

**SMMC Managed Care Plan Report Guide
Eligibility Worksheet Report Summary**

02/20/2025

BENEFIT TYPE(S)

The following Managed Care Plan must submit this report:

IDD

REPORT PURPOSE:

The purpose of this report is to conduct Level of Care (LOC) redeterminations as required by the contract and to track LOC redeterminations to ensure enrollees are reassessed face-to-face using the APD-form Home and Community-Based Services (HCBS) waiver eligibility worksheet tool to ensure the LOC determination is authorized annually.

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:

Report Code	0218
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The Managed Care Plan must submit the required Eligibility Worksheet Report using the template provided.

INSTRUCTIONS:

The Managed Care Plan IDD Program must report the following to the Agency in accordance with the format set forth in the Eligibility Worksheet Report template.

- Managed Care Plan Name
- Benefit Type (Comprehensive Plus, MMA Plus, Select Comprehensive, Dental, IDD Program)
- Managed Care Plan Medicaid ID (seven digits)
- Reporting Month/Year (MM/YYYY)
- Report Submission Date
- Report Submitted By
- Enrollee's Last name
- Enrollee's First name
- Medicaid ID
- Date of Birth (MM/DD/YYYY)
- Physical Address
- City
- Zip Code
- Region (from drop down list)
- County of Residence (from drop down list)
- Level of Care (LOC) Eligibility (from drop down list)
- Initial Determination Date (MM/DD/YYYY)
- Date of Enrollment (MM/DD/YYYY)

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- Most recent Redetermination Date (MM/DD/YYYY)
- Enrollee's Choice (from drop down list)
- Handicapping Conditions (List all that apply)
- Major Life Activities (List all that apply)
- Comments

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

There are no additional report template instructions.

AMENDMENT HISTORY:

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

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