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 information regarding the number of enrollees with MMA benefits who have not had an appointment with their primary care provider (PCP) or primary dental provider (PDP) within their first year of enrollment.

FREQUENCY & DUE DATES:

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

Report Frequency	Reporting Data Period
A = Annually	Last two digits of year's data being reported

This report is due by January 15th, for the prior calendar year.

REPORT CODE & SUBMISSION:

Report Code	0191

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

- ➢ PCP/PDP Appointment Report using the template provided.
- ➢ A report attestation as described in Chapter 2.

INSTRUCTIONS:

This report shall include enrollees who have been enrolled with the plan for twelve (12) consecutive months without a PCP or PDP appointment within their first year of enrollment, including those whose twelve (12) consecutive month enrollment period began prior to the reporting year and ended in the reporting year.

1. The Managed Care Plan must use the PCP/PDP Appointment Report Template as provided below.

2. For the reporting year, the report must include but not be limited to:

- Plan Name
- Plan Medicaid ID (seven digit)
- Reporting Year – Year for which data is being reported
- Total number of enrollees with MMA benefits who have completed their first continuous year of enrollment
- Total number of enrollees with MMA benefits who have completed their first continuous year of enrollment and who have not had an appointment with a PCP or PDP

- Percentage of enrollees with MMA benefits who have completed their first continuous year of enrollment and who have not had an appointment with a PCP or PDP (field will auto-populate; do not alter the formula)
- Enrollee's Full Name (Last, First, Middle Initial)
- Enrollee's Medicaid ID
- Enrollee's County of Residence
- Enrollee's Date of Enrollment

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.

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