

ADDITIONAL HEALTH BENEFIT SUBMISSION

Health Plan Name:	
Date Submitted:	
The following components are necessary to review and approve additional benefits:	
<ul style="list-style-type: none"> • Who is eligible for the additional health benefit? (Describe the member population that is eligible for the proposed additional health benefit.) 	
<ul style="list-style-type: none"> • Who is providing the additional health benefit? (The additional health benefit services must be provided and paid for by the health plan, not a vendor.) 	
<ul style="list-style-type: none"> • What is the additional health benefit? (Additional health benefits are services not included in the comprehensive benefit package to members. Required health benefits or services shall not be portrayed as an additional health benefit.) Some examples of additional health benefits are, but not limited to: <ul style="list-style-type: none"> ○ After School Youth Program Club Memberships ○ Enhanced Transportation Services Program ○ Peak Flow Meter Programs 	
<ul style="list-style-type: none"> • What makes this an additional health benefit? Describe how this is above the requirements in the Managed Care contract? 	
<ul style="list-style-type: none"> • What is the anticipated beginning date for providing the additional health benefit? 	
Educational materials for additional benefits must be submitted to the Marketing Committee at: MHD.MCMarketing@dss.mo.gov Have you submitted materials?	Yes _____ No _____
Additional health benefits must be requested under the signature of the CEO or CFO, or someone with delegated authority to sign for the CEO or CFO. CEO, CFO or delegated authority signature:	