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FREW QUARTERLY MONITORING REPORT RESPONSE TEMPLATE INSTRUCTIONS

EFFECTIVE DATE
September 1, 2017

Version 2.4

DOCUMENT HISTORY LOG

STATUS[1]	DOCUMENT REVISION[2]	EFFECTIVE DATE	DESCRIPTION[3]
Baseline	1.0	June 1, 2010	Initial version of Uniform Managed Care Manual Chapter 12.19 "Frew Quarterly Monitoring Report Response Template Instructions".
Revision	2.0	March 10, 2012	Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers X29-10-0020 and X29-12-0002. Chapter 12.19 revised to change the reporting due dates and clarify the general report instructions.
Revision	2.1	March 25, 2015	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers X29-06-0293, X29-10-0020, X29-12-0002, and X29-13-0042. Section 3 "General Report Instructions" is clarified.
Revision	2.2	November 15, 2015	Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers X29-10-0020, X29-12-0002, X29-13-0042, and X29-13-0071. "Applicability" is modified to add the STAR Kids Program. Section 2 "Report Submission Guidelines and Requirements" is modified to add the STAR Kids Program. Section 3 "General Report Instructions" is modified to add the STAR Kids Program.
Revision	2.3	March 1, 2017	"Applicability" is modified to clarify STAR+PLUS applicability. Section 3 "General Report Instructions" is modified to add the reporting period.
Revision	2.4	September 1, 2017	Revision 2.4 applies to contracts issued as a result of HHSC RFP numbers X29-10-0020, X29-12-0002, X29-12-0003, X29-13-0042, and X29-13-0071. "Applicability" is modified to add Children's Medicaid Dental Services. Section 2 "Report Submission Guidelines and Requirements" is modified to clarify the requirements. Section 3 "General Report Instructions" is modified to

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			add Children's Medicaid Dental Services and to clarify the requirements.

[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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions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 12.19

Applicability Modified by Versions 2.2, 2.3, and 2.4

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR Program, STAR Kids Program, STAR Health Program, Children's Medicaid Dental Services, and/or the STAR+PLUS Program. The requirements in this chapter apply to all of the above programs, except where noted otherwise.

1 INTRODUCTION

This document includes the instructions for the *Frew Quarterly Monitoring Report Managed Care Organization Response Template*.

2 REPORT SUBMISSION GUIDELINES AND REQUIREMENTS

Report Submission Guidelines and Requirements Modified by Versions 2.0, 2.2, and 2.4

- MCOs must use the *Frew Quarterly Monitoring Report Managed Care Organization Response Template* provided in the UMCM exactly as is, with the exception that the MCO may use the current version minus the UMCM header section. HHSC will not accept reports submitted in any other formats or scanned images of the report.

- STAR+PLUS plans who have no Members less than 21 years of age enrolled during the reporting must submit the report in a timely manner and indicate the plan had no Members less than 21 years of age during the reporting period. STAR+PLUS plans who have Members less than 21 years enrolled during the reporting period must provide a complete report.

- All reports must be typed.

- Reports are due each quarter as follows:

State Fiscal Year (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 MCO.

- Additional documents/attachments cannot be submitted with the quarterly report. Information contained in any additional document/attachment must be summarized within the report template.

- MCOs must submit their report via TXMedCentral and follow these guidelines:

  o The report must be saved in the MCOs TXMedCentral folder: **XXXDELIV** (where XXX = the MCOs alpha abbreviation).

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- o The report must be saved as a Word document. Documents saved in PDF will not be accepted.
- o The MCO must use the following naming convention for each quarterly report submitted:
  - ▪ "XXX" = the MCOs 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, or 4

    EXAMPLE: XXXFREWQMR10_01

3 GENERAL REPORT INSTRUCTIONS

The instructions below apply to the quarterly report templates:

General Report Instructions Modified by Versions 2.0, 2.1, 2.2, 2.3, and 2.4

- Enter the name of your MCO at the *Managed Care Organization Name* field at the top of the report template.

- Enter the reporting period using the format MM/YYYY- MM/YYYY (e.g. 12/2016-02/2017).

- Mark the appropriate box to indicate the Medicaid managed care program or programs included in the report.

- For STAR+PLUS indicate if any Members less than 21 years were enrolled during the reporting period.

- Enter responses for the questions for each Consent Decree paragraph for each Program for which your MCO participates (STAR, STAR+PLUS, STAR Kids, STAR Health, or Children's Medicaid Dental Services). If your MCOs information is the same for each managed care program and service area indicate that the response is for all programs. If the MCOs information varies by managed care program or service area, specify differences within the response. Do not duplicate information for each managed care program.

- 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 be fully justified. Spacing between paragraphs should be 6pt (the template is formatted in this manner. If your MCO is cutting and pasting responses from previous reports, then your MCO will need to confirm the format as provided above. If your MCO numbers responses to ensure all questions are answered, delete the numbers prior to your report submission.

- Write in complete sentences.

- 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 the questions within one paragraph or multiple paragraphs as appropriate. Do not indent each paragraph.

- Use the third person to address your MCO (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 your MCO has to report in paragraph form.

- Bulleted Items:

  Use bulleted items sparingly. If you must use bulleted items within your paragraphs, they must follow these guidelines:

  o The first word of a bulleted entry must be capitalized. The sentence preceding the list should end with a colon.

Example
Plan A offers home visits to Members under age 21 who: • Request to receive information in person.

  o 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).

  o Place a period at the end of a bullet entry if the entry is comprised of sentences.

  o Do not place a period at the end of a bullet entry if the entry is a 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: • THSteps benefits • The periodicity schedule • How to bill THSteps claims

  o First level bullet: Use **Single bullet** for first bulleted text.

  o Second level bullet: Use the Single empty circle bullet and align open bullet at .25 so it is even with the beginning text of the first level bullet.

  o 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.

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- 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 your MCO is "in the process of," "planning to," "starting discussions about," "going to start," "starting next quarter," etc. Your MCO must actually be doing the process, activity, etc. at the time of the report to include it within the report.

- Each time your MCO provides information on identified issues within a response, a complete response should also include the actions your MCO took to resolve the issues.

- Acronyms:

  o Write out your complete MCO name (no acronym) the first time it is used for each Consent Decree paragraph. You may use an acronym for your MCO in the following sentences to complete your response for the Consent Decree paragraph. Keep your MCOs name and/or acronym consistent among each of the Consent Decree paragraphs.

  o Do not use acronyms without spelling them out first in each Consent Decree paragraph. This instruction applies to ALL acronyms used, except HHSC, DSHS, THSteps, STAR, STAR+PLUS, STAR Health, or STAR Kids even if they may appear to be common knowledge, such as other state agency acronyms, state programs, etc.

- Numbers:

  o 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.

  o Do not begin a sentence with a number. If a sentence must begin with a number, spell out the number regardless of its size.

  o Do not put the number in parenthesis following the spelled out number.

  o Use commas in numbers over a thousand.

- Commas:

  o When writing words in a series, always place a comma before "and" or "or."

- Capitalization:

  o Do not capitalize the following commonly used words/terms for these reports: member, provider, specialist, medical home, children of migrant farmworkers, health departments, independent school districts, coalitions, community-based

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organizations, state agencies, durable medical equipment, specialty visits, urgent care visits, emergent care visits, prenatal care visits, and fair hearing.

- o Capitalize the following words/terms if used in context of Contract definition: Member, Service Area, Region, and Primary Care Provider.

- Plurals:

  - o A collective noun, such as staff, is singular and requires a singular verb. If the singular form does not seem appropriate, use the plural verbs or pronouns.

  - o Data are plural and require a plural verb.

  - o Training is singular. When writing about more than one training, use "training sessions" or "training opportunities."

  - o Capital letters and acronyms ending with capital letters are pluralized by adding "s." Apostrophes should not be used to pluralize acronyms.

- Hyphens:

  - o 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."

  - o Do not use a hyphen in "email."

  - o 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.")

  - o 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.")

- Additional Report Checks:

  - o Read the responses to see if each response makes sense, is applicable to the question, and flows from one paragraph to the next.

  - o Edit any repetitive information within a response for each Consent Decree paragraph and from one Consent Decree paragraph response to another.

  - o Check for potential spelling and/or grammar errors; ensure contractions and abbreviations are spelled out.

  - o Ensure use of accurate managed care terms and that response information focuses on Medicaid programs only and applies to Members birth through age 20.

  - o Apply any style changes made through HHSC feedback from previous reports as applicable.