| **DOCUMENT HISTORY LOG** | | | |
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| **STATUS1** | **DOCUMENT**  **REVISION2** | **EFFECTIVE**  **DATE** | **DESCRIPTION3** |
| Baseline | 2.0 | September 1, 2016 | Initial version of Uniform Managed Care Manual 4.3.2 "MCO Notification of a Medicaid Other Event Form."  Chapter 4.3.2 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, X529-13-0042, X529-13-0071, 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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions  2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first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. | | | |

**MCO Notification of a Medicaid Other Event**

Please complete all sections on the form and submit to [TXMedicaidEvents@maximus.com](mailto:TXMedicaidEvents@maximus.com).

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| **Contact Information** | |
| Contact Person: Click here to enter text. | |
| Contact E-Mail Address: Click here to enter text. | |
| Contact Phone Number: Click here to enter text. | |
| Contact Fax Number: Click here to enter text. | |
| **Event Information** | |
| Organization: Click here to enter text. | |
| Name of Event: Click here to enter text. | |
| Type of Event:  Presentation  Health Fair  Community Event  Nursing Facility Activity Event  Other (explain): Click here to enter text. | |
| Time of Event: Click here to enter text. | Date of Event: Click here to enter a date. |
| Event Site Address:  Click here to enter text. | |
| County: Choose an item. | |
| Applicable Program(s):  STAR  STAR+PLUS  STAR Kids  Medicaid Dental Services | |
| Service Area: Choose an item. | |
| Region: Choose an item. | |
| Language Needs:  English  Spanish  Other (explain): Click here to enter text. | |
| Additional Information/Directions:  Click here to enter text. | |
| Targeted Audience (Quantity, Type)  Click here to enter text. | |
| Event Participants:  HHSC ASC and all MCOs invited to the event  MCO only  HHSC ASC and MCO only (not an enrollment event, education event only)  MCO sponsored event | |
| MCO Representative: Click here to enter text. | |
| Date Sent to HHSC ASC: Click here to enter a date. | |

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| **For HHSC ASC Use Only** |
| Date Received: Click here to enter a date. |