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| Missouri Department of Social Services (DSS) – MO HealthNet Division (MHD)MO HealthNet MANAGED CARE CONTRACTPOLICY REVIEW SUBMISSION FORM |
| **HEALTH PLAN:**  |  |
| **Date Submitted to DSS-MHD:**  |  |
| **Type of Submission:** | [ ]  **New** [ ]  **Revision** |
| **Date of Last MHD Approval, if Revision:** |  |
| **Policy Number:** |  |
| **Policy Title:** |  |
| **Contract Requirement for Policy:** |  |
| **Additional Policies Submitted for Requirement(s)**  | **Policy Number:****Title:** |  |
|  |
| **Additional Policies Submitted for Requirement(s)**  | **Policy Number:****Title:** |  |
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| **Additional Policies Submitted for Requirement(s)**  | **Policy Number:****Title:** |  |
|  |
| **Additional Policies Submitted for Requirement(s)** | **Policy Number:****Title:** |  |
|  |
| **Other Policy(ies) Referenced in Submission** | **Previously submitted during current State Fiscal Year?** | [ ]  **No** (***include with submission form***)[ ]  **Yes** |
| **If yes, Date Submitted****Date Approved** |  |
|  |
| **Attachments Referenced in Submission** | **Title:** |  |
| **Contact Information:** | **Name:** **Email Address:****Phone Number:****Fax Number:** |  |
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| MO HealthNet MANAGED CARE CONTRACTHEALTH PLAN POLICY SUBMISSION FORMDSS-MHD TRACKING (*State Agency Use Only*)  |
| **HEALTH PLAN:**  |  |
| **Date of Submission:****Policy Title:****Policy Number:** |  |
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| **Date MHD Received:** |  |
| **Submission Review Complete** | [ ]  *Yes* – Date Complete[ ]  *No* – Date Returned |  |
|  |
| **Date Distributed for Review:** |  |
| **Date Due to Health Plan:** |  |
| **Date(s) Sent for Revision/Resubmission:** |  |
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| **Date(s) Revision/Resubmission Received from Health Plan** |  |
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| **Date Denied:****Comments:** |  |
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| **Date Approved:****Date of Approval Letter/Email:****Filing Reference:** |  |
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Revised May 2015

Reviewed January 2016