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 confirmation of the Managed Care Plan's examination and regular review of a statistically valid sample of PCP, specialist, behavioral health, and dental offices' appointment wait times to ensure these provider offices are held accountable to contractually obligated standards for enrollees receiving MMA and dental benefits. (MMA - See Contract Attachment II, Exhibit II-A, Section VIII, Provider Network; Dental - See Contract Attachment II, Section VIII, Provider Services).

DUE DATES:

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

Report Frequency	Reporting Data Period
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)

This report is due within thirty (30) calendar days after the end of the reporting quarter.

REPORT CODE & SUBMISSION:

Report Code	0172

Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the applicable SFTP site:

- ➢ The completed report using the Agency-supplied template, which must be submitted as an XLSX file and named using the file naming convention as described in Chapter 2 of this guide.
- ➢ A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. MMA:

   a) The Managed Care Plan must submit the completed report using the Agency's supplied template (see the "Report Template" section of this chapter). The Managed Care Plan must refer to Attachment II, Exhibit II-A, Section VIII, Provider Network, of the Managed Care Plan Contract for pertinent wait time definitions.

   On the Cover Sheet of the report template, the Managed Care Plan must indicate which quarter is being reported.

   b) On the Urgent Appointments Sheet of the report template, the Managed Care Plan must:
   - i. Indicate the Individual NPI, Provider Type, Name, and Location of the provider.
   - ii. Indicate the value (number) for the actual wait time reported in the quarter, for the

medical provider, with and without a required prior authorization. Simply inputting contract standard wait times is not acceptable.

   c) On the Non-Urgent Appointments Sheet of the report template, the Managed Care Plan must:
      i. Indicate the Individual NPI, Provider Type, Name, and Location of the provider.
      ii. Indicate the value (number) for the actual wait time being reported in the quarter, for the behavioral health, PCP, and pediatric specialty provider. Simply inputting contract standard wait times is not acceptable.

2. **Dental**:
   a) The Dental Plan (DP) must submit the completed report using the Agency's supplied template (see the "Report Template" section of this chapter). The Dental Plan must refer to Attachment II, Section VIII of the Dental Plan Contract for pertinent wait time definitions.
      i. On the Cover Sheet of the report template, the DP must:
         1) Indicate which quarter is being reported; and
         2) Submit the methodology used to determine a "statistically valid" sample.

   b) On the PDP Wait Times Sheet of the report template, the DP must:
      i. Indicate the value (number) for the actual wait time being reported in the quarter, for dental services. Simply inputting contract standard wait times is not acceptable.

VARIATIONS BY MANAGED CARE PLAN TYPE:
No variations

REPORT TEMPLATE:
The Agency's template consists of the following:
- An MMA Cover Sheet
- An MMA Urgent Appointments Template
- An MMA Non-Urgent Appointments Template
- A Dental Cover Sheet
- A Dental 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:

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

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