

**SMMC Managed Care Plan Report Guide**  
**Well Child Visit (CMS-416) and FL 80% Screening Report Summary**

05/08/2024

**BENEFIT TYPE(S):**

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA & MMA Specialty
- Dental

**REPORT PURPOSE:**

The purpose of this report is to provide the Agency with data documenting the Managed Care Plan's program and compliance with federal and state statutory requirements regarding Well Child Visit screening and participation, for enrollees receiving MMA and dental benefits.

**FREQUENCY & DUE DATES:**

Report Year Type	Report Year Period
F = Federal	10/01 – 09/30

Report Frequency	Reporting Data Period
A = Annually	Last two digits of year's data being reported

The Audited Well Child Visit (CMS-416) and FL 80% Screening Ratio Report, the Audited Report Summary and the Letter of Opinion from an Independent Auditor (certified HEDIS compliance auditor) is due on or before July 1 following the end of the reporting federal fiscal year.

**REPORT CODE & SUBMISSION:**

Report Code	Not applicable
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The Managed Care Plan must submit the following to the applicable SFTP site:

- For the Audited Well Child Visit (CMS-416) and FL 80% Screening Ratio Report:
  - a. The completed Audited Well Child Visit and FL 80% Screening Ratio Agency-supplied template submitted as an Excel file and named: A-WELLCHILD-\*\*\*yyyy.xls, where "\*\*\*\*" is the Managed Care Plan's three-character identifier from the Plan Identifier Table (see Chapter 2) and "yyyy" represents the four-digit federal fiscal year being reported. For example, ABC Managed Care Plan's submission for October 1, 2022 – September 30, 2023 would be named "A-WELLCHILD-ABC2223.xls"). The MMA Specialty Plan must submit separately from the MMA Plan, when owned by the same Managed Care Plan.
  - b. The independent auditor's report summary and Letter of Opinion, which must be submitted as a PDF file and named AO-WELLCHILD-\*\*\*yyyy.pdf, where "\*\*\*\*" is the Managed Care Plan's three-character identifier from the Plan Identifier Table (see Chapter 2) and "yyyy" represents the four digits of the federal fiscal year being reported. For example, ABC Managed Care Plan's submission for October 1, 2022 – September 30, 2023 would be named "AO-WELLCHILD-ABC2223.pdf").
  - c. The attestation as described in Chapter 2.

**INSTRUCTIONS:**

1. The audited HEDIS Report does not meet the contractual obligation for submission of the Well Child Visit report. Note: The audited Well Child Visit report is required for compliance with federal and state law.

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2. Report age based upon the child's age as of September 30 of the federal fiscal year. All case months must be reported as the age on September 30.
3. Services provided to individuals prior to them turning 21 during the report year must be counted in the 19-20 year age group even though these individuals are not counted in the 19-20 age category on Line 1. Count all Well Child Visit services, referrals, and dental services in the appropriate lines.
4. Count only Well Child Visit services that were completed when eligibles were enrollees of the reporting HMO/Provider Service Network (PSN). Do not count Well Child Visit services performed by other HMOs or PSNs.
5. Do not count the MediKids population in the data reported.
6. Do not report sick visits or episodic visits provided to children unless an initial or periodic screening was also performed during the visit. However, it may reflect a screening outside of the normal state periodicity schedule that is used as a "catch-up" Well Child Visit screening. (A catch-up Well Child Visit screening is defined as a complete screening that is provided to bring a child up-to-date with the State's screening periodicity schedule.) Use data reflecting date of service within the federal fiscal year for such screening services or other documentation of such services furnished under capitated arrangements.
7. All fields in the templates must be completed according to the services required under contract.
8. Note: Line 11 in the report must include the number of individuals who were referred for corrective treatment. This element does not include correction of health problems during the course of a screening examination. Please refer to the CMS-416 Instructions tab in the Excel template for further details regarding line 11 data.
9. Line 14 in the report must include the number of children receiving blood lead screenings. Blood lead tests done on persons who have been diagnosed or treated for lead poisoning must not be counted. Do not make entries in the shaded columns. Please refer to the CMS-416 Instructions tab in the Excel template for further details regarding line 14 data.

**VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

**REPORT TEMPLATE:**

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

**AMENDMENT HISTORY:**

<b>PLAN COMMUNICATION</b>	<b>DATE</b>	<b>RECAP OF CHANGE(S)</b>
RCN 2024-04	5/08/2024	Updated to reflect new reporting period and to align with the 2023 version of the CMS-416 form.
RCN 2023-06	4/12/2023	Updated the Federal Fiscal Year reference throughout the template to reflect FFY 2021-2022, which will be the data that plans report on July 1, 2023.
RCN 2022-15	4/19/2022	Updated the Federal Fiscal Year reference throughout the template to reflect FFY 2020-21, which will be the data that plans report on July 1, 2022.

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RCN 2021-09	05/17/2021	Revised to require the MMA Specialty Plan to submit separately from the MMA Plan, when owned by the same Managed Care Plan.
<b>None</b>	<b>None</b>	No change(s) from the SMMC Report Guide 9/1/2019.