

**SMMC Managed Care Plan Report Guide  
Medication Administration (Med Errors) Report**

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 document the numbers, types, outcomes, and resolutions of all medication administration errors reported to the IDD Program for enrollees receiving services in the previous month in accordance with the IDD Program Contract/Exhibit.

**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 the reporting month.

**REPORT CODE & SUBMISSION:**

Report Code	0221
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The Managed Care Plan must submit the required Medication Administrative (Med Errors) 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 Medication Administrative (Med Errors) Report template.

- Managed Care Plan Name
- Benefit Type
- Managed Care Plan Medicaid ID (seven digits)
- Reporting Month/Year (MM/YYYY)
- Report Submission Date
- Report Submitted By
- Enrollee's name (last, first)
- Medicaid ID Number (ten digits)
- Reporting Provider or Agency Type (from drop down list)
- Agency/Provider Name
- Agency/Provider Address
- Date of Medication Error
- Date Medication Error Reported
- Name of Medication
- Dose
- Time Given
- Route Given
- Total Doses involved
- Controlled Substance (select an option from the drop down list)

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- Type of Medication Error Involved (select an option from the drop down list)
- Did Error Result in MD Visit, ER Visit, or Hospitalization? (select an option from the drop down list)
- Description of Incident and Immediate Action or Intervention (provide a brief narrative to describe the who, what, when, why, and how. Include any medical care required)
- Description of Care and Current Status of Individual (If medical care required, please describe care and current status of individual)
- Notification of Medication Error (select an option from the drop down list)
- Follow-up/Corrective Action Taken (select an option from the drop-down list)
- Comments (Please reference the column to which the comment applies)

**VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

**REPORT TEMPLATE:**

There are no additional report template instructions.

**AMENDMENT HISTORY:**

<b>PLAN COMMUNICATION</b>	<b>DATE</b>	<b>RECAP OF CHANGE(S)</b>
<b>None</b>	<b>None</b>	<b>None</b>

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