# **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 provide the Agency with information regarding enrollees under the age of twenty-one (21) years, who are receiving Medical Foster Care services.

## FREQUENCY & DUE DATES:

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

Report Frequency	Reporting Data Period	
<u>Q - Quarterly</u> M = Monthly	Two-digit <u>quartermonth</u> of data being reported	

This report is due within fifteen (15) calendar days after the end of the reporting <u>quartermonth</u>.

#### **REPORT CODE & SUBMISSION:**

Report Code	0202

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

- > Medical Foster Care Services Report using the template provided.
- > A report attestation as described in Chapter 2.

## **INSTRUCTIONS:**

The Managed Care Plan must submit the Medical Foster Care Services 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)
PT 2021-24	07/06/2021	Changed from a monthly to a quarterly submission.
None	None	No change(s) from the SMMC Report Guide 9/1/2019.