

**MARKETING MATERIALS NOTICE OF SUBMISSION
SCDHHS MANAGED CARE PLANS**

Plan Information		Instructions to Plans
Date of Notice of Submission:	Click to enter date	<ol style="list-style-type: none"> Material Type: Enter each material type using the drop-down box menu Material File Name: Enter each material file name as they appear on each material uploaded to SharePoint RGL & Indices: Enter each Reading Grade Level & Indices used to determine the level 12 Point Font: Enter Yes/No using the drop-down box menu (If N/A, explain in the brief description) Languages Available: List any languages in which the material is available in Translation of an Approved Material: Click the Check Box if it applies to the material Available in Alternative Formats: Enter Yes/No using the drop-down box menu (If N/A, explain in the brief description) Budget: Enter the expected/actual budget for developing & distributing the material, based on the SFY Intended Use: Brief description of intended use or outcome of the material when it is provided or used? Intended Audience: Provide specific target audience information (gender, age, social determinant of health risk factor, health risk populations, etc.) Date Last Updated: Enter date the material was last updated or reviewed for update using the drop-down box menu Brief Description: Summarize any additional information to describe the type, function, or details regarding the material (explanation to any of the cells with N/A) Email Notice of Submission to the SCDHHS: <ul style="list-style-type: none"> ✓ Marketing Specialist ✓ Contract Monitor
Managed Care Plan Name:	Choose an item.	
Date Materials Uploaded to SharePoint:	Click to enter date	
Submitted By:		
	<ul style="list-style-type: none"> • Plan Representative Name • Email Address 	

This is to notify the Agency that the materials listed below have been placed in the SCDHHS SharePoint Material Review.

Material Type	Material File Name	RGL & Indices	12 Point Font	Languages Available	Translation of an Approved Material	Available in Alternative Formats	Budget	Intended Use	Intended Audience	Date Last Updated	Brief Description
Member Website	MC-01182015-M-1-WM-N	6.5 Flesch-Kincaid	Yes	English	<input type="checkbox"/>	No	\$\$	Communicate important plan updates	Current enrollees	1/1/2025	Example
Choose an item.			Choose an item.		<input type="checkbox"/>	Choose an item.				Click to enter date	

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