

**Missouri Department of Social Services (DSS) – MO HealthNet Division (MHD)**  
**MO HealthNet MANAGED CARE CONTRACT**  
**POLICY REVIEW SUBMISSION FORM**

<b>HEALTH PLAN:</b>		
<b>Date Submitted to DSS-MHD:</b>		
<b>Type of Submission:</b>		<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revision</b>
<b>Date of Last MHD Approval, if Revision:</b>		
<b>Policy Number:</b>		
<b>Policy Title:</b>		
<b>Contract Requirement for Policy:</b>		
<b>Additional Policies Submitted for Requirement(s)</b>	<b>Policy Number:</b>	
	<b>Title:</b>	
<b>Additional Policies Submitted for Requirement(s)</b>	<b>Policy Number:</b>	
	<b>Title:</b>	
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	<b>Title:</b>	
<b>Additional Policies Submitted for Requirement(s)</b>	<b>Policy Number:</b>	
	<b>Title:</b>	
<b>Other Policy(ies) Referenced in Submission</b>	<b>Previously submitted during current State Fiscal Year?</b>	<input type="checkbox"/> <b>No</b> ( <i>include with submission form</i> ) <input type="checkbox"/> <b>Yes</b>
	<b>If yes, Date Submitted</b>	
	<b>Date Approved</b>	
<b>Attachments Referenced in Submission</b>	<b>Title:</b>	
<b>Contact Information:</b>	<b>Name:</b>	
	<b>Email Address:</b>	
	<b>Phone Number:</b>	
	<b>Fax Number:</b>	

**MO HealthNet MANAGED CARE CONTRACT  
HEALTH PLAN POLICY SUBMISSION FORM  
DSS-MHD TRACKING (*State Agency Use Only*)**

<b>HEALTH PLAN:</b>	
<b>Date of Submission:</b>	
<b>Policy Title:</b>	
<b>Policy Number:</b>	
<b>Date MHD Received:</b>	
<b>Submission Review Complete</b>	<input type="checkbox"/> <i>Yes – Date Complete</i>
	<input type="checkbox"/> <i>No – Date Returned</i>
<b>Date Distributed for Review:</b>	
<b>Date Due to Health Plan:</b>	
<b>Date(s) Sent for Revision/Resubmission:</b>	
<b>Date(s) Revision/Resubmission Received from Health Plan</b>	
<b>Date Denied:</b>	
<b>Comments:</b>	
<b>Date Approved:</b>	
<b>Date of Approval Letter/Email:</b>	
<b>Filing Reference:</b>	

Revised May 2015