



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER 5.4.4.5	PAGE 1 of 4
	EFFECTIVE DATE November 15, 2015	
HUB Progress Assessment Report Instructions		Version 2.2

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	December 15, 2010	Initial version Uniform Managed Care Manual Chapter 5.4.4.5, "HUB Progress Assessment Report Instructions".
Revision	2.0	October 15, 2014	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, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. Section I "Applicability" is modified to add the Medicare-Medicaid Dual Demonstration and Dental Program, and to remove CHIP Perinatal.
Revision	2.1	December 15, 2014	Section III "General" is modified to clarify the end date for the use of the Excel PAR Report, UCMC Chapter 5.4.4.4 "HUB Assessment Report."
Revision	2.2	November 15, 2015	Revision 2.2 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, X529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. Section I "Applicability" is modified to add the STAR Kids Program.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions

² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

³ Brief description of the changes to the document made in the revision.



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.4.5	2 of 4
HUB Progress Assessment Report Instructions	EFFECTIVE DATE	
	November 15, 2015	
	Version 2.2	

**INSTRUCTIONS FOR COMPLETING THE ADMINISTRATIVE SERVICES
HUB SUBCONTRACTING PLAN
PROGRESS ASSESSMENT REPORT
(FOR CONTRACTS EXECUTED IN OR AFTER 2007)**

I. Applicability

This chapter applies to Managed Care Organizations (MCOs) participating in STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), CHIP, STAR Kids, or STAR Health Programs, or Dental Contractors providing Texas Medicaid and CHIP Dental Services to members through dental health plans. In the chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, 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.

The requirements in this chapter apply to all MCO contracts originally executed in or **after 2007**.

II. Objective

MCO contracting with the State of Texas to provide comprehensive health care services to qualified Program recipients must submit the HUB Subcontracting Plan (HSP) Prime Contracting Progress Assessment Report (PAR), in accordance with the Contract requirements, [Texas Government Code §2161.253](#), and [34 Texas Administrative Code § 20.14 \(f\)\(1\)](#).

III. General

HSP PAR is a monthly report submitted by the MCO during the contract term. The HHSC HUB Program Office uses the report to monitor the MCO’s utilization, based off the Contractor’s HSP, and to maintain compliance in accordance with [34 Texas Administrative Code § 20.14 \(f\)\(1\)](#). The PAR must be completed using the required form provided by the HHSC. (See UMCM Chapter 5.4.4.4.) Each report covers the preceding month’s activities. Submission of the PAR is due by the 5th day on March and September and the 10th day of all other months. Should the 5th or 10th day fall on a weekend, the PAR will be due on the business day prior to the 5th or 10th. The PAR must be submitted via e-mail to the HHSC HUB Program Office.

The HHSC HUB Program Office will monitor and audit the MCO’s PAR to determine if Administrative Services Subcontract utilization meets or exceeds the MCO’s good faith efforts as specified in the contract. If the MCO is meeting or exceeding its good faith efforts, the HHSC

Applicability
Modified by
Versions 2.0
and 2.1

General
Modified by
Version 2.1



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.4.5	3 of 4
HUB Progress Assessment Report Instructions	EFFECTIVE DATE	
	November 15, 2015	
	Version 2.2	

HUB Program Office will maintain documentation of all audits conducted. If the MCO fails to meet the HUB requirements, the HHSC HUB Program Office will contact the Project/Contract Manager/Purchasing Representative and MCO to discuss any deficiencies. The MCO will be given an opportunity to submit documentation and provide explanation for failure to comply with its “Good Faith Effort” in accordance with [34 Texas Administrative Code § 20.14 \(f\)\(2\)](#), and may be subject to contractual remedies for failure to comply.

The Excel PAR form, UMCM Chapter 5.4.4.4 HUB Assessment Report,” is to be used only until the MCO receives HUB Portal Training and has been granted access to the HUB Portal. Once training has been completed at the HUB Post Award Meeting and access has been granted, the MCO is required to submit its monthly PAR information via the HUB Portal (See UMCM Chapter 5.4.4.7 “HUB Portal Progress Assessment Report (PAR) Instructions”). The HHSC HUB Office will not accept Excel PAR Forms from the MCO after the MCO has received training and been granted access to the HUB Portal unless the MCO is notified by the HUB Office to submit the monthly PAR using the Excel Form.

IV. Data Entry for the HSP PAR

Enter the following information based on the **Prime Contractor (MCO)**:

Contract /Requisition Number: Number given by HHSC

Date of Award: Award date indicated by HHSC

Object Code: (Agency Use Only)

Contracting Agency/University Name: The agency you have the contract with

Contractor (Company) Name: Company name as seen on the contract

State of Texas VID#: Company number issued by the State of Texas

Point of Contact: Contact person designated as the liaison for the HUB report

Phone#: Phone number of contact person

Reporting (Month) Period: (Previous month)

Total Amount Paid this Reporting Period to Contractor: Enter the total \$ amount received from HHSC for the reporting month.

Enter the following information based on the Administrative Services **Subcontractor**:

When completing the information below, list all Administrative Services Subcontractors identified on the original HSP submitted with the MCO’s proposal. During each reporting period, if the subcontractor did not receive a payment for that month, place a zero dollar



HHSC UNIFORM MANAGED CARE MANUAL	CHAPTER	PAGE
	5.4.4.5	4 of 4
HUB Progress Assessment Report Instructions	EFFECTIVE DATE	
	November 15, 2015	
	Version 2.2	

(\$0.00) amount in the section, "Total \$ Amount Paid this Reporting Period to Subcontractor."

Subcontractor's Name: Enter Administrative Services Subcontractor's name as identified on HSP

Subcontractor's VID or HUB Certification Number: Enter number issued by the State of Texas

Texas Certified HUB? (Yes or No): Enter "yes" if the company is a HUB and "no" if the company is not a HUB

Total Contract \$ Amount from HSP with Subcontractor: \$ Amount based on Estimate indicated in HSP

Total \$ Amount Paid This Reporting Period to Subcontractor: \$ Amount received by the Administrative Service Subcontractor for reporting month

Total Contract \$ Amount Paid to Date to Subcontractor: Total \$ Amount received to date by the Administrative Service Subcontractor

Object Code: (Agency Use Only)

After the PAR has been completed, at the bottom of the PAR provide a contact name and date and submit the PAR to the HHSC HUB Program Office.