BENEFIT TYPE(S)

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

- _ ___LTC
 - MMA & MMA Specialty
- MMA 8 MMA 8

REPORT PURPOSE:

The purpose of this report is to provide the Agency with information regarding enrollees under the age of twenty-one (21) years, who are receiving Medical Foster Care services.

FREQUENCY & DUE DATES:

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

Report Frequency	Reporting Data Period	
Q - Quarterly	Two-digit quarter of data being reported	

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

REPORT CODE & SUBMISSION:

Report Code

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

- > Medical Foster Care Services Report using the template provided.
- > A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must submit the Medical Foster Care Services 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.

AMENDMENT HISTORY:

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

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