



UNIFORM MANAGED CARE MANUAL

CHAPTER 5.0.1

Deliverables Requirements Matrix

Version 2.4

Effective Date: June 25, 2021

Applicability of Chapter 5.0.1

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, STAR Health, and STAR Kids 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 Reference” 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.

UMCM Deliverable Template Chapters

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 2.1.3	STAR+PLUS Attendant Care Enhanced Payment Methodology	STAR+PLUS MCO submits the methodology it will use to implement and pay enhanced payments to its Long-term Services and Supports Providers, including a description of the timing of the payments, in accordance with the requirements in the UMCM and the intent of 1 TAC § 355.112.	UMCC Att. B-1 8.3.6.3 STAR+PLUS Exp. Att. B-1 8.1.38.3 STAR+PLUS MRSA Att. B-1 8.1.40.3	To be provided	To be provided	To be provided	To be provided

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 3.1, 3.2, 3.13, 3.17, and 3.25	Provider Directory	<p>1. 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 the critical elements in the Uniform Managed Care Manual. The Provider Directory listing revisions do not require review and approval from HHSC.</p> <p>2. The MCO must update the Provider Directory listing in the hard copy Provider Directory on a quarterly basis.</p>	<p>UMCC Att. B-1 8.1.5.4</p> <p>CHIP RSA Att. B-1 8.1.5.4</p> <p>STAR Health Att. B-1 8.1.5.4</p> <p>STAR+PLUS Exp. Att. B-1 8.1.5.4</p> <p>STAR+PLUS MRSA Att. B-1 8.1.5.4</p> <p>STAR Kids Att. B-1 8.1.5.4</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.6.4</p> <p>MMDD 2.15.5</p>	<p>1. Other</p> <p>2. Quarterly</p>	<p>1. Updated in accordance with 42 C.F.R § 438.10 or as directed by HHSC. Substantive revisions must be approved prior to use. Refer to UMCM Chapter 4.6 for submission requirements.</p> <p>2. Quarterly projections and due date set by the HHSC Administrative Services Contractor (usually the Friday after cutoff prior to the start of the quarter).</p>	Managed Care Compliance and Operations (MCCO)	<p>1. Data Management System</p> <p>2. TXMedCentral XXXLIB with notice to MCCO</p>

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 3.3, 3.14, 3.18, 3.31, and 3.33	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	As Revised/Other	Prior to publication and distribution to Providers, including revisions Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 3.4, 3.5, 3.15, 3.19, 3.26, 3.30, 3.35	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 the critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.5.3 CHIP RSA Att. B-1 8.1.5.3 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	As Revised/Other	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 3.6, 3.7, 3.8, 3.16, 3.20, and 3.27	Member ID Cards	The Member ID cards for each applicable MCO Program must, at a minimum, meet the Member Materials requirements specified in the contract and must include the critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.5.2 CHIP RSA Att. B-1 8.1.5.2 STAR Health Att. B-1 8.1.5.2 STAR+PLUS Exp. Att. B-1 8.1.5.2 STAR+PLUS MRSA Att. B-1 8.1.5.2 STAR Kids Att. B-1 8.1.5.2 Medicaid and CHIP Dental Services Att. B-1 8.1.6.2	As Revised/Other	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 4.3.1 and 4.3.2	MCO Notification of a Medicaid Other Event Form and Instructions	The MCO must provide notice of other events to the HHSC Administrative Services Contractor.	UMCC 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 STAR Kids Att. B-1 8.1.6 Medicaid and CHIP Dental Services Att. B-1 8.1.7 MMDD 2.15	As Revised/Other	Notice must be provided by close of business at least two Business Days prior to the event.	Managed Care Compliance and Operations (MCCO)	TXMedicaidEvents@maximus.com

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 4.4, 4.5, 4.7, 4.8, 4.9, 4.10, and 4.11	Value-added Services, Flexible Benefits, and Rewards and Incentives Templates and Instructions	Once each year, each MCO and Dental Contractor may propose the Value-added Services it intends to offer to its Members, and each Medicare-Medicaid Plan (MMP) may propose Flexible and Rewards and/or Incentives it intends to offer to its Enrollees.	UMCC Att. B-1 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 8.1.3.1 MMDD 1.72, 1.142, and 1.142.1	Annually	A request to add, enhance, delete, or reduce a Value-added Service, Flexible Benefit, or Reward and/or Incentive must be submitted to HHSC by April 1 of each year. An MCO's/Dental Contractor's Value-added Services will be effective September 1 for the following contract period. An MMP's Flexible Benefits and Rewards and Incentives will be effective January 1.	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDELIV with notice to MCCO

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 4.6.1 and 4.6.2	MMC, CHIP, and DMO Marketing, Member and Provider Materials Form and Instructions	The MCO completes the form in the Data Management System to be submitted with its material submission for HHSC review and approval.	UMCC Att. A. Article 2 CHIP RSA Att. A. Article 2 STAR Health Att. A. Article 2 STAR+PLUS Exp. Att. A. Article 2 STAR+PLUS MRSA Att. A. Article 2 STAR Kids Att. A. Article 2 Medicaid and CHIP Dental Services Att. A. Article 2 MMDD 2.15	As Revised/Other	Dependent on the material submission. Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 4.12, 4.12.1 and 4.12.2	Medicaid/CHIP Managed Care Alleged Marketing Violation Form and Instructions	The MCO completes the form in the Data Management System to report alleged marketing violations to HHSC.	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 STAR Kids Att. B-1 8.1.6 Medicaid and CHIP Dental Services Att. B-1 8.1.7 MMDD 2.15	As Revised/Other	N/A	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Section 5.3.1	Financial Statistical Reports (FSR) and Instructions	<p>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.</p> <p>Note that Experience Rebate checks, if owed, are due in full to HHSC concurrently with the 90-day-and the 334-day FSRs.</p>	<p>UMCC Att. A 10.10 and Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. B-1 8.1.17.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 2.16.2</p>	<p>Quarterly</p> <p>Annually</p> <p>As Revised/Other</p>	<p>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 334-day reports.</p>	<p>Financial Reporting and Audit Coordination (FRAC)</p>	<p>TXMedCentral XXXFSR with notice to FRAC</p>

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.3.2 and 5.3.2.1	MCO Disclosure Statement	<p>The MCO Disclosure Statement provides HHSC with important, regularly updated information about the MCO, its owner, etc.</p> <p>The MCO must file:</p> <ol style="list-style-type: none"> 1. a MCO Disclosure Statement prior to the start of Operations; 2. an updated MCO Disclosure Statement no later than September 1st of each Contract Year; and 3. a "change notification" abbreviated version of the report, no later than 30 days after any of the following events: <ul style="list-style-type: none"> a. entering into, renewing, modifying, or terminating a relationship/contract with an affiliated party; 	<p>UMCC Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. B-1 8.1.17.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 2.16.4.6.1</p>	Annually As Revised/Other	<p>Initial report due during Implementation Phase, by no later than 30 days prior to the contract's operational start date.</p> <p>Full annual report due every September 1.</p> <p>"As occurs" change notification abbreviated report due within 30 days after events listed.</p>	Financial Reporting and Audit Coordination (FRAC)	TXMedCentral XXXDELIV with notice to FRAC

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
		b. after any change in control, ownership, or affiliations; or, c. after any material change in, or need for addition to, the information previously disclosed.					

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.3.4.1, 5.3.4.2, 5.3.4.3, and 5.3.4.4	Third Party Recovery (TPR) Reports	<p>The MCO must file Third Party Liability and Recovery (TPL/TPR) Reports in accordance with the specific requirements as stated in UMCM Chapters 5.3.4.1 and 5.3.4.3.</p> <p>MCOs must submit TPL/TPR reports quarterly. The reports must include total dollars cost avoided and total dollars recovered from third party payers through the MCO's coordination of benefits efforts during the quarter.</p>	<p>UMCC Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. B-1 8.1.17.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 5.1.13.1</p>	Quarterly	Last day of the month following the end of the reporting period	Third Party Liability and Recoveries (TPL/TPR)	TXMedCentral XXXDELIV with notice to TPR at TPL_ManagedCare@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.4.5	Third Party Recovery MCO Referral Form	When there is a difference in the other insurance information between the MCO system and the TPR Client File, complete the TPR MCO Referral Form and submit monthly in accordance with the UMCM Chapter 5.3.4.5.	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 5.1.13.1	Monthly	15 th Business Day of the month	Third Party Liability and Recoveries (TPL/TPR)	TXMedCentral XXXGENL with notice to TPR at TPL_ManagedCare@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.4.6	TPR MCO Billing/Posting File	The Billing/Posting file is a list of all of the claims the MCO has billed to a third party for recovery of a Medicaid paid claim for the previous month.	UMCC Att. B-1 8.2.8 and 8.4.3 CHIP RSA Att. B-1 8.1.21 STAR Health Att. B-1 8.1.34 STAR+PLUS Exp. Att. B-1 8.1.29 STAR+PLUS MRSA Att. B-1 8.1.31 STAR Kids Att. B-1 8.1.31 Medicaid and CHIP Dental Services Att. B-1 8.2.6 and 8.3.3 MMDD 5.1.13.1	Monthly	10 th Calendar Day of each month	Third Party Liability and Recoveries (TPL/TPR)	TXMedCentral XXXGENL with notice to TPR at TPL_ManagedCare@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.4.7	TPL MCO Action Plan	The MCOs/DMOs are responsible for establishing a plan and process for avoiding and recovering cost for services that should have been paid through a third party.	UMCC Att. B-1 8.2.8 and 8.4.3 CHIP RSA Att. B-1 8.1.21 STAR Health Att. B-1 8.1.34 STAR+PLUS Exp. Att. B-1 8.1.29 STAR+PLUS MRSA Att. B-1 8.1.31 STAR Kids Att. B-1 8.1.31 Medicaid and CHIP Dental Services Att. B-1 8.2.6 and 8.3.3 MMDD 5.1.13.1.3	Annually	September 1st	Third Party Liability and Recoveries (TPL/TPR)	Third Party Liability and Recoveries (TPL/TPR) at TPL_ManagedCare@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.4.8	Third Party Liability (TPL) MCO Pharmacy Report	Each MCO must complete and submit the requested TPL MCO Pharmacy Report in accordance with the instructions provided in the UMCM Chapter 5.3.4.8.	UMCC Att. B-1 8.2.8 and 8.4.3 CHIP RSA Att. B-1 8.1.21 STAR Health Att. B-1 8.1.34 STAR+PLUS Exp. Att. B-1 8.1.29 STAR+PLUS MRSA Att. B-1 8.1.31 STAR Kids Att. B-1 8.1.31 Medicaid and CHIP Dental Services Att. B-1 8.2.6 and 8.3.3 MMDD 5.1.13.1	Quarterly	Last day of the month following the end of the reporting period.	Third Party Liability and Recoveries (TPL/TPR)	TXMedCentral XXXGENL with notice to TPR at TPL_ManagedCare@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.4.9	TPR MCO Pharmacy Billing/Posting File	The Pharmacy Billing/Posting file is a list of all of the Pharmacy claims that MCO has billed to a third party for recovery of a Medicaid paid Pharmacy claim for the previous month.	UMCC Att. B-1 8.2.8 and 8.4.3 CHIP RSA Att. B-1 8.1.21 STAR Health Att. B-1 8.1.34 STAR+PLUS Exp. Att. B-1 8.1.29 STAR+PLUS MRSA Att. B-1 8.1.31 STAR Kids Att. B-1 8.1.31 Medicaid and CHIP Dental Services Att. B-1 8.2.6 and 8.3.3 MMDD 5.1.13.1	Monthly	10 th calendar day of each month	Third Party Liability and Recoveries (TPL/TPR)	TxMedCentral XXXGENL with notice to TPR at TPL_ManagedCare@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.4.10	TPR Recovery Payment Submission Requirements	The TPR Recovery Payment Submission Requirements chapter is the instructions and process for submitting recovery payments (tort and non-tort) collected by the MCOs and due to HHSC.	UMCC Att. B-1 8.2.8 and 8.4.3 CHIP RSA Att. B-1 8.1.21 STAR Health Att. B-1 8.1.34 STAR+PLUS Exp. Att. B-1 8.1.29 STAR+PLUS MRSA Att. B-1 8.1.31 STAR Kids Att. B-1 8.1.31 Medicaid and CHIP Dental Services Att. B-1 8.2.6 and 8.3.3 MMDD 5.1.13.1	Other	Within 7 days of the notification email sent to TMHP as needed.	Third Party Liability and Recoveries (TPL/TPR)	Notification email to: TPL_Tort.Subrogation@tmhp.com Payment and TPR Recovery Payment Submission Form to: TMHP TPL-Tort Department Attn: Tort Receivables PO Box 202948 Austin, TX 78720-2948

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.3.5.1, 5.3.5.2, 5.3.5.3, and 5.3.5.4	Delivery Supplemental Payment (DSP) Report – STAR and CHIP	The MCO must submit a monthly CHIP Delivery Supplemental Payment (DSP) Report and a STAR DSP Report that includes the data elements specified by HHSC in the format specified by HHSC. The DSP Reports 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 8.1.17.1 CHIP RSA Att. A 10.09, Att. B-1 8.1.17.2	Monthly	COB on the first Business Day of the month following the reporting period	Financial Reporting and Audit Coordination (FRAC)	CHIP: TXMedCentral XXXCHIP STAR: TXMedCentral XXXDELIV
UMCM Chapters 5.3.5.5 and 5.3.5.6	DSP Appeal Forms – CHIP and Medicaid	DSP Appeal Forms for CHIP and Medicaid to provide appeal documentation and reason for appeal.	UMCC Att. A 10.09, Att. B-1 8.1.17.1 CHIP RSA Att. A 10.09, Att. B-1 8.1.17.2	Other	As Needed	Financial Reporting and Audit Coordination (FRAC)	CHIP: TXMedCentral XXXCHIP STAR: TXMedCentral XXXDELIV

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.3.10.1 and 5.3.10.2	Data Certification Form and Instructions	In accordance with 42 CFR Section 438.604 and 438.606, MCO must certify in writing Encounter Data.	UMCC Att. B-1 8.1.18.1 CHIP RSA Att. B-1 8.1.18.1 & 8.1.20 STAR Health Att. B-1 8.1.26 STAR+PLUS Expansion Att. B-1 8.1.18.1 & 8.1.20 STAR+PLUS MRSA Att. B-1 8.1.20.1 & 8.1.22 STAR Kids Att. B-1 8.1.20.1 & 8.1.22 Medicaid and CHIP Dental Services Att. B-1 8.1.12.1 MMDD 2.18	Monthly	One certification form concurrent with Encounter Data	Operations Management Claim Administrator	TxMedCentral XXXDELIV

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.3.13.1 and 5.3.13.2	MCO Medical Loss Ratio (MLR) Report	The MCO must submit the annual MLR Report Template for each SFY in the format and timeframe specified in the UMCM Chapter 5.3.13.1.	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	Annually	Submitted with the 334-day reports	Financial Reporting and Audit Coordination (FRAC)	TXMedCentral XXXDELIV with notification to FRAC
UMCM Chapters 5.3.13.3 and 5.3.13.4	MMP Medical Loss Ratio (MLR) Report	The MMP must submit the annual MLR Report Template for each SFY in the format and timeframe specified in the UMCM Chapter 5.3.13.3.	Medicare-Medicaid Dual Demonstration (MMDD) 4.3.1.7 Medical Loss Ratio (MLR)	Annually	Refer to Section II.C. MLR Reporting Schedule of the UMCM Chapter 5.3.13.3.	Financial Reporting and Audit Coordination (FRAC)	TXMedCentral XXXDELIV with notification to FRAC

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.4.1.3	STAR Health PCP THSteps Enrollment Report	The MCO must submit a quarterly PCP Enrollment in THSteps Report. The MCO must include in its report 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	Quarterly	30 days after the close of the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.4.1.4	STAR Health Network Summary Report	The MCO must submit a quarterly Network Summary Report. The MCO must include in its report the number of enrollees residing in each county in the State, and the number of contracted and unduplicated providers, by type, who are 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.	STAR Health Att. B-1 8.1.26.2	Quarterly	30 days after the close of the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.4.1.10	Provider Directory Verification Survey Report	The MCO must collect, analyze, and submit survey results as specified in UMCM Chapter 5.4.1.10.	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	Annually	September 15	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.4.1.13 and 5.4.1.14	After-Hours Provider Accessibility Report and Instructions	The After-Hours Provider Accessibility Report will provide HHSC with information on Member access to care by plan code and Service Area.	UMCC Att. B-1 8.1.3.1 STAR+PLUS Exp. Att. B-1 8.1.3.1 STAR+PLUS MRSA Att. B-1 8.1.3.1 STAR Kids Att. B-1 8.1.3.1	Annually	By the 2nd Friday in December following the report period.	Quality Reporting Unit	TXMedCentral XXXDTS with notification to MCS1115WaiverReporting@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Section 5.4.4	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	Monthly	5th of September and March 10th of all months except September and March Should the 5th or 10th day fall on a weekend, the report will be due on the business day prior to the 5th or 10th.	HHS HUB Program	MCO will login to the HHS HUB Portal to enter its Progress Assessment Report (PAR) information.

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.4.5.1	STAR+PLUS Quarterly CDS Utilization Report	The STAR+PLUS MCO must provide a quarterly report indicating the number of Members, per MCO, opting to use CDS for state plan and HCBS services, based on paid claims.	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 MMDD 2.6.4	Quarterly	30 days after the close of a quarter	Policy and Program Development (PPD)	Emailed to the STAR+PLUS Specialist
UMCM Chapter 5.4.5.3	STAR+PLUS PAS Authorizations and Billed Units	The STAR+PLUS MCO must provide a quarterly report indicating the number of Members, per MCO, authorized for PAS and those who received PAS, based on paid claims.	UMCC Att. B-1 8.3 STAR+PLUS Att. B-1 8.1.33 STAR+PLUS MRSA Att. B-1 8.1.35 MMDD 2.6.4	Quarterly	30 days after the close of a quarter	Policy and Program Development (PPD)	Emailed to the STAR+PLUS Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.4.5.4	STAR Kids Quarterly CDS Utilization Report	The STAR Kids MCO must provide a quarterly report indicating the number of Members, per MCO, opting to use CDS for state plan and MDCP services.	STAR Kids Att. B-1 8.1.37	Quarterly	30 days after the close of a quarter	Policy and Program Development (PPD)	Emailed to the STAR Kids Specialist
UMCM Chapter 5.4.5.6	STAR Kids PAS Authorizations and Billed Units	The STAR Kids MCO must provide a quarterly report indicating the number of Members, per MCO, authorized for PAS (or PCS) and those who received PAS, based on paid claims.	STAR Kids Att. B-1 8.1.36.2	Quarterly	30 days after the close of a quarter	Policy and Program Development (PPD)	Emailed to the STAR Kids Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.4.5.8	MDCP PDN PPECC Authorization Report	The MCO must provide HHSC with a list of Members enrolled in STAR Health or STAR Kids receiving MDCP, private duty nursing or prescribed pediatric extended care centers who will be turning 21 within the next 18 months.	STAR Health Att. B-1 8.1.26.2 STAR Kids Att. B-1 8.1.22.2	Monthly	Due by the 15 th of each month	Utilization Review	TxMedCentral XXXDTS with notice to MCCO and the Transition/High Needs Coordinator
UMCM Chapter 5.4.5.10	Relocation Functions Report	The MCO must provide outcome data on the relocation activity measures included within UMCM Chapter 5.4.5.10.	UMCC Att. B-1 8.3.9.2 STAR+PLUS Exp. Att. B-1 8.1.47.2 STAR+PLUS MRSA Att. B-1 8.1.48.2	Quarterly	30 days following the last day of the State Fiscal Quarter	Policy and Program Development (PPD)	Emailed to the STAR+PLUS Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Section 5.4.6	Members with Special Health Care Needs Report and Instructions	STAR and CHIP MCOs must report all Members identified as MSHCN and indicate which MSHCN have a service plan.	UMCC Att. B-1 8.1.12.1 CHIP RSA Att. B-1 8.1.12.1	Quarterly	30 days after the close of the reporting period	Policy and Program Development (PPD)	TXMedCentral XXXDTS with notice to MCCO
UMCM Chapter 5.4.7.1	Prior Authorizations Aggregated Monthly Measures	The requested information is intended to provide complete monthly data related to the prior authorization (PA) function. Prior Authorization Requests (PAs) should be counted at the service code level (CPT/HCPCS code).	UMCC Att. B-1 8.1.1.3 STAR Health Att. B-1 8.1.1.2 STAR+PLUS Exp. Att. B-1 8.1.1.3 STAR+PLUS MRSA Att. B-1 8.1.1.3 STAR Kids Att. B-1 8.1.1.4	Monthly	Due by the 28 th of each month	Utilization Review (UR)	TXMedCentral XXXDELIV

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.5.2	MCO Open Case List Report	<p>The MCO must submit electronically a monthly open case list report using the prescribed OIG template. The prescribed fields must not be changed or reformatted.</p> <p>The monthly report will include a report of all overpayment and other recoupments by the MCO. The monthly report will include all open and recently completed cases that:</p> <ul style="list-style-type: none"> • are completed within the month; • are not completed; • did not result in a finding; • resulted in a recoupment of any overpayments; • resulted in the suspension of payments to the 	<p>UMCM Att. B-1 8.1.20.2</p> <p>CHIP RSA Att. B-1 8.1.20.2</p> <p>STAR Health Att. B-1 8.1.26.2</p> <p>STAR+PLUS Exp. Att. B-1 8.1.20.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.22.2</p> <p>STAR Kids Att. B-1 8.1.21</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.14.2</p> <p>MMDD 2.1.5</p>	Monthly	By close of business on the first Business Day following the 14 th day of the month after the month being reported.	Fraud	OIG-Medicaid Provider Integrity and OAG Medicaid Fraud Control Unit (MFCU)

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
		provider based upon a credible allegation of fraud; <ul style="list-style-type: none"> • not accepted by OIG; or • were referred directly to OIG Sanctions within the month. 					

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Section 5.6.2	Claims Lag Reports and Instructions	The MCO must submit a 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	Quarterly	Last day of the month following the close of the reporting period	Financial Reporting & Audit Coordination (FRAC)	TXMedCentral XXXDELIV and XXXDTS with notice to FRAC

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.6.3	Claims Project Report	The MCO must provide HHSC the required information in UMCM Chapter 5.6.3 on its claims projects.	UMCC Att. B-1 8.1.18.5.1 CHIP RSA Att. B-1 8.1.18.5.1 STAR Health Att. B-1 8.1.24.5.1 STAR+PLUS Exp. Att. B-1 8.1.18.5.1 STAR+PLUS MRSA Att. B-1 8.1.20.5.1 STAR Kids Att. B-1 8.1.20.5.1 Medicaid and CHIP Dental Services Att. B-1 8.1.12.5.1	Monthly	15 th of every month for the previous month's claims projects	Managed Care Compliance & Operations (MCCO)	Email to the MCO's assigned MCCO Health Plan Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.7.1 and 5.7.2	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 complete an annual QAPI Program Summary as specified in the UMCM.	UMCC Att. B-1 8.1.7.1 and 8.1.20.2 CHIP RSA Att. B-1 8.1.7.1 and 8.1.20.2 STAR Health Att. B-1 4.1.7.1 and 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.7.1 and 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	Annually	Initial summary during Readiness Review Annual Summary for the previous calendar year on March 31	Quality	EQRO with notice to Quality Assurance

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.7.3 and 5.7.3.1	STAR Health MDCP Metrics Template and Measures Technical Specifications	The STAR Health MCO must submit an annual report that includes the measures as defined in UMCM Chapter 5.7.3.	STAR Health Att. B-1 8.1.26.2	Annually	Annual reports are due 30 days after the end of the waiver year. The end of the waiver year is August 31 st ; therefore, the annual report is due by September 30 th . See technical specifications in UMCM Chapter 5.7.3.1.	Quality	CPIPerformanceMeasures@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.7.4 and 5.7.4.1	STAR Kids MDCP MCO Metrics Template and Technical Specifications	STAR Kids MCOs must submit an annual report that includes the measures as defined in UMCM 5.7.4.	STAR Kids Att. B-1 8.1.22.2	Annually	Annual reports are due 30 days after the end of the waiver year. The end of the waiver year is August 31 st ; therefore, the annual report is due by September 30 th . See technical specifications in UMCM Chapter 5.7.4.1.	Quality	CPIPerformanceMeasures@hhsc.state.tx.us
UMCM Chapter 5.9.1	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	Quarterly	30 days after the close of the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.9.2	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	Quarterly	30 days after the close of the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS
UMCM Chapter 5.9.3	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 the first 30 days of enrollment.	STAR Health Att. B-1 8.1.26.2	Quarterly	45 days after the close of the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS
UMCM Chapter 5.9.4	CANS Assessment Summary	The STAR Health MCO must report the number and percent of CANS assessments received timely.	STAR Health Att. B-1 8.1.11.3	Quarterly	45 days after the quarter	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.13.3	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	As Revised/Other	No later than 30 Business Days prior to implementing or modifying	Vendor Drug Program (VDP)	TXMedCentral XXXDELIV with notice to VDP_MCO_Solutions@hhsc.state.tx.us
UMCM Chapter 5.13.4	MCO Pharmacy Quarterly Report	MCOs must provide data on a quarterly basis related to the prescription drug benefit.	UMCC Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.1.21, and 8.2.8 CHIP RSA Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.21, and 8.24	Quarterly	Each state fiscal quarter by the last day of the month following the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
			STAR Health Att. B-1 8.1.3, 8.1.4, 8.1.20.2, 8.1.23, 8.1.26.2, and 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, and 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, and 8.1.31 STAR Kids Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.19, 8.1.22.2, and 8.1.31 MMDD 2.18.1.5.5				

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.13.6	Clinical PA Criteria Implementation Report	MCOs must submit a report to HHSC that lists all Clinical Prior Authorization (Clinical PA) criteria approved by the HHSC Drug Utilization Review (DUR) Board and indicate whether the PA criteria is being applied by the plan for each program. The MCO must submit a Clinical Prior Authorization Criteria Report on a quarterly basis by the last day of the month following the reporting period using the template contained in UMCM Chapter 5.13.6.	UMCC Att. B-1 8.1.21.6 CHIP RSA Att. B-1 8.1.24.6 STAR Health Att. B-1 8.1.20.6 STAR+PLUS Exp. Att. B-1 8.1.42.6 STAR+PLUS MRSA Att. B-1 8.1.16.6 STAR Kids Att. B-1 8.1.17.6	Quarterly	Within 30 calendar days from the end of the quarter	Vendor Drug Program (VDP)	VDP_MCO_Solutions@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.13.7	MCO PMUR Action Plan and Report	MCOs must submit a Psychotropic Medication Utilization Review (PMUR) Action Plan and a PMUR Report on an annual basis.	UMCC Att. B-1 8.1.21.6 STAR+PLUS Exp. Att. B-1 8.1.42.6 STAR+PLUS MRSA Att. B-1 8.1.16.6 STAR Kids Att. B-1 8.1.17.6	Annually	PMUR Action Plan due August 1 PMUR Report due October 1	Vendor Drug Program (VDP)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.13.8	Medication Synchronization Template	MCOs must submit a Medication Synchronization Template on an annual basis.	UMCC Att. B-1 8.1.21.1 CHIP RSA Att. B-5 8.1.24.1 STAR Health Att. B-1 8.1.20.1 STAR+PLUS Exp. Att. B-1 8.1.42.1 STAR+PLUS MRSA Att. B-3 8.1.16.1 STAR Kids Att. B-3 8.1.17.1	Annually	September 1	Vendor Drug Program (VDP)	TXMedCentral XXXDTS with notice to VDP_MCO_Solutions@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.13.9	Maximum Allowable Cost (MAC) List Timely Review and Modification Attestation	MCOs must submit a Maximum Allowable Cost (MAC) List Timely Review and Modification Attestation on a quarterly basis for each applicable program and MAC List.	UMCC Att. B-1 8.1.21.11 CHIP RSA Att. B-5 8.1.24.11 STAR Health Att. B-1 8.1.20.11 STAR+PLUS Exp. Att. B-1 8.1.42.11 STAR+PLUS MRSA Att. B-3 8.1.16.11 STAR Kids Att. B-3 8.1.17.11	Quarterly	Each state fiscal quarter by the last day of the month following the reporting period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDELIV

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.15	Special Exception Request Template for Variance from Out-of-Network Utilization Standards	MCO must complete the Special Exception Request form each time it requests a variance from the Medicaid or CHIP out-of-network utilization standards for each service area.	UMCC Att. B-1 8.1.4 CHIP RSA Att. B-1 8.1.4 STAR Health Att. B-1 8.1.4 STAR Kids Att. B-1 8.1.4 STAR+PLUS Exp. Att. B-1 8.1.4 STAR+PLUS MRSA Att. B-1 8.1.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5 MMDD 2.7	As Revised/Other	No later than 30 calendar days after the end of the State Fiscal Quarter (SFQ) for which it requests a variance. With the request, the MCO can also request a special exception for up to three subsequent SFQs.	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS with notice to MCCO

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.16	Perinatal Risk Report (17P Report)	The MCO must submit a quarterly perinatal risk report as described in the 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	Quarterly	No later than 90 days after the end of the reporting period	Quality Oversight	TXMedCentral XXXDTS and attached via an email to MCCO and Quality Oversight Unit HPCS_UMCC_Provisions@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Section 5.17	Network Access Improvement Program (NAIP) Quarterly Report	NAIP was intended to increase the availability, quality, coordination and effectiveness of primary care for Medicaid clients by providing incentive payments administered by the managed care organizations (MCOs) to participating health related institutions (HRIs) and public hospitals.	N/A	As Revised /Other	Final NAIP report is due the last day of the month following the final SFY reconciliation between HHSC and the HRI/Public Hospital.	Financial Reporting & Audit Coordination (FRAC)	TXMedCentral XXXDELIV

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.18, 5.18.1, and 5.18.2	Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report and Technical Specifications for STAR Health and STAR Kids MDCP ANE	Medicaid MCOs must submit a quarterly and annual report that includes the number of Critical Incidents and Abuse, Neglect and Exploitation and associated remediation using data from 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	Quarterly Annually	Last day of the month following the close of the reporting period for Quarterly reports Last day of the month following the close of the reporting period for Annual reports	Quality	LTSS Quality Reporting Unit CPIPerformanceMeasures@hhsc.state.tx.us
UMCM Chapter 5.20	QIPP Timely Payments Attestation	The Quality Incentive Payment Program encourages nursing facilities to improve the quality and innovation of their services. Improvement is based upon several indices of success, including quality metrics that are collected by the Centers for Medicare & Medicaid Services.	UMCC Att. B-1 8.1.4.8.6 STAR+PLUS Exp. Att. B-1 8.1.4.8.7 STAR+PLUS MRSA Att. B-1 8.1.4.8.8 MMDD 2.7.4.6.2 and 2.7.4.6.3	Monthly Quarterly	Within 30 Days of the end of each month	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.21	MCO Material Subcontractor Monitoring Calendar	MCO must submit annual calendar of their Material Subcontractor monitoring activities per SFY.	UMCC Att. B-1 8.1.1.2 CHIP RSA Att. B-1 8.1.1.2 STAR Health Att. B-1 8.1.1.1 STAR+PLUS Exp. Att. B-1 8.1.1.2 STAR+PLUS MRSA Att. B-1 8.1.1.2 STAR Kids Att. B-1 8.1.1.2	Annually	September 1	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS with notice to MCCO

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.23	MCO Executive Contact List	The MCO must submit a contact list of its Executive staff and their contact information.	UMCC Att. A. 4.02 CHIP RSA Att. A. 4.02 STAR Health Att. A. 4.02 STAR+PLUS Exp. Att. A. 4.02 STAR+PLUS MRSA Att. A. 4.02 STAR Kids Att. A. 4.02 Medicaid and CHIP Dental Services Att. A. 4.02 MMDD 2.2.2.3 and 2.2.2.4	Annually As Revised/Other	September 1 Within 15 business days of any changes	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.1	Claims Summary Report Text File Layout	The MCO must submit monthly Claims Summary Reports to HHSC by MCO Program. The Claims Summary Report will include data for Acute Care, Behavioral Health, Long Term Services and Supports (including Nursing Facility Add-on Services), Nursing Facility, Vision, Dental and Pharmacy claims, provider recoupments, and advanced payments.	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	Monthly	Last Day of each month following the reporting month	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.2	Network and Capacity Text File Layout	Each STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP MCO, and Medicare Medicaid Plan must submit a quarterly report including all LTSS Providers, mail order pharmacies, and 24-hour pharmacies within their Provider Networks. For Programs that do not deliver LTSS like STAR and CHIP, only pharmacy data will be reported.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR+PLUS Expansion 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	Quarterly	30 Days after the close of the reporting quarter	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.3	Provider Termination Report Text File Layout	MCO must submit a quarterly report that identifies all Network Providers who cease to participate in the MCO's provider network, either voluntarily or involuntarily.	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 8.1.5.7 MMDD 2.7.3.1.5	Quarterly	30 Days after the close of the reporting quarter	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.4	Out-of-Network Utilization Report Text File Layout	The MCO must submit quarterly Out-of-Network (OON) Utilization Reports on OON claims received for hospital submissions, ER visits, other outpatient visits, and substance use disorder residential treatment.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.4 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 8.1.14.2	Quarterly	30 Days after the close of the reporting quarter	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.5	Member and Provider Complaints Text File Layout	The MCO must submit Member and Provider Complaints reports that contain all complaints received orally and/or in writing by the MCO/DMO and/or its subcontractor.	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	Monthly	45 Days after the last Day of the reporting month	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.6	Member Appeals Report Text File Layout	The MCO must submit Member Appeal reports that contain appeals submitted to the MCO and/or its subcontractor.	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	Monthly	45 Days after the last Day of the reporting month	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.7	MCO Hotlines Report Text File Layout	The MCO must submit a report for performance of its Member, Provider, Nurse, and/or Behavioral Health Services Hotlines.	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	Monthly	30 Days after the close of the reporting month	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.8	Dental Anesthesia Prior Authorization Report Text File Layout	<p>Text file layout developed for the Dental Anesthesia Prior Authorization Report required by HHSC Office of the Medical Director.</p> <p>The MCO/DMO will submit prior authorizations requested in a single month for general anesthesia relating to a therapeutic dental service.</p>	<p>UMCC Att. B-1 8.1.20.2</p> <p>STAR Health Att. B-1 8.1.26.2</p> <p>STAR Kids Att. B-1 8.1.22.2</p> <p>Medicaid Dental Services Att. B-1 8.1.14.2</p>	Monthly	The 15 th day of each month for the previous month's data	Office of the Medical Director	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.24.9	Claims Overpayment Text File Layout	Text file layout developed for MCOs to report claims overpayments made to providers of Personal Care Services (PCS).	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	Monthly	30 Days after the close of the reporting month	Managed Care Compliance and Operations (MCCO)	TexConnect

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.25.1 and 5.25.1.1	MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary and Instructions	The MCO must submit a MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary for non-compliances identified on its claims summary and MCO hotlines reports.	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	Monthly	No later than 5 Business Days after submission of the 30 Day monthly deliverables	Managed Care Compliance and Operations (MCCO)	Emailed to MCCO Monitoring Team

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.25.2 and 5.25.2.1	MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary and Instructions	The MCO must submit a MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary for non-compliances identified on its complaints and appeals reports.	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	Monthly	No later than 5 Business Days after submission of the 45 Day monthly deliverables	Managed Care Compliance and Operations (MCCO)	Emailed to MCCO Monitoring Team

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.25.3 and 5.25.3.1	MCO Quarterly Deliverable Submission Non-Compliance Summary and Instructions	The MCO must submit a MCO Quarterly Deliverable Submission Non-Compliance Summary for non-compliances identified on its Provider termination, Out-of-Network, and Network & Capacity reports.	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	Quarterly	No later than 5 Business Days after submission of the quarterly deliverables	Managed Care Compliance and Operations (MCCO)	Emailed to MCCO Monitoring Team

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 5.27 and 15.6	Prior Authorization Annual Review Report Template	Each year, the MCO must submit a Prior Authorization Annual Review Report for each Medicaid managed care program (STAR, STAR Kids, STAR Health, STAR+PLUS, and Children's Medicaid Dental Services) for which the MCO provides services.	UMCC Att. B-1 8.1.8.1 STAR Health Att. B-1 8.1.8.1 STAR+PLUS Exp. Att. B-1 8.1.8.1 STAR+PLUS MRSA Att. B-1 8.1.8.1 STAR Kids Att. B-1 8.1.9.1 MMDD 8.1.9.1	Annually	October 1	Utilization Review	TexConnect with email to Utilization Review at MCS_ManagedCareUR@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Section 6.4	Performance Bond Form and Instructions	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 STAR Kids Att. A 17.02 Medicaid and CHIP Dental Services Att. A 17.02 MMDD 4.10.1	Annually	September 1	Financial Reporting & Audit Coordination (FRAC)	Mail original copies to Financial Reporting and Audit Coordination (FRAC)

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 7.2.1	TxMedCentral Employee Access List	The MCO must provide a quarterly listing of employment status and business need for every user with an active user account and update user account access accordingly.	N/A	Quarterly As Revised/Other	First day of each quarter Within 15 Business Days of any employment status change or when employee assumes a position that does not require the use of TxMedCentral	Operations Management Claim Administrator	TxMedCentral XXXDTS

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 8.1	Model Provider Contracts	The MCO must submit model Provider contracts to HHSC for review during Readiness Review and when making revisions. 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 Contract.	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. 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	As Revised/Other	Prior to use	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 8.3	LTSS Provider Layouts	The Long-Term Services and Supports (LTSS) Provider interfaces support the exchange of information between HHSC and the STAR+PLUS Managed Care Organizations (MCOs). The interfaces are generated each month and the MCOs are required to provide to HHSC their LTSS Provider Network via the LTSS Interface.	MMDD 2.17.3, 2.17.5	Monthly	Between the 5 th and 19 th of each month	Operations Management	TXMedCentral XXXDELIV

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 8.7.2	EVV MCO Quarterly Performance Measures Report	The EVV MCO Quarterly Performance Measures Report provides HHSC with operational data necessary to consistently evaluate the Electronic Visit Verification (EVV) system and monitor the impact of improvements and changes made to the EVV system and processes over time.	UMCC Att. B-1 8.2.17 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 STAR Health, Att. B-1, 8.1.37	Quarterly	Due the last Business Day of the third month in the quarter following the current quarterly report period	EVV Operations	MCO EVV Communications mailbox: MCO_EVV_Communication@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 8.10	MCO Alternative Payment Model Report	MCOs must submit a written report based on an HHSC template for expansion of Alternative Payment Models 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	Annually As Revised/Other	Due July 1 of every year for the previous calendar year An interim status report may be considered	Quality Oversight	TXMedCentral XXXDELIV and attached via email to MCCO and Quality Oversight Unit HPCS_UMCC_Provisions@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 10.1.11 and 10.1.12	Long-Term Services and Supports Report and Specifications	The STAR+PLUS MCO must file quarterly Long-Term Services and Supports Reports including the data specified in the UMCM Chapter 10.1.14, "Performance Indicator Dashboard for Quality Measures."	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	Quarterly	30 days after the end of each calendar year quarter	Quality	Emailed to MCD_managed_care_quality@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 10.2.4, 10.2.5, 10.2.8, and 10.2.9	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 STAR Kids Att. B-1 8.1.1.1 Medicaid and CHIP Dental Services Att. B-1-8.1.1.1 MMDD 2.14.2.3.7	As Revised/Other	HHSC will provide due dates each year for PIP plans, PIP progress reports, and final PIP reports	Quality	TXMedCentral XXXDELIV with notice to QISupport@ufl.edu , MCCO and Quality Assurance

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 11.5 and 11.6	MMC Member Disenrollment Form and Policy	MCO to submit member disenrollment request to HHSC for review and approval	UMCC Att. A, Art. 5, Section 5.02 STAR+PLUS Exp. Att. A, Art. 5, Section 5.02 STAR+PLUS MRSA Att. A, Art. 5, Section 5.02 STAR Kids Att. A, Art. 5, Section 5.02 MMDD 2.3.5.8	As Revised/Other	N/A	Managed Care Compliance and Operations (MCCO)	TXMedCentral DELIV with notice to MCCO Health Plan Manager
UMCM Chapters 12.1 and 12.3	Farmworker Child Annual Report (FWC Annual Report)	Medicaid MCOs and Dental Contractors must submit an annual report about the identification of and delivery of services to Farmworker Children (FWC).	UMCC Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att. B-1 8.1.14.2	Annually	September 15	Policy and Program Development (PPD)	TXMedCentral XXXDELIV with notice to the Frew Program Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 12.1, 12.16, and 12.25	Farmworker Children Annual Report Log	Medicaid MCOs and Dental Contractors must submit an annual log listing efforts to coordinate with organizations and identify Farmworker Children.	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	Annually	September 15	Policy and Program Development (PPD)	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Program Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 12.4, 12.5, 12.6, and 12.9	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	Annually	May 12	Policy and Program Development (PPD)	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Program Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 12.19 and 12.20	<i>Frew</i> Quarterly Monitoring Report and Instructions	Each calendar year quarter, HHSC prepares a report for the court that addresses the status of the Consent Decree paragraphs of the <i>Frew</i> lawsuit. Medicaid MCOs and Dental Contractors must prepare responses to questions posed by HHSC on the <i>Frew</i> 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	Quarterly	15 th of December, March, June, and September	Policy and Program Development (PPD)	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Program Specialist

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 12.25	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 Dental Services Att. B-1 6.2.4.4 STAR Kids Att. B-1 6.4	Annually	September 15	Policy and Program Development (PPD)	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Program Specialist

UMCM Non-Template Deliverable Chapters

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 3.21 and 3.22	Notices of Action/Process for Standard Prior Authorizations received with Incomplete or Insufficient documentation	Notices of Action and Process for Standard Prior Authorizations received with Incomplete or Insufficient documentation materials must, at a minimum, meet the Member Materials requirements specified in the contract and must include critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.2.6.5 STAR Health Att. B-1 8.1.33.6 STAR+PLUS Exp. Att. B-1 8.1.27.5 STAR+PLUS MRSA Att. B-1 8.1.29.5 STAR Kids Att. B-1 8.1.29.5 Medicaid and CHIP Dental Services Att. B-1 8.2.5.5 MMDD 2.12.3	As Revised/Other	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 3.24	MMC Texas Health Steps Outreach Materials	MMC Texas Health Steps Outreach Materials must, at a minimum, meet the Member Materials requirements specified in the contract and must include critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.2.2.3.4 STAR Health Att. B-1 8.1.28.3.4 STAR+PLUS Exp. Att. B-1 8.1.22.3.4 STAR+PLUS MRSA Att. B-1 8.1.24.3.4 STAR Kids Att. B-1 8.1.24.3.4 Medicaid and CHIP Dental Services Att. B-1 8.2.2.1.2	As Revised/Other	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System
UMCM Chapter 3.28	Process for Resolution of HHSC-Referred Complaints	Process for Resolution of HHSC-Referred Complaints must, at a minimum, meet the requirements specified in the contract and must include critical elements in the	UMCC Att. B-1 8.2.6.1 CHIP RSA Att. B-1 8.1.5.9 STAR Health Att. B-1 8.1.33.1	As Revised/Other	Timeframes due indicated below unless HHSC requests otherwise:	HHSC area who referred complaint	HHSC area who referred complaint with notice to MCCO

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
		Uniform Managed Care Manual.	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 8.2.5.1		Legislative or Access to Care Issue within 1 Business Day HHSC-Expedited Issue within 1-5 Business Days Routine Issue within 10 Business Days Large Volume Complaint within 14 Business Days		

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 3.29	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	As Revised/Other	Within 15 days of any change	Vendor Drug Program (VDP)	VDP_MCO_Solutions@hhsc.state.tx.us

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapters 3.32 and 3.35	MCO Website	The MCO Website must, at a minimum, meet the requirements specified in the contract and must include the critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.5.5 CHIP RSA Att. B-1 8.1.5.5 STAR Health Att. B-1 8.1.5.5 STAR+PLUS Exp. Att. B-1 8.1.5.5 STAR+PLUS MRSA Att. B-1 8.1.5.5 STAR Kids Att. B-1 8.1.5.5 Medicaid and CHIP Dental Services Att. B-1 8.1.6.5	As Revised/Other	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 3.34	Online Provider Directory	The MCO Online Provider Directory must, at a minimum, meet the requirements specified in the contract and must include the critical elements in the Uniform Managed Care Manual.	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	As Revised/Other	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Compliance and Operations (MCCO)	Data Management System

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 4.6	Material Submissions	Each MCO must submit material submissions such as Marketing Materials, Member Materials, and Providers Materials as indicated by HHSC 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 STAR Kids Att. B-1 8.1.6 Medicaid and CHIP Dental Services Att. B-1 8.1.7 MMDD 1.86; CY15 Marketing Guidelines	As Revised/Other	Prior to use	Managed Care Compliance and Operations (MCCO)	Data Management System, VDP MCO Solutions mailbox at VDP_MCO_Solutions@hhsc.state.tx.us , or MCCO team dependent on type of material submission

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.3.11	Audit Reports (internal and external)	The MCO must comply with the 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 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	As Revised/Other	Within 45 days of issue date	Financial Reporting & Audit Coordination (FRAC)	FRAC

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.5.1	Deliverables to the Office of Inspector General	<p>The MCO must submit the OIG deliverables indicated in UMCM Chapter 5.5.1 in accordance with the guidance provided.</p> <p>OIG deliverables in UMCM 5.5.1 include: Fraudulent Practices Referrals, the Fraud, Waste, and Abuse Compliance Plan, Open Case List Report, Annual Lock-In Actions Report, Annual Report on Certain Fraud and Abuse Recoveries, and the Pre-payment Review Monthly Report.</p>	Refer to the <i>References</i> section for each deliverable in UMCM Chapter 5.5.1.	Other	Refer to the <i>Deliverable Timing</i> section for each deliverable in UMCM Chapter 5.5.1.	Office of the Inspector General (OIG)	Refer to UMCM Chapter 5.5.1.

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.8	Legal and Other Proceedings and Related Events Report	<p>MCO must disclose certain matters involving the MCO, its Affiliates, and/or its Material Subcontractors. If there are no such matters, the MCO must definitively attest to that status in the signed annual report.</p> <p>Some of the matters subject to this requirement include certain: legal actions; government investigations and proceedings; media reports involving misreported costs or profits; bankruptcy petitions; major sanctions and fines; and, events that may threaten solvency.</p>	<p>UMCC Att. A 9.06, Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. A 9.06, Att. B-1 8.1.17.1</p> <p>STAR Health Att. A 9.07, Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. A 9.06, Att. B-1 8.1.17.1</p> <p>STAR+PLUS MRSA Att. A 9.06, Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 2.16.4.6.3</p>	<p>Annually</p> <p>As Revised/Other</p>	<p>Written notice due within 30 calendar days of becoming aware of a matter</p> <p>An annual report due each September 1</p>	<p>Financial Reporting & Audit Coordination (FRAC)</p>	<p>FRAC with notice to MCCO</p>

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.11	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 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	Annually As Revised/Other	During the initial contract Readiness Review (by no later than 30 days prior to the contract's operational start date); Annually by September 1 each year; and On an as-occurs basis, within 30 days of the event that triggered the change in the information submitted with the last report.	Financial Reporting & Audit Coordination (FRAC)	FRAC

UMCM Chapter(s) or Section	Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
UMCM Chapter 5.22	Submission to HHSC of copies of certain Pre-existing External Reports	<p>The MCO must submit the deliverables indicated in UMCM Chapter 5.22 in accordance with the guidance provided.</p> <p>The deliverables in UMCM 5.22 include: TDI Financial Filings, Registration Statement (Form B), TDI Examination Report, SEC Form 10-K, IRS Form 990, Comprehensive Annual Financial Report, Annual Report, Bond or Debt Rating Analysis, and financial and related report listings.</p>	<p>UMCC Att. B-1 8.1.17. 1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. B-1 8.1.17.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 2.16.4.6.2</p>	Other	Refer to UMCM Chapter 5.22 for each deliverable.	Financial Reporting & Audit Coordination (FRAC)	Refer to UMCM Chapter 5.22 for each deliverable.

Contract Requirement Deliverables

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	Monthly	The last day of the month following the reporting month	Quality and Program Improvement	TXMedCentral XXXDELIV with notice to MCD_managed_care_quality@hhsc.state.tx.us

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Annual MCO/DMO Incident and Breach Notice	MCOs must submit an annual report describing privacy breach Incident(s) that the MCO's risk analysis has determined has a low probability of compromise or only involves unauthorized disclosure of a single individual's Confidential Information to a single unauthorized recipient.	UMCC Att. A. Art. 11 Sec. 11.09 CHIP RSA Att. A Art. 11 Sec. 11.09 STAR Health Att. A Art. 11 Sec. 11.09 STAR+PLUS Exp. Att. A Art. 11 Sec. 11.09 STAR+PLUS MRSA Att. A Art. 11 Sec. 11.09 STAR Kids Att. A Art. 11 Sec. 11.09 Medicaid and CHIP Dental Services Att. A Art. 11 Sec. 11.09	Annually	No later than 60 days after the end of the calendar year	HHSC Privacy Office	privacy@hhsc.state.tx.us

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	Upon HHSC request	Managed Care Compliance and Operations (MCCO)	MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Business Continuity Plan	<p>The MCO must submit the MIS Business Continuity Plan for HHSC's review and approval. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.</p> <p>The Business Continuity Plan may be combined with the Disaster Recovery Plan, or each may be submitted separately.</p>	<p>UMCC Att. B-1 8.1.18.2</p> <p>CHIP RSA Att. B-1 8.1.18.2</p> <p>STAR Health Att. B-1 8.1.24.2</p> <p>STAR+PLUS Exp. Att. B-1 8.1.18.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.20.2</p> <p>STAR Kids Att. B-1 8.1.20.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.12.2</p> <p>MMDD 2.17.6.2.2</p>	<p>Annually</p> <p>As Revised/Other</p>	<p>August 1</p> <p>HHSC timeline provided for MIS changes</p>	<p>HHSC IT-Systems</p>	<p>TXMedCentral XXXDELIV</p>

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Claims Processing System Changes	The MCO must notify HHSC of major claim system changes in writing no later than 180 days prior to planned 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	As Revised/Other	180 days prior to planned implementation of a change	Managed Care Compliance and Operations (MCCO)	MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	Within 30 calendar days of the close of the audit(s), review(s), or inspection(s); or by deadline set by HHSC	Managed Care Compliance and Operations (MCCO)	MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Cultural Competency Plan	The MCO must have a comprehensive written Cultural Competency Plan describing how the MCO will ensure culturally competent services, and provide Linguistic Access and Disability-related Access.	UMCC Att. B-1 8.1.5.8 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	As Revised/Other	Modifications and amendments to the plan must be submitted to HHSC no later than 30 days prior to implementation.	Managed Care Compliance and Operations (MCCO)	TxMedCentral XXXDELIV with notice to MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Disaster Recovery Plan	<p>The MCO must submit the MIS Disaster Recovery Plan for HHSC's review and approval. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.</p> <p>The Disaster Recovery Plan may be combined with the Business Continuity Plan, or each may be submitted separately.</p>	<p>UMCC Att. B-1 8.1.18.2</p> <p>CHIP RSA Att. B-1 8.1.18.2</p> <p>STAR Health Att. B-1 8.1.24.2</p> <p>STAR+PLUS Exp. Att. B-1 8.1.18.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.20.2</p> <p>STAR Kids Att. B-1 8.1.20.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.12.2</p> <p>MMDD 2.8.5.1.7.1</p>	<p>Annually</p> <p>As Revised/Other</p>	<p>August 1</p> <p>HHSC timeline provided for MIS changes</p>	<p>HHSC IT-Systems</p>	<p>TXMedCentral XXXDELIV</p>

Employee Bonus/ Incentive Payment Plan	<p>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:</p> <p>i. no later than 30 days after the Effective Date of the Contract and any Contract renewal.</p> <p>ii. at least 30 days in advance of a change in the measurement period of the bonus/incentive payment plan.</p> <p>iii. If the MCO substantively revises the Employee Bonus and/or Incentive Payment Plan, including but not limited to eligibility criteria, measurement period, bonus/incentive payment calculations, adjustments to financial goals and amounts awarded, the MCO must submit the revised plan to HHSC for prior review at least 30 days in advance of its effective date.</p>	<p>UMCC Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. B-1 8.1.17.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 2.16.4.5</p>	As Revised/Other	First report due 30 days after Contract Effective Date; revisions due 30 days prior to implementation of change	Financial Reporting & Audit Coordination (FRAC)	FRAC
Encounter Data	The MCO must provide complete Encounter Data for all Covered Services, including Value-added Services. Encounter Data must	<p>UMCC Att. B-1 8.1.18.1</p> <p>CHIP RSA Att. B-1 8.1.18.1</p>	Monthly	No later than the 30 th calendar day after the last day of the month in which	Operations Management Claims Administrator	Designated TXMedCentral folder in accordance with

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
	<p>follow the format and data elements as described in the HIPAA-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.</p>	<p>STAR Health Att. B-1 8.1.24.2</p> <p>STAR+PLUS Exp. Att. B-1 8.1.18.1</p> <p>STAR+PLUS MRSA Att. B-1 8.1.20.1</p> <p>STAR Kids Att. B-1 8.1.20.1</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.12.1</p> <p>MMDD 2.18</p>		<p>the claim was adjudicated.</p>		<p>the Encounter Submission Guidelines or Companion Guide</p>

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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. 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	Annually As Revised/Other	Annually before the Effective Date of the Contract Due within 5 business days of renewal	Financial Reporting & Audit Coordination (FRAC)	FRAC

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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 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.	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 2.1.4.5; 2.1.5	As Revised/Other	Within 10 business days of execution of subcontract	Fraud	Office of Inspector General (OIG)

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Insurance Coverage Proof	MCO must furnish the HHSC original Certificates of Insurance evidencing the required insurance coverage on or before the Effective Date of the Contract. If insurance coverage is renewed during the Term of the Contract, the MCO must furnish HHSC renewal certificates of insurance, or such similar evidence, within five (5) business days of renewal.	UMCC Att. A 17.01 CHIP RSA Att. A 17.01 STAR Health Att. A 17.01 STAR+PLUS Exp. Att. A 17.01 STAR+PLUS MRSA Att. A 17.01 STAR Kids Att. A 17.01 Medicaid and CHIP Dental Services Att. A 17.01 MMDD 4.10.4	Annually As Revised/Other	Annually on or 5 days before the Effective Date of the Contract Within 5 business days of amendment or renewal	Financial Reporting & Audit Coordination (FRAC)	FRAC

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Joint Interface Plan	The MCO must submit for HHSC's review and approval any modifications to the MIS Joint Interface Plan. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.	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	Annually As Revised/Other	August 1 HHSC timeline provided for MIS changes	HHSC IT-Systems	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Key Personnel Changes	MCO must notify HHSC of any change in Key Personnel in writing and provide an updated MCO contact info list. 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) STAR Kids Att. A 4.02(c) Medicaid and CHIP Dental Services Att. A 4.02(c) MMDD 2.2.2.2	As Revised/Other	Within 15 days of change	Managed Care Compliance and Operations (MCCO)	Send revisions to TexConnect with notice to MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Lock-in Claims Data Report	<p>An Excel spreadsheet with 12 months of pharmacy claims data supporting the lock-in referral (a minimum of 3 months if 12 months of claims are unavailable).</p> <p>An Excel spreadsheet with 12 months of acute care claims data if needed to support the lock-in referral (a minimum of 3 months if 12 months of claims are unavailable).</p>	<p>UMCC Att. B-1 8.1.19</p> <p>CHIP RSA Att. B-1 8.1.19</p> <p>STAR Health Att. B-1 8.1.25</p> <p>STAR+PLUS Exp. Att. B-1 8.1.19</p> <p>STAR+PLUS MRSA Att. B-1 8.1.21</p> <p>STAR Kids Att. B-1 8.1.21</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.13</p>	As Revised/Other	<p>Attached to each MCO referral to the LP.</p> <p>Within 7 days of OIG-LP request.</p>	Fraud	<p>WAFERS</p> <p>TXMedCentral</p> <p>XXXDELIV</p>

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	Attached to each MCO referral to the LP. Within 7 days of OIG-LP request.	Fraud	WAFERS TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Lock-in Transaction Report	Excel spreadsheet of MCO members in the Lock-in Program and pharmacy changes 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 Services Att. B-1 8.1.13	Monthly	The first Monday of each month	Fraud	TXMedCentral XXXLIB
Material Subcontractor Changes	MCOs must notify HHSC of changes in Material Subcontractors (MSC).	UMCC Att. A 4.08(b) CHIP RSA Att. A 4.08(b) STAR Health Att. A 4.09(b)	As Revised/Other	Unless otherwise provided in the Contract, provide HHSC with written notice no later than:	Managed Care Compliance and Operations (MCCO) and	MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
		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 Services Att. A 4.08(b) MMDD 2.17		(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 the termination date of a Material Subcontract for non-MIS HMO Administrative Services; and	Financial Reporting & Audit Coordination (FRAC)	

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
				(iv) 30 calendar days prior to the termination date of any other Material Subcontract.		
MCO Lock-in Policies	The MCO must have written policies related to the HHSC OIG Lock-in Program <i>MCO Policies and Procedures</i> as requested.	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	As Revised/Other	Upon Request	Fraud	Office of Inspector General (OIG)

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Medicaid Member Complaint and Appeal System	The MCO must develop, implement, and maintain a Member Complaint and Appeal system that 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.	UMCC Att. B-1 8.2.6 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	As Revised/Other	At least 30 days prior to implementation	Managed Care Compliance and Operations (MCCO)	MCCO
MIS Deliverables Checklist	The MCO must submit the MIS Deliverables Checklist in conjunction with the following MCO MIS deliverables for HHSC's review and approval: Joint Interface Plan (JIP), Business Continuity Plan/Disaster Recovery Plan, Risk Management Plan, Systems Quality	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	Annually As Revised/Other	August 1 HHSC timeline provided for MIS changes	HHSC IT-Systems	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
	<p>Assurance Plan, and Security Assessment Report.</p> <p>The MIS Deliverables Checklist can be found on TXMedCentral in the MCOGENL directory.</p> <p>Information for the Business Continuity Plan and Disaster Recovery Plan may be combined on the checklist. Information for the other MCO MIS deliverables must be entered on the appropriate worksheet in the checklist.</p>	<p>STAR+PLUS Exp. Att. B-1 8.1.18.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.20.2</p> <p>STAR Kids Att. B-1 8.1.20.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.12.2</p> <p>MMDD 2.8.5.1.7.1; 2.17.4.2; 5.2.3.4</p>				

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	Annually As Revised/Other	August 1 HHSC timeline provided for MIS changes	HHSC IT-Systems	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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 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	As Revised/Other	No later than 5 Business Days prior to implementing or modifying	Quality Oversight	TXMedCentral XXXDTS and attached via email to MCCO and Quality Oversight Unit HPCS_UMCC_Provisions@hhsc.state.tx.us

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Provider Contract Termination	<p>1. The MCO must notify the HHSC Administrative Services Contractor by updating the MCO provider.</p> <p>2. The MCO must notify HHSC after termination of (1) a Primary Care Provider (PCP) contract that impacts more than ten percent of its Members or (2) any Provider contract that impacts more than ten percent of its Network for a provider type by Service Area and Program.</p> <p>3. The MCO must make a good faith effort to give written notice of termination of a Network Provider to each Member who receives his or her primary care, or who is seen on a regular basis by, the Network Provider.</p>	<p>UMCC Att. B-1 8.1.4.9 and 8.1.18</p> <p>CHIP RSA Att. B-1 8.1.4.9 and 8.1.18</p> <p>STAR Health Att. B-1 4.1.4.13 and 8.1.24</p> <p>STAR+PLUS Exp. Att. B-1 8.1.4 and 8.1.18</p> <p>STAR+PLUS MRSA Att. B-1 8.14.9 and 8.1.20</p> <p>STAR Kids Att. B-1 8.1.4.7 and 8.1.20</p> <p>Medicaid and CHIP Dental Service B-1 8.1.5.10 and 8.1.12</p> <p>MMDD 2.15.5.1.6</p>	As Revised/Other	<p>1. In accordance with timeframes in EB-CHIP JIP</p> <p>2. Within 5 days after termination</p> <p>3. For involuntary terminations, within 15 days</p> <p>4. For voluntary terminations, within 30 days before effective date of termination.</p>	Operations Management	<p>1. To appropriate TXMedCentral folder according to EB-CHIP JIP</p> <p>2. Notice to MCCO</p>

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Provider Training	<p>The MCO must provide training to all Providers and provider office staff regarding the requirements of the Contract and special needs of Members. The MCO's Medicaid and CHIP, including CHIP Perinatal, training must be completed within 30 days of placing a newly contracted Provider on active status.</p> <p>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</p>	<p>UMCC Att. B-8.1.4.6</p> <p>CHIP RSA Att. B-1 8.1.4.6</p> <p>STAR Health Att. B-1 8.1.4.6</p> <p>STAR+PLUS Exp. Att. B-1 8.1.4.6</p> <p>STAR+PLUS MRSA Att. B-1 8.1.4.6</p> <p>STAR Kids Att. B-1 8.1.4.4</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.5.7</p> <p>MMDD 2.7.6.6</p>	As Revised/Other	Upon request and upon covered benefit changes	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDELIV with notice to MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
	written evidence of training of each Provider and their staff.					
Risk Management Plan	The MCO must submit for HHSC's review and approval any modifications to the MIS Risk Management Plan. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.	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	Annually As Revised/Other	August 1 HHSC timeline provided for MIS changes	HHSC IT-Systems	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Security Assessment Report	The MCO must submit the Security Assessment Report 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	Annually As Revised/Other	August 1 HHSC timeline provided for MIS changes	HHSC IT-Systems	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	Annually	30 days after the close of the reporting period	MCS Policy	TXMedCentral XXXDELIV with notice to MCS Policy

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	Immediately	Financial Reporting & Audit Coordination (FRAC)	FRAC

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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 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	As Revised/Other	No later than 180 days prior to proposed implementation date	Managed Care Compliance and Operations (MCCO)	MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Systems Quality Assurance Plan	The MCO must submit for HHSC's review and approval any modifications to the MIS Systems Quality Assurance Plan. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.	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	Annually As Revised/Other	August 1 HHSC timeline provided for MIS changes	HHSC IT-Systems	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	During Readiness Review upon request	Managed Care Compliance & Operations (MCCO)	TexConnect

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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 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 2.16.4.2.09(b)(2)	As Revised/Other	Within 10 business days of entering into such agreements	Financial Reporting & Audit Coordination (FRAC)	FRAC with notice to MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	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	Managed Care Compliance and Operations (MCCO)	MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	Monthly	The first Monday of each month.	Fraud	TXMedCentral XXXDELIV

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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 STAR Kids Att. A 11.08, B-1 9.2 Medicaid and CHIP Dental Services Att. A 12.08, Att. B-1 9.2	As Revised/Other	12 months after the effective date of the contract 12 months prior to the end of the contract period, including any extensions to the period	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDELIV with notice to MCCO

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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	As Revised/Other	30 days following turnover of operations	Managed Care Compliance and Operations (MCCO)	TXMedCentral XXXDELIV with notice to MCCO

UMCM Informational Requirement Chapters

Introduction

1.1 Materials Submitted for HHSC Review

2.0 Claims Manual

2.2 Pharmacy Claims Manual

2.3 Nursing Facility Claims Manual

2.4 Medicaid National Correct Coding Initiative Requirements

4.3 Marketing and Member Materials Policy

4.13 Social Media Policy

4.15 Marketing Glossary of Terms

5.1 Deliverables Naming Conventions

5.1.1 Deliverables Codes

5.26.1 STAR Kids Contract Requirements Matrix – Section 7 Transitional Phase Requirements

5.26.2 STAR Kids Contract Requirements Matrix – Section 8 Operational Phase Requirements

5.26.3 STAR Kids Contract Requirements Matrix – Section 9 Turnover Requirements

- 5.26.4 STAR Kids Contract Requirements Matrix – Article 12 Remedies and Disputes Requirements
- 5.26.5 STAR Health Contract Requirements Matrix – Section 7 Transitional Phase Requirements
- 5.26.6 STAR Health Contract Requirements Matrix – Section 8 Operational Phase Requirements
- 5.26.7 STAR Health Contract Requirements Matrix – Section 9 Turnover Requirements
- 5.26.8 STAR Health Contract Requirements Matrix – Article 12 Remedies and Disputes Requirements
- 5.26.9 Dental Services Contract Requirements Matrix – Section 2.2 Transition Phase Requirements
- 5.26.10 Dental Services Contract Requirements Matrix – Section 2.3 Operations Phase Requirements
- 5.26.11 Dental Services Contract Requirements Matrix – Section 2.8 Turnover Requirements
- 5.26.12 Dental Services Contract Requirements Matrix – Article 12 Remedies and Disputes Requirements
- 5.28.1 Access to Network Providers Performance Standards
- 6.1 Cost Principles for Expenses
- 6.2.7 Medicaid Dental Pay for Quality (P4Q) Program Measures
- 6.2.8 CHIP Dental Pay for Quality (P4Q) Program Measures
- 6.2.14 Medical Pay-for-Quality (P4Q) Program
- 6.2.15 Dental Pay-for-Quality (P4Q) Program
- 6.3 CHIP Cost Sharing

7.1 Joint Interface Plans (JIP)

7.2 TXMedCentral

8.2 Medicaid/CHIP Out-of-Network Rules

8.6 State Mandated Requirements for STAR+PLUS Nursing Facility Providers

8.7.1 Electronic Visit Verification Manual

9.1 Disease Management Requirement for STAR, CHIP, STAR Kids, and STAR+PLUS

9.3 STAR Health Disease Management Requirements

10.1.14 Performance Indicator Dashboard for Quality Measures

11.1 STAR+PLUS Medicaid Estate Recovery Program

12.18 Frew Incentives and Disincentives

13.1 Supplemental Payments for Qualified Providers

15.1 Mental Health Targeted Case Management and Mental Health Rehabilitative Services

15.3 Mental Health Targeted Case Management and Mental Health Rehabilitative Services Training Requirements

15.4 Mental Health Targeted Case Management and Mental Health Rehabilitative Services Request Instructions

15.5 Non-Emergency Ambulance Services Request Instructions

16.1 Medicaid and CHIP Contract Operational Guidance

16.2 STAR Health MDCP Policy

16.4 Nonemergency Medical Transportation (NEMT) Services Handbook

18 Record Retention

19 Contractor Requirements for HHSC Operational Reviews

Table 1. DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
Baseline	2.0	October 1, 2019	<p>Initial version Uniform Managed Care Manual Chapter 5.0.1 "Deliverables Requirements Matrix."</p> <p>Chapter 5.0.1 applies to contracts issued as a result of HHSC RFP numbers 529-12-0002, 529-10-0020, 529-13-0042, 529-15-0001, 529-13-0071, 529-08-0001, 529-12-0003, and Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.</p>	Baseline
Revision	2.1	January 24, 2020	<p>"Third Party Recovery (TPR) Reports" is modified to delete submission by the MCO Program and Service Area requirement and revise the submission information from TXMedCentral XXXDTS to XXXDELIV with notice to TPR.</p> <p>"Third Party Recovery MCO Referral Form" is modified to add to the submission information to send notice to TPR.</p> <p>"TPR MCO Billing/Posting File" is modified to add to the submission information to send notice to TPR.</p> <p>"TPL MCO Action Plan" is modified to revise the submission information from Subrogation & Recovery to</p>	Revision

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>Third Party Liability and Recoveries.</p> <p>"Third Party Liability (TPL) MCO Pharmacy Report" is modified to revise the due date to the last day of the month following the end of the reporting period and add to the submission information to send notice to TPR.</p> <p>"TPR MCO Pharmacy Billing/Posting File" is added.</p> <p>"TPR Recovery Payment Submission Requirements" is added.</p> <p>"Out-of-Network Utilization Reports" is modified to add to the submission information to send notice to MCCO.</p> <p>"Data Certification Form and Instructions" is added.</p> <p>"Provider Termination Report" is modified to add to the submission information to send notice to MCCO.</p> <p>"Provider Network & Capacity Report" is modified to add to the submission information to send notice to MCCO.</p> <p>"Provider Complaints, Member Complaints, and Member Appeals" is modified to add to the submission information to send notice to MCCO.</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>"Hotline Reports" is modified to add to the submission information to send notice to MCCO.</p> <p>"Claims Summary Report and Instructions" is deleted.</p> <p>"Claims Lag Reports and Instructions" is modified to add submission to TXMedCentral XXXDTS.</p> <p>"Claims Project Report" is added.</p> <p>"QAPI Program Annual Summary" is modified to revise the annual summary due date from March 30 to March 31.</p> <p>"Special Exception Request Template for Variance from Out-of-Network Utilization Standards" is modified to add to the submission information to send notice to MCCO.</p> <p>"Network Access Improvement Program (NAIP) Quarterly Report" is modified to revise the report frequency from quarterly to as revised/other and update the information on the final NAIP report due date.</p> <p>"MCO Alternative Payment Model Report" is modified to revise the submission information from TXMedCentral XXXDTS to XXXDELIV.</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>“Encounter Data” is modified to change the responsible HHSC program area from Financial Reporting & Audit Coordination to Operations Management Claims Administrator.</p> <p>“Fidelity Bond” is modified to delete the reference to 28 T.A.C. §11.1805.</p> <p>“Key Personnel Changes” is modified to add submission to TexConnect.</p> <p>“Lock-in Transaction Report” is modified to revise the deliverable description and the submission information from TXMedCentral XXXDELIV to XXXLIB.</p> <p>“TDI Certificate of Authority” is modified to revise the due date to during Readiness Review upon request, the responsible HHSC program area from Financial Reporting & Audit Coordination to Managed Care Compliance & Operations, and submission information to TexConnect from TXMedCentral XXXRR.</p> <p>“Annual MCO/DMO Incident and Breach Notice” is added.</p> <p>“Provider Enrollment/Credentialing Denial Report” is deleted.</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
Revision	2.1.1	June 17, 2020	Accessibility approved version.	Revision
Revision	2.2	October 9, 2020	<p>“Out-of-Network Utilization Report” is deleted.</p> <p>“Medical Loss Ratio (MLR) Report” is modified to reference the chapter numbers instead of the chapter section and “MCO” is added to the Deliverable Name.</p> <p>“Provider Termination Report” is deleted.</p> <p>“Provider Network and Capacity” Report” is deleted.</p> <p>“After-Hours Provider Accessibility Report and Instructions” is modified to change the Responsible HHSC Program Area from Policy and Program Development to Quality Reporting Unit.</p> <p>“Provider Complaints, Member Complaints, and Member Appeals” is deleted.</p> <p>“Hotline Reports” is deleted.</p> <p>“Prior Authorizations Aggregated Monthly Measures” is added.</p> <p>“Behavioral Health Authorization Aggregate Report” is added.</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>“STAR Health MDCP Waiver MCO Self-Reported Metrics and Technical Specifications” is modified to revise the Deliverable Name to “STAR Health MDCP Metrics Template and Measures Technical Specifications,” remove quarterly from the Deliverable Description and Report Frequency, and revise the Due Date information.</p> <p>“STAR Kids MDCP Waiver MCO Self-Reported Metrics” is modified to revise the Deliverable Name to “STAR Kids MDCP MCO Metrics Template and Technical Specifications,” remove quarterly from the Deliverable Description and Report Frequency, and revise the Due Date information.</p> <p>“Medication Synchronization Template” is added.</p> <p>“QIPP Timely Payments Attestation” is modified to revise the Responsible HHSC Program Area from Quality to Managed Care Compliance and Operations.</p> <p>“Text File Layouts” is deleted.</p> <p>“Claims Summary Report Text File Layout” is added.</p> <p>“Network and Capacity Text File Layout” is added.</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>"Provider Termination Report Text File Layout" is added.</p> <p>"Out-of-Network Utilization Report Text File Layout" is added.</p> <p>"Member and Provider Complaints Text File Layout" is added.</p> <p>"Member Appeals Report Text File Layout" is added.</p> <p>"MCO Hotlines Report Text File Layout" is added.</p> <p>"MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary and Instructions" is added.</p> <p>"MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary and Instructions" is added.</p> <p>"MCO Quarterly Deliverable Submission Non-Compliance Summary and Instructions" is added.</p> <p>"Prior Authorization Annual Review Report Template" is added.</p> <p>"EVV MCO Quarterly Performance Measures Report" is added.</p> <p>"Notices of Action/Incomplete Prior Authorizations" is modified to revise the chapter names referenced in the</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>Deliverable Name and Deliverable Description columns to "Notices of Action/Process for Standard Prior Authorizations received with Incomplete or Insufficient Documentation."</p> <p>"Business Continuity Plan" is modified to revise the Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>"Disaster Recovery Plan" is modified to revise the Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>"Employee Bonus/ Incentive Payment Plan" is modified for the Deliverable Description.</p> <p>"Joint Interface Plan" is modified to revise the Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>"MIS Deliverables Checklist" is modified to revise the Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>"Organizational Chart for MIS" is modified to revise the Submitted to column from TXMedCentral XXXDTS to TXMEDCentral XXXDELIV.</p> <p>"Risk Management Plan" is modified to revise the</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>“Security Assessment Report” is modified to revise the Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>“Systems Quality Assurance Plan” is modified to revise the Submitted to column from TXMedCentral XXXDTS to XXXDELIV.</p> <p>“5.26.1 STAR Kids Contract Requirements Matrix – Section 7 Transitional Phase Requirements” is added.</p> <p>“5.26.2 STAR Kids Contract Requirements Matrix – Section 8 Operational Phase Requirements” is added.</p> <p>“5.26.3 STAR Kids Contract Requirements Matrix – Section 9 Turnover Requirements” is added.</p> <p>“5.26.4 STAR Kids Contract Requirements Matrix – Article 12 Remedies and Disputes Requirements” is added.</p> <p>“5.26.5 STAR Health Contract Requirements Matrix – Section 7 Transitional Phase Requirements” is added.</p> <p>“5.26.6 STAR Health Contract Requirements Matrix – Section</p>	

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³	STATUS ¹
			<p>8 Operational Phase Requirements" is added.</p> <p>"5.26.7 STAR Health Contract Requirements Matrix – Section 9 Turnover Requirements" is added.</p> <p>"5.26.8 STAR Health Contract Requirements Matrix – Article 12 Remedies and Disputes Requirements" is added.</p> <p>"5.26.9 Dental Services Contract Requirements Matrix – Section 2.2 Transition Phase Requirements" is added.</p> <p>"5.26.10 Dental Services Contract Requirements Matrix – Section 2.3 Operations Phase Requirements" is added.</p> <p>"5.26.11 Dental Services Contract Requirements Matrix – Section 2.8 Turnover Requirements" is added.</p> <p>"5.26.12 Dental Services Contract Requirements Matrix – Article 12 Remedies and Disputes Requirements" is added.</p> <p>"5.28.1 Access to Network Providers Performance Standards" is added.</p> <p>"6.2.13 Dental Pay for Quality (P4Q) Program Methodology" is removed.</p>	

STATUS¹	DOCUMENT REVISION²	EFFECTIVE DATE	DESCRIPTION³	STATUS¹
			<p>"18 Record Retention" is added.</p> <p>"19 Contractor Requirements for HHSC Operational Reviews" is added.</p>	
Revision	2.3	February 1, 2021	<p>"5.3.13.3 and 5.3.13.4 MMP Medical Loss Ratio (MLR) Report" is added.</p> <p>"5.4.7.2 Behavioral Health Authorization Aggregate Report" is deleted.</p> <p>"5.24.8 Dental Anesthesia Prior Authorization Report Text File Layout" is added.</p>	Revision
Revision	2.4	June 25, 2021	<p>"5.13.9 Maximum Allowable Cost (MAC) List Timely Review and Modification Attestation" is added.</p> <p>"5.24.9 Claims Overpayment Text File Layout" is added.</p> <p>"16.4 Nonemergency Medical Transportation (NEMT) Services Handbook" is added.</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.