# BENEFIT TYPE(S)

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

|  |  |  |
| --- | --- | --- |
|  | LTC |  |
|  | MMA |  |
|  | Specialty Product |  |
|  | Dental |  |

# REPORT PURPOSE:

The purpose of this report is to monitor completion of oral health risk assessments within the specified timeframe of completion (within 60 days of enrollment for enrollees under the age of twenty-one (21) years, pregnant enrollees, and enrollees diagnosed with developmental disability).

# 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** | 0203 |

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

* Oral Health Risk Assessment Report using the template provided.
* A report attestation as described in Chapter 2.

# INSTRUCTIONS:

The Dental Plan must submit the Health Risk Assessment Report in the format and layout specified in the report template.

The Dental Plan must report on the oral health risk assessment completion status of all new enrollees in the targeted populations of this report, whose 60th day of enrollment falls within the reporting quarter.

When enrollees fall into more than one targeted population of this report, such as children diagnosed with developmental disabilities, the Dental Plan must report those enrollees on each applicable tab within 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)** |
| **RCN 2025-03** | **03/31/2025** | The formula for “% of Enrollees with Completed OHRA w/in 60 Days” was updated to pull data from column C. |

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**