

**SMMC Managed Care Plan Report Guide
Provider Network File 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 provide the Agency (or its designee) with up-to-date provider network information.

FREQUENCY & DUE DATES:

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

Report Frequency	Reporting Data Period
W = Weekly	Two digits for week of data being reported (01, 02, 03, 04, 05)

This report (a full file refresh) is due weekly on Thursday by 5:00 p.m. EST.

REPORT CODE & SUBMISSION:

Report Code	
	Not applicable.

1. The Managed Care Plan must submit the following files with the specified file naming conventions to the Agency’s choice counseling vendor’s SFTP site server.

- Provider/Group/Hospital (PG)
- Service Location (SL)
- End of Transmission (EN)

Position	Format	Description
1-2	@ (2)	PG = Provider / Group File
		SL = Service Location File
		EN = End of Transmission File
3-5	@ (3)	The three letter code for the Managed Care Plan submitting the file.
6-13	D (8)	The date of the file submission in YYYYMMDD format.
14-23	@ (9)	Files submitted by plans must have a .dat extension. Files created by AHS in response to submissions will have a .response extension.

Choice counseling vendor SFTP site:

URL: fftp.automated-health.com

Connection Type: SFTP (SSH connection – a pop up will ask you to trust a key certificate – once you trust the certificate, the connection will be established)

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*IP address: 206.17.164.205 (only if required for firewall rules, everyone must use the URL)
Port: 22*

2. All Managed Care Plans must submit the following to the Agency via the applicable SFTP site:
 - A signed attestation specifically addressing the accuracy and completeness of the Provider Network File submission, as well as the online provider database/directory matching the most recent provider network file submitted to the Agency, as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan must create the Provider Network Files in the format and layout described in the Provider Network Verification File Specification document located at: www.flmedicaidmanagedcare.com/pnv, log in and download the latest file specification.
2. The Managed Care Plan must ensure that this is an electronic representation of the plan's network of contracted providers, not a listing of entities for whom claims have been paid.
3. Plans needing technical assistance for submitting Provider Network Files to, or retrieving Provider Network Response Files from, the **Choice Counseling vendor's** SFTP directory must contact the following helpdesk for assistance: AHSFL-Helpdesk@automated-health.com. For more immediate concerns regarding the submission of provider network files, plans may contact 412-367-3030 ext. 2900.

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

Notwithstanding the instructions in Chapter 1, the Agency-supplied template must be used as specified in the Provider Network Verification File Specification document. No alterations or duplication must be made to the report template by the Managed Care Plan. The Agency-supplied Provider Network Verification File Specification provides detailed and specific information regarding the Provider Network File and the Provider Network Response File, and can be found on the Agency's choice counselor Web page at www.flmedicaidmanagedcare.com.

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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