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 assurance that claims are processed timely and payment systems comply with the federal and State requirements, whichever is more stringent.

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 thirty (30) calendar days after the end of each month.

REPORT CODE & SUBMISSION:

Report Code	0108

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

- ➢ The completed Claims Aging Report template, which must be submitted as an XLSX file and named using the file naming convention as described in Chapter 2.
- ➢ A report attestation described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must complete the monthly Claims Aging Report(s) using the report template provided on the Agency website (see the "Report Template" section of this chapter).

2. The Managed Care Plans with nursing facility claims must complete the Denied or Suspended Nursing Facility Claims Report tab of the Claims Aging Report template.

3. Dental Plans (DPs) must complete the Dental Services Claims Report tab of the Claims Aging Report template.

4. Claims data must be Medicaid only.

5. Claims data reported is for clean claims adjudicated during the reporting period (see template).

VARIATIONS BY MANAGED CARE PLAN TYPE:

None.

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:

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

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