 calendar days after report is filed or initially	Program Operations Finance



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		(as may be distributed to others)	submitted by the MCO, its parent, or Ultimate Owner, or as may otherwise be prepared, of the following: <ul style="list-style-type: none"> SEC Form 10-K (if MCO or its Ultimate Owner is publicly-traded). IRS Form 990 (if MCO or its parent or Ultimate Owner is non-profit). Bond or debt rating analysis (if any external entity publishes one). Annual financial statements for nonprofit that is a component of a County Hospital District, etc. Other Annual Report, if it is both (1) different than, or supplementary to the financial statements otherwise submitted; and, (2) distributed to certain parties.	CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.7						distributed. If there is a regularly required due date for any of the above reports, and an extension on the filing deadline is received, then the MCO should notify HHSC of any such extension, and provide the estimated revised filing date.	
		Other Existing Financial Reports added by Version 2.2									
63.	Ops	Out-of-Network Utilization Reports	The MCO must file quarterly Out-of Network Utilization Reports in the format and timeframe specified by HHSC. HHSC will include the report format and directions in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.17.1 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 Medicaid Dental Services Att. B-1 8.1.14.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 UMCM Chapter 5.3.8		X				30 days after the end of each period	TXMedCentral XXXDTS with notice to HPM



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64.	Finance	Performance Bond	Beginning on the Operational Start Date of the Contract, and each year thereafter, the MCO must obtain a performance bond with a 1 year term. The performance bond must continue to be in effect for 1 year following the expiration of the contract term.	UMCC Att. A 17.02 CHIP RSA Att. A 17.02 STAR Health Att. A 17.02 STAR+PLUS Exp Att. A 17.02 STAR+PLUS MRSA Att. A 17.02 Medicaid and CHIP Dental Services Att. A 17.02 STAR Kids Att. A 17.02 MMDD 4.10.1 UMCM Chapter 6.4.5				X	September 1	Mail original copies to Program Operations Finance
		Performance Bond modified by Version 2.3								
65.	Quality	Performance Improvement Projects	MCOs submit proposed performance improvement projects (PIPs) for performance improvement. For 2014 PIPs, the MCO will have one two-year PIP per program and one three-year PIP per program. All subsequent PIPs will be two years.	UMCC Att. B-1 8.1.1.1 CHIP RSA Att. B-1 8.1.1.1 STAR Health Att. B-1 8.1.1 STAR+PLUS Exp Att. B-1 8.1.1.1 STAR+PLUS MRSA Att. B-1 8.1.1.1 Medicaid and CHIP Dental Services Att. B-1-8.1.1.1, STAR Kids Att. B-1 8.1.1.1 MMDD 2.14.2.3.7 UMCM Chapter 10.2.4, 10.2.5, 10.2.8, & 10.2.9				X	HHSC will provide due dates each year for PIP plans, PIP progress reports, and final PIP reports	TXMedCentral XXXDELIV with notice to HPM and Program Management Quality Assurance
		Performance Improvement Projects modified by Versions 2.1, 2.2, and 2.3								



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66.	Ops	Perinatal Risk Report (17P Report)	The MCO must submit a quarterly perinatal risk report as described in Uniform Managed Care Manual.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 UMCM Chapter 5.16		X			No later than 90 days after the end of the reporting period	TXMedCentral XXXDTS with notice to HPM	
		Perinatal Risk Report added by Version 2.2 and modified by Versions 2.3 and 2.4									
67.	Ops	Pharmaceutical Delivery Fee Payment Methodology	The MCO must submit its methodology, and any future revisions, for the Pharmaceutical Delivery Fee Payment Program that includes the elements specified by HHSC.	UMCC Att. B-1 8.1.21.12 CHIP RSA Att. B-1 8.1.24.12 STAR Health Att. B-1 8.1.20.12 STAR+PLUS Exp Att. B-1 8.1.42.12 STAR+PLUS MRSA Att. B-1 8.1.16.12 STAR Kids Att. B-1 8.1.17.12 UMCM Chapter 5.13.3				X	No later than 30 business days prior to implementing or modifying.	TXMedCentral XXXDELIV with notice to HPM	
		Pharmaceutical Delivery Fee Payment Methodology added by Version 2.2									
68.	Ops	Physician Incentive Plans	MCOs must submit information concerning physician incentive plans.	UMCC Att. B-1 8.1.7.8.1 CHIP RSA Att. B-1 8.1.7.8.1 STAR Health Att. B-1 8.1.7.9.1 4				X	No later than 5 business days prior to implementing or modifying	TXMedCentral XXXDELIV with notice to HPM	
		Physician Incentive Plans added by Version 2.0									



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				STAR+PLUS Exp Att. B-1 8.1.7.8.1 STAR+PLUS MRSA Att. B-1 8.1.7.8.1 STAR Kids Att. B-1 8.1.7.9.1 MMDD 5.1.7							
69.	Quality	Plan for Special Populations Program	Super utilizer targeting, monitoring, and intervention plan as described in contract	UMCC Att. B-1 8.1.14.1 CHIP RSA Att. B-1 8.1.14.1 STAR Health Att. B-1 8.1.16.1 STAR+PLUS Exp Att. B-1 8.1.14.1 STAR+PLUS MRSA Att. B-1 8.1.14.1 STAR Kids Att. B-1 8.1.14.1 UMCM Chapter 9.4				X	November 1	TXMedCentral XXXDELIV with notice to HPM Healthcare Quality Analytics, Research and Coordination Support Unit HPCS_UMCC_Provisions@hsc.state.tx.us	
		Plan for Special Populations Program Added by Version 2.2 and modified by Version 2.4									
70.	Ops	PMUR Report	The STAR Health MCO must provide HHSC a quarterly report that shows reasons for conducting psychotropic medication utilization reviews (PMUR) and their outcomes.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.9.2		X			30 days after close of reporting period	TXMedCentral XXXDTS with notice to HPM	
71.	Ops	Provider Contract Termination	The MCO must notify the HHSC Administrative Services Contractor and notify affected current Members in writing of a Provider contract termination.	UMCC Att. B-1 8.1.4.9 and 8.1.18 CHIP RSA Att. B-1 8.1.4.9 and 8.1.18 STAR Health Att. B-1 4.1.4.13 and 8.1.24				X	For involuntary terminations, the MCO must provide notice within 15 days after the effective date of termination unless state or federal law, including Texas Insurance Code § 843.308, permits or requires notice to be	TXMedCentral XXXDELIV with notice to HPM	
		Provider Contract Termination Modified by Version 2.4									



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				STAR+PLUS Exp Att. B-1 8.1.4 and 8.1.18 STAR+PLUS MRSA Att. B-1 8.14.9 and 8.1.20 STAR Kids Att. B-1 8.1.4.7 and 8.1.20 Medicaid and CHIP Dental Service B-1 8.1.5.10 and 8.1.12 MMDD 2.15.5.1.6					provided under a different timeframe. For voluntary terminations, the MCO must provide notice at least 30 days before the effective date of the termination. In the event that the Provider sends untimely notice of termination to the MCO making it impossible for the MCO to send Member notice within the required timeframe, the MCO must provide notice as soon as practical but no more than 30 days after the MCO was notified.	
72.	Ops	Provider Directory	The Provider Directory for each applicable MCO Program, and any substantive revisions, must be approved by HHSC prior to publication and distribution... and must include critical elements in Uniform Managed Care Manual. The MCO must update the Provider Directory on a quarterly basis. Revisions to provider listings do not require prior review.	UMCC Att. B-1 8.1.5.4 CHIP RSA Att. B-1 8.1.5.4 STAR Health Att. B-1 8.1.5.4 STAR+PLUS Exp Att. B-1 8.1.5.4 STAR+PLUS MRSA Att. B-1 8.1.5.4 STAR Kids Att. B-1 8.1.5.4 Medicaid and CHIP Dental Services Att. B-1 8.1.6.4 MMDD 2.15.5 UMCM Chapters 3.1, 3.2,		X		X	Initial directory submitted during Readiness Review Substantive revisions prior to use Quarterly projections and due date set by the Enrollment Broker (usually the Friday after cutoff prior to the start of the quarter)	TXMedCentral XXXDELIV with notice to HPM



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				3.13, 3.17, & 3.25						
73.	Ops	Provider Enrollment /Credentialing Denial Report	MCO must submit a quarterly report that identifies any providers whose enrollment, re-enrollment, or credentialing has been denied for participation in a MCO's provider network, and the reason for the MCO denial. The report must be submitted to HHSC in the format specified by HHSC, no later than 30 days after the end of the reporting period.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-18.1.14.2 UMCM Chapter 5.4.1.11 & 5.4.1.9		X			30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM
		Provider Enrollment/Credentialing Denial Report added by Version 2.3								
74.	Ops	Provider Manual	The MCO must prepare and issue a Provider Manual(s), including any necessary specialty manuals (e.g., behavioral health) to all existing Network Providers. The Provider Manual must contain the critical elements defined in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.4.6 CHIP RSA Att. B-1 8.1.4.6 STAR Health Att. B-1 8.1.4.6 STAR+PLUS Exp Att. B-1 8.1.4.6 STAR+PLUS MRSA Att. B-1 8.1.4.6 STAR Kids Att. B-1 8.1.4.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5.7 MMDD 2.7.9				X	Prior to publication and distribution to Providers, including revisions	TXMedCentral XXXDELIV with notice to HPM



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				UMCM Chapters 3.3, 3.14, 3.18, & 3.23						
75.	Ops	Provider Materials	Provider Materials produced by the MCO, relating to Medicaid Managed Care, the CHIP Program, and/or the CHIP Perinatal Program that are utilized for training to all providers and their staff regarding the requirements of the contract and special needs of Members. Such materials could relate to ECI, therapies, claim submissions, LTSS, etc.	UMCC Att. B-1 8.1.4.6 CHIP RSA Att. B-1 8.1.4.6 STAR Health Att. B-1 8.1.4.6 STAR+PLUS Exp Att. B-1 8.1.4.6 STAR+PLUS MRSA Att. B-1 8.1.4.6 STAR Kids Att. B-1 8.1.4.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5.7 MMDD 2.7.6.6.16				X	Prior to use	HPM_Communications@hhs.c.state.tx.us with notice to HPM
76.	Ops	Provider Network Examination Report	The MCO must collect, analyze, and submit results obtained from the required periodic and random challenge survey taken by providers accessing the MCO's or Dental Contractor's provider portal.	UMCC Att. B-1, 8.1.3.3 CHIP RSA Att. B-1, 8.1.3.3 STAR Health Att. B-1, 8.1.3.3 STAR+PLUS Exp. Att. B-1, 8.1.3.3 STAR+PLUS MRSA, Att. B-1, 8.1.3.3 STAR Kids Att. B-1 8.1.3.3 Medicaid and CHIP Dental Services, Att. B-1, 8.1.4.4				X	September 1	TXMedCentral XXXDTS with notice to HPM
		Provider Network Examination Report added by Version 2.4								
77.	Ops	Provider	MCO must submit a quarterly report that identifies	UMCC Att. B-1 8.1.20.2		X			30 days after the close of the	TXMedCentral XXXDTS with



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		Termination Report	all Network Providers (both primary care and specialty) who cease to participate in the MCO's provider network, either voluntarily or involuntarily.	CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-18.1.5.7 UMCM Chapter 5.4.1.11					reporting period	notice to HPM
		Provider Termination Report modified by Versions 2.2 and 2.4								
78.	Ops	Provider Training	<p>The MCO must provide training to all Providers and their staff regarding the requirements of the Contract and special needs of Members. The MCO's Medicaid, CHIP and/or CHIP Perinatal Program training must be completed within 30 days of placing a newly contracted Provider on active status. The MCO must provide ongoing training to new and existing Providers as required by the MCO or HHSC to comply with the Contract.</p> <p>The MCO must maintain and make available upon request enrollment or attendance rosters dated and signed by each attendee or other written evidence of training of each Provider and their staff.</p>	UMCC Att. B-8.1.4.6 CHIP RSA Att. B-1 8.1.4.6 STAR Health Att. B-1 8.1.4.6 STAR+PLUS Exp Att. B-1 8.1.4.6 STAR+PLUS MRSA Att. B-1 8.1.4.6 STAR Kids Att. B-1 8.1.4.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5.7 MMDD 2.7.6.6				X	Upon request	TXMedCentral XXXDELIV with notice to HPM
79.	Ops	QAPI Program Annual Summary	The MCO must develop, maintain, and operate a Quality Assessment and Performance Improvement (QAPI) Program consistent with the Contract, and TDI requirements. The MCO must	UMCC Att. B-1 8.1.7.1, Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.7.1,				X	Initial summary: during Readiness Review Annual Summary for the	EQRO with notice to Program Management Quality Assurance



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		QAPI Program Annual Summary modified by Versions 2.1, 2.2, and 2.3	complete an annual QAPI Program Summary as specified in the UMCM.	Att. B-1 8.1.20.2 STAR Health Att. B-1 4.1.7.1, Att. B-1 8.1.26.2 STAR+PLUS Exp Att. B-1 8.1.7.1, Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.8.1 MMDD 2.14 UMCM Chapter 5.7.1					previous calendar year: on March 30	
80.	Finance	Registration Statement ("Form B")	MCO must submit to HHSC a complete copy of any annual Registration Statement (also known as Form B) that it submits to TDI, along with all amendments, exhibits, and attachments to this form. If the MCO or Dental Contractor is excepted from the TDI Form B filing requirement, the MCO or Dental Contractor must demonstrate this and explain the nature of the exemption.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1				X	Initial form: during Readiness Review Annual forms: no later than 10 business days after submission to TDI	Program Operations Finance
81.	Systems	Risk Management	At the beginning of each SFY, the MCO must submit for HHSC's review and approval any	UMCC Att. B-1 8.1.18.2				X	September 1	TXMedCentral XXXDELIV



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		Plan	modifications to the Risk Management Plan	CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 5.2.3.4 UMCM Chapter 5.2						with notice to HPM
82.	Systems	Risk Management Plan Checklist	At the beginning of each SFY, the MCO must submit the Risk Management Plan Checklist for HHSC's review and approval if the Risk Management Plan has been modified.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-18.1.12.2 MMDD 5.2.3.4 UMCM Chapter 5.2				X	September 1	TXMedCentral XXXDELIV with notice to HPM



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83.	Systems	Security Plan	At the beginning of each SFY, the MCO must submit the Security Plan for HHSC's review and approval.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 UMCM Chapter 5.2				X	September 1	TXMedCentral XXXDELIV with notice to HPM
84.	Systems	Security Plan Checklist	At the beginning of each SFY, the MCO must submit the Security Plan Checklist for HHSC's review and approval.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 UMCM Chapter 5.2				X	September 1	TXMedCentral XXXDELIV with notice to HPM



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85.	Quality	Service Coordinators CDS Training Report	The MMP must submit to HHSC the total number of service coordinators due to receive training in consumer directed service options during the reporting period and the number of those service coordinators that have undergone training consumer directed service options.	MMDD 2.5.5.2.2				X	30 days after the close of the reporting period	TXMedCentral XXXDELIV with notice to Program Management Quality Assurance
		Service Coordinators CDS Training Report added by Version 2.4								
86.	Finance	Solvency Issues Notification	If the MCO becomes aware of any impending changes to its financial or business structure that could adversely impact its compliance with the solvency, reserve, or net worth requirements of the Contract, or its ability to pay its debts as they come due, the MCO must notify HHSC immediately in writing.	UMCC Att. A 14.04 CHIP RSA Att. A 14.04 STAR Health Att. A 14.04 STAR+PLUS Exp Att. A 14.04 STAR+PLUS MRSA Att. A 14.04 STAR Kids Att. A 14.04 Medicaid and CHIP Dental Services Att. A 14.04 MMDD 2.16.1.1.1				X	Immediately	Program Operations Finance
87.	Ops	STAR Health Liaison Summary Report	The STAR Health MCO must provide a quarterly report detailing the types of issues STAR Health Liaisons are given by DFPS Specialists.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.9.1				X	30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM
88.	Ops	STAR Health Network Summary	The MCO must submit a quarterly Network Summary Report. The MCO must include in its reports the number of enrollees residing in each county in the State, and the number of contracted and unduplicated providers, by type, who are	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.4.1.4				X	30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM



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			currently practicing in each county in the State. Provider types to be included in the report as well as the format to be used are specified by HHSC in the HHSC Uniform Managed Care Manual .								
89.	Ops	STAR Health PCP THSteps Enrollment Report	The MCO must submit a quarterly PCP Enrollment in THSteps Report. The MCO must include in its reports the number of PCPs enrolled in Network, the number of Network PCPs that are enrolled as THSteps providers, and the percentage of Network PCPs that are enrolled as THSteps providers.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.4.1.3		X			30 days after the close of the reporting period	TXMedCentral XXXDELIV with notice to HPM	
90.	Ops	STAR Health Service Management Report	The STAR Health MCO must provide HHSC a quarterly report that shows how many new Members received service management assessment and service plans within with first 30 days of enrollment.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.9.3		X			45 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM	
91.	Ops	STAR+PLUS Service Coordination Report	The MCO must submit a Service Coordination Report to HHSC as defined by UMCM Chapter 5.4.5.2. This report requires information regarding the number and types of service coordination contacts with Members.	UMCC Att. B-1 8.1.20.2 STAR+PLUS Exp Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 UMCM Chapter 5.4.5.2			X		30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to HPM	
		STAR+PLUS Service Coordination Report added by Version 2.3 and modified by Version 2.4									
92.	Systems	System Change Notifications	The MCO must provide prior written notice of major system changes and implementations, including any changes relating to a Material Subcontractor.	UMCC Att. B-1 8.1.18 CHIP RSA Att. B-1 8.1.18 STAR Health Att. B-1 8.1.24 STAR+PLUS Exp Att. B-1 8.1.18				X	No later than 180 days prior to implementation	HPM	



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				STAR+PLUS MRSA Att. B-1 8.1.20 STAR Kids Att. B-1 8.1.20 Medicaid and CHIP Dental Services Att. B-1 8.1.12.5 MMDD 2.17.3						
93.	Systems	Systems Quality Assurance Plan	At the beginning of each SFY, the MCO must submit for HHSC's review and approval any modifications to the Systems Quality Assurance Plan	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 5.2.3.4 UMCM Chapter 5.2				X	If modified	TXMedCentral XXXDELIV with notice to HPM
94.	Systems	Systems Quality Assurance Plan Checklist	At the beginning of each SFY, the MCO must submit the Systems Quality Assurance Plan Checklist for HHSC's review and approval if the Systems Quality Assurance Plan has been modified.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp Att. B-1				X	If modified	TXMedCentral XXXDELIV with notice to HPM



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				8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 UMCM Chapter 5.2						
95.	Ops	TDI Certificate of Authority	Current Texas Department of Insurance Certificate of Authority or other source of authority to provide MCO or ANHC services in the applicable Service Area(s). The Certificate of Authority or other source of authority must include all counties in the Service Area(s) for which the Contractor is proposing to serve MCO Members.	UMCC Att. B-1 7.2.10 CHIP RSA Att. B-1 7.1.3.9 STAR Health Att. B-1 7.2.10 STAR+PLUS Exp Att. B-1 7.3.1.9 STAR+PLUS MRSA Att. B-1 7.3.9 STAR Kids Att. B-1 7.3.9 Medicaid and CHIP Dental Services Att. B-1 7.2.10 A MMDD 2.1.2.1				X	During Readiness Review	HPM
96.	Finance	TDI Examination Report	The MCO must furnish HHSC with a full and complete copy of any Examination Report issued by TDI, including the financial, market conduct, target exam, quality of care components, and corrective action plans and responses.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2				X	10 days after receipt of final report from TDI	Program Operations Finance



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				STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.2						
97.	Finance	TDI Filings – annual figures for controlled risk-based capital; quarterly financial statements	The MCO must provide HHSC with searchable, electronic copies of reports submitted by the MCO to TDI, including annual figures for controlled risk-based capital, as well as its quarterly financial statements, all as required to be filed by TDI.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.2		X	X		All reports due within 3 business days of submission to TDI.	Program Operations Finance
		TDI Filings modified by Version 2.2								
98.	Ops	TDI filings of delegation agreements	MCO must provide HHSC with a copy of TDI filings of delegation agreements.	UMCC Att. A 4.08(b)(2) CHIP RSA Att. A 4.08(b)(2) STAR Health Att. A 4.09(b)(2) STAR+PLUS Exp Att. A 4.08(b)(2) STAR+PLUS MRSA Att. A				X	Within 10 business days of entering into such agreements	HPM



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				4.08(b)(2) STAR Kids Att. A 4.08(b)(2) Medicaid and CHIP Dental Services I Att. A 4.08(b)(2) MMDD 2.16.4.2						
99.	Ops/ Finance	Third-Party Agreements	The MCO must submit copies of Third-Party Agreements as required by the contract.	UMCC Att. A 4.08(e) CHIP RSA Att. A 4.08(e) STAR Health Att. A 4.09(e) STAR+PLUS Exp Att. A 4.08(e) STAR+PLUS MRSA Att. A 4.08(e) STAR Kids Att. A 4.08(e) Medicaid and CHIP Dental Services Att. A 4.08(e) MMDD 2.17.2.3				X	Entered into prior to the contract's effective date: no later than 30 days after the Effective Date Entered into after the contract's effective date: within 5 business days of execution	HPM
100.	Finance	Third Party Recovery Reports	The MCO must file Third Party Recovery (TPR) Reports in accordance with the format developed by HHSC in the Uniform Managed Care Manual. TPR reports must include total dollars recovered from third party payers for each MCO Program for services to the MCO's Members, and the total dollars recovered through coordination of benefits, subrogation, and worker's compensation.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2		X			Last day of the month following the end of the reporting period	TXMedCentral XXXDTS



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				STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.4 UMCM Chapter 5.3.4						
101.	Fraud	Total MCO Member Lock-In Report	Excel spreadsheet of all MCO Members with a lock-in status.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13	X				The first Monday of each month.	TXMedCentral XXXDELIV
		Total MCO Member Lock-in Report added by Version 2.2								
102.	Ops	Turnover Plan	The MCO must propose a Turnover Plan covering the possible turnover of the records and information maintained to either the State or a successor MCO. The Turnover Plan must be a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. The Turnover Plan must be approved by HHSC.	UMCC Att. A 12.08, Att. B-1 9.2 CHIP RSA Att. A 12.08, Att. B-1 9.2 STAR Health Att. A 12.08, Att. B-1 9.2 STAR+PLUS Exp Att. B-1 9.2 STAR+PLUS MRSA Att. A 12.08, Att. B-1 9.2				X	6 months prior to the end of the contract period, including any extensions to the period	TXMedCentral XXXDELIV with notice to HPM



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					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. A 11.08, B-1 9.2 Medicaid and CHIP Dental Services Att. A 12.08, Att. B-1 9.2						
103.	Ops	Turnover Results Report	The MCO must provide HHSC with a Turnover Results report documenting the completion and results of each step of the Turnover Plan. Turnover will not be considered complete until this document is approved by HHSC.	UMCC Att. B-1 9.5 CHIP RSA Att. B-1 9.5 STAR Health Att. B-1 9.5 STAR+PLUS Exp Att. B-1 9.5 STAR+PLUS MRSA Att. B-1 9.5 STAR Kids Att. B-1 9.5 Medicaid and CHIP Dental Services Att. B-1 9.5				X	30 days following turnover of operations.	TXMedCentral XXXDELIV with notice to HPM
104.	Ops	Value-Added Services Templates	MCOs may propose additional services for coverage (Value-Added Services) twice each year.	UMCC Att. B-1, 7.2.8.2 & 8.1.2.1 CHIP RSA Att. B-1 8.1.2.1 STAR Health Att. B-1 8.1.2.1 STAR+PLUS Exp Att. B-1 8.1.2.1 STAR+PLUS MRSA Att. B-1 8.1.2.1 STAR Kids Att. B-1 8.1.2.3 Medicaid and CHIP Dental Services Att. B-1 7.2.8.2 &				X	An MCO's request to add, enhance, delete, or reduce a Value-added Service must be submitted to HHSC by March 15 of each year to be effective September 1 for the following contract period. A second request to add or enhance Value-added Services must be submitted to HHSC by September 15 each year to be effective March 1.	TXMedCentral XXXDELIV with notice to HPM
		Value-Added Services added by Version 2.0 and modified by Version 2.4								



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				8.1.3.1 MMDD 1.66 UMCM Chapters 4.4 & 4.5						

Accounting Policy Manual deleted by Version 2.0

BSP Report deleted by Version 2.0

CHIP Craniofacial Anomalies Quarterly Report deleted by Version 2.2

Disproportionate Share Hospital (DSH) Report deleted by Version 2.2

FQHC Monthly Encounter and Payment Reports deleted by Version 2.2

Frew Annual Provider Training Report modified by Versions 2.1, 2.3, and deleted by Version 2.4

Frew Provider Recognition Report modified by Versions 2.1, 2.3, and deleted by Version 2.4

IBNR Plan deleted by Version 2.0

MMC THSteps Medical Checkups Quarterly Utilization Report added by Version 2.1, modified by Version 2.3, and deleted by Version 2.4

PCP Network & Capacity Report removed by Version 2.4

Provider Complaint Report Modified by Version 2.2 and removed by Version 2.4

Psychotropic Medication Review (PMR) Report added by Version 2.3 and removed by Version 2.4