

**SMMC Managed Care Plan Report Guide
Administrative Subcontractors and Affiliates Report Summary**

12/18/2020

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 for Managed Care Plans to report ownership and financial information for all subcontractors¹ and affiliates² to which the Managed Care Plan has delegated any responsibility or service for the Medicaid product line. This is an informational reporting mechanism only. The inclusion of an entity on this report does not constitute Agency approval of the Managed Care Plan's subcontract or relationship with that entity. Entities already reported in the Provider Network File must not be included on this report.

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	0100
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Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the applicable SFTP site:

- The Managed Care Plan's Administrative Subcontractors and Affiliates Report.
- A report attestation described in Chapter 2.

INSTRUCTIONS:

The Managed Care Plan must submit the report using the Agency's template via the applicable SFTP site to the plan-specific file folder in the following manner. To meet the requirement for report submission, all applicable fields must be completed by the Managed Care Plan for each business entity being reported unless instructions specify otherwise. If a field is not applicable, enter N/A. In this report, do not include entities already reported in the Provider Network File.

Header rows on the template are numbered above header titles. Drop-down selection boxes with pre-populated values and help boxes are located throughout the template. Use one line of entry

¹ For purposes of this report, "subcontractor" means any person or entity with which the Managed Care Plan has contracted or delegated administrative functions, services or responsibilities for providing services under this Contract, excluding those persons or entities reported by the Managed Care Plan in the Provider Network File.

² For purposes of this report, "affiliate" or "affiliated person" means: (1) Any person or entity who directly or indirectly manages, controls, or oversees the operation of the Managed Care Plan, regardless of whether such person or entity is a partner, shareholder, owner, officer, director, agent, or employee of the entity. (2) Any person or entity who has a financial relationship with the Managed Care Plan as defined by 42 CFR 438.320 (1), and/or, (3) An individual or entity who meets the definition of an affiliate as defined in 48 CFR 19.101.

**SMMC Managed Care Plan Report Guide
Administrative Subcontractors and Affiliates Report Summary**

12/18/2020

for each subcontractor/affiliate. If the subcontractor/affiliate has more than one owner (see 13a through 13c), complete fields 1 through 12 for each owner. Template fields are as follows:

1. Managed Care Plan Identifier: Enter the Managed Care Plan's three-character identifier.
2. Managed Care Plan Name: Enter the name of the Managed Care Plan.
3. Managed Care Plan Base ID Medicaid Provider Number: Provide the primary Medicaid Base ID provider number of the Managed Care Plan including leading zeroes when applicable. Field length is seven digits.
4. Reporting Year: Select the Calendar Year being reported.
5. Reporting Quarter: Select the Quarter in the Calendar Year being reported.
6. Subcontractor/Affiliate Name: Enter the name of the Managed Care Plan's subcontractor or affiliate being reported. Entities already reported in the Provider Network File are not to be included on this report.
7. Business Entity Type: Select whether the entity being reported is a subcontractor of the Managed Care Plan, an affiliate of the Managed Care Plan, or both an affiliate and a subcontractor.
8. Tax I.D. (SSN/FEIN): Enter the tax identification number of the subcontractor or affiliate. Only nine numeric characters are allowed. Leading zeroes will be applied to any entry that is less than nine digits.
9. Correspondence Address: Enter the mailing or correspondence address of the subcontractor or affiliate being reported using the:
 - a. Street Address or P.O. Box
 - b. City
 - c. State (two-character identifier)
 - d. Zip Code (five digits)
 - e. Country
10. Subcontractor/Affiliate Physical Address:
 - a. Street Address
 - b. City
 - c. State (two-character identifier)
 - d. Zip Code (five digits)
 - e. Country
11. Parent Company Name (if applicable):
 - a. If the subcontractor/affiliate being reported is a subsidiary, enter the name of the parent company.
 - b. State: Select the state where the parent company is located.
 - c. Country: Select the country where the parent company is located.
12. Service Type: Enter service type(s) subcontracted or delegated by the Managed Care Plan to the subcontractor/affiliate. Service type examples include but are not limited to member

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12/18/2020

services, third-party administrator, claims processing, fulfillment vendor (printing and mailing), provider credentialing, provider contracting, and provider services. Separate each service type description using a semi-colon.

13. Subcontractor/Affiliate Ownership: If the subcontractor/affiliate has more than one owner, complete fields 1 through 12, along with 13a, 13b, and 13c, for each owner/organization name.
 - a. Last Name (or Organization Name): Enter the last name of the individual or the name of the organization having ownership of the subcontractor or affiliate. Enter one name or organization per line.
 - b. First Name: Enter the first name of the individual having ownership of the subcontractor or affiliate (if applicable). If not applicable, enter N/A. Enter one name per line.
 - c. Percent Ownership: Using a decimal point, enter the numerical value of the ownership percentage of the subcontractor/affiliate. Do not use the % character. NOTE: If the decimal point is not manually inserted, the system will automatically insert the decimal followed by two zeroes.

14. Payment Methodology: Select the Managed Care Plan’s payment method for the subcontractor/affiliate services from the drop-down box. Options are “Contingency Fee,” “Capitation” (per enrollee), “Cost Reimbursement,” “Fixed per Unit Price” or “Other.” If “Other” is selected, explain the payment methodology in field 14a.
 - a. Payment Methodology - Other: This is an open text field. Describe the Managed Care Plan’s payment method for subcontractor or affiliate services when “other” is selected in field 14.

15. Subcontract Beginning Date: Select the MM/DD/YYYY of the beginning of the subcontract.

16. Subcontract End Date: Select the MM/DD/YYYY of the end of the subcontract.

17. Downstream Delegation of Services: Select Yes or No, as appropriate, if the subcontractor or affiliate further subcontracts or delegates to another entity any services or functions under the Managed Care Plan’s Medicaid contract obligation(s).

18. Comments: This is an open text, narrative field, provided for other relevant information or comments regarding this report.

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	No change(s) from the SMMC Report Guide 9/1/2019.