

Item #	Program	Service Area	Liquidated Damages Matrix #	Performance	MCO Actual Performance	Remedies Imposed
1	All	All	15	Financial Statistical Reports (FSRs) must be submitted on time, accurate and complete. Admin FSR, First Occurrence	1 day late	Waive
2	All	All	15	Quality Improvement (QI) Financial Statistical Reports (FSRs) must be submitted on time, accurate and complete. First Occurrence	1 day late	Waive
3	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	15	Financial Statistical Reports (FSRs) must be submitted on time, accurate and complete. Medicaid Dental FSR, First Occurrence	1 day late	Waive
4	DENTAL CHIP	1K; CHIP STATEWIDE	15	Financial Statistical Reports (FSRs) must be submitted on time, accurate and complete. CHIP Dental FSR, First Occurrence	1 day late	Waive
5	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	16	All reports and deliverables must be submitted in the correct template and format. Claims Lag Report, First Occurrence	1 day late	Waive
6	DENTAL CHIP	1K; CHIP STATEWIDE	16	All reports and deliverables must be submitted in the correct template and format. Claims Lag Report, First Occurrence	1 day late	Waive
7	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	24	All reports/deliverables must be on time, accurate, and complete. TPR/TPL, First Occurrence	1 day late	Waive
8	DENTAL CHIP	1K; CHIP STATEWIDE	24	All reports/deliverables must be on time, accurate, and complete. TPR/TPL, First Occurrence	1 day late	Waive
9	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	28	IG - MCO must respond to any Inspector General request for information in the manner and format requested. First Occurrence Investigation Number: 2017D00477	3 days inaccurate	Waive
10	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	28	IG - MCO must respond to any Inspector General request for information in the manner and format requested. First Occurrence Investigation Number: P20151440781248734	3 days inaccurate	Waive
11	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	28	IG - MCO must respond to any Inspector General request for information in the manner and format requested. First Occurrence Investigation Number: 2016D02425	2 days inaccurate	Waive
12	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	28	IG - MCO must respond to any Inspector General request for information in the manner and format requested. First Occurrence Investigation Number: 2016D02655	20 days inaccurate	\$7,500.00
13	DENTAL MEDICAID	1M; MEDICAID STATEWIDE	33	Provider Complaints 98% resolved within 30 days. First Occurrence	91%	\$62.50
Total Q1 Remedies Imposed						\$7,562.50