

**SMMC Managed Care Plan Report Guide  
Hernandez Settlement Agreement Survey 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 with annual settlement agreement surveys related to Hernandez et.al. v. Medows (Case number 02-20964 Civ-Gold/Simonton), commonly referred to as the Hernandez Settlement Agreement (HSA), conducted by the Managed Care Plan on no less than 5% of all participating pharmacy locations in an effort to ensure compliance with the HSA, for enrollees receiving MMA benefits.

**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 on or before August 1, for the prior calendar year.

**REPORT CODE & SUBMISSION:**

<b>Report Code</b>	0168
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Using the file naming convention described in Chapter 2 of this guide, the Managed Care Plan must submit the following to the applicable SFTP site:

- The HSA survey template; and
- A report attestation as described in Chapter 2.

**INSTRUCTIONS:**

1. The Managed Care Plan must conduct HSA surveys of no less than 5% of all participating pharmacy locations.
2. The Managed Care Plan must not include any participating pharmacy locations that the Managed Care Plan found to be in complete compliance with the HSA requirements within the previous twelve (12) months.
3. The Managed Care Plan must require all participating pharmacy locations that fail any part of the HSA survey to undergo mandatory training within six months and then be re-evaluated within one month of the Managed Care Plan's HSA training to ensure compliance.
4. The Managed Care Plan must ensure that it complies with all requirements set forth in Policy Transmittal 06-01, Hernandez Settlement Requirements, which is located on the Agency web page together with the HSA survey template.

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**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:**

<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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