SMMC Managed Care Plan Report Guide Case Manager and Provider Training Report Summary

02/01/2025

BENEFIT	TYPE(S)
The Mana	ged Care Plan providing the following benefit type(s) must submit this report:
\boxtimes	IDD/MMA
\boxtimes	LTC
	MMA
\boxtimes	Specialty Product
	Dental

REPORT PURPOSE:

The purpose of this report is to gather data on performance measures for the Centers for Medicare and Medicaid Services on the following: the most recent date direct hire and contracted Long-term Care case managers received abuse, neglect, and exploitation training and Alzheimer's disease and dementia training; and whether Direct Service Providers that are mandated to report abuse, neglect, and exploitation have received appropriate training.

FREQUENCY & DUE DATES:

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

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

This report is due annually on June 1st for the prior twelve-month period.

REPORT CODE & SUBMISSION:

Report Code	N/A

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

- The completed Case Manager and Provider Training Report template submitted as an Excel file and named: ***CMTraining_mmddyyyy, where *** is the Managed Care Plan's three-character identifier from the Plan Identifier Table (see Chapter 2), and "mmddyyyy" represents the two-digit month, two-digit day, and four-digit year of the report due date. For example, ABC Managed Care Plan's submission in 2025 for June 1, 2024 through May 31, 2025 would be named "ABCCMTraining 06012025".
- > A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must submit the Case Manager and Provider Training Report in the format and layout specified in the report template.

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.

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AMENDMENT HISTORY:

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

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