| **DOCUMENT HISTORY LOG** | | | |
| --- | --- | --- | --- |
| **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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions  2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first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](mailto: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. | |