

**SMMC Managed Care Plan Report Guide  
Provider Network and Qualifications 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 gather data on the qualifications of providers for the Centers for Medicare and Medicaid Services waiver performance measures.

**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>	Not applicable.
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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 completed Provider Network and Qualifications Report template submitted as an Excel file and named: \*\*\*PNVQualificationsReport\_mmddyyyy, where \*\*\* is the Managed Care Plan’s three-character identifier from the Plan Identifier Table (see Chapter 2), and “mmddyyyy” represents the two-digit month, two-digit day, and four-digit year of the report due date. For example, ABC Managed Care Plan’s submission due July 1, 2017 would be named “ABCPNVQualificationsReport\_07012017”.
- A report attestation as described in Chapter 2.

**INSTRUCTIONS:**

The Managed Care Plan must create the Provider Network and Qualifications 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:**

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<b>PLAN COMMUNICATION</b>	<b>DATE</b>	<b>RECAP OF CHANGE(S)</b>
<b>None</b>	<b>None</b>	No change(s) from the SMMC Report Guide 9/1/2019.

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