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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:** | | |  | |
|  | |
| **Date Approved:**  **Date of Approval Letter/Email:**  **Filing Reference:** | | |  | |
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Revised May 2015

Reviewed January 2016