| **DOCUMENT HISTORY LOG** |
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| **STATUS1** | **DOCUMENT****REVISION2** | **EFFECTIVE****DATE** | **DESCRIPTION3** |
| Baseline | 2.0 | September 1, 2016 | Initial version of Uniform Managed Care Manual Chapter 4.12.2 "Medicaid/CHIP Managed Care Alleged Marketing Violation Form."Chapter 4.12.2 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. |
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| **1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first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.3 Brief description of the changes to the document made in the revision. |

**Medicaid/CHIP Managed Care**

**Alleged Marketing Violation Form**

Please submit this form with all corresponding materials to HPM\_Communications@hhsc.state.tx.us.

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| **Complainant Information** |
| Date Submitted: Click here to enter a date. |
| Complainant Name/ Title/ Organization:Click here to enter text. |
| Address: Click here to enter text. |
| E-Mail: Click here to enter text. |
| Phone Number: Click here to enter text. | Fax: Click here to enter text. |
| **Alleged Violation Detail** |
| Date(s) of Violation:Click here to enter text. | Time(s) of Violation:Click here to enter text. | Frequency of Violation:Click here to enter text. |
| Location of Alleged Violation (include facility name, address, unit, room, floor, etc.):Click here to enter text. |
| Parties Involved (Please provide as much information as possible.)1. Alleged Violator(s):
 |
| MCO | Name | Phone Number | E-Mail |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Witness(es):
 |
| MCO/Agency, if any | Name | Phone Number | E-Mail |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1. Others:
 |
| MCO/Agency, if any | Name | Phone Number | E-Mail |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Description of the alleged violation. Please attach any documentation to support this allegation. Use additional paper if more space is needed. Click here to enter text. |
| Why is this alleged violation a violation of the Marketing and Member Materials Policy and/or Social Media Policy? Please include specific citations. Click here to enter text. |
| What harm has resulted due to this alleged violation (e.g. misrepresentation, unfair advantage gained)?Click here to enter text. |

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| **For HHSC Use Only** |
| Date Approved: Click here to enter a date. |
| Investigating HHSC Staff: Click here to enter text. |
| Phone Number: Click here to enter text. |
| E-Mail: Click here to enter text. |
| Allegation: [ ] Substantiated [ ] Unsubstantiated | Date Closed: Click here to enter a date. |
| Action Taken:Click here to enter text. |