

**ADDENDA #2**

#### To

**Open Enrollment**

**For**

**HHS0010339**

**Medical Transportation Program Demand Response Transportation Services**

**Medicaid and CHIP Services**

**Managed Care Compliance and Operations**

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Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

| **Addendum 2**  **06/01/2021** | | | |
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| **Item** | **Open Enrollment Reference** | **Previous** | **Revised Language** |
|  | Section 4.1, Sole Point of Contact | **Section 4.1** All questions, requests for clarification, or other communication about this OE shall be made in writing only to the HHSC sole point of contact listed below.  Attempts to ask questions by phone or in person will not be allowed or recognized as valid.  Mary Urrutia  Contract Specialist  Email: [CMD\_ManagedCareOrganizations@hhsc.state.tx.us](mailto:CMD_ManagedCareOrganizations@hhsc.state.tx.us) | **Section 4.1** All questions, requests for clarification, or other communication about this OE shall be made in writing only to the HHSC sole point of contact listed below.  Attempts to ask questions by phone or in person will not be allowed or recognized as valid.  Jude Rotimi & Akieva Sermons  Contract Specialists  Email: [CMD\_ManagedCareOrganizations@hhsc.state.tx.us](mailto:CMD_ManagedCareOrganizations@hhsc.state.tx.us) |
|  | Section 14.1 | **Section 14.1** Each Applicant is solely responsible for ensuring its Application is submitted in accordance with all OE requirements, including, but not limited to, proper labeling, sufficient postage or delivery fees, and ensuring timely receipt by HHSC.  In no event will HHSC be responsible or liable for any delay or error in delivery. Applications must be RECEIVED by HHSC before the OE period closes as identified in Schedule of Events, Section 1, or subsequent Addenda.  The Application, including all ORIGINAL documentation outlined in Section 13, must be delivered to HHSC in its entirety in one envelope or package.  Submit one (1) original hard copy and one (1) copy on portable media, such as compact disk or USB compatible with Microsoft Office 2000. Any disparities between the contents of the original hard copy and the copy will be interpreted in favor of HHSC.  Address for hand delivery, US Postal Service, other Carrier or overnight or Express Mail delivery:  Health and Human Services Commission  Department of State Health Services  Attn: MCCO – Mary Urrutia  4900 N. Lamar Blvd., Mail Code H320  Austin, Texas 78751    Applications submitted by facsimile, or any other method not specified in this OE, will NOT be accepted or considered. | **Section 14.1** Each Applicant is solely responsible for ensuring its Application is submitted in accordance with all OE requirements, including, but not limited to, proper labeling, sufficient postage or delivery fees, and ensuring timely receipt by HHSC.  In no event will HHSC be responsible or liable for any delay or error in delivery. Applications must be RECEIVED by HHSC before the OE period closes as identified in Schedule of Events, Section 1, or subsequent Addenda.  The Application, including all ORIGINAL documentation outlined in Section 13, must be delivered to HHSC in its entirety in one envelope or package.  Submit one (1) original hard copy and one (1) copy on portable media, such as compact disk or USB compatible with Microsoft Office 2000. Any disparities between the contents of the original hard copy and the copy will be interpreted in favor of HHSC.  Address for hand delivery, US Postal Service, other Carrier or overnight or Express Mail delivery:  Health and Human Services Commission  Department of State Health Services  Attn: MCCO – Jude Rotimi  4900 N. Lamar Blvd., Mail Code H320  Austin, Texas 78751    Applications submitted by facsimile, or any other method not specified in this OE, will NOT be accepted or considered. |