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	<b>Version 2.1</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 5.1, Deliverables Naming Convention
Revision	1.1	September 12, 2006	Chapter 5.1 updated to reflect new deliverables naming conventions.
Revision	2.0	February 1, 2014	<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>An applicability statement is added.</p> <p>The instructions are updated to reflect new delivery process resulting from implementation of the Deliverables Tracking System (DTS).</p> <p>The JP Deliverables table is replaced by the new UMCM Chapter 5.1.1 "Deliverables Codes" to reflect new deliverables naming conventions resulting from implementation of the DTS.</p>
Revision	2.1	October 15, 2014	<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; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.</p> <p>"Applicability of Chapter 5.1" is modified to add the Medicare-Medicaid Dual Demonstration.</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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

<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.

<sup>3</sup> Brief description of the changes to the document made in the revision.



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### Applicability of Chapter 5.1

Applicability Added by Version 2.0 and Modified by Version 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), STAR Health, CHIP, Children’s Medicaid Dental Services, or CHIP Dental Programs, and any other Texas Medicaid or CHIP capitated managed care contract that references this Report. In this chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP and CHIP Dental Programs. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Health, and Children’s Medicaid Dental Services Programs. For purposes of this Chapter, the term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), Dental Contractors, insurers, 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 Programs, except where noted.

### Instructions

On June 1, 2012, HHSC deployed the Deliverables Tracking System (DTS). MCOs must submit all deliverables listed in UMCM Chapter 5.1.1 “Deliverables Codes” to HHSC through TXMedCentral in the XXXDTS folder unless otherwise indicated. All other deliverables must be submitted to HHSC through TXMedCentral in the XXXDELIV, XXXCSR, and XXXFSR folders, as designated in UMCM Chapter 5.0 “Consolidated Deliverables Matrix”.

On or after September 1, 2012, any deliverable received with a name that does not match this new naming convention will be automatically rejected.

This new system was designed to aid Health Plan Management (HPM) with the organization of the deliverables outlined in the UMCM. The process for submission of the deliverables remains the same, but DTS will provide the MCO with an automated notification e-mail advising the MCO of its submission status (see [Sample DTS Notification](#)). This notification does not validate the quality of the data received, but simply confirms that the deliverable was received. The notification also includes a submission confirmation number that can be used to reference the deliverable at any time. DTS notifications are delivered to the email address that the MCO provides to its Health Plan Manager.



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Under the new naming convention, each deliverable will be represented by a unique 3-letter combination. (UMCM Chapter 5.1.1 “Deliverables Codes” provides the code for each deliverable.)

The structure of the code is as follows. (Colors are added for clarity.)

**099ABCXY0114.xls**

**099** is the plan code (with a leading 0 if it is only 2 digits).

**ABC** is the deliverable code.

This code is unique to each deliverable type.

(See the first column in Chapter 5.1.1 for the codes.)

**X** refers to the reporting period for that deliverable.

- W: Weekly report
- M: Monthly report
- Q: Quarterly report
- A: Annual report
- C: Conditional report (if approved by HPM)
- O: One-time report (if approved by HPM)

**YY** represents the period (data-capturing period) covered in this deliverable.

The format for the YY is two numeric digits representing one of the following.

**CALENDAR** year (two last digits)

**FISCAL** quarter (01–04)

**CALENDAR** month (01–12)

**CALENDAR** week (01–52).

**0114** represents the month and last two digits of the year, for the period covered in this deliverable.

For the deliverables that span multiple months, the last month of the data should be used in the naming convention.

Example:



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Quarterly report: for 2nd quarter (Dec–Feb), use 0214 for last month of quarter and year.

Annual report: for data from Sep–Aug, use 0814 for last month of reporting period and year.

### **Examples with X and YY combined**

#### Weekly (based on the calendar week)

First week of January: W01

Last week of December: W52

(At this time, there are no weekly deliverables submitted to the Deliverables Tracking System.)

#### Monthly (based on the calendar month)

January: M01

June: M06

September: M09

November: M11

#### Quarterly

1st Qtr: Sep–Nov (Q01)

2nd Qtr: Dec–Feb (Q02)

3rd Qtr: Mar–May (Q03)

4th Qtr: Jun–Aug (Q04)

Annual: represented by the two last digits of the year.

Conditional: represented by 00, as in C00.

One-Time report: represented by 00, as in O00 (the letter O followed by two zeros).

### **Sample DTS Notification**

This confirms that HHSC has received the deliverable(s) referenced below. It does not validate the informational content within the file. It is the MCO's responsibility to resubmit any deliverable with a status of Non-Compliant Invalid File Name.

If you have questions please contact a member of your Health Plan Management team. The following files were received and loaded successfully:



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Deliverable	Submission confirmation number	Received Date	Updated Date
019BAWQ040809.xls	524201101166	2013-05-24	2013-05-24
019BAUQ040809.xls	524201101165	2013-05-24	2013-05-24
019AJAQ040809.xls	524201101164	2013-05-24	2013-05-24

The HHSC Automated Deliverable Tracking System (DTS).

\*Non-Compliant status is based on failure to comply with deliverable due dates.

The following files were received, but had invalid file names:

Deliverable	Invalidated Date
019BAKQ040809.xls	2013-05-24