

SMMC Managed Care Plan Report Guide
Provider Complaint ~~/Appeal~~ Report Summary

12/1518/20202021

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 assist the Agency (or its designee) in monitoring the Managed Care Plan's provider complaint system. The Managed Care Plan shall establish and maintain a provider complaint system that permits a provider to dispute the Managed Care Plan's policies, procedures, or any aspect of a Managed Care Plan's administrative functions, including proposed actions, claims, billing disputes, and service authorizations. This report will detail the nature of the complaint ~~or appeal~~, timeline of the complaint ~~/appeal~~, as well as the resolution.

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 fifteen (15) calendar days after the end of the reporting month.

REPORT CODE & SUBMISSION:

Report Code	0145
--------------------	------

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 Complaint ~~/Appeal~~ Report template, which must be submitted as an XLSX file.
- A report attestation, as described in Chapter 2 for the completed Provider Complaint ~~/Appeal~~ Report template.

INSTRUCTIONS:

1. The Managed Care Plan must complete the Provider Complaint ~~/Appeal~~ Report as specified on the instructions tab of the report template using the appropriate template provided on the Agency website.
2. The Managed Care Plan must only use the permissible drop down options for any column that has a drop down menu.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency's template consists of the following:

**SMMC Managed Care Plan Report Guide
 Provider Complaint ~~/Appeal~~ Report Summary**

12/1518/20202021

- A workbook with ~~thirteen~~ two (~~213~~) tabs which includes the following:
- Instructions – provides guidance regarding the term “complaint”, explains how to complete the template, including reasons for the nature of the complaint/~~appeal~~, and complaint/~~appeal~~ disposition.
- Provider Complaints Log January–December – ~~Each month has a~~ separate worksheet for reporting provider complaints/~~appeals~~ received by the Managed Care Plan during the reported timeframe.

The Agency templates can be found using the directions in Chapter 1.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
<u>RCN 2020-03</u>	<u>1/15/2021</u>	<u>Remove ‘appeal’ from the report and streamline the template from 13 tabs to 2 tabs.****Updated 2/5/2021: Removed 2 more instances of ‘appeal’ from the sentence in the second bullet under “REPORT TEMPLATE”.</u>
None	None	No change(s) from the SMMC Report Guide 9/1/2019.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK