MCO IMPROVEMENT PLAN

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| --- | --- | --- |
| **MCO Name:** | **Date:** | **Contract Cycle:** |
| **MCO Instructions:** Please provide detail on each of the non-compliance item(s) and how the MCO will address issues relating to this area in the future. | | |

**I. Describe the issue(s) of non-compliance:**

**II. Describe the action steps the MCO will take to address each of the issue(s) of non-compliance. In the response, please include the date(s) when each of the issue(s) will be remedied.**

**III. Certification**

The undersigned have reviewed this MCO Improvement Plan.

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MCO Signature and Title: Date

**IV. DEPARTMENT APPROVAL**

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Department Signature and Title: Date