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| **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**  |
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