

**SMMC Managed Care Plan Report Guide  
Oral Risk Assessment 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 to monitor completion of oral health risk assessments within the specified timeframe of completion (within 60 days of enrollment).

**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:**

<b>Report Code</b>	0203
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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:

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

**INSTRUCTIONS:**

The Managed Care Plan must submit the Health Risk Assessment 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)
None	None	No change(s) from the SMMC Report Guide 9/1/2019.