



DMAS MCO Member Communication and Marketing Submission Form

Directions: Please complete all applicable sections of the following form and submit completed form along with marketing/event materials through the DMAS FTP Server.

MCO Marketing Information	
Category (choose one):	If “other,” explain:
Flesch Score of Marketing Material:	
Brief Summary of MCO Marketing or Intended Use of Marketing Material:	
Has this MCO Marketing been previously submitted and approved? Yes No	If yes, please provide date of approval:
MCO Comments (Optional)	
MCO Information	
MCO Name (choose one):	
Contact Name (Last, First):	
Location (City, County, State, ZIP):	
Email Address:	

For DMAS Use Only:							
1st Level Reviewer	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Approved</td> <td style="text-align: center; width: 33%;">Disapproved</td> <td style="text-align: center; width: 33%;">Resubmission Required</td> </tr> <tr> <td>Reviewer’s Initials:</td> <td>Date:</td> <td></td> </tr> </table>	Approved	Disapproved	Resubmission Required	Reviewer’s Initials:	Date:	
Approved	Disapproved	Resubmission Required					
Reviewer’s Initials:	Date:						
2nd Level Reviewer	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Approved</td> <td style="text-align: center; width: 33%;">Disapproved</td> <td style="text-align: center; width: 33%;">Resubmission Required</td> </tr> <tr> <td>Reviewer’s Initials:</td> <td>Date:</td> <td></td> </tr> </table>	Approved	Disapproved	Resubmission Required	Reviewer’s Initials:	Date:	
Approved	Disapproved	Resubmission Required					
Reviewer’s Initials:	Date:						
Case Tracking System Number:							

The Department’s MCO Marketing approval is not extended to any deviations or modifications made to the marketing following the issuance of DMAS’s approval. This approval does not extend to any future MCO marketing.