

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

## Document History Log

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
Baseline	2.0	October 1, 2019	Initial version Uniform Managed Care Manual Chapter 5.0.1 "Deliverables Requirements Matrix."  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.
Revision	2.1	January 24, 2020	"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

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			<p>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 &amp; Recovery to 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>

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			<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 &amp; 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>

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			<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</p>

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			<p>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> <p>"Encounter Data" is modified to change the responsible HHSC program area from Financial Reporting &amp; 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</p>

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			<p>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 &amp; Audit Coordination to Managed Care Compliance &amp; 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>
Revision	2.1.1	June 17, 2020	Accessibility approved version.

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STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
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>

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			<p>"Hotline Reports" is deleted.</p> <p>"Prior Authorizations Aggregated Monthly Measures" is added.</p> <p>"Behavioral Health Authorization Aggregate Report" is added.</p> <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</p>



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			<p>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> <p>“Provider Termination Report Text File Layout” is added.</p> <p>“Out-of-Network Utilization Report Text File Layout” is added.</p>

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			<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>

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			<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 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>

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			<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 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</p>

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			<p>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</p>

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STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>Transitional Phase Requirements” is added.</p> <p>“5.26.6 STAR Health Contract Requirements Matrix – Section 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</p>

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			<p>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> <p>“18 Record Retention” is added.</p> <p>“19 Contractor Requirements for HHSC Operational Reviews” is added.</p>

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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	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>



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Revision	2.5	September 1, 2022	<p>“UMCM Chapter 2.1.3 STAR+PLUS Attendant Care Enhanced Payment Methodology” is modified to add submission information.</p> <p>UMCM Chapters 3.1, 3.2, 3.13, 3.17, and 3.25 Provider Directory is modified to revise the Responsible HHSC Program Area and submission information for the quarterly submissions.</p> <p>UMCM Chapters 5.3.4.1, 5.3.4.2, 5.3.4.3, and 5.3.4.4 Third Party Recovery (TPR) Reports is modified to revise the deliverable name column to Third Party Liability and Recoveries (TPL/TPR) Reports, the deliverable description, and the TPR email address for submission notifications.</p> <p>“5.3.4.5 Third Party Recovery MCO Referral Form” is modified to revise the deliverable name to Third Party Recovery MCO Referral File, the</p>

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			<p>deliverable description, contract references, submission frequency, and the TPR email address for submission notifications.</p> <p>“5.3.4.6 TPR MCO Billing/Posting File” is modified to revise the deliverable description and the TPR email address for submission notifications.</p> <p>“5.3.4.7 TPL MCO Action Plan” is modified to revise the deliverable name to Third Party Liability Managed Care Organization/Dental Maintenance Organization Action Plan (TPL MCO/DMO Action Plan), the deliverable description, and the Third Party Liability and Recoveries submission email address.</p> <p>“5.3.4.8 Third Party Liability (TPL) MCO Pharmacy Report” is modified to revise the deliverable description and the TPR email address for submission notifications.</p>

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			<p>"5.3.4.9 TPR MCO Pharmacy Billing/Posting File" is modified to revise the TPR email address for submission notifications.</p> <p>"5.3.4.10 TPR Recovery Payment Submission Requirements" is modified to revise the deliverable name to Third Party Recovery (TPR) Managed Care Recovery Payment Submission Requirements and update submission information.</p> <p>"5.3.4.11 Third Party Recovery MCO Pharmacy Referral Form" is added.</p> <p>"5.3.13.5 and 5.3.13.6 DMO Medical Loss Ratio (MLR) Report" is added.</p> <p>"5.4.1.10 Provider Directory Verification Survey" is modified to revise the deliverable name to Provider Network Examination Report.</p> <p>"5.4.5.1 STAR++PLUS Quarterly CDS Utilization Report" is modified to revise</p>

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			<p>the Responsible HHSC Program Area to Program Policy.</p> <p>“5.4.5.3 STAR+PLUS PAS Authorizations and Billed Units” is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>“5.4.5.6 STAR Kids PAS Authorizations and Billed Units” is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>“5.4.5.10 Relocation Functions Report” is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>UMCM Section 5.4.6 Members with Special Health Care Needs Report and Instructions is modified to revise the HHSC Responsible Program Area to Program Policy.</p>

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			<p>“5.4.7.1 Prior Authorizations Aggregated Monthly Measures” is withdrawn.</p> <p>UMCM Chapters 5.7.1 and 5.7.2 QAPI Program Annual Summary is modified to revise the submission information.</p> <p>“5.13.4 MCO Pharmacy Quarterly Report” is modified to revise the submission information.</p> <p>“5.13.6 Clinical PA Criteria Implementation Report” is modified to revise the submission information.</p> <p>“5.13.8 Medication Synchronization Plan Template” is modified to revise the deliverable name and description, the frequency, and due date.</p> <p>“5.13.9 Maximum Allowable Cost (MAC) List Timely Review and Modification Attestation” is withdrawn.</p>

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			<p>"5.16 Perinatal Risk Report (17P)" is withdrawn.</p> <p>UMCM Section 5.17 Network Access Improvement Program (NAIP) Quarterly Report is withdrawn.</p> <p>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 is modified to add MMDD contract reference.</p> <p>"5.20 QIPP Timely Payments Attestation" is modified to update the Responsible HHSC Program Area to Quality.</p> <p>"5.23 MCO Executive Contact List" is withdrawn.</p>

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			<p>"5.24.7 MCO Hotlines Report Text File Layout" is modified to update the deliverable description.</p> <p>"5.24.9 Claims Overpayment Text File Layout" is modified to remove the Medicaid and CHIP Dental Services contract reference.</p> <p>"5.24.10 Service Coordination Report Text File Layout" is added.</p> <p>"5.24.11 Critical Incidents and Abuse, Neglect, and Exploitation Text File Layout" is added.</p> <p>UMCM Chapters 5.25.1 and 5.25.1.1 MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary and Instructions is modified to update submission to TexConnect.</p> <p>UMCM Chapters 5.25.22 and 5.25.2.1 MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary</p>

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			<p>and Instructions is modified to update submission to TexConnect.</p> <p>UMCM Chapters 5.25.3 and 5.25.3.1 MCO Quarterly Deliverable Submission Non-Compliance Summary and Instructions is modified to update submission to TexConnect.</p> <p>UMCM Chapters 10.2.4, 10.2.5, 10.2.8, and 10.2.9 Performance Improvement Projects is modified to revise the deliverable description and submission information.</p> <p>UMCM Chapters 12.1 and 12.3 Farmworker Child Annual Report (FWC Annual Report) is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>UMCM Chapters 12.1, 12.16, and 12.25 Farmworker Children Annual Report Log is modified to revise the</p>



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			<p>Responsible HHSC Program Area to Program Policy.</p> <p>UMCM Chapters 12.4, 12.5, 12.6, and 12.9 Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>UMCM Chapters 12.19 and 12.20 <i>Frew</i> Quarterly Monitoring Report and Instructions is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>"12.25 Migrant Incentives Supporting Documentation Tracking Log" is modified to revise the Responsible HHSC Program Area to Program Policy.</p> <p>"4.6 Material Submissions" is modified to add the Vendor Drug Program as a Responsible HHSC Program Area.</p>

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			<p>“Abuse, Neglect, and Exploitation Reports” is removed and MMDD contract reference added to UMCM 5.18 reference.</p> <p>“Annual MCO/DMO Incident and Breach Notice” is modified to revise the deliverable description.</p> <p>“Board Certification Status of Providers” is removed as it is a contract requirement, not a deliverable.</p> <p>“Claims Processing System Changes” is modified to revise the submission information.</p> <p>“Corrective Action Plan” is removed due to corrective action plans now entered in TexConnect.</p> <p>“Cultural Competency Plan” is removed.</p>

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			<p>"Key Personnel Changes" is removed as is it a contract requirement, not a deliverable.</p> <p>"Medicaid Member Complaint and Appeal System" is modified to revise the submission information.</p> <p>"Organizational Chart for MIS" is removed.</p> <p>"Provider Contract Termination" is modified to revise the submission information.</p> <p>"Provider Training" is removed as it is a contract requirement, not a deliverable.</p> <p>"Security Assessment Report" is modified to update the frequency, due date, and Responsible HHSC Program Area.</p>

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			<p>"Service Coordinators CDS Training Report" is removed.</p> <p>"System Change Notifications" is modified to revise the submission information.</p> <p>"TDI Certificate of Authority" is modified to revise the submission information.</p> <p>"Third-Party Agreements" is modified to revise the submission information.</p> <p>"3.21.1 Independent Review Organization Process" is added.</p> <p>"3.28.1 Escalation Help Line Calls" is added.</p> <p>"5.4.7.2 Authorization Member-Level Data Guidelines and Reporting Instructions" is added.</p>

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			<p>"6.2.7 Medicaid Dental Pay for Quality (P4Q) Program Measures" is withdrawn.</p> <p>"6.2.8 CHIP Dental Pay for Quality (P4Q) Program Measures" is withdrawn.</p> <p>"15.7 Managed Care Utilization Review Rebuttal Process" is added.</p> <p>"15.8 LTSS Long-Term Services and Supports Utilization Review Performance Standards and Benchmarks" is added.</p> <p>Global change made to revise Managed Care Compliance and Operations (MCCO) to Managed Care Contracts and Oversight (MCCO).</p>
<b>Revision</b>	2.6	December 30, 2022	"2.1.3 STAR+PLUS Attendant Care Enhanced Payment Methodology" is

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			<p>modified to revise the Responsible HHSC Program Area.</p> <p>"5.4.1.3 STAR Health PCP THSteps Enrollment Report" is modified to revise the submission information.</p> <p>"5.4.1.4 STAR Health Network Summary Report" is modified to revise the submission information.</p> <p>"5.4.1.10 Provider Network Examination Report" is modified to revise the submission information.</p> <p>"5.6.3 Claims Project Report" is modified to revise the submission information.</p> <p>"5.7.3 and 5.7.3.1 STAR Health MDCP Metrics Template and Measures Technical Specifications" is modified to revise the due date and submission information.</p>

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			<p>"5.7.4 and 5.7.4.1 STAR Kids MDCP MCO Metrics Template and Technical Specifications" is modified to revise the due date and submission information.</p> <p>"5.9.1 STAR Health Liaison Summary Report" is modified to revise the submission information.</p> <p>"5.9.2 PMUR Report" is modified to revise the submission information.</p> <p>"5.9.3 STAR Health Service Management Report" is modified to revise the submission information.</p> <p>"5.9.4 CANS Assessment Summary" is modified to revise the submission information.</p> <p>"5.20 QIPP Timely Payments Attestation" is modified to revise the Responsible HHSC Program Area.</p> <p>"5.24.12 NEMT Trip Activity" is added.</p>

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			<p>"5.24.13 STAR Health 3 in 30 Assessments Text File Layout" is added.</p> <p>"8.3 LTSS Provider Layouts" is removed.</p> <p>"5.12.2 CMS T-MSIS X12 835 Data File Submission Requirements" is added.</p> <p>"Business Continuity Plan" is modified to revise the submission information.</p> <p>"Disaster Recovery Plan" is modified to revise the submission information.</p> <p>"Joint Interface Plan" is modified to revise the submission information.</p> <p>"MIS Deliverables Checklist" is modified to revise the submission information.</p> <p>"Risk Management Plan" is modified to revise the submission information.</p>



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			"Systems Quality Assurance Plan" is modified to revise the submission information.
Revision	V2.7	March 13, 2023	<p>Administrative Change</p> <p>The deadline to submit the MCO Alternative Payment Model Report, is modified from July 1 to September 1.</p> <p>Quality Oversight changed to Value-based Initiatives Office</p>
Revision	2.8	August 7, 2023	"Provider Directory" is modified to revise the deliverable description, contract references, and submission information.

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			<p>"Provider Manual" is modified to revise the contract references.</p> <p>"Member Handbook" is modified to revise the contract references.</p> <p>"Member ID Cards" is modified to revise the contract references.</p> <p>"MCO Notification of a Medicaid Other Event Form and Instructions" is modified to revise the contract references.</p> <p>"Value-added Services, Flexible Benefits, and Rewards and Incentives Templates and Instructions" is modified to revise the contract references and submission information.</p> <p>"MMC, CHIP, and DMO Marketing, Member and Provider Materials Form and Instructions" is modified to revise the contract references.</p>

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STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Medicaid/CHIP Managed Care Alleged Marketing Violation Form and Instructions" is modified to revise the contract references.</p> <p>"Financial Statistical Reports (FSR) and Instructions" is modified to revise the contract references and submission information.</p> <p>"MCO Disclosure Statement" is modified to revise the contract references and submission information.</p> <p>"Third Party Liability and Recoveries (TPL/TPR) Reports" is modified to revise the contract references and submission information.</p> <p>"Third Party Recovery MCO Referral File" is modified to revise the contract references and submission information.</p> <p>"TPR MCO Billing/Posting File" is modified to revise the contract</p>

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>information and submission information.</p> <p>“Third Party Liability Managed Care Organization/Dental Maintenance Organization Action Plan (TPL MCO/DMO Action Plan)” is modified to revise the contract information.</p> <p>“Third Party Liability (TPL) MCO Pharmacy Report” is modified to revise the contract references and submission information.</p> <p>“TPR MCO Pharmacy Billing/Posting File” is modified to revise the contract references and submission information.</p> <p>“Third Party Recovery (TPR) Managed Care Recovery Payment Submission Requirements” is modified to revise the contract references.</p> <p>“Third Party Recovery MCO Pharmacy Referral Form” is modified to revise the</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>contract references and submission information.</p> <p>"Delivery Supplemental Payment (DSP) Report – STAR and CHIP" is modified to revise the submission information.</p> <p>"DSP Appeal Forms – CHIP and Medicaid" is modified to revise the due date and submission information.</p> <p>"Data Certification Form and Instructions" is modified to revise the contract references, due date, and submission information.</p> <p>"MCO Medical Loss Ratio (MLR) Report" is modified to revise the contract references, due date, and submission information.</p> <p>"MMP Medical Loss Ratio (MLR) Report" is modified to revise the due date and submission information.</p>

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>“DMO Medical Loss Ratio (MLR) Report” is modified to revise the contract references, due date, and submission information.</p> <p>“STAR Health PCP THSteps Enrollment Report” is modified to revise the contract reference.</p> <p>“STAR Health Network Summary Report” is modified to revise the contract reference.</p> <p>“Provider Directory Verification Report” is modified to revise the deliverable name and contract references.</p> <p>“After-Hours Provider Accessibility Report and Instruction” is modified to revise the due date and submission information.</p> <p>“HUB Reports” is modified to revise the deliverable description, contract</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>references, and submission information.</p> <p>"STAR+PLUS Quarterly CDS Utilization Report" is removed.</p> <p>"STAR+PLUS PAS Authorizations and Billed Units" is modified to revise the submission information.</p> <p>"STAR Kids Quarterly CDS Utilization Report" is removed.</p> <p>"STAR Kids PAS Authorizations and Billed Units" is modified to revise the submission information.</p> <p>"MDCP PDN PPECC Authorization Report" is modified to revise the contract references and submission information.</p> <p>"Relocation Functions Report" is modified to revise the submission information.</p>

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Members with Special Health Care Needs Report and Instructions" is removed.</p> <p>"MCO Open Case List Report" is modified to revise the contract references.</p> <p>"Claims Lag Reports and Instructions" is modified to revise the contract references and submission information.</p> <p>"Claims Project Report" is modified to revise the contract references.</p> <p>"QAPI Program Annual Summary" is modified to revise the contract references.</p> <p>"STAR Health MDCP Metrics Template and Measures Technical Specification" is modified to revise the contract reference, due date, and responsible area.</p>



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"STAR Kids MDCP MCO Metrics Template and Technical Specifications" is modified to revise the due date and responsible area.</p> <p>"STAR Health Liaison Summary Report" is modified to revise the contract reference.</p> <p>"PMUR Report" is modified to revise the contract reference.</p> <p>"STAR Health Service Management Report" is removed.</p> <p>"CANS Assessment Summary" is modified to revise the contract reference.</p> <p>"Pharmaceutical Delivery Fee Payment Methodology" is modified to revise the contract references and submission information.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"MCO Pharmacy Quarterly Report" is modified to revise the contract references.</p> <p>"Clinical PA Criteria Implementation Report" is modified to revise the contract references and submission information.</p> <p>"MCO PMUR Action Plan and Report" is modified to revise the contract references and submission information.</p> <p>"Medication Synchronization Plan Template" is modified to revise the contract references and submission information.</p> <p>"Special Exception Request Template for Variance from Out-of-Network Utilization Standards" is modified to revise the contract references and submission information.</p> <p>"Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report and</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>Technical Specifications for STAR Health and STAR Kids MDCP ANE” is removed.</p> <p>“QIPP Timely Payments Attestation” is modified to revise the responsible area and submission information.</p> <p>“MCO Material Subcontractor Monitoring Calendar” is modified to revise the contract reference and submission information.</p> <p>“Claims Summary Report Text File Layout” is modified to revise the contract references.</p> <p>“Network and Capacity Text File Layout” is modified to revise the contract references.</p> <p>“Provider Termination Report Text File Layout” is modified to revise the contract references.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Out-of-Network Utilization Report Text File Layout" is modified to revise the contract references.</p> <p>"Member and Provider Complaints Text File Layout" is modified to revise the contract references.</p> <p>"Member Appeals Report Text File Layout" is modified to revise the contract references.</p> <p>"MCO Hotlines Report Text File Layout" is modified to revise the contract references.</p> <p>"Dental Anesthesia Prior Authorization Report Text File Layout" is modified to revise the contract references.</p> <p>"Claims Overpayment Text File Layout" is modified to revise the contract references.</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>“Service Coordination Report Text File Layout” is modified to revise the contract references.</p> <p>“Critical Incidents and Abuse, Neglect, and Exploitation Text File Layout” is modified to revise the contract references.</p> <p>“NEMT Trip Activity” is modified to revise the contract references.</p> <p>“STAR Health 3 in 30 Assessments Text File Layout” is modified to revise the contract references.</p> <p>“MCO Monthly Deliverable 30 Day Submission Non-Compliance Summary and Instructions” is modified to revise the contract references.</p> <p>“MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary and Instructions” is modified to revise</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>the deliverable description and contract references.</p> <p>“MCO Quarterly Deliverable Submission Non-Compliance Summary and Instructions” is modified to revise the deliverable description and contract references.</p> <p>“Prior Authorization Annual Review Report Template” is modified to revise the contract references and submission information.</p> <p>“Performance Bond Form and Instructions” is modified to revise the contract references.</p> <p>“MCOHub Employee Access List” is modified to revise the deliverable name and submission information.</p> <p>“Model Provider Contracts” is modified to revise the contract references.</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>“EVV MCO Quarterly Performance Measures Report” is modified to revise the contract references, due date, and submission information.</p> <p>“Alternative Payment Models and Value Based Payments with Providers” is modified to revise the deliverable name, contract references, and submission information.</p> <p>“Long-Term Services and Supports Report and Specifications” is modified to revise the submission information.</p> <p>“Performance Improvement Projects” is modified to revise the contract references and submission information.</p> <p>“MMC Member Disenrollment Form and Policy” is modified to revise the submission information.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Farmworker Child Annual Report" is modified to revise the contract references and submission information.</p> <p>"Farmworker Children Annual Report Log" is modified to revise the contract references and submission information.</p> <p>"Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs" is modified to revise the contract references, due date, and submission information.</p> <p>"Frew Quarterly Monitoring Report and Instructions" is modified to revise the contract references and submission information.</p> <p>"Migrant Incentives Supporting Documentation Tracking Log" is modified to revise the contract references and submission information.</p> <p>"Notices of Action/Process for Standard Prior Authorizations received with</p>



UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>Incomplete or Insufficient documentation” is modified to revise the contract references.</p> <p>“MMC Texas Health Steps Outreach Materials” is modified to revise the contract references.</p> <p>“Process for Resolution of HHSC-Referred Complaints” is modified to revise the contract references.</p> <p>“MCO Pharmacy Website Required Critical Elements” is modified to revise the contract references.</p> <p>“MCO Website” is modified to revise the contract references.</p> <p>“Online Provider Directory” is modified to revise the contract references.</p> <p>“Material Submissions” is modified to revise the contract references.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Annual Reports" is modified revise the contract references.</p> <p>"Deliverables to the Office of Inspector General" is modified to revise the deliverable description.</p> <p>"Legal and Other Proceedings and Related Events Report" is modified to revise the contract references and submission information.</p> <p>"Affiliate Report" is modified to revise the contract references and submission information.</p> <p>"CMS T-MSIS X12 835 Data File Submission Requirements" is modified to revise the contract references and submission information.</p> <p>"Submission to HHSC of copies of certain Pre-existing External Report" is modified to revise the contract references.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Annual MCO/DMO Incident and Breach Notice" is modified to revise the contract references.</p> <p>"Business Continuity Plan" is modified to revise the deliverable description, contract references, frequency, due date, and submission information.</p> <p>"Claims Processing System Change" is modified to revise the contract references.</p> <p>"Disaster Recovery Plan" is modified to revise the deliverable description, contract references, frequency, due date, and submission information.</p> <p>"Employee Bonus/ Incentive Payment Plan" is modified to revise the contract references.</p> <p>"Encounter Data" is modified to revise the contract references and submission information.</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Fidelity Bond" is modified to revise the contract references.</p> <p>"Fraud and Abuse-Subcontractors" is modified to revise the contract references.</p> <p>"Insurance Coverage Proof" is modified to revise the contract references.</p> <p>"Joint Interface Plan" is modified to revise the deliverable description, contract references, frequency, due date, and submission information.</p> <p>"Lock-in Claims Data Report" is modified to revise the contract references and submission information.</p> <p>"Lock-in Review Form" is modified to revise the contract references ad submission information.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"Lock-in Transaction Report" is modified to revise the contract references and submission information.</p> <p>"Material Subcontractor Changes" is modified to revise the contract references and submission information.</p> <p>"MCO Lock-Policies" is modified to revise the contract references.</p> <p>"Medicaid Member Complaint and Appeal System" is modified to revise the contract references.</p> <p>"MIS Deliverables Checklist" is modified to revise the deliverable description, contract references, frequency, due date, and submission information.</p> <p>"Physician Incentive Plans" is modified to revise the contract references, responsible program, and submission information.</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>“Provider Contract Termination” is modified to revise the contract references, responsible program, and submission information.</p> <p>“Risk Management Plan” is modified to revise the deliverable description, contract references, frequency, due date, and submission information.</p> <p>“Security Assessment Report” is modified to revise the contract references.</p> <p>“Solvency Issues Notification” is modified to revise the contract references.</p> <p>“Systems Change Notifications” is modified to revise the contract references.</p> <p>“Systems Quality Assurance Plan” is modified to revise the deliverable description, contract references,</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>frequency, due date, and submission information.</p> <p>“TDI Certificate of Authority” is modified to revise the contract references.</p> <p>“TDI filings of delegation agreements” is modified to revise the contract references.</p> <p>“Third-Party Agreements” is modified to revise the contract references.</p> <p>“Total MCO Member Lock-in Report” is modified to revise the contract references and submission information.</p> <p>“Turnover Plan” is modified to revise the contract references and submission information.</p> <p>“Turnover Results Report” is modified to revise the contract references and submission information.</p>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

STATUS <sup>i</sup>	DOCUMENT REVISION <sup>ii</sup>	EFFECTIVE DATE	DESCRIPTION <sup>iii</sup>
			<p>"5.21.1 Delegated Entity and Third-Party Administrator Monitoring Requirements" is added.</p> <p>"16.3 In-Lieu-of Covered Services and Settings" is added.</p> <p>"16.5 Service Coordination and Assessment Requirements When Using Telecommunications" is added.</p> <p>"16.6 Medicaid and CHIP Health Plan Inquiry Guide" is added.</p> <p>"16.6.1 Medicaid/CHIP Health Plan Inquiry Form" is added.</p> <p>"16.7 Comprehensive Health Homes for Integrated Care (CHIC)" is added.</p>



UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Revision	2.9	April 1, 2024	"Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs" is modified to revise the due date.
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## 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

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## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 UCM 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	As Revised/Other	Upon HHSC request	Managed Care Contracts & Oversight (MCCO)	Submission information to be provided with the HHSC request

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 provide the number of requested hard copy Provider Directories 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 Exhibit B 2.6.15.2</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 2.3.20.6</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>	<p>1. Managed Care Contracts and Oversight (MCCO)</p> <p>2. Program Enrollment &amp; Support (PES)</p>	<p>1. Data Management System</p> <p>2. Submit to address provided in email request from Administrative Services Coordinator</p>
UMCM Chapters 3.3, 3.14, 3.18,	Provider Manual	The MCO must prepare and issue a Provider Manual(s), including any necessary specialty manuals (e.g., behavioral health) to all	<p>UMCC Att. B-1 8.1.4.6</p> <p>CHIP RSA Att. B-1 8.1.4.6</p>	As Revised/Other	Prior to publication and distribution to Providers, including revisions	Managed Care Contracts and Oversight (MCCO)	Data Management System

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
3.31, and 3.33		existing Network Providers. The Provider Manual must contain the critical elements defined in the Uniform Managed Care Manual.	STAR Health Exhibit B 2.6.7.1  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 2.3.13.3  MMDD 2.7.9		Refer to UCM Chapter 4.6 for submission timeframes and requirements.		

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.15.1.2  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 2.3.20.5  MMDD 2.15.4.3.1.1	As Revised/Other	Prior to use  Refer to UCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.15.1.1  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 2.3.20.4  MMDD 2.15.4	As Revised/Other	Prior to use  Refer to UCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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  CHIP RSA Att. B-1 8.1.6  STAR Health Exhibit B 2.6.20  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. Att. B 2.3.22  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 Contracts and Oversight (MCCO)	<a href="mailto:TXMedicaidEvents@maximus.com">TXMedicaidEvents@ maximus.com</a>



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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.	<p>UMCC Att. B-1 8.1.2.1</p> <p>CHIP RSA Att. B-1 8.1.2.1</p> <p>STAR Health Att. Exhibit B 2.6.37</p> <p>STAR+PLUS Exp. Att. B-1 8.1.2.1</p> <p>STAR+PLUS MRSA Att. B-1 8.1.2.1</p> <p>STAR Kids Att. B-1 8.1.2.3</p> <p>Medicaid and CHIP Dental Services Att. B 2.3.5</p> <p>MMDD 1.72, 1.142, and 1.142.1</p>	Annually	<p>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.</p> <p>An MCO's/Dental Contractor's Value- added Services will be effective September 1 for the following contract period.</p> <p>An MMP's Flexible Benefits and Rewards and Incentives will be effective January 1.</p>	Managed Care Contracts and Oversight (MCCO)	TexConnect
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## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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. B-1 8.1.6  CHIP RSA Att. B-1 8.1.6  STAR Health Exhibit B 2.6.20  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 2.3.22  MMDD 2.15	As Revised/Other	Dependent on the material submission.  Refer to UCMC Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.20  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 2.3.22  MMDD 2.15	As Revised/Other	N/A	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.2.2</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 2.3.28.2.2</p>	<p>Quarterly</p> <p>Annually</p> <p>As Revised/Other</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.	Financial Reporting and Audit Coordination (FRAC)	MCOHub under <MCO>\GENL\FSR folder and <MCO>\PHI\DTS folder

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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"> <li>1. a MCO Disclosure Statement prior to the start of Operations;</li> <li>2. an updated MCO Disclosure Statement no later than September 1st of each Contract Year; and</li> <li>3. a "change notification" abbreviated version of the report, no later than 30 days after any of the following events:</li> </ol>	<p>UMCC Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Exhibit B 2.6.27.2.2</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 2.3.28.2.2</p>	<p>Annually</p> <p>As Revised/Other</p>	<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>	<p>Financial Reporting and Audit Coordination (FRAC)</p>	<p>Annual Report: TexConnect</p> <p>As Revised/Other: MCOHub under &lt;MCO&gt;\PHI\DELIV folder with notice to FRAC</p>

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		a. entering into, renewing, modifying, or terminating a relationship/contract with an affiliated party;  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.	MMDD 2.16.4.6.1				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapters 5.3.4.1, 5.3.4.2, 5.3.4.3, and 5.3.4.4	Third Party Liability and Recoveries (TPL/TPR) Reports	The TPL/TPR 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.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Exhibit B 2.6.26.2 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 2.5.5 and Att. B 2.7.5 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)	MCOHub under <MCO>/GENL/MAIN folder with notice to TPR at <a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@hhs.texas.gov</a>
UMCM Chapter 5.3.4.5	Third Party Recovery MCO Referral File	When there is a difference in the other insurance information between the MCO system and the TMHP Other Insurance File, complete the	UMCC Att. B-1 8.1.17.1 STAR Health Exhibit B 2.6.26.2	Weekly	Weekly	Third Party Liability and Recoveries (TPL/TPR)	MCOHub under <MCO>/PHI/TPR folder with notice to TPR at

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		Third Party Recovery MCO Referral File and submit in accordance with the UMCM Chapter 5.3.4.5.	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 Dental Services Att. B 2.5.5  MMDD 5.1.13.1				<a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@hhs.texas.gov</a>



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapter 5.3.4.6	TPR MCO Billing/Posting File	The Billing/Posting file is a list of all medical claims an 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 Exhibit B 2.6.26.2  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 2.5.5 and Att. B 2.7.5  MMDD 5.1.13.1	Monthly	10 <sup>th</sup> Calendar Day of each month	Third Party Liability and Recoveries (TPL/TPR)	MCOHub under <MCO>/PHI/TPL folder with notice to TPR at <a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@hhs.texas.gov</a>
UMCM Chapter 5.3.4.7	Third Party Liability Managed Care Organization/Dental Maintenance Organization Action	The MCOs/DMOs are responsible for establishing a plan that documents the TPL process for pursuing claims	UMCC Att. B-1 8.2.8 and 8.4.3  CHIP RSA Att. B-1 8.1.21	Annually	September 1st	Third Party Liability and Recoveries (TPL/TPR)	Third Party Liability and Recoveries (TPL/TPR) at

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
	Plan (TPL MCO/DMO Action Plan)	against a/any liable third party.	STAR Health Exhibit B 2.6.26.2  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 2.5.5 and Att. B 2.7.5  MMDD 5.1.13.1.3				<a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@hhs.texas.gov</a>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapter 5.3.4.8	Third Party Liability (TPL) MCO Pharmacy Report	The TPL MCO Pharmacy Report 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.	UMCC Att. B-1 8.2.8 and 8.4.3  CHIP RSA Att. B-1 8.1.21  STAR Health Exhibit B 2.6.26.2  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 2.5.5 and Att. B 2.7.5  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)	MCOHub under <MCO>/GENL/MAIN folder with notice to TPR at <a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@ hhs.texas.gov</a>
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 the MCO has billed to a third party for recovery of a Medicaid paid	UMCC Att. B-1 8.2.8 and 8.4.3  CHIP RSA Att. B-1 8.1.21	Monthly	10 <sup>th</sup> calendar day of each month	Third Party Liability and Recoveries (TPL/TPR)	MCOHub under <MCO>/PHI/TPL folder with notice to TPR at

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		Pharmacy claim for the previous month.	STAR Health Exhibit B 2.6.26.2  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 2.5.5 and Att. B 2.7.5  MMDD 5.1.13.1				<a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@hhs.texas.gov</a>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapter 5.3.4.10	Third Party Recovery (TPR) Managed Care Recovery Payment Submission Requirements	The TPR Recovery Payment Submission Requirements chapter includes the instructions and process for submitting recovery payments (tort and non-tort) collected by the MCOs and due to HHSC.	<p>UMCC Att. B-1 8.2.8 and 8.4.3</p> <p>CHIP RSA Att. B-1 8.1.21</p> <p>STAR Health Exhibit B 2.6.26.2</p> <p>STAR+PLUS Exp. Att. B-1 8.1.29</p> <p>STAR+PLUS MRSA Att. B-1 8.1.31</p> <p>STAR Kids Att. B-1 8.1.31</p> <p>Medicaid and CHIP Dental Services Att. B 2.5.5 and Att. B 2.7.5</p> <p>MMDD 5.1.13.1</p>	Other	Within 7 days of the notification email sent to TMHP as needed.	Third Party Liability and Recoveries (TPL/TPR)	<p>Notification email to: <a href="mailto:TPL_Tort.Subrogation@tmhp.com">TPL_Tort.Subrogation@tmhp.com</a></p> <p>Payment and TPR Managed Care Recovery Payment Submission Form to:</p> <p>TMHP TPL-Tort Department</p> <p>Attn: Tort Receivables</p> <p>PO Box 202948</p> <p>Austin, TX 78720- 9981</p>
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## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.3.4.11	Third Party Recovery MCO Pharmacy Referral Form	When there is a difference in the other insurance information between the MCO Carrier File and the Conduent Other Insurance File, please submit the completed TPR MCO Pharmacy Referral File weekly in accordance with the UMCM Chapter 5.3.4.11.	UMCC Att. B-1 8.1.17.1  STAR Health Exhibit B 2.6.26.2  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 Dental Services Att. Att. B 2.5.5  MMDD 5.1.13.1	Weekly	Weekly	Third Party Liability and Recoveries (TPL/TPR)	MCOHub under <MCO>/PHI/TPL folder with notice to TPR at <a href="mailto:TPL_ManagedCare@hhs.texas.gov">TPL_ManagedCare@hhs.texas.gov</a>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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: MCOHub under <MCO>/PHI/CHIP folder  STAR: MCOHub under <MCO>/PHI/DELIV folder

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.3.5.5 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, by the monthly deadline given by DSP team	Financial Reporting and Audit Coordination (FRAC)	CHIP: MCOHub under <MCO>/PHI/CHIP folder  STAR: MCOHub under <MCO>/PHI/DELIV folder



# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.28.2 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 2.3.29.1 MMDD 2.18 UMCM 5.12.2	Monthly	Within 30 days of the end of each month	Operations Management Claim Administrator	TexConnect
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## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.2.2  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	August 31	Financial Reporting and Audit Coordination (FRAC)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.3.13.3 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	August 31  For more information, refer to Section II.C MLR Reporting Schedule of the UMCM Chapter 5.3.13.3.	Financial Reporting and Audit Coordination (FRAC)	TexConnect
UMCM Chapters 5.3.13.5 and 5.3.13.6	DMO Medical Loss Ratio (MLR) Report	The DMO must submit the annual MLR report Template for each SFY in the format and timeframe specified in UMCM Chapter 5.3.13.5.	Medicaid and CHIP Dental Services Att. B 2.3.28.2.2	Annually	August 31	Financial Reporting and Audit Coordination (FRAC)	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1	Quarterly	30 days after the close of the reporting period	Managed Care Contracts and Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1	Quarterly	30 days after the close of the reporting period	Managed Care Contracts and Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 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 Exhibit B 2.6.33.4 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 2.3.8.5	Annually	September 15	Managed Care Contracts and Oversight (MCCO)	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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	December 15	Quality Reporting Unit	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 HHS HUB Program Office.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.17.2 STAR Health Exhibit A 6.05 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. A7.09 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 Office	MCO will send its Progress Assessment Report (PAR) information to the HHS HUB Program Office at hub_par@hhs.texas.gov.



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.4.5.3	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	Program Policy	MCOHub under <MCO>/PHI/DELIV folder
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	Program Policy	MCOHub under <MCO>/PHI/DELIV folder

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  STAR Kids Att. B-1 8.1.22.2	Monthly	Due by the 15 <sup>th</sup> of each month	Utilization Review	TexConnect
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	Program Policy	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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"> <li>are completed within the month;</li> <li>are not completed;</li> <li>did not result in a finding;</li> </ul>	<p>UMCM Att. B-1 8.1.20.2</p> <p>CHIP RSA Att. B-1 8.1.20.2</p> <p>STAR Health Exhibit B 2.6.29.4</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. B2.3.28.1</p> <p>MMDD 2.1.5</p>	Monthly	By close of business on the first Business Day following the 14 <sup>th</sup> day of the month after the month being reported.	Fraud	OIG-Medicaid Provider Integrity and OAG Medicaid Fraud Control Unit (MFCU)

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		<ul style="list-style-type: none"><li>resulted in a recoupment of any overpayments;</li><li>resulted in the suspension of payments to the provider based upon a credible allegation of fraud;</li><li>not accepted by OIG; or</li><li>were referred directly to OIG Sanctions within the month.</li></ul>					

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.2.2 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. B2.3.28.2.2 MMDD 2.16.4.3	Quarterly	Last day of the month following the close of the reporting period	Financial Reporting & Audit Coordination (FRAC)	MCOHub under <MCO>/PHI/DELIV folder and <MCO>/PHI/DTS folder with notice to FRAC
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	Monthly	15 <sup>th</sup> of every month for the previous month's claims projects	Managed Care Contracts and Oversight (MCCO)	TexConnect

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.10.1  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 2.3.29.5				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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.	<p>UMCC Att. B-1 8.1.7.1 and 8.1.20.2</p> <p>CHIP RSA Att. B-1 8.1.7.1 and 8.1.20.2</p> <p>STAR Health Exhibit B 2.6.21.2</p> <p>STAR+PLUS Exp. Att. B-1 8.1.7.1 and 8.1.20.2</p> <p>STAR+PLUS MRSA Att. B-1 8.1.22.2</p> <p>STAR Kids Att. B-1 8.1.22.2</p> <p>Medicaid and CHIP Dental Services Att. B 2.3.23.2.1</p> <p>MMDD 2.14</p>	Annually	<p>Initial summary during Readiness Review</p> <p>Annual Summary for the previous calendar year on March 31</p>	Quality Assurance	<a href="mailto:QISupport@ufl.edu">QISupport@ufl.edu</a> with notice to MCD_managed_care_quality@hhsc.state.tx.us
UMCM Chapters 5.7.3 and 5.7.3.1	STAR Health MDCP Metrics Template and Measures	The STAR Health MCO must submit an annual report that includes the measures as	STAR Health Exhibit B 2.6.27.1	Annually	October 1	Quality Reporting Unit	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
	Technical Specifications	defined in UMCM Chapter 5.7.3.					
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	October 1	Quality Reporting Unit	TexConnect
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 Exhibit B 2.6.27.1	Quarterly	30 days after the close of the reporting period	Managed Care Contracts and Oversight (MCCO)	TexConnect



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1	Quarterly	30 days after the close of the reporting period	Managed Care Contracts and Oversight (MCCO)	TexConnect
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 Exhibit B 2.6.46.3	Quarterly	45 days after the quarter	Managed Care Contracts and Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.53.13  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)	MCOHub under <MCO>/PHI/DELIV folder

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.13.4	MCO Pharmacy Quarterly Report	MCOs must provide data on a quarterly basis related to the prescription drug benefit.	<p>UMCC Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.1.21, and 8.2.8</p> <p>CHIP RSA Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.21, and 8.24</p> <p>STAR Health Exhibit B 2.6.33, 2.6.35, 2.6.53.2, 2.6.27, and 2.6.26.2</p> <p>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</p> <p>STAR+PLUS MRSA Att. B-1 8.1.3, 8.1.4, 8.1.16,</p>	Quarterly	Each state fiscal quarter by the last day of the month following the reporting period	Managed Care Contracts and Oversight (MCCO)	TexConnect

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
			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				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.53.2  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)	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Health Exhibit B 2.6.53.6  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)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Plan Template	MCOs must submit a Medication Synchronization Plan Template before the MCO may undertake any implementation activities.	UMCC Att. B-1 8.1.21.1  CHIP RSA Att. B-5 8.1.24.1  STAR Health Exhibit B 2.6.53.1  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	As Revised/Other	No later than 30 Business Days prior to implementing or modifying	Vendor Drug Program (VDP)	MCOHub under <MCO>/PHI/DELIV folder

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.35  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 2.3.9.5  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 Contracts and Oversight (MCCO)	MCOHub under <MCO>/PHI/DTS folder with notice to MCCO



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.20	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	Provider Finance Department	MCOHub

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.3  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 Contracts and Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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 2.3.28.1	Monthly	Last Day of each month following the reporting month	Managed Care Contracts and Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Health Exhibit B 2.6.27.1  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  MMDD 2.7.2	Quarterly	30 Days after the close of the reporting quarter	Managed Care Contracts and Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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 2.3.28.1  MMDD 2.7.3.1.5	Quarterly	30 Days after the close of the reporting quarter	Managed Care Contracts and Oversight (MCCO)	TexConnect
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,	UMCC Att. B-1 8.1.20.2  CHIP RSA Att. B-1 8.1.4	Quarterly	30 Days after the close of the reporting quarter	Managed Care Contracts and Oversight (MCCO)	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		and substance use disorder residential treatment.	STAR Health Exhibit B 2.6.27.1  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 2.3.28.1				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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. BB 2.3.28.1  MMDD Appendix C.2	Monthly	45 Days after the last Day of the reporting month	Managed Care Contracts and Oversight (MCCO)	TexConnect
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	Monthly	45 Days after the last Day of the reporting month	Managed Care Contracts and Oversight (MCCO)	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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 2.3.28.1  MMDD Appendix C.2				



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapter 5.24.7	MCO Hotlines Report Text File Layout	The MCO must submit a report for performance of its Member, Provider, Nurse, Behavioral Health Services, and/or Where's My Ride Hotlines.	UMCC Att. B-1 8.1.20.2  CHIP RSA Att. B-1 8.1.20.2  STAR Health Exhibit B 2.6.27.1  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 2.3.28.1  MMDD 2.9.1.3.9	Monthly	30 Days after the close of the reporting month	Managed Care Contracts and Oversight (MCCO)	TexConnect
UMCM Chapter 5.24.8	Dental Anesthesia Prior Authorization Report Text File Layout	Text file layout developed for the Dental Anesthesia Prior Authorization Report required by HHSC Office of the Medical Director.	UMCC Att. B-1 8.1.20.2  STAR Health Exhibit B 2.6.27	Monthly	The 15 <sup>th</sup> day of each month for the previous month's data	Office of the Medical Director	TexConnect

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		The MCO/DMO will submit prior authorizations requested in a single month for general anesthesia relating to a therapeutic dental service.	STAR Kids Att. B-1 8.1.22.2  Medicaid Dental Services Att. B 2.3.28.1				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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	Monthly	30 Days after the close of the reporting month	Managed Care Contracts and Oversight (MCCO)	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.24.10	Service Coordination Report Text File Layout	The MCO must submit a monthly report to HHSC with information on MCO service coordination activities including which members received service coordination, development of the service plan, and member contact and visits.	UMCC 8.1.20.2  STAR+PLUS Expansion 8.1.22.2  STAR Health Exhibit B 2.6.27.1  STAR Kids 8.1.22.2  CHIP RSA 8.1.20.2  MMDD 2.17	Monthly	30 Days after the close of the reporting month	Program Policy	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.24.11	Critical Incidents and Abuse, Neglect, and Exploitation Text File Layout	Medicaid MCOs must submit a quarterly 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 Exhibit B 2.6.27.1  STAR+PLUS Expansion 8.1.20.2  STAR+PLUS MRSA 8.1.22.2  STAR Kids 8.1.22.2  MMDD 2.9.1.1.13.8	Quarterly	30 Days after the close of the reporting quarter	Program Policy	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.24.12	NEMT Trip Activity	The MCO must submit a monthly report to HHSC with information on Non-Emergency Medical Transportation (NEMT) trip activity.	UMCC 8.2.2.14  STAR+PLUS Expansion 8.1.22.14  STAR+PLUS MRSA 8.1.24.14  STAR Kids 8.1.24.16  STAR Health Exhibit B 2.6.60.1  MMP Appendix J	Monthly	45 Days after the last Day of the reporting month	Managed Care Contracts & Oversight (MCCO)	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 5.24.13	STAR Health 3 in 30 Assessments Text File Layout	The MCO must submit a monthly report to HHSC with information on Member 3-day medical exams, CANS assessments, and THSteps exams.	STAR Health Exhibit B 2.6.33.1, 2.6.46.3, 2.6.46.4	Monthly	30 Days after the close of the reporting month	Managed Care Contracts & Oversight (MCCO) and Program Policy	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1 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 2.3.28.1 MMDD 2.9.1.3.9	Monthly	No later than 5 Business Days after submission of the 30 Day monthly deliverables	Managed Care Contracts and Oversight (MCCO)	TexConnect
UMCM Chapters 5.25.2 and 5.25.2.1	MCO Monthly Deliverable 45 Day Submission Non-Compliance	The MCO must submit a MCO Monthly Deliverable 45 Day Submission Non-Compliance Summary for non-compliances identified on its	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2	Monthly	No later than 5 Business Days after submission of the 45 Day monthly deliverables	Managed Care Contracts and Oversight (MCCO)	TexConnect



# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
	Summary and Instructions	complaints, appeals, and NEMT trip activity reports.	STAR Health Exhibit B 2.6.27.1  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 2.3.28.1  MMDD 2.9.1.3.9				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 and Out- of-Network reports.	UMCC Att. B-1 8.1.20.2  CHIP RSA Att. B-1 8.1.20.2  STAR Health Exhibit B 2.6.27.1  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 2.3.28.1  MMDD 2.9.1.3.9	Quarterly	No later than 5 Business Days after submission of the quarterly deliverables	Managed Care Contracts and Oversight (MCCO)	TexConnect
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,	UMCC Att. B-1 8.1.8.1  STAR Health Exhibit B 2.6.22.5	Annually	October 1	Utilization Review	TexConnect

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		and Children's Medicaid Dental Services) for which the MCO provides services.	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  Medicaid and CHIP Dental Services Att. B 2.3.25  MMDD 8.1.9.1				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit A 15.02 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)

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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	MCOHub 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 MCO Hub	Operations Management Claim Administrator	MCOHub under <MCO>/GENL/MAIN folder with notice to mco_encounter_dat a_team@hhs.texas. gov

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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.	<p>UMCC Att. A 4.08, Att. B-1 8.1.4.1</p> <p>CHIP RSA Att. A 4.08, Att. B-1 8.1.4.1</p> <p>STAR Health Exhibit 4.08, Exhibit B 2.6.35.2</p> <p>STAR+PLUS Exp. Att. A 4.08, Att. B-1 8.1.4.1</p> <p>STAR+PLUS MRSA Att. B-1 8.1.4.1</p> <p>STAR Kids Att. A 4.08, Att. B-1 8.1.4.1</p> <p>Medicaid and CHIP Dental Services Att. B 4.08, Att. B 2.3.10</p> <p>MMDD Appendix C.6</p>	As Revised/Other	Prior to use	Managed Care Contracts and Oversight (MCCO)	Data Management System
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## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.12	Quarterly	Q1 due 4/30  Q2 due 7/31  Q3 due 10/31  Q4 due 1/31  **next business day if a weekend or holiday	EVV Operations	TexConnect with notice to MCO EVV Communications mailbox: MCO_EVV_Communication@hhsc.state.tx.us

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapter 8.10	Alternative Payment Models and Value Based Payments with Providers	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 Exhibit B 2.6.21.5  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 2.3.23.5  MMDD 5.1.9.1	Annually  As Revised/Other	Due September 1 of every year for the previous calendar year  An interim status report may be considered	Office of Value-Based Initiatives	TexConnect and attached via email to MCCO and Office of Value-Based Initiatives  <a href="mailto:HPCS_UMCC_Provisions@hhsc.state.tx.us">HPCS_UMCC_Provisions@hhsc.state.tx.us</a>
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,	UMCC Att. B-1 8.1.20.2  STAR+PLUS Exp. Att. B-1 8.1.20.2	Quarterly	30 days after the end of each calendar year quarter	Quality Assurance	TexConnect



UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		"Performance Indicator Dashboard for Quality Measures."	STAR+PLUS MRSA Att. B-1 8.1.22.2  STAR Kids Att. B-1 8.1.22.2				

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 and DMOs submit performance improvement projects (PIPs) for performance improvement.	UMCC Att. B-1 8.1.1.1  CHIP RSA Att. B-1 8.1.1.1  STAR Health Exhibit B 2.6.21.10  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 2.3.23.7  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 Assurance	MCO Hub under <MCO>/PHI/DELIV folder with notice to <a href="mailto:QISupport@ufl.edu">QISupport@ufl.edu</a> and MCD_managed_car e_quality@hhsc.stat e.tx.us

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Contracts and Oversight (MCCO)	MCOHub under <MCO>/PHI/DELIV with notice to MCCO Health Plan Manager

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 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 2.5.1.4	Annually	September 15	Program Policy	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 2.5.1.4	Annually	September 15	Program Policy	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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	Program Policy	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1  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 2.3.28.1	Quarterly	15 <sup>th</sup> of December, March, June, and September	Program Policy	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 2.5.1.4  STAR Kids Att. B-1 6.4	Annually	September 15	Program Policy	TexConnect

## UMCM Non-Template Deliverable Chapters



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.31.5  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 2.5.4.6  MMDD 2.12.3	As Revised/Other	Prior to use  Refer to UCMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.58.5  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 2.5.1.2	As Revised/Other	Prior to use  Refer to UCMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 3.28	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 Uniform Managed Care Manual.	UMCC Att. B-1 8.2.6.1  CHIP RSA Att. B-1 8.1.5.9  STAR Health Exhibit B 2.6.30.1; 2.6.31  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. B2.5.2.1; 2.5.4; 2.7.4	As Revised/Other	Timeframes due indicated below unless HHSC requests otherwise:   Legislative or Access to Care Issue within 1 Business Day   HHSC-Expedited Issue within 1-5 Business Days	HHSC area who referred complaint	HHSC area who referred complaint with notice to MCCO

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
					Routine Issue within 10 Business Days  Large Volume Complaint within 14 Business Days		

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.18  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)	<a href="mailto:VDP_MCO_Solutions@hhsc.state.tx.us">VDP_MCO_Solutions@hhsc.state.tx.us</a>

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.18  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 2.3.21	As Revised/Other	Prior to use  Refer to UCMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.15.2  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 2.3.20.6  MMDD 2.15.5	As Revised/Other	Prior to use  Refer to UCMCM Chapter 4.6 for submission timeframes and requirements.	Managed Care Contracts and Oversight (MCCO)	Data Management System

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.20 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 2.3.22 MMDD 2.15.2	As Revised/Other	Prior to use	Managed Care Contracts and Oversight (MCCO) and Vendor Drug Program (VDP)	Data Management System, VDP MCO Solutions mailbox at <a href="mailto:VDP_MCO_Solutions@hhsc.state.tx.us">VDP_MCO_Solutions@hhsc.state.tx.us</a> , or MCCO team dependent on type of material submission



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.2.2 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 2.3.28.2.2 MMDD 4.3.8	As Revised/Other	Within 45 days of issue date	Financial Reporting & Audit Coordination (FRAC)	FRAC
UMCM Chapter 5.5.1	Deliverables to the Office of Inspector General	The MCO must submit the OIG deliverables indicated in UMCM Chapter 5.5.1 in accordance with the guidance provided.	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.

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		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, MCO Overpayment Recoveries Report, and the Pre-payment Review Monthly Report.					

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.2.2</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 2.3.28.2.2</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>	Financial Reporting & Audit Coordination (FRAC)	<p>Annual Report: TexConnect</p> <p>As Revised/Other: FRAC with notice to MCCO</p>
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	<p>UMCC Att. B-1 8.1.17. 1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p>	<p>Annually</p> <p>As Revised/Other</p>	During the initial contract Readiness Review (by no later than 30 days prior to the contract's	Financial Reporting & Audit	Annual Report: TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		Affiliates that do business with the MCO relating to the HHSC contract.	STAR Health Exhibit B 2.6.27.2.2  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. B2.3.28.2.2  MMDD 2.16.4.6.2		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.	Coordination (FRAC)	As Revised/Other: FRAC

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

UMCM Chapter 5.12.2	CMS T-MSIS X12 835 Data File Submission Requirements	The MCO/DMO must provide Health Care Claim Payment and Remittance Advice Data in the required Health Insurance Portability and Accountability Act (HIPAA) compliant X12 835 Version 5010 data format in accordance with 42 CFR §438.818[c] to be used by HHS for required federal CMS reporting. The MCO/DMO must include X12 835 Health Care Claim Payment and Remittance details with required data to link them to the corresponding accepted 837 Encounter transaction. Data quality validation must incorporate assessment standards developed jointly by the MCO/DMO and HHS. The MCO/DMO must make original records available for inspection by HHS for validation purposes. Data that do not meet quality standards must be corrected	UMCC Att. B-1 8.1.18.4  CHIP RSA Att. B-1 8.1.18.4  STAR Health Exhibit B 2.6.28.3  STAR+PLUS Exp. Att. B-1 8.1.18.4  STAR+PLUS MRSA Att. B-1 8.1.20.4  STAR Kids Att. B-1 8.1.20.4  Medicaid and CHIP Dental Services Att. B 2.3.29.3  Tex. Admin. Code § 3.9201-3.9212	Other	On an as-occurs basis, within 30 days from the corresponding accepted 837 encounter transaction.	Operations Management	Designated MCOHub folder in accordance with the 835 Encounter Submission Guidelines or Companion Guide.
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UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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
		and returned within a time period specified by HHS.					

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.2.2</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 2.3.28.2.2</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.
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## Contract Requirement Deliverables



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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	For an incident 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, the MCO must provide notice to HHSC of such incident no later than 60 Days after the end of the calendar year in which the incident occurred. No later than 60 Days after the end of each year, MCOs must provide the HHS Privacy Office with a comprehensive list of all incidents involving HHSC confidential information that were reported to the US Office for Civil Rights in accordance with the obligations under HIPAA.	<p>UMCC Att. A. Art. 11 Sec. 11.09</p> <p>CHIP RSA Att. A Art. 11 Sec. 11.09</p> <p>STAR Health Exhibit A 9.09, 9.10, 9.11, 9.12</p> <p>STAR+PLUS Exp. Att. A Art. 11 Sec. 11.09</p> <p>STAR+PLUS MRSA Att. A Art. 11 Sec. 11.09</p> <p>STAR Kids Att. A Art. 11 Sec. 11.09</p> <p>Medicaid and CHIP Dental Services Att. B 11.08</p>	Annually	No later than 60 days after the end of the calendar year	HHSC Privacy Office	<a href="mailto:privacy@hhsc.state.tx.us">privacy@hhsc.state.tx.us</a>

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 in TexConnect.</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 Exhibit B 2.5.3.6, 2.6.28</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 2.2.6.3.1, 2.3.29</p> <p>MMDD 2.17.6.2.2</p>	Annually	September 1	HHSC IT-Systems	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.28.3 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 2.3.29.4 MMDD 2.17.3.2	As Revised/Other	180 days prior to planned implementation of a change	Managed Care Contracts and Oversight (MCCO)	HPM_MCO_Implementation@hhsc.state.tx.us

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 in TexConnect.</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 Exhibit B 2.5.3.6, 2.6.28</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 2.2.6.3.1, 2.3.29</p> <p>MMDD 2.8.5.1.7.1</p>	Annually	September 1	HHSC IT-Systems	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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> <ul style="list-style-type: none"> <li>i. no later than 30 days after the Effective Date of the Contract and any Contract renewal.</li> <li>ii. at least 30 days in advance of a change in the measurement period of the bonus/incentive payment plan.</li> <li>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.</li> </ul>	<p>UMCC Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. B-1 8.1.17.2</p> <p>STAR Health Exhibit B 2.6.27.2.2</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 2.3.28.2.2</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
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## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
Encounter Data	The MCO must provide complete Encounter Data for all Covered Services, including Value-added Services. Encounter Data must follow the format and data elements as described in the HIPAA-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.	UMCC Att. B-1 8.1.18.1  CHIP RSA Att. B-1 8.1.18.1  STAR Health Exhibit B 2.6.28.2  STAR+PLUS Exp. Att. B-1 8.1.18.1  STAR+PLUS MRSA Att. B-1 8.1.20.1  STAR Kids Att. B-1 8.1.20.1  Medicaid and CHIP Dental Services Att. B 2.3.29.1  MMDD 2.18	Monthly	No later than the 30 <sup>th</sup> calendar day after the last day of the month in which the claim was adjudicated.	Operations Management Claims Administrator	Designated MCOHub folder in accordance with the Encounter Submission Guidelines or Companion Guide

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit A 15.03  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

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.29  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. B2.3.31.2  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)



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 15.01 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

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 in TexConnect.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Exhibit B 2.5.3.6, 2.6.28 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 2.2.6.3.1, 2.3.29 MMDD 2.17.4.2	Annually	September 1	HHSC IT-Systems	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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>STAR Health Exhibit B 2.6.27.1</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>	As Revised/Other	<p>Attached to each MCO referral to the LP.</p> <p>Within 7 days of OIG-LP request.</p>	Fraud	WAFERS

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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  STAR Health Exhibit B 2.6.27.1  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	As Revised/Other	Attached to each MCO referral to the LP.  Within 7 days of OIG-LP request.	Fraud	WAFERS

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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  STAR Health Exhibit B 2.6.27.1  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	Monthly	The first Monday of each month	Fraud	MCOHub under <MCO>/PHI/LIB folder
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 Exhibit A 4.08(2)	As Revised/Other	Unless otherwise provided in the Contract, provide HHSC with written notice no later than:	Managed Care Contracts and Oversight (MCCO)  and	MCCO and FRAC

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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	Financial Reporting & Audit Coordination (FRAC)	

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
				HMO Administrative Services; and  (iv) 30 calendar days prior to the termination date of any other Material Subcontract.		

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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  STAR Health Exhibit B 2.6.29.7  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	As Revised/Other	Upon Request	Fraud	Office of Inspector General (OIG)



## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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. Exhibit B 2.6.31  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 2.5.4  MMDD 2.11, 2.12	As Revised/Other	At least 30 days prior to implementation	Managed Care Contracts and Oversight (MCCO)	HPM_MCO_Implementation@hhsc.state.tx.us

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
MIS Deliverables Checklist	<p>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, and Systems Quality Assurance Plan.</p> <p>The MIS Deliverables Checklist can be found in TexConnect.</p> <p>Information for the Business Continuity Plan and Disaster Recovery Plan may be combined on the checklist. Information for the</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 Exhibit 2.5.3.6, 2.6.28</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 2.2.6.3.1, 2.3.29</p>	Annually	September 1	HHSC IT-Systems	TexConnect

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
	other MCO MIS deliverables must be entered on the appropriate worksheet in the checklist.	MMDD 2.8.5.1.7.1; 2.17.4.2; 5.2.3.4				
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 Exhibit B 2.6.21.4 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	Office of Value-Based Initiatives	MCOHub and attached via email to MCCO and Office of Value-Based Initiatives HPCS_UMCC_Provisions@hhsc.state.tx.us

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.13</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 2.3.16</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. For involuntary terminations, within 15 days. For voluntary terminations, within 30 days before effective date of termination.</p> <p>3. Refer to UMCM Chapter 4.6 for submission requirements.</p>	Program Enrollment & Support (PES) and Managed Care Contracts and Oversight (MCCO)	<p>1. To appropriate MCOHub folder according to EB-CHIP JIP</p> <p>2. Notice to MCCO</p> <p>3. Database Management System</p>
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# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
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 in TexConnect.	UMCC Att. B-1 8.1.18.2  CHIP RSA Att. B-1 8.1.18.2  STAR Health Exhibit 2.5.3.6, 2.6.28  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 2.2.6.3.1, 2.3.29  MMDD 5.2.3.4	Annually	September 1	HHSC IT-Systems	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.27.1 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 2.3.28.1	Every two years As Revised/Other	September 1	HHSC IT-Security	<a href="mailto:InfoSecurity@hhsc.state.tx.us">InfoSecurity@hhsc.state.tx.us</a> and MCCO_Audits@hhs.c.state.tx.us

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit A 12.04  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

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.6.28 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 2.3.29 MMDD 2.17.3	As Revised/Other	No later than 180 days prior to proposed implementation date	Managed Care Contracts and Oversight (MCCO)	HPM_MCO_Implementation@hhsc.state.tx.us



# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 in TexConnect.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Exhibit B 2.5.3.6, 2.6.28 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 2.2.6.3.1, 2.3.29 MMDD 5.2.3.4	Annually	September 1	HHSC IT-Systems	TexConnect

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit B 2.5.5 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 2.2.7 MMDD 2.1.2.1	As Revised/Other	During Readiness Review upon request	Managed Care Contracts and Oversight (MCCO)	HPM_MCO_Implementation@hhsc.state.tx.us

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit A 4.08(2)(b) 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 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

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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 Exhibit A 4.08(5) 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 Contracts and Oversight (MCCO)	HPM_MCO_Implementation@hhsc.state.tx.us

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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  STAR Health Exhibit B 2.6.27.1  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	Monthly	The first Monday of each month.	Fraud	MCOHub under <MCO>/PHI/LIB folder

## UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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	<p>UMCC Att. A 12.08, Att. B-1 9.2</p> <p>CHIP RSA Att. A 12.08, Att. B-1 9.2</p> <p>STAR Health Exhibit A 10.08, Exhibit B 2.7.1</p> <p>STAR+PLUS Exp. Att. B-1 9.2</p> <p>STAR+PLUS MRSA Att. A 12.08, Att. B-1 9.2</p> <p>STAR Kids Att. A 11.08, B-1 9.2</p> <p>Medicaid and CHIP Dental Services Att. A 12.08, Att. B 2.8.1</p>	As Revised/Other	<p>12 months after the effective date of the contract</p> <p>12 months prior to the end of the contract period, including any extensions to the period</p>	Managed Care Contracts and Oversight (MCCO)	MCOHub under <MCO>/PHI/DELIV folder with notice to MCCO
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	<p>UMCC Att. B-1 9.5</p> <p>CHIP RSA Att. B-1 9.5</p> <p>STAR Health Exhibit B 2.7.3</p>	As Revised/Other	30 days following turnover of operations	Managed Care Contracts and Oversight (MCCO)	MCOHub under <MCO>/PHI/DELIV folder with notice to MCCO

UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

Deliverable Name	Deliverable Description	Contract References	Report Frequency: Monthly, Quarterly, Annually, As Revised/Other	Due Date	Responsible HHSC Program Area	Submitted to
	considered complete until this document is approved by HHSC.	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 2.8.4				

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## **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

3.21.1 Independent Review Organization Process

3.28.1 Escalation Help Line Calls

4.3 Marketing and Member Materials Policy

4.13 Social Media Policy

4.15 Marketing Glossary of Terms

5.1 Deliverables Naming Conventions



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5.1.1 Deliverables Codes

5.4.7.2 Authorization Member-Level Data Guidelines and Reporting Instructions

5.21.1 Delegated Entity and Third-Party Administrator Monitoring Requirements

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

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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

6.2.14 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

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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

15.7 Managed Care Utilization Review Rebuttal Process

15.8 LTSS Long-Term Services and Supports Utilization Review Performance Standards and Benchmarks

16.1 Medicaid and CHIP Contract Operational Guidance

16.2 STAR Health MDCP Policy

16.3 In-Lieu-of Covered Services and Settings

16.4 Nonemergency Medical Transportation (NEMT) Services Handbook

16.5 Service Coordination and Assessment Requirements When Using Telecommunications

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16.6 Medicaid and CHIP Health Plan Inquiry Guide

16.6.1 Medicaid/CHIP Health Plan Inquiry Form

16.7 Comprehensive Health Homes for Integrated Care (CHIC)

18 Record Retention

19.1 Contractor Requirements for HHSC Operational Reviews

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<sup>i</sup> Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions

<sup>ii</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

<sup>iii</sup> Brief description of the changes to the document made in the revision.

# UNIFORM MANAGED CARE MANUAL 5.0.1 Deliverables Requirements Matrix

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