| **DOCUMENT HISTORY LOG** |
| --- |
| **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. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions2  Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first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.

|  |
| --- |
| **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. |

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