BENEFIT TYPE(S):

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

- ☒ IDD
- ☒ LTC
- ☐ Dental

REPORT PURPOSE:

The purpose of this report is to formalize and establish LTC Plan's and IDD Plan reporting of enrollees receiving LTC services for whom the plans are unable to provide case management. This includes members who are unable to be located and/or contacted, members refusing services, members who have moved out of region and members who have moved out of state.

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 five (5) business days after the end of the reporting month.

REPORT CODE & SUBMISSION:

Report Code	0176

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

- ➢ LTC Plan Unable to Provide Case Management Report using the template provided.
- ➢ A report attestation as described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan shall include enrollment in this report for each reporting month in which the Managed Care Plan is unable to provide case management for any 60-day period, which includes the reporting month. The enrollee shall remain on the Unable to Provide Case Management Report until located/contacted, disenrolled or no longer refusing services.

One Excel workbook shall be submitted for each plan. The plan shall insert additional rows as necessary to completely report on all enrollees for whom it has been unable to provide case management.

The Managed Care Plan shall report the following to the Agency in accordance with the format set forth in the Unable to Provide Case Management Report Template:

- Classifications
- Managed Care Plan Identification number (nine digits)
- Plan's Name
- Enrollee's Medicaid ID (ten digits)

- Enrollee's Last Name
- Enrollee's First Name
- Enrollee's DOB (Date of Birth) (MM/DD/YYYY)
- Last Phone Number Utilized (000-000-0000)
- Last Known Mailing Address
- Last Known Residential Address
- Residential City
- Residential State (two-character identifier)
- County
- Region (two digits)
- Region by Zip Code (two digits)
- Date of Death (if applicable, MM/DD/YYYY)
- Last Date That Services Were Provided (MM/DD/YYYY)
- Date initial letter was sent from the Plan to Enrollee (MM/DD/YYYY)
- Comments: Due Diligence in Contacting the Enrollee

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**	***Update 2/26/2025***: To add the benefit type for IDD and to update the instructions tab to include an additional column to track the date the Plan sends a letter to an enrollee who has been unable to locate.

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