

**SMMC Managed Care Plan Report Guide**  
**Adverse and Critical Incident Summary Report Summary**

02/28/2025

**BENEFIT TYPE(S)**

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

- ☒ IDD
- ☒ LTC
- ☒ MMA
- ☒ Specialty Product
- ☒ Dental

**REPORT PURPOSE:**

The purpose of this report is to monitor all Managed Care Plans' adverse and critical incident reporting and management system for adverse and critical incidents that negatively impact the health, safety, or welfare of enrollees. This includes all service delivery settings applicable to enrollees.

**FREQUENCY & DUE DATES:**

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
M = Monthly	Two-digit month of data being reported

This report is due within fifteen (15) calendar days after the end of the reporting month.

**REPORT CODE & SUBMISSION:**

**Automated Incident Reporting System (AIRS)**

The managed care plan must submit the required documentation via AIRS to the Agency:

- Adverse and Critical Incident Summary Report using the template provided in AIRS.
- A report attestation as described in Chapter 2.

**Manual Reporting (Not recommended)**

When AIRS is not available, the Managed Care Plan shall proceed with the manual submission requirements.

<b>Report Code</b>	0120
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Using the file naming convention described in Chapter 2, the managed care plan must submit the required documentation to the applicable SFTP site, as specified in Chapter 2:

- Adverse and Critical Incident Summary Report using the template provided.
- A report attestation as described in Chapter 2.

**INSTRUCTIONS:**

**AIRS**

The Long-term Care Plan must report the following to the Agency in accordance with the format set forth in the AIRS System; the report must include but not be limited to:

- Plan Name
- Plan Type (IDD, LTC, MMA, Specialty Product)
- Plan Medicaid ID (seven digits)

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- Date (Month/Year)

**Manual Reporting**

The Managed Care Plan must create the Adverse and Critical Incident Summary Report in the format and layout specified in the report template. For the reporting month, the report must include but not be limited to:

- Plan Name
- Plan Type (IDD, LTC, MMA, Specialty Product)
- Plan Medicaid ID (seven digits)
- Date (Month/Year)

**VARIATIONS BY MANAGED CARE PLAN TYPE:**

**AIRS**

All plans will complete the “Adverse Incident Summary” screen in AIRS.

IDD Waiver plans must complete this report.

For LTC and IDD plans, the Critical Incidents Summary screen in AIRS will auto populate, based on the managed care plan’s submissions of Critical Incident Report-Individual for the reporting month.

**Manual Reporting**

MMA plans and Dental plans will complete the “MMA and DP” tab, Adverse Incident Summary.

LTC and IDD plans will complete the “MMA and DP” tab, Adverse Incident Summary, and the LTC tab, Critical Incidents Summary.

**REPORT TEMPLATE**

**AIRS**

Users of AIRS must be approved by the Agency in advance of report submissions. Registration and access to the AIRS system can be obtained via the following web address:  
<https://apps.ahca.myflorida.com/SingleSignOnPortal/login.aspx>.

**Manual Reporting**

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:**

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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