

CONTRACTOR: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

**INSTRUCTIONS:** The Contractor shall notify AHCCCS of non-compliance of the Subcontractor as specified in ACOM Policy 438 and Contract with the following information:

ADMINISTRATIVE SERVICES SUBCONTRACTOR OR MANAGEMENT SERVICES AGREEMENT (MSA) NAME	DELEGATED DUTIES AND RESPONSIBILITIES	IDENTIFIED AREAS OF NON-COMPLIANCE	SCOPE & ESTIMATED IMPACT OF THE NON-COMPLIANCE TO MEMBERS [INCLUDE IDENTIFIED QUALITY OF CARE (QOC) CONCERNS]	DATE NON-COMPLIANCE IDENTIFIED	CORRECTIVE ACTION PLAN (CAP) IMPLEMENTATION AND/OR CAP CLOSURE SUMMARY (IF CLOSED, PROVIDE DATE CLOSED)	SANCTION ACTIONS TAKEN OR PLANNED

<sup>1</sup> [Revised to agree with other attachments](#)

ADMINISTRATIVE SERVICES SUBCONTRACTOR OR MANAGEMENT SERVICES AGREEMENT (MSA) NAME	DELEGATED DUTIES AND RESPONSIBILITIES	IDENTIFIED AREAS OF NON-COMPLIANCE	SCOPE & ESTIMATED IMPACT OF THE NON-COMPLIANCE TO MEMBERS [INCLUDE IDENTIFIED QUALITY OF CARE (QOC) CONCERNS]	DATE NON-COMPLIANCE IDENTIFIED	CORRECTIVE ACTION PLAN (CAP) IMPLEMENTATION AND/OR CAP CLOSURE SUMMARY (IF CLOSED, PROVIDE DATE CLOSED)	SANCTION ACTIONS TAKEN OR PLANNED