



HHSC UNIFORM MANAGED CARE MANUAL FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	CHAPTER	PAGE
	12.33	1 of 8
	EFFECTIVE DATE	
	March 25, 2015	
	Version 2.1	

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	March 1, 2012	Initial version of the Uniform Managed Care Manual Chapter 12.33, "Frew Quarterly Monitoring Report, Dental Contractor Response Template Instructions (Medicaid Dental Contractors)." Chapter 12.33 applies to contracts issued as a result of HHSC RFP number 529-12-0003.
Revision	2.1	March 25, 2015	Section 4 "General Report Instructions" is clarified.

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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions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.



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	12.33	2 of 8
FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	EFFECTIVE DATE	
	March 25, 2015	
	Version 2.1	

Table of Contents

1 INTRODUCTION.....	3
2 REPORTING TIMELINES	3
3 REPORT SUBMISSION GUIDELINES AND REQUIREMENTS	3
4 GENERAL REPORT INSTRUCTIONS	4



HHSC UNIFORM MANAGED CARE MANUAL FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	CHAPTER 12.33	PAGE 3 of 8
	EFFECTIVE DATE March 25, 2015	
		Version 2.1

1 INTRODUCTION

This chapter applies to Dental Contractors providing Texas Children’s Medicaid Dental Services. This document includes the instructions for the *Frew Quarterly Monitoring Report, Dental Contractor Response Template*. The template is located in Chapter 12.34 of the Uniform Managed Care Manual (UMCM).

2 REPORTING TIMELINES

- The *Frew Quarterly Monitoring Report, Dental Contractor Response Template* is due each quarter as indicated below:

SFY Quarter	Due Date
Quarter 1 (September, October, November)	December 15
Quarter 2 (December, January, February)	March 15
Quarter 3 (March, April, May)	June 15
Quarter 4 (June, July, August)	September 15

- If any due dates fall on a national holiday or weekend, the report will be due on the next Business Day.
- A delinquent (not submitted or submitted late), incomplete, or inaccurate report may result in HHSC’s assessment of contractual remedies against the Dental Contractor.

3 REPORT SUBMISSION GUIDELINES AND REQUIREMENTS

- Dental Contractors must use the *Frew Quarterly Monitoring Report, Dental Contractor Response Template* provided in Chapter 12.34 of the Uniform Managed Care Manual (UMCM) or the same template without the UMCM header section. HHSC will not accept the report submitted in other formats nor scanned images of the report.
- The report must be typed.
- Additional documents/attachments cannot be submitted with the quarterly report. Information contained in any additional document/attachment must be summarized within the report template.
- Dental Contractors must submit the report via TXMedCentral and follow these guidelines:



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	12.33	4 of 8
FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	EFFECTIVE DATE	
	March 25, 2015	
	Version 2.1	

- The report must be saved in the Dental Contractor's TXMedCentral folder: **XXXDeliv** (where XXX = the Dental Contractor's alpha abbreviation).
- The report must be saved as a Word document. HHSC will not accept documents saved in PDF.
- The Dental Contractor must use the following naming convention for each quarterly report submitted:
 - "XXX" = the Dental Contractor's alpha abbreviation code
 - "FREWQMR" = the name of the report
 - "YY" = the last two digits of the SFY being reported
 - "_" = underscore to separate the year and quarter
 - "0QTR#" = zero (0) plus the number of the quarter 1, 2, 3, 4

EXAMPLE: XXXFREWQMR12_03

4 GENERAL REPORT INSTRUCTIONS

General Report
Instructions
Modified by
Version 2.1

- Enter the name of the Dental Contractor at the Dental Contractor Name field at the top of the report template.
- Responses should be entered in Times New Roman, font size 10, in black color font. Responses should begin at the top left of the cell and should not be centered. If you are cutting and pasting responses from previous reports, then you will need to fix the response in the format as provided above. If you number responses to ensure all questions are answered, delete the numbers prior to your report submission.
- Write in complete sentences. Include two spaces after the period of each sentence.
- Use active voice throughout the document rather than passive voice.
- Provide responses for the questions to each Consent Decree paragraph in paragraph form. Answer all questions within one paragraph or multiple paragraphs as appropriate. Do not indent each paragraph.
- Use the third person to address the Dental Contractor (as if someone was writing about you, not you writing about yourself) as appropriate, avoiding the use of "we" and "our."
- Answer each question thoroughly and ensure that the bulleted information following each question is included in your response.
- Do not provide information in list form, enter tables into the report, or copy/ paste policies and procedures into your report. Summarize what the Dental Contractor has to report in



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	12.33	5 of 8
FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	EFFECTIVE DATE	
	March 25, 2015	
	Version 2.1	

paragraph form.

- Bulleted Items:

- Use bulleted items sparingly. If you must use bulleted items within your paragraphs, they must follow these guidelines:
- The first word of a bulleted entry must be capitalized. The sentence preceding the list should end with a colon.

Example

[Dental Contractor's name] offers home visits to Members who:

- | |
|---|
| <ul style="list-style-type: none">• Request to receive information in person. |
|---|

- All bullets should be flush left, directly underneath the preceding paragraph (to format, click on bullets to highlight, then drag to the left underneath preceding text).
- Place a period at the end of a bullet entry if the entry is comprised of sentences.
- Do not place a period at the end of a bullet entry if the entry is a laundry list of items or if the bulleted items are under three words in length. If some items within the bulleted entry are under three words but others are phrases or complete sentences, do not place a period at the end of any of the items in the bulleted list.

Example

During the quarter covered by this report, 1,146 network providers attended THSteps training. The training includes information on:

- | |
|--|
| <ul style="list-style-type: none">• THSteps benefits• The periodicity schedule• How to bill THSteps claims |
|--|

- First level bullet: Use Single bullet for first bulleted text.
 - Second level bullet: Use the Single empty circle bullet and align the open bullet at .25 so it is even with the beginning text of the first level bullet.
 - There should never be a third bullet. Write a new paragraph.
- When referring to a medical or dental checkup provided in accordance to the periodicity schedule, use "checkup" written as one word; do not use "exam" or "visit" or make reference to "well-child" or "wellness" checkups, exams, or visits.



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	12.33	6 of 8
	EFFECTIVE DATE	
FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	March 25, 2015	
	Version 2.1	

- Do not repeat responses from one Consent Decree paragraph to another. Choose the most appropriate Consent Decree paragraph to provide the information.
- Identify files as names rather than letters/numbers. For example, instead of saying “P46 file,” say “Texas Health Steps Periodic Dues File.”
- Italicize names of brochures, flyers, or other pieces of literature included in your response.
- Do not include information on processes, activities, etc. that are not occurring as of the time of the report. For example, do not mention processes, activities, etc. that the Dental Contractor is “in the process of,” “planning to,” “starting discussions about,” “going to start,” “starting next quarter,” etc. The Dental Contractor must actually be doing the process, activity, etc. at the time of the report to include it within the report.
- Each time you provide information on identified issues within a response, a complete response should also include the actions you took to resolve the issues.
- Acronyms:
 - Write out your complete Dental Contractor name (no acronym) the first time it is used for each Consent Decree paragraph. You may use an acronym for your Dental Contractor in the following sentences to complete your response for the Consent Decree paragraph. Keep your Dental Contractor’s name and/or acronym consistent among each of the Consent Decree paragraphs.
 - Do not use acronyms without spelling them out first in each Consent Decree paragraph. This instruction applies to ALL acronyms used, except HHSC, DSHS, or THSteps, even if they may appear to be common knowledge, such as other state agency acronyms, state programs, etc.
- Numbers:
 - Spell out all numbers from one to ten and use figures for numbers above ten. If any numbers in a sentence are above ten, all numbers should be shown as numerals.
 - Do not begin a sentence with a number. If a sentence must begin with a number, spell out the number regardless of its size.
 - Do not put the number in parenthesis following the spelled out number.
 - Use commas in numbers over a thousand.
- Commas:



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	12.33	7 of 8
FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	EFFECTIVE DATE	
	March 25, 2015	
	Version 2.1	

- When writing words in a series, always place a comma before “and” or “or.”
- Capitalization:
 - Do not capitalize the following commonly used words/terms for these reports: member, provider, specialist, medical home, children of migrant farmworkers (CMFWs), health departments, independent school districts, coalitions, community-based organizations, state agencies, durable medical equipment, specialty visits, urgent care visits, emergent care visits, prenatal care visits, and fair hearing.
 - Capitalize the following words/terms: Service Area, Region, Primary Care Provider, STAR, STAR+PLUS, and STAR Health.
- Plurals:
 - A collective noun, such as staff, is singular and requires a singular verb. If the singular form does not seem appropriate, insert the word “members” and use the plural verbs or pronouns.
 - Data are plural and require a plural verb.
 - Training is singular. When writing about more than one training, use “training sessions” or “training opportunities.”
 - Capital letters and acronyms ending with capital letters are pluralized by adding “s”. Apostrophes should not be used to pluralize acronyms.
- Hyphens:
 - Hyphens are used primarily to avoid ambiguity or to form a single idea from two or more words. The trend in compound words, however, is to not use a hyphen, especially in the case of prefixes, for example, “postoperative,” “nonmembers,” “nonprofit.”
 - Do not use a hyphen in “email.”
 - Hyphenate adjectival phrases when the phrase comes before a noun. Do not hyphenate when the phrase comes after a noun. (Examples: “These are health-related services.” “The services are health related.”)
 - Use the compound form of “healthcare” when it modifies a noun. When it is used as a noun, the hyphen is not needed. (Examples: “The member saw his healthcare provider.” “The MCO provides the member the health care he needs.”)



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	12.33	8 of 8
FREW QUARTERLY MONITORING REPORT DENTAL CONTRACTOR RESPONSE TEMPLATE INSTRUCTIONS (Medicaid Dental Contractors)	EFFECTIVE DATE	
	March 25, 2015	
		Version 2.1

- Additional Report Checks:
 - Read the responses to see if each response makes sense, is applicable to the question, and flows from one paragraph to the next.
 - Edit any repetitive information within a response for each Consent Decree paragraph and from one Consent Decree paragraph response to another.
 - Check for potential spelling and/or grammar errors; ensure contractions and abbreviations are spelled out.
 - Make sure that references made to specific agencies are correct; for example, the DSHS develops THSteps materials, not HHSC.
 - Ensure use of accurate managed care terms and that response information focuses on Medicaid only.
 - Apply any style changes made through HHSC feedback from previous reports as applicable.