



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>4.12.1</b>	PAGE <b>1 of 3</b>
	EFFECTIVE DATE <b>September 1, 2016</b>	
<b>Medicaid/CHIP Managed Care Alleged Marketing Violation Form Instructions</b>		<b>Version 2.0</b>

**DOCUMENT HISTORY LOG**

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	September 1, 2016	Initial version of Uniform Managed Care Manual Chapter 4.12.1 "Medicaid/CHIP Managed Care Alleged Marketing Violation Form Instructions."  Chapter 4.12.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0042, 529-13-0071, and 529-15-0001.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions  
<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.  
<sup>3</sup> Brief description of the changes to the document made in the revision.



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>4.12.1</b>	PAGE <b>2 of 3</b>
	EFFECTIVE DATE <b>September 1, 2016</b>	
<b>Medicaid/CHIP Managed Care Alleged Marketing Violation Form Instructions</b>	<b>Version 2.0</b>	

## I. Applicability of Chapter 4.12.1

This Chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Health, and STAR Kids Programs and Dental Contractors providing Children's Medicaid Dental Services and CHIP Dental Services. The term "MCO" includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, and any other entities licensed or approved by the Texas Department of Insurance.

## II. General Instructions

Per UMCM Chapter 4.12 Reporting Alleged Marketing Violations, the MCO must complete the *Medicaid/CHIP Managed Care Alleged Marketing Violation Form* located in UMCM Chapter 4.12.2 when reporting an alleged Marketing Violation to HHSC. The MCO must submit the completed form with any supporting documents via email to [HPM\\_Communications@hhsc.state.tx.us](mailto:HPM_Communications@hhsc.state.tx.us). The subject line should read, "Alleged Violation."

## III. Medicaid/CHIP Managed Care Alleged Marketing Violation Form Instructions

The MCO must complete the *Complainant Information* and *Alleged Violation Detail* sections of the form only. If more space is needed, please add an additional sheet of paper and indicate the section continuance on that sheet. Do not complete the *For HHSC Use Only* section.

### Complainant Information

- 1) **Date Submitted:** Enter the date that the MCO is submitting the form and corresponding materials to HPM Communications.
- 2) **Complainant Name/ Title/ Organization:** Enter the name of the person reporting the alleged violation, his/her title, and his/her organization or MCO affiliation.
- 3) **Address:** Enter the Complainant's address.
- 4) **E-mail:** Enter the Complainant's email address.
- 5) **Phone Number:** Enter the Complainant's phone number.
- 6) **Fax:** Enter the Complainant's fax number, if applicable.

### Alleged Violation Detail

- 1) **Date(s) of Violation:** Enter the date(s) the alleged violation occurred.
- 2) **Time(s) of Violation:** Enter the time(s) the alleged violation occurred.
- 3) **Frequency of Violation:** Enter how often the alleged violation occurred as daily, weekly, once, etc.



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	CHAPTER <b>4.12.1</b>	PAGE <b>3 of 3</b>
	EFFECTIVE DATE <b>September 1, 2016</b> <b>Version 2.0</b>	
<b>Medicaid/CHIP Managed Care Alleged Marketing Violation Form Instructions</b>		

- 4) **Location of Alleged Violation:** Enter the facility/business name, address, unit, room, floor, etc. where the alleged violation occurred.
- 5) **Parties Involved:** Please provide as much information as possible for the following:
  - a) **Alleged Violator(s):** Enter the MCO(s) allegedly in violation of UMCM Chapter 4.3 Marketing and Member Materials Policy and/or UMCM Chapter 4.13 Social Media Policy, including the name(s) and contact information of the specific staff member(s) involved.
  - b) **Witness(es):** Enter the name(s) of the individual(s) who witnessed the alleged violation, including their contact information and MCO/Agency affiliation.
  - c) **Others:** Enter the name(s) of any other individual(s) who may be able to provide additional information regarding the alleged violation, including their contact information and MCO/Agency affiliation.
- 6) **Description of the alleged violation:** Provide a narrative describing the incident and alleged violation and attach any documentation to support this allegation.
- 7) **Why is this alleged violation a violation of the Marketing and Member Materials Policy and/or Social Media Policy?:** Provide a description of how the incident violates the UMCM Chapter 4.3 Marketing and Member Materials Policy and/or UMCM Chapter 4.13 Social Media Policy. Include specific citations from the policy to support the allegation.
- 8) **What harm has resulted due to this alleged violation?:** Indicate if there was any harm, negative consequence, etc. that resulted from the incident.