

**SMMC Managed Care Plan Report Guide  
Suspected/Confirmed Waste Reporting Summary**

02/01/2025

**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 document Managed Care Plan reporting of instances of waste as required by the Medicaid and CHIP Managed Care Final Rule (CMS-2390-F) (Final Rule). 42 CFR 438.608(a)(7) requires the Managed Care Plan to report waste to the state Medicaid program integrity unit. Pursuant to 42 CFR § 438.608(a)(2), Managed Care Plans are required to report all overpayments identified and recovered within thirty (30) calendar days. By way of this report, the Managed Care Plan shall demonstrate its due diligence for waste compliance, including their efforts to protect against overpayments, and mitigate the potential for provider overpayments to inappropriately inflate the MLR numerator. Notwithstanding any other provision of law, failure to comply with these reporting requirements will be subject to sanctions.

**FREQUENCY & DUE DATES:**

Report Year Type	Report Year Period
S = State	07/01 – 06/30

Report Frequency	Reporting Data Period
M = Monthly	Two digits for month of data being reported (01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12)

This report is due monthly, within five (5) calendar days after the end of the month being reported.

**REPORT CODE & SUBMISSION:**

Report Code	0192
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To comply with the Suspected/Confirmed Waste Reporting requirements, the Managed Care Plan must submit the following via the Agency’s Office of Medicaid Program Integrity’s MPI-MCU SFTP site to the Reports subfolder in the Managed Care Plan specific file folder (see paragraph 3 of the Instructions section for more information), using the file naming convention described in Chapter 2:

- The template provided with all required fields completed, and
- A report attestation as described in Chapter 2.

**INSTRUCTIONS:**

**Note: New records must be entered in the same fiscal year month as the date in which the waste was identified. The Managed Care Plan must be aware of the need to reconcile numbers reported to MPI and be able to provide explanations for any variances and discrepancies between reports and reported numbers (See Report Guide chapters “Annual Fraud, Waste and Abuse Activity Report”).**

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1. In the template provided, on the tab “Summary of Waste” the Managed Care Plan must provide the following information relative to the reporting month’s activities in waste recoveries:
  - a. **Reporting Period (Month):** Select the appropriate Reporting Month from the drop-down list for which the report is being submitted;
  - b. **Reporting State Fiscal Year:** Select the appropriate Reporting State Fiscal Year from the drop-down list for which the report is being submitted;
  - c. **Reporting State Fiscal Quarter:** Select the appropriate Reporting Quarter from the drop-down list for which the report is being submitted;
  - d. **Medicaid Managed Care Plan:** Select the Medicaid Managed Care Plan three-character identifier from the plan identifier table in Chapter 2 from the drop-down list;
  - e. **Medicaid Managed Care Plan ID(s):** Enter the Medicaid ID or IDs for which the report is being submitted;
  - f. The Medicaid Managed Care Plan Vendor Names if they participate in the recoveries of Waste and will be reported on in this report.
  - g. A summary, by quarter, of the instances of suspected/confirmed waste identified relative by the Managed Care Plan, broken into categories as provided on the template;
  - h. A summary, by quarter, of the overpayment recoveries made relative to waste by the Managed Care Plan broken, into categories as provided on the template.
  
2. In the template provided, on the designated reporting month’s tab labeled “Details of Waste”, the Managed Care Plan must include the following information relative to the month’s activities regarding instances of suspected/confirmed waste identified, including overpayment recoveries:
  - a. Managed Care Plan Internal Tracking ID for the issue being listed;
  - b. Date Recovery was identified, MMDDYYYY format;
  - c. Indicate the reporting quarter the issue was first reported;
  - d. Status of the Recovery, ongoing or closed pertaining specifically to the line;
  - e. Completion Date, MMDDYYYY format, only to be reported when whole project is closed;
  - f. Waste Recovery Category defined as: Cost Share, Credit Balance, Data Mining, DRG Validation, Medical Records Review, Retro-terms, Settlements, Subrogation, TPL, Other, Vendor Name;
  - g. Vendor Type Associated
  - h. Provider or Recipient Indicator
  - i. Provider or Recipient Last Name, if an entity this field may be blank;
  - j. Provider or Recipient First Name, if an entity this field may be blank;
  - k. Provider or Recipient Middle Initial, if an entity this field may be blank;
  - l. Entity Name, required if there is not an individual listed;
  - m. Provider Type from drop down;
  - n. 5-digit Zip Code of provider or member's location where issue occurred;
  - o. Provider’s National Provider Identifier if a provider;
  - p. Provider or Recipients Tax Identification Number (TIN);
  - q. Provider’s or Recipient’s Medicaid Provider ID;
  - r. Preliminary Overpayment Amount Identified;
  - s. Updated Overpayment Amount Identified;
  - t. Final Overpayment Amount Identified;
  - u. Overpayment Amount Recovered this reporting month;

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- v. Total Overpayment Amount Completely Recovered, only to be reported when whole project is closed;
  - w. Date Total Overpayment Amount Completely Recovered;
  - x. Overpayment Collection Method defined as: Provider Submitted Check, Plan Initiated Withhold, or Plan Initiated Recoupment;
  - y. MCO Comments and Details Regarding Waste Recovery Category: provide detail if selecting "Other" as option in Waste Recovery Category;
  - z. Other MCO Comments and Details: A summary of the audit findings in the summary area, must include details of the recovery including what the audit was of and how many claims were involved.
3. Each Managed Care Plan may have up to three (3) registered users with access to the MPI-MCU SFTP site to submit and retrieve electronic file information within each of the Managed Care Plan's specific folders (please see Annual Fraud, Waste and Abuse Activity Report Summary Chapter for additional information and user instructions).

**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:**

<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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