BENEFIT TYPE(S):

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

- ☒ IDD
- ☒ LTC

REPORT PURPOSE:

The purpose of this report is to gather data on the qualifications of providers for the Centers for Medicare and Medicaid Services waiver performance measures.

FREQUENCY & DUE DATES:

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

Report Frequency	Reporting Data Period
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)

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

REPORT CODE & SUBMISSION:

Report Code	Not applicable.

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

- ➢ The completed Provider Network and Qualifications Report template submitted as an Excel file and named: ***PNQualificationsReport_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 due July 1, 2025, would be named "ABCPNQualificationsReport_07012025".
- ➢ A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must create the Provider Network and Qualifications 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**	***Instructions tab:*** Updated the benefit type to IDD Program and included additional instructions or specifications to clarify the following entries required on the report template tab: Provider Name; Type of License Held; License Number; County - drop-down menu revised to equate with the Region selected; Medicaid Provider ID or Registration Number; Managed Care Plan ID; Start Date (highlighting instructions); End Date; Provider is qualified to provide services according to the Contract; and Provider was qualified to provide services according to the Contract BEFORE rendering services. ***The Report TemplateTab:*** Updated the region's drop-down menu (from numerical to alphabetical) with associated counties; the word "Exemption" was added to Column D; Froze the panes for row #12. ***The Report Guide Summary:*** **The file name was changed to "PNQualificationsReport…." from "PNVQualificationsReport"**

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