



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>  <b>CONSOLIDATED DELIVERABLES MATRIX</b>	CHAPTER <b>5.0</b>	PAGE <b>1 of 70</b>
	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

**DOCUMENT HISTORY LOG**

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



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>2 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

Revision	2.1	May 5, 2012	<p>“Children of Migrant Farmworkers Annual Plan” is added.</p> <p>“Children of Migrant Farmworkers Annual Report (FWC Annual Report)” is modified to correct deliverable description, UMCM references, and due date.</p> <p>“Fraud and Abuse Compliance Plan” is modified to change the due date from “60 days” to “90 days” prior to the start of the fiscal year.</p> <p>“Frew Annual Provider Training Report” is modified to correct report name, deliverable description, UMCM references, and due date.</p> <p>“Frew Provider Recognition Report” is modified to correct deliverable description and UMCM references.</p> <p>“Frew Quarterly Monitoring Report” is modified to correct deliverable description, UMCM references, and due date.</p> <p>“LTSS Utilization Report” is added.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Quarterly Utilization Reports” is added.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs” is modified to correct report name, deliverable description, UMCM references, and due date.</p> <p>“Performance Improvement Projects” modified to correct due dates.</p> <p>“QAPI Program Annual Summary” modified to correct due date.</p>
Revision	2.2	September 1, 2014	<p>Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042.</p> <p>The chapter is revised to add the contract references for the STAR+PLUS MRSA contract and UMCM chapter references as applicable.</p> <p>“Affiliate Report” is modified to clarify the due dates.</p> <p>“Annual Financial Statements” is modified to clarify the due dates.</p> <p>“CHIP Craniofacial Anomalies Quarterly Report” is deleted.</p> <p>“Disproportionate Share Hospital (DSH) Report” is deleted.</p> <p>“FQHC Monthly Encounter and Payment Reports” is deleted.</p> <p>“FSR Reports” is renamed “Financial Statistical Reports (FSR)”.</p> <p>“Geo-Mapping Report” is added.</p>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>3 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>“HUB Reports” is modified to update the submission instructions.</p> <p>“Legal and Other Proceedings and Related Events Report” is modified to clarify the due dates.</p> <p>“Lock-in Claims Data Report” is added.</p> <p>“Lock-in Review Form” is added.</p> <p>“Lock-in Transaction Report” is added.</p> <p>“Main Dentist Network &amp; Capacity Report” is renamed “Main Dental Home Network &amp; Capacity Report.”</p> <p>“MCO Disclosure Statement” is modified to clarify the due dates.</p> <p>“MCO Lock-in Policies” is added.</p> <p>“MCO Open Case List Report” is modified to clarify OIG requirements.</p> <p>“MCO Pharmacy Quarterly Report” is added.</p> <p>“MCO Value-Based Contracting” is added.</p> <p>“Migrant Incentives Supporting Documentation Tracking Log” is added.</p> <p>“Other Existing Financial Reports” is added.</p> <p>“Performance Improvement Projects” is modified to correct the due dates.</p> <p>“Perinatal Risk Report” is added.</p> <p>“Pharmaceutical Delivery Fee Payment Methodology” is added.</p> <p>“Plan for Special Populations Program” is added.</p> <p>“Provider Complaint Report” is modified to change the due date from 45 days to 30 days after the end of the reporting period.</p> <p>“Provider Termination Report” is modified to add UMCM reference.</p> <p>“QAPI Program Annual Summary” modified to correct due date.</p> <p>“TDI Filings” is modified to clarify the due dates.</p> <p>“Total MCO Member Lock-in Report” is added.</p>
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<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>4 of 70</b>
	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

**CONSOLIDATED DELIVERABLES MATRIX**

			Submission for Items 9, 10, 12, 21, 22, 24, 34, 35, 36, 37, 57, 63, 64, 69, 70, 71, 75, 84, and 85 is changed to TXMedCentral XXXDTS.
Revision	2.3	January 5, 2015	<p>“Children of Migrant Farmworkers Annual Plan” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Children of Migrant Farmworkers Annual Report (FWC Annual Report)” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Claims Lag Report” is modified to clarify the description and to change the submission back to XXXDELIV.</p> <p>“Claims Summary Report” is modified to clarify the description and to change the submission back to 529CSR.</p> <p>“Electronic Visit Verification Contractor Compliance Report” is added.</p> <p>“Electronic Visit Verification Summary Report” is added.</p> <p>“Encounter Data” is modified to change the submission back to XXXDELIV.</p> <p>“Encounter Data Certification Report” is modified to change the submission back to XXXDELIV.</p> <p>“Financial Statistical Reports (FSR)” is modified to change the submission back to 529FSR.</p> <p>“Frew Annual Provider Training Report” is modified to change the submission notice to Frew Compliance Lead.</p> <p>“Frew Provider Recognition Report” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Frew Quarterly Monitoring Report” is modified to change the submission notice to Frew Compliance Lead and Frew Migrant Services Lead.</p> <p>“MCO Pharmacy Website Required Critical Elements” is added.</p> <p>“Medicaid Managed Care Texas Health Steps Medical Checkups Quarterly Utilization Reports” is modified to change the submission notice to Frew Migrant Services Lead.</p> <p>“Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs” is modified to change the submission notice to Frew Compliance Lead.</p> <p>“Member Complaints and Appeals Summary Report” is modified to change the submission notice to DTS and to remove the HPM Communications email address.</p> <p>“Performance Bond” is modified to clarify the description.</p>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>5 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>“Performance Improvement Projects” is modified to update the description and due date, and to change the submission notice to HPM and Program Management Quality Assurance.</p> <p>“Perinatal Risk Report” is renamed “Perinatal Risk Report (17P Report)” for clarification.</p> <p>“Provider Enrollment /Credentialing Denial Report” is added.</p> <p>“Psychotropic Medication Review (PMR) Report” is added.</p> <p>“QAPI Program Annual Summary” is modified to change the submission notice to Program Management Quality Assurance.</p> <p>“STAR+PLUS Service Coordination Report” is added.</p>
Revision	2.4	September 1, 2016	<p>Contract references to the STAR Kids contract and the Medicare-Medicaid Dual Demonstration (MMDD) contract are added to all applicable deliverables.</p> <p>“Applicability of Chapter 5.0” is modified to add STAR Kids and the Medicare-Medicaid Dual Demonstration and to clarify that when an MMDD contract reference does not appear, applicability may be found in the UMCM chapter’s applicability statement.</p> <p>STAR Health contract references are updated.</p> <p>“Abuse, Neglect, and Exploitation Reports” is added.</p> <p>“Claims Summary Report” is modified to add Nursing Facility to the description, and to change the submission back to XXXDTS and remove “with notice to Program Operations Finance/HPM.”</p> <p>“Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report” is added.</p> <p>“Electronic Visit Verification Summary Report” is modified to move quarterly submission.</p> <p>“Encounter Data Certification Report” is renamed “Encounter Data Certification Form” and the due date is clarified.</p> <p>“Financial Statistical Reports (FSR)” is modified to change the 334 day report to the 210 day report.</p> <p>“Frew Annual Provider Training Report” is deleted.</p> <p>“Frew Provider Recognition Report” is deleted.</p> <p>“Frew Quarterly Monitoring Report” is modified to change “Frew v. Suehs” to “Frew v. Smith”</p> <p>“Joint Interface Plan Checklist” is modified to change submission notification from “Program Operations” to “Operations Coordination.”</p> <p>“LTSS Utilization Report” is modified to add a UMCM reference and to change the submission to XXXDTS with notice to HPM and the STAR+PLUS Specialist.</p>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>6 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>"Main Dental Home Network &amp; Capacity Report" is renamed "Provider Network &amp; Capacity Report" and the description is updated.</p> <p>"MCO Open Case List Report" is modified to change the due date.</p> <p>"MCO Value-Based Contracting" is modified to add a "submit to" email address.</p> <p>"Medicaid Managed Care THSteps Medical Checkups Quarterly Utilization Reports" is deleted.</p> <p>"Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs" is modified to remove the references to UMCM Chapters 12.13, 12.14, and 12.15</p> <p>"Member Complaints &amp; Appeals Summary Report" is renamed "Provider Complaints, Member Complaints, and Member Appeals" and the description and due date are clarified.</p> <p>"PCP Network &amp; Capacity Report" is removed.</p> <p>"Perinatal Risk Report (17P Report)" is modified to change the due date from 30 to 90 days after the end of the reporting quarter.</p> <p>"Plan for Special Populations Program" is modified to add a "submit to" email address.</p> <p>"Provider Complaint Report" is removed.</p> <p>"Provider Contract Termination" is modified to update the due date and to change the submission to XXXDELIV.</p> <p>"Provider Network Examination Report" is added.</p> <p>"Provider Termination Report" modified to update the description.</p> <p>"Psychotropic Medication Review (PMR) Report" is removed.</p> <p>"Service Coordinators CDS Training Report" is added.</p> <p>"STAR+PLUS Service Coordination Report" is modified to change the submission to XXXDTS.</p> <p>"Value-Added Services Templates" is modified to correct the due dates.</p> <p>Revision 2.4 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.</p>
Revision	2.5	March 1, 2017	<p>"Annual Financial Statements (as submitted to TDI)" is modified to change the due date.</p> <p>"Business Continuity Plan" is modified to change due date and submission location.</p>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>7 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>"Business Continuity Plan/Disaster Recovery Plan Checklist" is modified to change due date and submission location.</p> <p>"Claims Processing System Changes" is modified to add the word "planned" in the description.</p> <p>"Claims Summary Report" is modified to remove "Nursing" from the description.</p> <p>"Delivery Supplemental Payment (DSP) Report - CHIP" is modified to change the due date from first Monday of the month to first business day of the month.</p> <p>"Delivery Supplemental Payment (DSP) Report - STAR" is modified to change the due date from first Monday of the month to first business day of the month.</p> <p>"Disaster Recovery Plan" is modified to change due date and submission location.</p> <p>"Electronic Visit Verification Contractor Compliance Report" is modified to change the submission from XXXDELIV to XXXDTS.</p> <p>"Electronic Visit Verification Summary Report" is modified to change the submission from XXXDELIV to XXXDTS.</p> <p>"Encounter Data" is modified to change the submission from XXXDELIV to Designated TXMedCentral folder in accordance with the Encounter Submission Guidelines or Companion Guide.</p> <p>"Encounter Data Certification Form" is modified to change the submission from XXXDELIV to XXXDTS.</p> <p>"FQHC Supplemental Quarterly Payment Report" is deleted.</p> <p>"Fraud and Abuse - Subcontractors" is modified to change the due date from 5 to 10 business days.</p> <p>"Geo-Mapping Report" is modified to remove the submission notice to HPM.</p> <p>"Hotline Reports" is modified to remove the submission notice to HPM.</p> <p>"Hotline Reports - Nurse" is modified to remove the submission notice to HPM.</p> <p>"Individual Service Plan (ISP) Data" is added.</p> <p>"Joint Interface Plan" is modified to change due date and submission location.</p> <p>"Joint Interface Plan Checklist" is modified to change due date and submission location.</p> <p>"Key Personnel Changes" is modified to require notification in writing including an updated MCO contact list and to remove "MCO" from the submission location.</p> <p>"Long-Term Services and Supports Report" is added.</p>
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<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>8 of 70</b>
	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

**CONSOLIDATED DELIVERABLES MATRIX**

			<p>"Marketing Materials" is modified to add Member Materials and Provider Materials in the description, to correct the UMCM chapter numbers, and to add a submission email address.</p> <p>"Material Subcontractor Changes" is modified to add the acronym MSC in the description.</p> <p>"MCO Pharmacy Quarterly Report" is modified to remove the submission notice to HPM.</p> <p>"MCO Pharmacy Website Required Critical Elements" is modified to change due date and remove the submission notice to HPM.</p> <p>"MCO Value-Based Contracting" is modified to update the due date and to add XXXDTS and attached via email to HPM to the existing submission location.</p> <p>"MCO Website" is added.</p> <p>"Member Handbook" is modified to update the due date requirements and the submission location.</p> <p>"Member ID Cards" is added.</p> <p>"Members with Special Health Care Needs Report" is added.</p> <p>"MMC Texas Health Steps Outreach Materials" is added.</p> <p>"Model Provider Contracts" is modified to update the due date requirements and the submission location.</p> <p>"Notices of Action/Incomplete Prior Authorizations" is added.</p> <p>"Online Provider Directory" is added.</p> <p>"Operational Policies and Procedures" is added.</p> <p>"Organizational Chart for MIS" is modified to update the due date requirements and the submission location.</p> <p>"Out-of-Network Utilization Reports" is modified to update the description and to remove the submission notice to HPM.</p> <p>"Performance Improvement Projects" is modified to add a submitted to email address.</p> <p>"Perinatal Risk Report (17P Report)" is modified to add attached via email to HPM and Healthcare Quality Analytics to the existing submission location.</p> <p>"Pharmaceutical Delivery Fee Payment Methodology" is modified to add a submission email address.</p> <p>"Physician Incentive Plans" is modified to add a UMCM chapter reference, to change the submission from XXXDELIV to XXXDTS and to add attached via email to HPM and Healthcare Quality Analytics to the submission location.</p>
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<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>9 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>"Plan for Special Populations Program" is modified to update the due date requirements, to change the submission from XXXDELIV to XXXDTS, and to add attached via email to HPM and Healthcare Quality Analytics to the submission location.</p> <p>"PMUR Report" is modified to remove the submission notice to HPM.</p> <p>"Process for Resolution of HHSC-Referred Complaints" is added.</p> <p>"Provider Complaints, Member Complaints, and Member Appeals" is modified to remove the submission notice to HPM.</p> <p>"Provider Contract Termination" is modified to update the description, the due date, and the submission location.</p> <p>"Provider Directory" is modified to update the description, the due date, and the submission location.</p> <p>"Provider Enrollment /Credentialing Denial Report" is modified to remove the submission notice to HPM and add submission notice to OIG.</p> <p>"Provider Manual" is modified to update the submission location.</p> <p>"Provider Materials" is modified to update the description and to add a UMCM reference.</p> <p>"Provider Network &amp; Capacity Report" is modified to add Children's Medicaid Dental Services contractor in the description and to remove the submission notice to HPM.</p> <p>"Provider Network Examination Report" is renamed "Provider Validation Report" and is modified to update the description, to add a UMCM reference, and to remove the submission notice to HPM.</p> <p>"Provider Termination Report" is modified to remove the submission notice to HPM.</p> <p>"Provider Training" is modified to update the description and the due date requirements.</p> <p>"Risk Management Plan" is modified to change due date and submission location.</p> <p>"Risk Management Plan Checklist" is modified to change due date and submission location.</p> <p>"Security Plan" is modified to change due date and submission location.</p> <p>"Security Plan Checklist" is modified to change due date and submission location.</p> <p>"Special Exception Request" is added.</p> <p>"STAR Health Liaison Summary Report" is modified to remove the submission notice to HPM.</p> <p>"STAR Health Network Summary" is modified to remove the submission notice to HPM.</p>
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<h1>HHSC UNIFORM MANAGED CARE MANUAL</h1> <h2>CONSOLIDATED DELIVERABLES MATRIX</h2>	CHAPTER	PAGE
	<b>5.0</b>	<b>10 of 70</b>
	EFFECTIVE DATE	
<b>April 15, 2019</b>		<b>Version 2.6</b>

			<p>"STAR Health PCP THSteps Enrollment Report" is modified to change the submission from XXXDELIV to XXXDTS and to remove the submission notice to HPM.</p> <p>"STAR Health Service Management Report" is modified to remove the submission notice to HPM.</p> <p>"STAR+PLUS Service Coordination Report" is modified to remove the submission notice to HPM.</p> <p>"System Change Notifications" is modified to clarify the due date.</p> <p>"Systems Quality Assurance Plan" is modified to change due date and submission location.</p> <p>"Systems Quality Assurance Plan Checklist" is modified to change due date and submission location.</p> <p>"TDI Certificate of Authority" is modified to change the submission location to XXXRR.</p> <p>"TDI Filings – annual figures for controlled risk-based capital; quarterly financial statements " is modified to change the due date.</p> <p>"Third Party Recovery MCO Referral Form" is added.</p> <p>"Turnover Plan" is modified to clarify the due date.</p> <p>"Value-Added Services Templates" is modified to change the submission from XXXDELIV to XXXDTS and to remove the submission notice to HPM.</p> <p>"Value-Added Services (VAS) Utilization" is added.</p>
Revision	2.5.1	May 25, 2018	"Financial Statistical Reports" is corrected to address an issue with 334-day and 210-day report submissions.
Revision	2.6	April 15, 2019	<p>All references to Health Plan Management (HPM) are modified to Managed Care Compliance and Operations (MCCO).</p> <p>"Annual Report on Certain Fraud and Abuse Recoveries" is added.</p> <p>"Business Continuity Plan" is modified to update the description to include the location for the MIS deliverables checklist, note optional combined submission with Disaster Recovery Plan, and to remove the reference to UCMC Chapter 5.2.</p> <p>"Business Continuity Plan/Disaster Recovery Plan Checklist" is deleted. Checklist included under new "MIS Deliverables Checklist" item.</p> <p>"CANS Assessment Summary" is added.</p> <p>"Children of Migrant Farmworkers Annual Plan" is deleted.</p>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>11 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>“Children of Migrant Farmworkers Annual Report (FWC) Annual Report” is renamed “Farmworker Child Annual Report (FWC Annual Report); the description removes the migrant incentives supporting documentation log and updates to Farmworker Children term; STAR+PLUS contract references are removed and UMCM chapter references are updated; and title of <i>Frew</i> staff in submission information is updated.</p> <p>“Claims Summary Report” is modified to update the description to include new monthly reporting requirements and add report data requirements.</p> <p>“Clinical PA Criteria Implementation Report” is added.</p> <p>“Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report” is modified to include remediation, add annual report submission information, and update who receives report.</p> <p>“Disaster Recovery Plan” is modified to update the description to include the location for the MIS deliverables checklist and to remove the reference to UMCM Chapter 5.2.</p> <p>“Encounter Data Certification Form” is modified to submit to the TxMedCentral XXXDELIV folder with notice to MCCO.</p> <p>“Farmworker Children Annual Report Log” is added.</p> <p>“Financial Statistical Reports (FSR)” is modified to remove the 210-day Admin and Quality Improvement Cost FSR.</p> <p>“Fraud and Abuse Compliance Plan” name is modified to “Fraud, Waste, and Abuse Compliance Plan,” and the description is modified to add information on the submission of MCO Lock-In Policies with the plan.</p> <p>“Fraudulent Practices Report” name is modified to “Fraudulent Practices Referrals,” and the description is modified to provide reference to UMCM Chapter 5.5.1 for items to be included in the deliverable.</p> <p>“Frew Quarterly Monitoring Report” is modified to update the UMCM chapter number references and title of <i>Frew</i> staff in submission information.</p> <p>“Geo-Mapping Provider Interface” is deleted.</p> <p>“Geo-Mapping Report” is deleted.</p> <p>“Joint Interface Plan” is modified to update the description to include the location for the MIS deliverables checklist.</p> <p>“Joint Interface Plan Checklist” is deleted. Checklist included under new “MIS Deliverables Checklist” item.</p> <p>“Long-Term Services and Supports Report” is modified to update the UMCM chapter reference in the description.</p>
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<h1>HHSC UNIFORM MANAGED CARE MANUAL</h1>	CHAPTER	PAGE
	<b>5.0</b>	<b>12 of 70</b>
	EFFECTIVE DATE	
<h1>CONSOLIDATED DELIVERABLES MATRIX</h1>	<b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>“LTSS Utilization Report” is deleted, and the information for the referenced UMCM 5.4.5.1 now appears under the new report name, “STAR+PLUS Quarterly CDS Utilization Report.”</p> <p>“Marketing Materials” is modified to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“MCO Executive Contact List” is added.</p> <p>“MCO Material Subcontractor Monitoring Calendar” is added.</p> <p>“MCO PMUR Action Plan” is added.</p> <p>“MCO PMUR Action Report” is added.</p> <p>“MCO Value-Based Contracting” is modified to a new deliverable name, “MCO Alternative Payment Model Report,” and revisions made to the due date and submission information.</p> <p>“MCO Website” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“MDCP PDN PPECC Authorization Report” is added.</p> <p>“Medical Loss Ratio (MLR) Report” is added.</p> <p>“Member Handbook” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Member ID Cards” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Migrant Incentives Supporting Documentation Tracking Log” is modified to remove reference to UMCM Chapter 12.31.</p> <p>“MIS Deliverables Checklist” is added to list all MIS deliverable checklists in one line.</p> <p>“MMC Texas Health Steps Outreach Materials” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Model Provider Contracts” is modified to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Notices of Action/ Incomplete Prior Authorizations” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p>
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<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>5.0</b>	PAGE <b>13 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>	EFFECTIVE DATE <b>April 15, 2019</b>	
	<b>Version 2.6</b>	

			<p>“Online Provider Directory” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Out-of-Network Utilization Reports” is modified to add reference to UMCM Chapter 5.3.8.1.</p> <p>“Physician Incentive Plans” is modified to delete reference to UMCM Chapter 8.4.</p> <p>“Plan for Special Populations Program” is deleted.</p> <p>“Pre-payment Review Monthly Report” is added.</p> <p>“Provider Directory” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Provider Manual” is modified to reference UMCM Chapter 4.6 for submission timeframes and requirements and to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Provider Materials” is modified to revise the submission information from the HPM Communications email address to the Data Management System.</p> <p>“Provider Validation Report” name is modified to “Provider Directory Verification Survey.”</p> <p>“Risk Management Plan” is modified to update the description to include the location for the MIS deliverables checklist and delete reference to UMCM 5.2.</p> <p>“Risk Management Plan Checklist” is deleted. Checklist included under new “MIS Deliverables Checklist” item.</p> <p>“Security Plan” name is modified to be “Security Assessment Report” and delete reference to UMCM 5.2.</p> <p>“Security Plan Checklist” is deleted. Checklist included under new “MIS Deliverables Checklist” item.</p> <p>“STAR Health MDCP waiver MCO Self-Reported Metrics” is added.</p> <p>“STAR Kids MDCP waiver MCO Self-Reported Metrics” is added.</p> <p>STAR Kids PAS Authorizations and Billed Units” is added.</p> <p>STAR Kids Quarterly CDS Utilization Report” is added.</p> <p>“STAR+PLUS Service Coordination Report” is deleted.</p> <p>“STAR+PLUS PAS Authorizations and Billed Units” is added.</p>
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<h1>HHSC UNIFORM MANAGED CARE MANUAL</h1> <h2>CONSOLIDATED DELIVERABLES MATRIX</h2>	CHAPTER	PAGE
	<b>5.0</b>	<b>14 of 70</b>
	EFFECTIVE DATE	
<b>April 15, 2019</b>		<b>Version 2.6</b>

			<p>“STAR+PLUS Quarterly CDS Utilization Report” is added.</p> <p>“Systems Quality Assurance Plan” is modified to update the description to include the location for the MIS deliverables checklist and remove the reference to UMCM 5.2.</p> <p>“Systems Quality Assurance Plan Checklist” is deleted. Checklist included under new “MIS Deliverables Checklist” item.</p> <p>“TPL MCO Action Plan” is added.</p> <p>“Third Party Liability (TPL) MCO Pharmacy Report” is added.</p> <p>“Value-added Services Templates” is modified for the due date information.</p>
<p><sup>1</sup> Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.</p> <p><sup>2</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.</p> <p><sup>3</sup> Brief description of the changes to the document made in the revision.</p>			

**Applicability of Chapter 5.0**

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration (MMDD)), CHIP, STAR Health, and STAR Kids Programs, and Dental Contractors providing Children’s Medicaid and CHIP Dental Services to Members through dental health plans. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, and STAR Health Programs, and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance.

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



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>15 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
1.	Quality	Abuse, Neglect, and Exploitation Reports	The MMP must submit to HHSC the aggregate number of reports of abuse, neglect, and exploitation of members receiving LTSS as reported to the MMP by its providers.	MMDD 2.14.2.3.3	X				The last day of the month following the reporting month.	TXMedCentral XXXDELIV with notice to <a href="mailto:MCD_managed_care_quality@hhsc.state.tx.us">MCD_managed_care_quality@hhsc.state.tx.us</a>
2.	Finance	Affiliate Report	The MCO must submit an Affiliate Report to HHSC as defined by UMCM Chapter 5.11. This report requires information regarding Affiliates that do business with the MCO relating to the HHSC contract.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.6.2 UMCM Chapter 5.11			X	X	1) During the initial contract Readiness Review (by no later than 30 days prior to the contract's operational start date); 2) annually, by September 1 each year; and 3) on an as-occurs basis, within 30 days of the event that triggered the change in the information submitted with the last report.	Program Operations Finance
3.	Finance	Annual Financial Statements (as submitted to TDI)	The MCO must provide a complete and searchable electronic copy to HHSC of the most recent annual financial statements (e.g., the "Health Annual Statement"), as submitted to and required by the Texas Department of Insurance (TDI) for each year covered under the Contract.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2			X		No later than 10 calendar days after the MCO's submission to TDI  Irrespective of the 10 calendar day deadline, the MCO must notify HHSC if it cannot provide the most recent Annual Statements by March 31st each year, and the Annual Audited	Program Operations Finance



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>16 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			The MCO must provide a similar copy to HHSC of the annual <u>audited</u> financial statement submitted to TDI.	STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.2.1					Financial Report by June 30th each year. The notice should include an expected submission date.	
4.	Fraud	Annual Report on Certain Fraud and Abuse Recoveries	MCOs must submit data in the format and with the information specified by the HHSC OIG. Information must include the items listed in UMCM Chapter 5.5.1.	UMCC Att. B-1 8.1.19.5 CHIP RSA Att. B-1 8.1.19.5 STAR Health Att. B-1 8.1.25.5 STAR+PLUS Exp. Att. B-1 8.1.19.5 STAR+PLUS MRSA Att. B-1 8.1.19.5 STAR Kids Att. B-1 8.1.21.5 Medicaid and CHIP Dental Services Att. B-1 8.1.13.5				X	The second Friday in October of each year.	OIG
5.	Finance	Audit Reports (internal and external)	The MCO must comply with the Uniform Managed Care Manual's (UMCM) requirements regarding notification and/or submission to HHSC of certain internal and external audit reports. Note that "audit reports" are broadly defined in the UMCM, to include certain internal analysis, etc.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.19.2					X Within 45 days of issue date	Program Operations Finance





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>17 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 4.3.8 UMCM Chapter 5.3.11						
6.	Ops	Board Certification Status of Providers	The MCO must make information on the percentage of Board-certified PCPs in the Provider Network and the percentage of Board-certified specialty physicians, by specialty, available to HHSC upon request.	UMCC Att. B-1 8.1.4.5 CHIP RSA Att. B-1 8.1.4.5 STAR Health Att. B-1 8.1.4.5 STAR+PLUS Exp. Att. B-1 8.1.4.5 STAR+PLUS MRSA Att. B-1 8.1.4.5 STAR Kids Att. B-1 8.1.4.3 MMDD 2.7.3.7.11				X	Upon HHSC request	MCCO
7.	Systems	Business Continuity Plan	The MCO must submit the MIS Business Continuity Plan for HHSC's review and approval. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.  The Business Continuity Plan may be combined with the Disaster Recovery Plan, or each may be submitted separately.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2				X	August 1 HHSC timeline provided for MIS changes	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>18 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				MMDD 2.17.6.2. 2						
8.	Ops	CANS Assessment Summary	STAR Health MCO must report the number and percent of CANS assessments received timely.	UMCM 5.9.4		X			45 days after the quarter	TXMedCentral XXXDTS
9.	Finance	Claims Lag Report	The MCO must submit Claims Lag Report as a Contract year-to-date report. The report must disclose the amount of paid claims by incurred month and paid month.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.3 UMCM Chapter 5.6.2		X			Last day of the month following the close of the reporting period	TXMedCentral XXXDELIV
10.	Systems	Claims Processing System Changes	The MCO must notify HHSC of major claim system changes in writing no later than 180 days prior to planned implementation. The MCO must provide an implementation Plan and schedule of proposed changes.	UMCC Att. B-1 8.1.18.5 CHIP RSA Att. B-1 8.1.18.5 STAR Health Att. B-1 8.1.24.5 STAR+PLUS Exp. Att. B-1 8.1.18.5 STAR+PLUS MRSA Att. B-1 8.1.20.5				X	180 days prior to planned implementation of a change	MCCO



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>19 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. B-1 8.1.20.5 Medicaid and CHIP Dental Services Att. B-1 8.1.12.5 MMDD 2.17.3.2						
11.	Finance	Claims Summary Report	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 Support (including Nursing Facility Add-on Services), Nursing Facility, Vision, Dental and Pharmacy claims, provider recoupments, and advanced payments.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 UMCM Chapter 5.6.1	X				Last day of each month following the reporting period	TXMedCentral XXXDTS
12.	Ops	Clinical PA Criteria Implementation Report	MCOs must submit a report to HHSC that lists all Clinical Prior Authorization (Clinical PA) criteria approved by the HHSC Drug Utilization Review (DUR) Board and indicate whether the PA Criteria is being applied by the plan for each program. The MCO must submit a Clinical Prior Authorization Criteria Report on a quarterly basis, by the last day of the month following the reporting period using the template contained in UMCM Chapter 5.13.6.	UMCC Att. B-1 8.1.21.6 CHIP RSA Att. B-1 8.1.24.6 STAR Health Att. B-1 8.1.20.6 STAR+PLUS Exp. Att. B-1 8.1.42.6 STAR+PLUS MRSA Att. B-1 8.1.16.6 STAR Kids Att. B-1 8.1.17.6		X			Within 30 calendar days from the end of the quarter	VDP_MCO_Solutions@hhsc.state.tx.us



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>20 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				UMCM Chapter 5.13.6						
13.	Ops	Corrective Action Plan	MCO must take action to ensure its or a Subcontractor's compliance with or correction of any finding of noncompliance with any law, regulation, audit requirement, or generally accepted accounting principle relating to the Services and Deliverables or any other deficiency contained in any audit, review, or inspection conducted under this Article. This action will include MCO's delivery to HHSC, for HHSC'S approval, a Corrective Action Plan that addresses deficiencies.	UMCC Att. A 9.05(a) & Att. A 12.02(c) CHIP RSA Att. A 9.05(a) & Att. A 12.02(c) STAR+PLUS MRSA Att. A 9.05(a) & Att. A 12.02(c) STAR Health Att. A 9.06(a) & Att. A 12.02(c) STAR+PLUS Exp. Att. A 9.05(a) & Att. A 12.02(c) STAR Kids Att. A 8.06(a) & Att. A 11.02(c) Medicaid and CHIP Dental Services Att. A 9.05(a) & Att. A 12.02(c) MMDD 5.3.14				X	Within 30 calendar days of the close of the audit(s), review(s), or inspection(s); or by deadline set by HHSC	MCCO
14.	Quality	Critical Incidents and Abuse, Neglect, and Exploitation Quarterly Report	Medicaid MCOs must submit a quarterly and annual report that includes the number of Critical Incidents and Abuse, Neglect and Exploitation and associated remediation using data from reports received from the Department of Family and Protective Services (DFPS) Adult Protective Services (APS) for Members receiving LTSS services.	UMCC 8.1.20.2 STAR Health 8.1.26.2 STAR+PLUS Expansion 8.1.20.2 STAR+PLUS MRSA 8.1.22.2 STAR Kids 8.1.22.2 UMCM Chapter 5.18		X	X		Last day of the month following the close of the reporting period for Quarterly reports; Last day of the month following the close of the reporting period for Annual reports	LTSS Quality Reporting Unit CPIPerformancMeasures@hsc.state.tx.us



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>21 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

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



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>22 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to	
					Mo	Qtr	Ann	As Revised / Other	Due Date		
			payment, to either a hospital or other provider.	STAR Kids Att. B-1 8.1.19.2 UMCM Chapter 5.3.5							
18.	Systems	Disaster Recovery Plan	The MCO must submit the MIS Disaster Recovery Plan for HHSC's review and approval. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.  The Disaster Recovery Plan may be combined with the Business Continuity Plan, or each may be submitted separately.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.8.5.1.7.1				X	X	August 1 HHSC timeline provided for MIS changes	TXMedCentral XXXDTS
19.	Ops	Electronic Visit Verification Contractor Compliance Report	The MCO must submit an EVV Contractor Compliance Report according to the MCO EVV Reporting Requirements of UMCM Chapter 8.7 Section XI.	UMCC Att. B-1 8.2.17 STAR Health Att. B-1 8.1.37 STAR+PLUS Exp. Att. B-1 8.1.33.3 STAR+PLUS MRSA Att. B-1 8.1.35.3 STAR Kids Att. B-1 8.1.36.1 MMDD 2.1.4.6 UMCM Chapter 8.9						On the first day of each month	TXMedCentral XXXDTS with notice to MCCO



# HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER

**5.0**

PAGE

**23 of 70**

## CONSOLIDATED DELIVERABLES MATRIX

EFFECTIVE DATE

**April 15, 2019**

**Version 2.6**

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



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>24 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			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.	STAR Health Att. B-1 8.1.24.2 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-1 8.1.12.1 MMDD 2.18					month in which the claim was adjudicated.	Guidelines or Companion Guide
23.	Fin/ Ops/ Sys	Encounter Data Certification Form	In accordance with 42 CFR Section 438.604 and 438.606, MCO must certify in writing encounter data.	MMDD 2.18 UMCM Chapter 5.3.10	X				One certification form concurrent with encounter data	TXMedCentral XXXDELIV with notice to MCCO
24.	Ops	Farmworker Child Annual Report (FWC Annual Report)	Medicaid MCOs and Dental Contractors must submit an annual report about the identification of and delivery of services to Farmworker Children (FWC).	UMCC Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att. B-1 8.1.14.2 UMCM Chapters 12.1 and 12.3				X	September 15	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Managed Care Lead
25.	Ops	Farmworker Children Annual Report Log	Medicaid MCOs and Dental Contractors must submit an annual log listing efforts to	UMCC Att. B-1 8.1.20.2				X	September 15	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Managed Care Lead





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>25 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			coordinate with organizations and identify Farmworker Children.	STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att. B-1 8.1.14.2 UMCM Chapters 12.1, 12.16, & 12.25						
26.	Finance	Fidelity Bond	The MCO will secure and maintain throughout the life of the Contract a fidelity bond in compliance with Chapter 843 of the Texas Insurance Code and 28 T.A.C. §11.1805. The MCO must promptly provide HHSC with copies of the bond and any amendments or renewals thereto.	UMCC Att. A 17.03 CHIP RSA Att. A 17.03 STAR Health Att. A 17.03 STAR+PLUS Exp. Att. A 17.03 STAR+PLUS MRSA Att. A 17.03 STAR Kids Att. A 17.03 Medicaid and CHIP Dental Services Att. A 17.03 MMDD 4.10.2			X	X	Annually before the Effective Date of the Contract Due within 5 business days of renewal	Program Operations Finance
27.	Finance	Financial Statistical Reports (FSR)	The MCO must file four quarterly and two annual Financial-Statistical Reports (FSRs) for each SFY, in the format and timeframe specified by HHSC. Quarterly FSRs are	UMCC Att. A 10.11 & 10.11.1 UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2		X	X	X	Last day of the month following the close of the reporting period for Quarterly reports; 120 days after the end of the State Fiscal Year (SFY) for 90-day reports,	TXMedCentral XXXFSR with notice to MCSD Financial Reporting



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>26 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			due no later than 30 days after the end of the quarter.  Note that Experience Rebate checks, if owed, are due in full to HHSC concurrently with the 90-day-and the 334-day FSRs.	STAR Health Att. B-1 8.1.23.1  STAR+PLUS Exp. Att. B-1 8.1.17.2  STAR+PLUS MRSA Att. B-1 8.1.19.2  STAR Kids Att. B-1 8.1.19.2  Medicaid and CHIP Dental Services Att. B-1 8.1.11.1  MMDD 2.16.2  UMCM Chapter 5.3.1					and 365 days after the end of the SFY for 334-day reports.	
28.	Fraud	Fraud, Waste, and Abuse Compliance Plan	The MCO must submit a written Fraud, Waste, and Abuse compliance plan to the Office of Inspector General at HHSC for approval each year. MCOs must submit the MCO Lock-In Policies with this plan demonstrating how the MCO complies with the "HHSC OIG Lock-In Program Policies and Procedure" requirement.	UMCC Att. B-1 8.1.19  CHIP RSA Att. B-1 8.1.19  STAR Health Att. B-1 8.1.25  STAR+PLUS Exp. Att. B-1 8.1.19  STAR+PLUS MRSA Att. B-1 8.1.21  STAR Kids Att. B-1 8.1.21  Medicaid and CHIP Dental Services Att. B-1 8.1.13  MMDD 2.1.4.3 (Lock-in program not currently included)				X	90 days prior to start of the SFY	OIG



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>27 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
29.	Fraud	Fraud and Abuse - Subcontractors	If the MCO contracts for the investigation of allegations of Fraud, Abuse, or Waste and other types of program abuse by Members or Providers, the plan must include a copy of the subcontract; the names, addresses, telephone numbers, electronic mail addresses, and fax numbers of the principals of the subcontracted entity; and a description of the qualifications of the subcontracted entity. Such subcontractors must be held to the requirements stated in this Section.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp. Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13 MMDD 2.1.4.5; 2.1.5				X	Within 10 business days of execution of subcontract	OIG
30.	Fraud	Fraudulent Practices Referrals	Utilizing the HHSC-Office of Inspector General (OIG) fraud referral form (WAFERS), the MCO's assigned officer or director must report and refer all possible acts of waste, abuse or fraud to the HHSC-OIG within 30 business days of receiving the reports of possible acts of waste, abuse or fraud from the MCO's Special Investigative Unit (SIU). The report and referral must include the items listed in UMCM Chapter 5.5.1.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD 2.1.4.5; 2.1.5 UMCM Chapter 5.5.1				X	Within 30 days of notification by the MCO's SIU of the possible acts of waste, abuse, or fraud	OIG



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>28 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
31.	Ops	Frew Quarterly Monitoring Report	Each calendar year quarter, HHSC prepares a report for the court that addresses the status of the Consent Decree paragraphs of the <i>Frew v. Smith</i> lawsuit. Medicaid MCOs and Dental Contractors must prepare responses to questions posed by HHSC on the Frew Quarterly Monitoring Report template.	UMCC Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid Dental Services Att. B-1 8.1.14.2 UMCM Chapters 12.19 and 12.20		X			15 <sup>th</sup> of December, March, June, and September	TXMedCentral XXXDELIV with notice to the <i>Frew</i> Managed Care Lead
32.	Ops	Hotline Reports	The MCO must submit a status report for hotline performance in comparison with the performance standards set out in the contract.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD 2.9.1.3.9 UMCM Chapter 5.4.3		X			30 days after the close of the reporting period	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>29 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
33.	Ops	Hotline Reports - Nurse	The MCO must submit a status report for the Nurse Hotline in comparison with the performance standards set out in the contract.	STAR Health Att. B-1 8.1.26.2 STAR Kids Att. B-1 8.1.22.2 MMDD 2.9 UMCM Chapter 5.4.3	X					
34.	Ops	HUB Reports	The MCO must maintain its HUB Subcontracting Plan and submit monthly reports documenting the MCO's Historically Underutilized Business (HUB) program efforts and accomplishments to the HHSC HUB Office.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD 2.7.2.8 UMCM Chapter 5.4.4	X				<b>5th of September and March</b> <b>10th of all months except September and March</b> 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.	Post the Progress Assessment Report (PAR) reports in Excel format to TXMedCentral XXXDELIV &-email to: <a href="mailto:HHSCHub@hhsc.state.tx.us">HHSCHub@hhsc.state.tx.us</a> with notice to MCCO  The Excel file must be submitted with the following naming convention: Prime Contractor Name, Contract Number and the 2-digit month/year being reported. <b>EXAMPLE: ABC SUPPLY CO 529-08-0196 09-13</b>  The e-mail subject line should be the same as the file name: Prime Contractor Name, Contract Number, and the 2-digit month/year being reported. <b>EXAMPLE: ABC SUPPLY CO 529-08-0196 09-13</b>  Upon successful implementation of the HHS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>30 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
										HUB Portal, MCO's will login into the HHS HUB Portal to enter Progress Assessment Report (PAR) information. Training will be provided to MCOs prior to implementation.
35.	Quality	Individual Service Plan (ISP) Data	STAR+PLUS MCOs must complete and submit a bi-annual report summarizing ISP data for specific data elements using the template supplied by the EQRO.	UMCC Att. B-1 8.1.20.1 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 UMCM 5.19				X	January 31 and July 30 of each year	Quality
36.	Finance	Insurance Coverage Proof	MCO must furnish the HHSC original Certificates of Insurance evidencing the required insurance coverage on or before the Effective Date of the Contract. If insurance coverage is renewed during the Term of the Contract, the MCO must furnish HHSC renewal certificates of insurance, or such similar evidence, within five (5) business days of renewal.	UMCC Att. A 17.01 CHIP RSA Att. A 17.01 STAR Health Att. A 17.01 STAR+PLUS Exp. Att. A 17.01 STAR+PLUS MRSA Att. A 17.01 STAR Kids Att. A 17.01 Medicaid and CHIP Dental Services Att. A 17.01 MMDD 4.10.4				X	Annually on or 5 days before the Effective Date of the Contract Within 5 business days of amendment or renewal	Program Operations Finance
37.	Systems	Joint Interface Plan	The MCO must submit for HHSC's review and approval any modifications to the MIS	UMCC Att. B-1 8.1.18.2				X	August 1	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>31 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			Joint Interface Plan. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.	CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.17.4.2 UMCM Chapter 7.1					HHSC timeline provided for MIS changes	
38.	Ops	Key Personnel Changes	MCO must notify HHSC of any change in Key Personnel in writing and provide an updated MCO contact info list. Hiring or replacement of Key Personnel must conform to all Contract requirements. If HHSC determines that a satisfactory working relationship cannot be established between certain Key Personnel and HHSC, it will notify the MCO in writing. Upon receipt of HHSC's notice, HHSC and MCO will attempt to resolve HHSC's concerns on a mutually agreeable basis.	UMCC Att. A 4.02(c) CHIP RSA Att. A 4.02(c) STAR Health Att. A 4.02(c) STAR+PLUS Exp. Att. A 4.02(c) STAR+PLUS MRSA Att. A 4.02(c) STAR Kids Att. A 4.02(c) Medicaid and CHIP Dental Services Att. A 4.02(c) MMDD 2.2.2.2				X	within 15 days of change	MCCO



# HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER

5.0

PAGE

32 of 70

## CONSOLIDATED DELIVERABLES MATRIX

EFFECTIVE DATE

April 15, 2019

Version 2.6

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to	
					Mo	Qtr	Ann	As Revised / Other	Due Date		
39.	Finance	Legal and Other Proceedings and Related Events Report	<p>MCO must disclose certain matters involving the MCO, its Affiliates, and/or its Material Subcontractors. If there are no such matters, the MCO must definitively attest to that status in the signed annual report.</p> <p>Some of the matters subject to this requirement include certain: legal actions; government investigations and proceedings; media reports involving misreported costs or profits; bankruptcy petitions; major sanctions and fines; and, events that may threaten solvency.</p>	<p>UMCC Att. A 9.06, Att. B-1 8.1.17.1</p> <p>CHIP RSA Att. A 9.06, Att. B-1 8.1.17.1</p> <p>STAR Health Att. A 9.07, Att. B-1 8.1.23.1</p> <p>STAR+PLUS Exp. Att. A 9.06, Att. B-1 8.1.17.1</p> <p>STAR+PLUS MRSA Att. A 9.06+, Att. B-1 8.1.19.2</p> <p>STAR Kids Att. B-1 8.1.19.2</p> <p>Medicaid and CHIP Dental Services Att. B-1 8.1.11.1</p> <p>MMDD 2.16.4.6.3</p> <p>UMCM Chapter 5.8</p>				X	X	Written notice due within 30 calendar days of becoming aware of a matter, and an annual report due each September 1	Program Operations Finance with notice to MCO
40.	Fraud	Lock-in Claims Data Report	<p>An Excel spreadsheet with 12 months of pharmacy claims data supporting the lock-in referral (a minimum of 3 months if 12 months of claims are unavailable).</p> <p>An Excel spreadsheet with 12 months of acute care claims data if needed to support the lock-in referral (a minimum of 3 months if 12 months of claims are unavailable).</p>	<p>UMCC Att. B-1 8.1.19</p> <p>CHIP RSA Att. B-1 8.1.19</p> <p>STAR Health Att. B-1 8.1.25</p> <p>STAR+PLUS Exp. Att. B-18.1.19</p> <p>STAR+PLUS MRSA Att. B-1 8.1.21</p> <p>STAR Kids Att. B-1 8.1.21</p>				X		<p>Attached to each MCO referral to the LP.</p> <p>Within 7 days of OIG-LP request.</p>	WAFERS TXMedCentral XXXDELIV





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>33 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

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



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>34 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
43.	Quality	Long-Term Services and Supports Report	The STAR+PLUS MCO must file quarterly Long-Term Services and Supports Reports including the data specified in the UMCM Chapter 10.1.14, "Performance Indicator Dashboard for Quality Measures."	UMCC Att. B-1 8.1.20.1 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 UMCM Chapters 10.1.11 & 10.1.12		X				Quality
44.	Ops/ Systems	LTSS Provider Layouts	The Long-Term Services and Support (LTSS) Provider interfaces support the exchange of information between HHSC and the STAR+PLUS Managed Care Organizations (MCOs). The interfaces are generated each month and the MCOs are required to provide to HHSC their LTSS Provider Network via the LTSS Interface.	MMDD 2.17.3, 2.17.5 UMCM Chapter 8.3	X				Between the 5 <sup>th</sup> and 19 <sup>th</sup> of each month	TXMedCentral XXXDELIV
45.	Ops	Marketing Materials	Each MCO must submit Marketing Materials, Member Materials, and Provider Materials as indicated by HHSC for review and approval prior to use.	UMCC Att. B-1 8.1.6 CHIP RSA Att. B-1 8.1.6 STAR Health Att. B-1 8.1.6 STAR+PLUS Exp. Att. B-1 8.1.6 STAR+PLUS MRSA Att. B-1 8.1.6 Medicaid and CHIP Dental Services Att. B-1 8.1.7 STAR Kids Att. B-1 8.1.6				X	Prior to use	Data Management System



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>35 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				MMDD 1.86; CY15 Marketing Guidelines UMCM Chapters 4 and 8						
46.	Ops	Material Subcontractor Changes	MCOs must notify HHSC of changes in Material Subcontractors (MSC)	UMCC Att. A 4.08(b) CHIP RSA Att. A 4.08(b) STAR Health Att. A 4.09(b) 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				X	Unless otherwise provided in the Contract, provide HHSC with written notice no later than:  (i) 3 Business Days after receiving notice from a Material Subcontractor of its intent to terminate a Subcontract;  (ii) 180 calendar days prior to the termination date of a Material Subcontract for MIS systems operation or reporting;  (iii) 90 calendar days prior to the termination date of a Material Subcontract for non-MIS HMO Administrative Services; and  (iv) 30 calendar days prior to the termination date of any other Material Subcontract.	MCCO
47.	Quality	MCO Alternative Payment Model Report	MCOs must submit a written report based on an HHSC template for expansion of Alternative Payment Models with their providers.	UMCC Att. B-1 8.1.7.8.2 CHIP RSA Att. B-1 8.1.7.8.2 STAR Health Att. B-1 8.1.7.9.2				X	An interim status report might be  Due July 1 of every year for the previous calendar year	TXMedCentral XXXDTS and attached via email to MCCO and Quality Oversight Unit <a href="mailto:HPCS_UMCC_Provisions@hhsc.state.tx.us">HPCS_UMCC_Provisions@hhsc.state.tx.us</a>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>36 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to	
					Mo	Qtr	Ann	As Revised / Other	Due Date		
				STAR+PLUS Exp. Att. B-1 8.1.7.8.2 STAR+PLUS MRSA Att. B-1 8.1.7.8.2 STAR Kids Att. B-1 8.1.7.9.2 Medicaid and CHIP Dental Services Att. B-1 8.1.8.6.2 MMDD 5.1.9.1 UCMC Chapter 8.10				considered			
48.	Finance	MCO Disclosure Statement	The MCO Disclosure Statement provides HHSC with important, regularly updated information about the MCO, its owner, etc.  The MCO must file: 1. a MCO Disclosure Statement prior to the start of Operations; 2. an updated MCO Disclosure Statement no later than September 1 <sup>st</sup> of each Contract Year; and 3. a "change notification" abbreviated version of the report, no later than 30 days after any of the following events: 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.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.6.1 UCMC Chapter 5.3.2				X	X	Initial report due during Implementation Phase, by no later than 30 days prior to the contract's operational start date  Full annual report due every September 1  "As occurs" change notification abbreviated report due within 30 days after events listed	Program Operations Finance



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>37 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
49.	Ops	MCO Executive Contact List	The MCO must submit a contact list of its Executive staff and their contact information.	UMCC Att. A 4.02 CHIP RSA Att. A 4.02 STAR Health Att. A 4.02 STAR+PLUS Exp. Att. A 4.02 STAR+PLUS MRSA Att. A 4.02 STAR Kids Att. A 4.02 Medicaid and CHIP Dental Services Att. A 4.02 MMDD 2.2.2.2 UMCM 5.23				X X	September 1 Within 15 business days of any changes	TXMedCentral XXXDTS
50.	Fraud	MCO Lock-in Policies	The MCO must have written policies related to the HHSC OIG Lock-in Program <i>MCO Policies and Procedures</i> as requested.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp. Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13				X	Upon Request	OIG



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>38 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
51.	Ops	MCO Material Subcontractor Monitoring Calendar	MCO must submit annual calendar of their Material Subcontractor monitoring activities per SFY.	UMCC Att. B-1 8.1.1.2 CHIP RSA Att. B-1 8.1.1.2 STAR Health Att. B-1 8.1.1.1 STAR+PLUS Exp. Att. B-1 8.1.1.2 STAR+PLUS MRSA Att. B-1 8.1.1.2 STAR Kids Att. B-1 8.1.1.2 UMCM Chapter 5.21				X	September 1	TxMedCentral XXXDTS with notice to MCCO
52.	Fraud	MCO Open Case List Report	<p>The MCO must submit, using the prescribed OIG template, a monthly open case list report electronically to OIG-Medicaid Provider Integrity and the Office of Attorney General Medicaid Fraud Control Unit (MFCU). 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> <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> </ul>	UMCM Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-18.1.14.2 MMDD 2.1.5 UMCM Chapter 5.5.1				X	By close of business on the first business day following the 14 <sup>th</sup> day of the month after the month being reported.	OIG-Medicaid Provider Integrity and OAG Medicaid Fraud Control Unit (MFCU)



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>39 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			<ul style="list-style-type: none"> <li>not accepted by OIG; or</li> <li>were referred directly to OIG Sanctions within the month.</li> </ul>							
53.	Pharmacy Ops	MCO Pharmacy Quarterly Report	MCOs must provide data on a quarterly basis related to the prescription drug benefit.	UMCC Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.1.21, & 8.2.8  CHIP RSA Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.21, & 8.24  STAR Health Att. B-1 8.1.3, 8.1.4, 8.1.20.2, 8.1.23, 8.1.26.2, 8.1.34  STAR+PLUS Exp. Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.20.2, 8.1.29, & 8.1.42  STAR+PLUS MRSA Att. B-1 8.1.3, 8.1.4, 8.1.16, 8.1.18, 8.1.22.2, & 8.1.31  STAR Kids Att. B-1 8.1.3, 8.1.4, 8.1.17, 8.1.19, 8.1.22.2, 8.1.31  MMDD 2.18.1.5.5 UMCM Chapter 5.13.4		X			Each state fiscal quarter by the last day of the month following the reporting period.	TXMedCentral XXXDTS
54.	Pharmacy Ops	MCO Pharmacy Website Required Critical Elements	The MCO's pharmacy website must include a list of the MCO's implemented clinical edits for covered drugs and must include the specific information listed in UMCM Chapter 3.29. The MCOs must provide the	UMCC Att. B-1 8.1.21.1 CHIP RSA Att. B-1 8.1.24.1 STAR Health Att. B-1 8.1.5.6				X	Within 15 days of any change	<a href="mailto:VDP_MCO_Solutions@hhsc.state.tx.us">VDP_MCO_Solutions@hhsc.state.tx.us</a>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>40 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			link to the MCO's website to the Vendor Drug Program.	STAR+PLUS Exp. Att. B-1 8.1.42.1 STAR+PLUS MRSA Att. B-1 8.1.16.1 STAR Kids Att. B-1 8.1.17.1 MMDD 2.15.5.1.5 UMCM Chapter 3.29						
55.	Ops	MCO PMUR Action Plan	MCOs must submit a Psychotropic Medication Utilization Review (PMUR) Action Plan on an annual basis.	UMCC Att. B-1 8.1.21.6 STAR+PLUS Exp. 8.1.42.6 STAR+PLUS MRSA 8.1.16.6 STAR Kids 8.1.17.6 UMCM Chapter 5.13.7			X		August 1	TxMedCentral XXXDTS
56.	Ops	MCO PMUR Action Report	MCOs must submit a Psychotropic Medication Utilization Review (PMUR) Report on an annual basis.	UMCC Att. B-1 8.1.21.6 STAR+PLUS Exp. 8.1.42.6 STAR+PLUS MRSA 8.1.16.6 STAR Kids 8.1.17.6 UMCM Chapter 5.13.7			X		October 1	TxMedCentral XXXDTS
57.	Ops	MCO Website	MCO Website 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 8.1.5.5 CHIP RSA Att. B-1 8.1.5.5 STAR Health Att. B-1 8.1.5.5 STAR Kids Att. B-1 8.1.5.5				X	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Data Management System





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>41 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR+PLUS Exp. Att. B-1 8.1.5.5 STAR+PLUS MRSA Att. B-1 8.1.5.5 Medicaid and CHIP Dental Services Att. B-1 8.1.6.5 UMCM 3.32 and 4.6						
58.	Utilization Review	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.	UMCM 5.4.5.8	X				Due by the 15 <sup>th</sup> of each month	TXMedCentral XXXDTS with notice to MCCO and the Transition/High Needs Coordinator
59.	Ops	Medicaid Managed Care THSteps Medical Checkups Reports and Refusal Tracking Logs	Medicaid MCOs must submit reports documenting the number of Members who receive Texas Health Steps (THSteps) checkups or refuse to do so.	UMCC Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 UMCM Chapters 12.4-12.6, and 12.9				X	May 12	TXMedCentral XXXDELIV with notice to the Frew Compliance Lead
60.	Ops	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	UMCC Att. B-1 8.2.6 STAR Health Att. B-1 8.1.33				X	At least 30 days prior to implementation	MCCO



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>42 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			regulations. The Complaint and Appeal system must include a Complaint process, an Appeal process, and access to HHSC's Fair Hearing System. The procedures must be the same for all Members and must be reviewed and approved in writing by HHSC or its designee.	STAR+PLUS Exp. Att. B-1 8.1.27 STAR+PLUS MRSA Att. B-1 8.1.29 STAR Kids Att. B-1 8.1.29 Medicaid and CHIP Dental Services Att. B-1 8.1.6.9 MMDD 2.11, 2.12						
61.	Finance	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 UCM Chapter 5.3.13.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 UMCM Chapter 5.3.13				X	Submitted with the 334-day reports.	TXMedCentral XXXDELIV
62.	Ops	Member Handbook	The Member Handbook for each applicable MCO Program must, at a minimum, meet the Member Materials requirements specified in the contract and must include critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.5.3 CHIP RSA Att. B-1 8.1.5.3 STAR Health Att. B-1 8.1.5.3 STAR+PLUS Exp. Att. B-1 8.1.5.3				X	Prior to use Refer to UCM Chapter 4.6 for submission timeframes and requirements.	Data Management System



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>43 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR+PLUS MRSA Att. B-1 8.1.5.3 STAR Kids Att. B-1 8.1.5.3 Medicaid and CHIP Dental Services Att. B-1 8.1.6.1 and 8.1.6.3 MMDD 2.15.4.3.1.1 UMCM Chapters 3.4,3.5, 3.15, 3.19, 3.26, 3.30, and 4.6						
63.	Ops	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 critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.5.2 CHIP RSA Att. B-1 8.1.5.2 STAR Health Att. B-1 8.1.5.2 STAR Kids Att. B-1 8.1.5.2 STAR+PLUS Exp. Att. B-1 8.1.5.2 STAR+PLUS MRSA Att. B-1 8.1.5.2 Medicaid and CHIP Dental Services Att. B-1 8.1.6.2 UMCM 3.6, 3.7, 3.8, 3.16, 3.20, 3.27, and 4.6				X	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements	Data Management System
64.	Ops	Members with Special Health Care Needs Report	STAR and CHIP MCOs must report all Members identified as MSHCN and indicate which MSHCN have a service plan.	UMCC Att. B-1 8.1.12.1 CHIP RSA Att. B-1 8.1.12.1 UMCM Chapter 5.4.6		X			30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to MCO



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>44 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
65.	Ops	Migrant Incentives Supporting Documentation Tracking Log	Migrant incentives log is used to calculate points for MCO outreach efforts. Total points will determine how each MCO is ranked per Service Area and Mailing region, respectively.	UMCC Att. B-1, 6.3.2.5 STAR+PLUS Exp. Att. B-1 6.3.2.7 STAR+PLUS MRSA Att. B-1 6.3.2.7 Medicaid and CHIP Dental Services Att. B-1 6.2.4.4 UMCM Chapter 12.25			X		September 15	Migrant Services Lead
66.	Systems	MIS Deliverables Checklist	The MCO must submit the MIS Deliverables Checklist in conjunction with the following MCO MIS deliverables for HHSC's review and approval: Joint Interface Plan (JIP), Business Continuity Plan/Disaster Recovery Plan, Risk Management Plan, Systems Quality Assurance Plan, and Security Assessment Report.  The MIS Deliverables Checklist can be found on TXMedCentral in the MCOGENL directory.  Information for the Business Continuity Plan and Disaster Recovery Plan may be combined on the checklist. Information for the other MCO MIS deliverables must be entered on the appropriate worksheet in the checklist.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 2.8.5.1.7.1; 2.17.4.2; 5.2.3.4 UMCM Chapter 7.1			X	X	August 1 HHSC timeline provided for MIS changes	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>45 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
67.	Ops	MMC Texas Health Steps Outreach Materials	MMC Texas Health Steps Outreach Materials must, at a minimum, meet the Member Materials requirements specified in the contract and must include critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.2.2.3.4 STAR Health Att. B-1 8.1.28.3.4 STAR Kids Att. B-1 8.1.24.3.4 STAR+PLUS Exp. Att. B-1 8.1.22.3.4 STAR+PLUS MRSA Att. B-1 8.1.24.3.4 Medicaid and CHIP Dental Services Att. B-1 8.2.2.1.2 UMCM 3.24 and 4.6				X	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Data Management System
68.	Ops	Model Provider Contracts	The MCO must submit model Provider contracts to HHSC for review during Readiness Review and when making revisions. HHSC retains the right to reject or require changes to any model Provider contract that does not comply with MCO Program requirements or the HHSC-MCO Contract.	UMCC Att. A 4.08, Att. B-1 8.1.4.1 CHIP RSA Att. A 4.08, Att. B-1 8.1.4.1 STAR Health Att. A 4.08, Att. B-1 8.1.4.1 STAR+PLUS Exp. Att. A 4.08, Att. B-1 8.1.4.1 STAR+PLUS MRSA Att. B-1 8.1.4.1 STAR Kids Att. A 4.08, Att. B-1 8.1.4.1				X	Prior to use	Data Management System



# HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER

**5.0**

PAGE

**46 of 70**

## CONSOLIDATED DELIVERABLES MATRIX

EFFECTIVE DATE

**April 15, 2019**

**Version 2.6**

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid and CHIP Dental Services Att. A 4.08, Att. B-1 8.1.5.2 MMDD Appendix C.6 UMCM Chapters 8.1 & 8.6						
69.	Ops	Notices of Action/Incomplete Prior Authorizations	Notices of Action/Incomplete Prior Authorization materials must, at a minimum, meet the Member Materials requirements specified in the contract and must include critical elements in the Uniform Managed Care Manual.	UMCC Att. B-1 8.2.6.5 STAR Health Att. B-1 8.1.33.6 STAR Kids Att. B-1 8.1.29.5 STAR+PLUS Exp. Att. B-1 8.1.27.5 STAR+PLUS MRSA Att. B-1 8.1.29.5 Medicaid and CHIP Dental Services Att. B-1 8.2.5.5 UMCM 3.21, 3.22, and 4.6				X	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Data Management System
70.	Ops	Online Provider Directory	The MCO Online Provider Directory 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 8.1.5.4 CHIP RSA Att. B-1 8.1.5.4 STAR Health Att. B-1 8.1.5.4 STAR Kids Att. B-1 8.1.5.4 STAR+PLUS Exp. Att. B-1 8.1.5.4 STAR+PLUS MRSA Att. B-1 8.1.5.4				X	Prior to use Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Data Management System



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>47 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid and CHIP Dental Services Att. B-1 8.1.6.4 UMCM 3.34 and 4.6						
71.	Ops	Operational Policies and Procedures	The MCO must make operational policies and procedures available to HHSC upon request.	UMCC Att. A; Att. B-1 8 CHIP RSA Att. A, Att. B-1 8 STAR Health Att. A; Att. B-1 8 STAR Kids Att. A; Att. B-1 8 STAR+PLUS Exp. Att. A, Att. B-1 8 STAR+PLUS MRSA Att. A, Att. B-1 8 Medicaid and CHIP Dental Services Att. A, Att. B-1 8 MMDD Section 2 UMCM Chapter 4.6				X	Upon HHSC request	MCCO
72.	Systems	Organizational Chart for MIS	The MCO must provide HHSC any updates to the MCO's organizational chart relating to MIS and the description of MIS responsibilities at least 30 days prior to the effective date of the change. The MCO must provide HHSC official points of contact for MIS issues on an on-going basis.	UMCC Att. B-1 8.1.18 CHIP RSA Att. B-1 8.1.18 STAR Health Att. B-1 8.1.24 STAR+PLUS Exp. Att. B-1 8.1.18 STAR+PLUS MRSA Att. B-1 8.1.20 STAR Kids Att. B-1 8.1.20			X	X	August 1 HHSC timeline provided for MIS changes	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>48 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to	
					Mo	Qtr	Ann	As Revised / Other	Due Date		
				Medicaid and CHIP Dental Services Att. B-1 8.1.12 MMDD 2.17.3.1.7							
73.	Finance	Other Existing Financial Reports (as may be distributed to others)	<p>The MCO must provide HHSC with full and complete searchable electronic copies of reports submitted by the MCO, its parent, or Ultimate Owner, or as may otherwise be prepared, of the following:</p> <ul style="list-style-type: none"> <li>• SEC Form 10-K (if MCO or its Ultimate Owner is publicly-traded).</li> <li>• IRS Form 990 (if MCO or its parent or Ultimate Owner is non-profit).</li> <li>• Bond or debt rating analysis (if any external entity publishes one).</li> <li>• Annual financial statements for nonprofit that is a component of a County Hospital District, etc.</li> </ul> <p>Other Annual Report, if it is both (1) different than, or supplementary to the financial statements otherwise submitted; and, (2) distributed to certain parties.</p>	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.7				X	X	No later than 30 calendar days after report is filed or initially distributed.  If there is a regularly required due date for any of the above reports, and an extension on the filing deadline is received, then the MCO should notify HHSC of any such extension, and provide the estimated revised filing date.	Program Operations Finance
74.	Ops	Out-of-Network Utilization Reports	The MCO must submit quarterly Out-of-Network Utilization Reports in the format and timeframe specified by HHSC.	UMCC Att. B-1 8.1.17.1 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2		X				30 days after the end of each period	TXMedCentral XXXDTS





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>49 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid Dental Services Att. B-1 8.1.14.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 UMCM Chapter 5.3.8 and 5.3.8.1						
75.	Finance	Performance Bond	Beginning on the Operational Start Date of the Contract, and each year thereafter, the MCO must obtain a performance bond with a 1 year term. The performance bond must continue to be in effect for 1 year following the expiration of the contract term.	UMCC Att. A 17.02 CHIP RSA Att. A 17.02 STAR Health Att. A 17.02 STAR+PLUS Exp. Att. A 17.02 STAR+PLUS MRSA Att. A 17.02 Medicaid and CHIP Dental Services Att. A 17.02 STAR Kids Att. A 17.02 MMDD 4.10.1 UMCM Chapter 6.4.5				X	September 1	Mail original copies to Program Operations Finance
76.	Quality	Performance Improvement Projects	MCOs submit proposed performance improvement projects (PIPs) for performance improvement. For 2014 PIPs, the MCO will have one two-year PIP per program and one three-year PIP per	UMCC Att. B-1 8.1.1.1 CHIP RSA Att. B-1 8.1.1.1 STAR Health Att. B-1 8.1.1				X	HHSC will provide due dates each year for PIP plans, PIP progress reports, and final PIP reports	TXMedCentral XXXDELIV with notice to <a href="mailto:QISupport@ufl.edu">QISupport@ufl.edu</a> , MCCO, and MCD Quality Assurance



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>50 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			program. All subsequent PIPs will be two years.	STAR+PLUS Exp. Att. B-1 8.1.1.1 STAR+PLUS MRSA Att. B-1 8.1.1.1 Medicaid and CHIP Dental Services Att. B-1-8.1.1.1, STAR Kids Att. B-1 8.1.1.1 MMDD 2.14.2.3.7 UMCM Chapter 10.2.4, 10.2.5, 10.2.8, & 10.2.9						
77.	Ops	Perinatal Risk Report (17P Report)	The MCO must submit a quarterly perinatal risk report as described in Uniform Managed Care Manual.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 UMCM Chapter 5.16		X			No later than 90 days after the end of the reporting period	TXMedCentral XXXDTS and attached via an email to MCCO and Healthcare Quality Analytics, Research and Coordination Support Unit <a href="mailto:HPCS_UMCC_Provisions@hhsc.state.tx.us">HPCS_UMCC_Provisions@hhsc.state.tx.us</a>
78.	Ops	Pharmaceutical Delivery Fee Payment Methodology	The MCO must submit its methodology, and any future revisions, for the Pharmaceutical Delivery Fee Payment Program that includes the elements specified by HHSC.	UMCC Att. B-1 8.1.21.12 CHIP RSA Att. B-1 8.1.24.12 STAR Health Att. B-1 8.1.20.12				X	No later than 30 business days prior to implementing or modifying	TXMedCentral XXXDELIV with notice to <a href="mailto:VDP_MCO_Solutions@hhsc.state.tx.us">VDP_MCO_Solutions@hhsc.state.tx.us</a>



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>51 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR+PLUS Exp. Att. B-1 8.1.42.12 STAR+PLUS MRSA Att. B-1 8.1.16.12 STAR Kids Att. B-1 8.1.17.12 UMCM Chapter 5.13.3						
79.	Ops	Physician Incentive Plans	MCOs must submit information concerning physician incentive plans.	UMCC Att. B-1 8.1.7.8.1 CHIP RSA Att. B-1 8.1.7.8.1 STAR Health Att. B-1 8.1.7.9.1 4 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				X	No later than 5 business days prior to implementing or modifying	TXMedCentral XXXDTS and attached via email to MCCO and Healthcare Quality Analytics, Research and Coordination Support Unit <a href="mailto:HPCS_UMCC_Provisions@hhsc.state.tx.us">HPCS_UMCC_Provisions@hhsc.state.tx.us</a>
80.	Ops	PMUR Report	The STAR Health MCO must provide HHSC a quarterly report that shows reasons for conducting psychotropic medication utilization reviews (PMUR) and their outcomes.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.9.2		X			30 days after close of reporting period	TXMedCentral XXXDTS
81.	Fraud	Pre-payment Review Monthly Report	MCOs must provide to the HHSC OIG the Pre-payment Review Monthly Report on a monthly basis for providers for whom	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25				X	Monthly reports are due on the first business day following the 6 <sup>th</sup> day of the month.	OIG



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>52 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			HHSC OIG-directed pre-payment review has been implemented.	STAR+PLUS Exp. Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21 STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13 MMDD 2.1.5.4						
82.	Ops	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 Att. B-1 8.1.33.1 STAR Kids Att. B-1 8.1.29 STAR+PLUS Exp. Att. B-1 8.1.27 STAR+PLUS MRSA Att. B-1 8.1.29 Medicaid and CHIP Dental Services Att. B-1 8.2.5.1 UMCM 3.28				X	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 Routine Issue within 10 business days Large Volume Complaint within 14 business days	<a href="mailto:HPM.Complaints@hhsc.state.tx.us">HPM.Complaints@hhsc.state.tx.us</a> and the designated MCCO staff
83.	Ops	Provider Complaints, Member Complaints, and Member Appeals	The MCO must submit quarterly Complaints and Appeals reports. The MCO must include in its reports complaints and appeals submitted to the MCO and/or any Subcontractor delegated to provide a service for the MCO. Complaint reports must include all Member and Provider	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2		X			45 days after end of the reporting period; the MCO must not submit its complaint and/or appeals reports prior to the due date if it has pending complaints or appeals	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>53 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			complaints submitted orally or in writing. Appeals reports must include counts of expedited and standard appeals received and resolved during the reporting quarter in addition to pending appeals.	STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2 MMDD Appendix C.2 UMCM Chapter 5.4.2						
84.	Ops	Provider Contract Termination	<ol style="list-style-type: none"> <li>The MCO must notify the HHSC Administrative Services Contractor by updating the MCO provider.</li> <li>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.</li> <li>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.</li> </ol>	UMCC Att. B-1 8.1.4.9 and 8.1.18 CHIP RSA Att. B-1 8.1.4.9 and 8.1.18 STAR Health Att. B-1 4.1.4.13 and 8.1.24 STAR+PLUS Exp. Att. B-1 8.1.4 and 8.1.18 STAR+PLUS MRSA Att. B-1 8.14.9 and 8.1.20 STAR Kids Att. B-1 8.1.4.7 and 8.1.20 Medicaid and CHIP Dental Service B-1 8.1.5.10 and 8.1.12 MMDD 2.15.5.1.6				X	<ol style="list-style-type: none"> <li>In accordance with timeframes in EB-CHIP JIP</li> <li>Within 5 days after termination</li> <li>For involuntary terminations, within 15 days</li> <li>For voluntary terminations, within 30 days before effective date of termination.</li> </ol>	<ol style="list-style-type: none"> <li>To appropriate TXMedCentral folder according to EB-CHIP JIP</li> <li>Notice to MCCO</li> </ol>



# HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER

PAGE

**5.0**

**54 of 70**

## CONSOLIDATED DELIVERABLES MATRIX

EFFECTIVE DATE

**April 15, 2019**

**Version 2.6**

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
85.	Ops	Provider Directory	<ol style="list-style-type: none"> <li>The Provider Directory for each applicable MCO Program, and any substantive revisions, must be approved by HHSC prior to publication and distribution and must include critical elements in Uniform Managed Care Manual. The Provider Directory listing revisions do not require review and approval from HHSC.</li> <li>The MCO must update the Provider Directory listing in the hard copy Provider Directory on a quarterly basis.</li> </ol>	UMCC Att. B-1 8.1.5.4 CHIP RSA Att. B-1 8.1.5.4 STAR Health Att. B-1 8.1.5.4 STAR+PLUS Exp. Att. B-1 8.1.5.4 STAR+PLUS MRSA Att. B-1 8.1.5.4 STAR Kids Att. B-1 8.1.5.4 Medicaid and CHIP Dental Services Att. B-1 8.1.6.4 MMDD 2.15.5 UMCM Chapters 3.1, 3.2, 3.13, 3.17, 3.25, and 4.6		X		X	<ol style="list-style-type: none"> <li>Substantive revisions prior to use. Refer to UMCM Chapter 4.6 for submission timeframes and requirements.</li> <li>Quarterly projections and due date set by the HHSC Administrative Services Contractor (usually the Friday after cutoff prior to the start of the quarter)</li> </ol>	<ol style="list-style-type: none"> <li>Data Management System</li> <li>TXMedCentral XXXLIB with notice to MCCO</li> </ol>
86.	Ops	Provider Directory Verification Survey Report	The MCO must collect, analyze, and submit survey results as specified in UMCM Chapter 5.4.1.10	UMCC Att. B-1, 8.1.3.3 CHIP RSA Att. B-1, 8.1.3.3 STAR Health Att. B-1, 8.1.3.3 STAR+PLUS Exp. Att. B-1, 8.1.3.3 STAR+PLUS MRSA, Att. B-1, 8.1.3.3 STAR Kids Att. B-1 8.1.3.3 Medicaid and CHIP Dental Services, Att. B-1, 8.1.4.4				X	September 15	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>55 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				UMCM Chapter 5.4.1.10						
87.	Ops	Provider Enrollment/ Credentialing Denial Report	MCO must submit a quarterly report that identifies any providers whose enrollment, re-enrollment, or credentialing has been denied for participation in a MCO's provider network, and the reason for the MCO denial. The report must be submitted to HHSC in the format specified by HHSC, no later than 30 days after the end of the reporting period.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-18.1.14.2 UMCM Chapter 5.4.1.11 & 5.4.1.9		X			30 days after the close of the reporting period	TXMedCentral XXXDTS with notice to OIG
88.	Ops	Provider Manual	The MCO must prepare and issue a Provider Manual(s), including any necessary specialty manuals (e.g., behavioral health) to all existing Network Providers. The Provider Manual must contain the critical elements defined in the Uniform Managed Care Manual.	UMCC Att. B-1 8.1.4.6 CHIP RSA Att. B-1 8.1.4.6 STAR Health Att. B-1 8.1.4.6 STAR+PLUS Exp. Att. B-1 8.1.4.6 STAR+PLUS MRSA Att. B-1 8.1.4.6 STAR Kids Att. B-1 8.1.4.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5.7				X	Prior to publication and distribution to Providers, including revisions Refer to UMCM Chapter 4.6 for submission timeframes and requirements.	Data Management System



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>56 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				MMDD 2.7.9 UMCM Chapters 3.3, 3.14, 3.18, 3.23, and 4.6						
89.	Ops	Provider Materials	Provider Materials produced by the MCO, relating to Medicaid Managed Care and the CHIP Program, including CHIP Perinatal, as required by each contract and the UMCM.	UMCC Att. B-1 8.1.4.6 CHIP RSA Att. B-1 8.1.4.6 STAR Health Att. B-1 8.1.4.6 STAR+PLUS Exp. Att. B-1 8.1.4.6 STAR+PLUS MRSA Att. B-1 8.1.4.6 STAR Kids Att. B-1 8.1.4.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5.7 MMDD 2.7.6.6.16 UMCM Chapter 4				X	Prior to use	Data Management System
90.	Ops	Provider Network & Capacity Report	Each CHIP MCO, Children's Medicaid Dental Services and CHIP Dental Services Dental Contractor, and Medicare Medicaid Plan must submit a quarterly report listing all Providers within their Provider Networks. STAR+PLUS and STAR Kids MCOs must submit a report that includes all LTSS providers in its Networks.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR+PLUS Expansion Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.14.2		X			No later than 30 days after the end of the reporting period	TXMedCentral XXXDTS





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>57 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. B-1 8.1.22.2 MMP UMCM Chapter 5.4.1.12						
91.	Ops	Provider Termination Report	MCO must submit a quarterly report that identifies all Network Providers (both primary care and specialty) who cease to participate in the MCO's provider network, either voluntarily or involuntarily.	UMCC Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.20.2 STAR Health Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-18.1.5.7 UMCM Chapter 5.4.1.11		X			30 days after the close of the reporting period	TXMedCentral XXXDTS
92.	Ops	Provider Training	The MCO must provide training to all Providers and provider office staff regarding the requirements of the Contract and special needs of Members. The MCO's Medicaid and CHIP, including CHIP Perinatal, training must be completed within 30 days of placing a newly contracted Provider on active status. The MCO must provide ongoing training to new and existing Providers as required by the MCO or HHSC to comply with the Contract.	UMCC Att. B-8.1.4.6 CHIP RSA Att. B-1 8.1.4.6 STAR Health Att. B-1 8.1.4.6 STAR+PLUS Exp. Att. B-1 8.1.4.6 STAR+PLUS MRSA Att. B-1 8.1.4.6 STAR Kids Att. B-1 8.1.4.4				X	Upon request and upon covered benefit changes	TXMedCentral XXXDELIV with notice to MCCO



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>58 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			The MCO must maintain and make available upon request enrollment or attendance rosters dated and signed by each attendee or other written evidence of training of each Provider and their staff.	Medicaid and CHIP Dental Services Att. B-1 8.1.5.7 MMDD 2.7.6.6						
93.	Ops	QAPI Program Annual Summary	The MCO must develop, maintain, and operate a Quality Assessment and Performance Improvement (QAPI) Program consistent with the Contract, and TDI requirements. The MCO must complete an annual QAPI Program Summary as specified in the UMCM.	UMCC Att. B-1 8.1.7.1, Att. B-1 8.1.20.2 CHIP RSA Att. B-1 8.1.7.1, Att. B-1 8.1.20.2 STAR Health Att. B-1 4.1.7.1, Att. B-1 8.1.26.2 STAR+PLUS Exp. Att. B-1 8.1.7.1, Att. B-1 8.1.20.2 STAR+PLUS MRSA Att. B-1 8.1.22.2 STAR Kids Att. B-1 8.1.22.2 Medicaid and CHIP Dental Services Att. B-1 8.1.8.1 MMDD 2.14 UMCM Chapter 5.7.1				X	Initial summary: during Readiness Review Annual Summary for the previous calendar year: on March 30	EQRO with notice to Program Management Quality Assurance
94.	Finance	Registration Statement ("Form B")	MCO must submit to HHSC a complete copy of any annual Registration Statement (also known as Form B) that it submits to TDI, along with all amendments, exhibits, and attachments to this form. If the MCO or Dental Contractor is excepted from the TDI Form B filing requirement, the MCO or	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2				X	Initial form: during Readiness Review Annual forms: no later than 10 business days after submission to TDI	Program Operations Finance



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>59 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			Dental Contractor must demonstrate this and explain the nature of the exemption.	STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1						
95.	Systems	Risk Management Plan	The MCO must submit for HHSC's review and approval any modifications to the MIS Risk Management Plan. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 5.2.3.4			X	X	August 1 HHSC timeline provided for MIS changes	TXMedCentral XXXDTS changes
96.	Systems	Security Assessment Report	The MCO must submit the Security Assessment Report for HHSC's review and approval.	UMCC Att. B-1 8.1.18.2 CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2			X	X	August 1 HHSC timeline provided for MIS changes	TXMedCentral XXXDTS changes



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>60 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2						
97.	Quality	Service Coordinators CDS Training Report	The MMP must submit to HHSC the total number of service coordinators due to receive training in consumer directed service options during the reporting period and the number of those service coordinators that have undergone training consumer directed service options.	MMDD 2.5.5.2.2				X	30 days after the close of the reporting period	TXMedCentral XXXDELIV with notice to Program Management Quality Assurance
98.	Finance	Solvency Issues Notification	If the MCO becomes aware of any impending changes to its financial or business structure that could adversely impact its compliance with the solvency, reserve, or net worth requirements of the Contract, or its ability to pay its debts as they come due, the MCO must notify HHSC immediately in writing.	UMCC Att. A 14.04 CHIP RSA Att. A 14.04 STAR Health Att. A 14.04 STAR+PLUS Exp. Att. A 14.04 STAR+PLUS MRSA Att. A 14.04 STAR Kids Att. A 14.04 Medicaid and CHIP Dental Services Att. A 14.04 MMDD 2.16.1.1.1				X	Immediately	Program Operations Finance
99.	Ops	Special Exception Request	MCO must complete the Special Exception Request form each time it requests a variance from the Medicaid or CHIP mileage standards or out-of-network utilization standards for each service area.	UMCC Att. B-1 8.1.4 CHIP RSA Att. B-1 8.1.4 STAR Health Att. B-1 8.1.4				X	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	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>61 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. B-1 8.1.4 STAR+PLUS Exp. Att. B-1 8.1.4 STAR+PLUS MRSA Att. B-1 8.1.4 Medicaid and CHIP Dental Services Att. B-1 8.1.5 MMDD 2.7 UMCM Chapter 5.15					request a special exception for up to three subsequent SFQs.	
100.	Ops	STAR Health Liaison Summary Report	The STAR Health MCO must provide a quarterly report detailing the types of issues STAR Health Liaisons are given by DFPS Specialists.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.9.1		X			30 days after the close of the reporting period	TXMedCentral XXXDTS
101.	Quality	STAR Health MDCP waiver MCO Self-Reported Metrics	STAR Health MCOs must submit a quarterly and annual report that includes the measures as defined in UMCM Chapter 5.7.3.	STAR Health Att. B-1 8.1.26.2 UMCM Chapters 5.7.3 and 5.7.3.1		X	X		Last day of the month following the close of the reporting period for quarterly and annual reports. See technical specifications in UMCM Chapter 5.7.3.1.	CPIPerformanceMeasures@hhsc.state.tx.us
102.	Ops	STAR Health Network Summary	The MCO must submit a quarterly Network Summary Report. The MCO must include in its reports the number of enrollees residing in each county in the State, and the number of contracted and unduplicated providers, by type, who are 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	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.4.1.4		X			30 days after the close of the reporting period	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>62 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			specified by HHSC in the HHSC Uniform Managed Care Manual.							
103.	Ops	STAR Health PCP THSteps Enrollment Report	The MCO must submit a quarterly PCP Enrollment in THSteps Report. The MCO must include in its reports the number of PCPs enrolled in Network, the number of Network PCPs that are enrolled as THSteps providers, and the percentage of Network PCPs that are enrolled as THSteps providers.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.4.1.3		X			30 days after the close of the reporting period	TXMedCentral XXXDTS
104.	Ops	STAR Health Service Management Report	The STAR Health MCO must provide HHSC a quarterly report that shows how many new Members received service management assessment and service plans within the first 30 days of enrollment.	STAR Health Att. B-1 8.1.26.2 UMCM Chapter 5.9.3		X			45 days after the close of the reporting period	TXMedCentral XXXDTS
105.	Quality	STAR Kids MDCP waiver MCO Self-Reported Metrics	STAR Kids MCOs must submit a quarterly and annual report that includes the measures as defined in UMCM 5.7.4.	STAR Kids Att. B-1 8.1.22.2 UMCM Chapters 5.7.4 and 5.7.4.1		X	X		Last day of the month following the close of the reporting period for quarterly and annual reports. See technical specifications in UMCM Chapter 5.7.4.1.	CPIPerformanceMeasures@hhsc.state.tx.us
106.	Ops	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.	UMCM 5.4.5.6		X			30 days after the close of a quarter	Emailed to the STAR Kids Specialist
107.	Ops	STAR Kids Quarterly CDS Utilization Report	The STAR Kids MCO must provide a quarterly report indicating the number of	UMCM 5.4.5.4		X			30 days after the close of a quarter	Emailed to the STAR Kids Specialist



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>63 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			Members, per MCO, opting to use CDS for state plan and MDCP services.							
108.	Ops	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.	UMCM 5.4.5.3		X			30 days after the close of a quarter	Emailed to the STAR+PLUS Specialist
109.	Ops	STAR+PLUS Quarterly CDS Utilization Report	The STAR+PLUS MCO must provide a quarterly report indicating the number of Members, per MCO, opting to use CDS for state plan and HCBS services, based on paid claims.	UMCM 5.4.5.1		X			30 days after the close of a quarter	Emailed to the STAR+PLUS Specialist
110.	Systems	System Change Notifications	The MCO must provide prior written notice of major system changes and implementations, including any changes relating to a Material Subcontractor.	UMCC Att. B-1 8.1.18 CHIP RSA Att. B-1 8.1.18 STAR Health Att. B-1 8.1.24 STAR+PLUS Exp. Att. B-1 8.1.18 STAR+PLUS MRSA Att. B-1 8.1.20 STAR Kids Att. B-1 8.1.20 Medicaid and CHIP Dental Services Att. B-1 8.1.12.5 MMDD 2.17.3				X	No later than 180 days prior to proposed implementation date	MCCO
111.	Systems	Systems Quality Assurance Plan	The MCO must submit for HHSC's review and approval any modifications to the MIS	UMCC Att. B-1 8.1.18.2			X	X	August 1	TXMedCentral XXXDTS



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>64 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			Systems Quality Assurance Plan. The MIS deliverables checklist can be found on TXMedCentral in the MCO GENL directory.	CHIP RSA Att. B-1 8.1.18.2 STAR Health Att. B-1 8.1.24.2 STAR+PLUS Exp. Att. B-1 8.1.18.2 STAR+PLUS MRSA Att. B-1 8.1.20.2 STAR Kids Att. B-1 8.1.20.2 Medicaid and CHIP Dental Services Att. B-1 8.1.12.2 MMDD 5.2.3.4					HHSC timeline provided for MIS changes	
112.	Ops	TDI Certificate of Authority	Current Texas Department of Insurance Certificate of Authority or other source of authority to provide MCO or ANHC services in the applicable Service Area(s). The Certificate of Authority or other source of authority must include all counties in the Service Area(s) for which the Contractor is proposing to serve MCO Members.	UMCC Att. B-1 7.2.10 CHIP RSA Att. B-1 7.1.3.9 STAR Health Att. B-1 7.2.10 STAR+PLUS Exp. Att. B-1 7.3.1.9 STAR+PLUS MRSA Att. B-1 7.3.9 STAR Kids Att. B-1 7.3.9 Medicaid and CHIP Dental Services Att. B-1 7.2.10 A MMDD 2.1.2.1				X	During Readiness Review	TXMedCentral XXXRR
113.	Finance	TDI Examination Report	The MCO must furnish HHSC with a full and complete copy of any Examination Report issued by TDI, including the	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2				X	10 days after receipt of final report from TDI	Program Operations Finance





<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>65 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
			financial, market conduct, target exam, quality of care components, and corrective action plans and responses.	STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.2						
114.	Finance	TDI Filings – annual figures for controlled risk-based capital; quarterly financial statements	The MCO must provide HHSC with searchable, electronic copies of reports submitted by the MCO to TDI, including annual figures for controlled risk-based capital, as well as its quarterly financial statements, all as required to be filed by TDI.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.2		X	X		All reports due within 10 calendar days of submission to TDI.	Program Operations Finance
115.	Ops	TDI filings of delegation agreements	MCO must provide HHSC with a copy of TDI filings of delegation agreements.	UMCC Att. A 4.08(b)(2) CHIP RSA Att. A 4.08(b)(2) STAR Health Att. A 4.09(b)(2)				X	Within 10 business days of entering into such agreements	MCCO



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>66 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR+PLUS Exp. Att. A 4.08(b)(2) STAR+PLUS MRSA Att. A 4.08(b)(2) STAR Kids Att. A 4.08(b)(2) Medicaid and CHIP Dental Services I Att. A 4.08(b)(2) MMDD 2.16.4.2						
116.	Ops/ Finance	Third-Party Agreements	The MCO must submit copies of Third-Party Agreements as required by the contract.	UMCC Att. A 4.08(e) CHIP RSA Att. A 4.08(e) STAR Health Att. A 4.09(e) STAR+PLUS Exp. Att. A 4.08(e) STAR+PLUS MRSA Att. A 4.08(e) STAR Kids Att. A 4.08(e) Medicaid and CHIP Dental Services Att. A 4.08(e) MMDD 2.17.2.3				X	Entered into prior to the contract's effective date: no later than 30 days after the Effective Date  Entered into after the contract's effective date: within 5 business days of execution	MCCO
117.	TPL	TPL MCO Action Plan	The MCOs/DMOs are responsible for establishing a plan and process for avoiding and recovering cost for services that should have been paid through a third party.	UMCC Att. B-1 8.2.8 and 8.4.3 CHIP RSA Att. B-1 8.1.21 STAR Health Att. B-1 8.1.34					September 1 <sup>st</sup>	Subrogation & Recovery MCD_Third_Party@hhsc.state.tx.us



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>67 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR+PLUS Exp. Att. B-1 8.1.29 STAR+PLUS MRSA Att. B-1 8.1.31 STAR Kids Att. B-1 8.1.31 Medicaid and CHIP Dental Services Att. B-1 8.2.6 and 8.3.3 MMDD 5.1.13.1.3 UMCM 5.3.4.7						
118.	TPL	Third Party Liability (TPL) MCO Pharmacy Report	Each MCO must complete and submit the requested TPL MCO Pharmacy Report for each program using the HHSC-provided template in the Uniform Managed Care Manual. The MCO will submit one report for each program. Reports must be submitted quarterly. The deliverable code used for this report is TRX.	UMCC 8.2.8 UMCC 8.4.3 UMCM Chapter 5.3.4.8		X			Reports are due each state fiscal quarter by the last day of the month following the reporting period.	TXMedCentral XXXDTS
119.	TPL	Third Party Recovery MCO Referral Form	When there is a difference in the other insurance information between the MCO system and the TMHP Other Insurance File, complete the MCO Referral Form and submit monthly.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2	X				15th business day of the month	TXMedCentral XXXGENL



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>68 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.4 UMCM Chapter 5.3.4.5						
120.	Finance	Third Party Recovery Reports	The MCO must file Third Party Recovery (TPR) Reports in accordance with the format developed by HHSC in the Uniform Managed Care Manual. TPR reports must include total dollars recovered from third party payers for each MCO Program for services to the MCO's Members, and the total dollars recovered through coordination of benefits, subrogation, and worker's compensation.	UMCC Att. B-1 8.1.17.1 CHIP RSA Att. B-1 8.1.17.2 STAR Health Att. B-1 8.1.23.1 STAR+PLUS Exp. Att. B-1 8.1.17.2 STAR+PLUS MRSA Att. B-1 8.1.19.2 STAR Kids Att. B-1 8.1.19.2 Medicaid and CHIP Dental Services Att. B-1 8.1.11.1 MMDD 2.16.4.4 UMCM Chapter 5.3.4		X			Last day of the month following the end of the reporting period	TXMedCentral XXXDTS
121.	Fraud	Total MCO Member Lock-In Report	Excel spreadsheet of all MCO Members with a lock-in status.	UMCC Att. B-1 8.1.19 CHIP RSA Att. B-1 8.1.19 STAR Health Att. B-1 8.1.25 STAR+PLUS Exp. Att. B-1 8.1.19 STAR+PLUS MRSA Att. B-1 8.1.21	X				The first Monday of each month.	TXMedCentral XXXDELIV



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>69 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. B-1 8.1.21 Medicaid and CHIP Dental Services Att. B-1 8.1.13						
122.	Ops	Turnover Plan	The MCO must propose a Turnover Plan covering the possible turnover of the records and information maintained to either the State or a successor MCO. The Turnover Plan must be a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. The Turnover Plan must be approved by HHSC.	UMCC Att. A 12.08, Att. B-1 9.2 CHIP RSA Att. A 12.08, Att. B-1 9.2 STAR Health Att. A 12.08, Att. B-1 9.2 STAR+PLUS Exp. Att. B-1 9.2 STAR+PLUS MRSA Att. A 12.08, Att. B-1 9.2 STAR Kids Att. A 11.08, B-1 9.2 Medicaid and CHIP Dental Services Att. A 12.08, Att. B-1 9.2				X	12 months after the effective date of the contract 12 months prior to the end of the contract period, including any extensions to the period	TXMedCentral XXXDELIV with notice to MCCO
123.	Ops	Turnover Results Report	The MCO must provide HHSC with a Turnover Results report documenting the completion and results of each step of the Turnover Plan. Turnover will not be considered complete until this document is approved by HHSC.	UMCC Att. B-1 9.5 CHIP RSA Att. B-1 9.5 STAR Health Att. B-1 9.5 STAR+PLUS Exp. Att. B-1 9.5 STAR+PLUS MRSA Att. B-1 9.5				X	30 days following turnover of operations.	TXMedCentral XXXDELIV with notice to MCCO



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>		CHAPTER <b>5.0</b>	PAGE <b>70 of 70</b>
<b>CONSOLIDATED DELIVERABLES MATRIX</b>		EFFECTIVE DATE <b>April 15, 2019</b>	
		<b>Version 2.6</b>	

#	Functional Component	Deliverable Name	Deliverable Description	Contract Ref	Report Timing					Submitted to
					Mo	Qtr	Ann	As Revised / Other	Due Date	
				STAR Kids Att. B-1 9.5 Medicaid and CHIP Dental Services Att. B-1 9.5						
124.	Ops	Value-added Services Templates	Once each year, each MCO and Dental Contractor may propose Value-added Services it intends to offer to its Members, and each Medicare-Medicaid Plan (MMP) may propose Flexible Benefits and Rewards and/or Incentives it intends to offer to its Enrollees.	UMCC Att. B-1, 8.1.2.1 CHIP RSA Att. B-1 8.1.2.1 STAR Health Att. B-1 8.1.2.1 STAR+PLUS Exp. Att. B-1 8.1.2.1 STAR+PLUS MRSA Att. B-1 8.1.2.1 STAR Kids Att. B-1 8.1.2.3 Medicaid and CHIP Dental Services Att. B-1 8.1.3.1 MMDD 1.72, 1.142, 1.142.1, UMCM Chapter 4				X	A request to add, enhance, delete, or reduce a Value-added Service, Flexible Benefit, or Reward and/or Incentive must be submitted to HHSC by April 1 of each year. An MCO's/Dental Contractor's Value-added Services will be effective September 1 for the following contract period. An MMP's Flexible Benefits and Rewards and Incentives will be effective January 1.	TXMedCentral XXXDTS with notice to MCO
125.	Ops	Value-added Services (VAS) Utilization	MCO must provide utilization information on Members receiving the Value-added Services offered by the MCO.	UMCM Chapter 5.19.1				X	September 15	TXMedCentral XXXDTS