**FORM 8070001412-O**

**SoonerSelect Dental ENROLLEE GRIEVANCES & APPEALS RESOLUTION**

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| **Bidder Name:** |  |

**Instructions**

Enter the requested data for three (3) programs. Include data for the most recent available 12-month period. If you collect and report rates by contract year, you may instead include data for the most recent complete contract year. If there is no program standard, enter “N/A” in the standard cell and enter an internal metric in the next row. If there is no data available for an item, enter “N/A”. Provide any clarifying information in the comments section.

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|  | **Program 1** | **Program 2** | **Program 3** |
| **PROGRAM NAME** |  |  |  |
| **SoonerSelect Dental Enrollee months** |  |  |  |
| **Number of SoonerSelect Dental Enrollee grievances**  |  |  |  |
| **Number of SoonerSelect Dental Enrollee appeals** |  |  |  |
| **SoonerSelect Dental Enrollee grievance timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of SoonerSelect Dental Enrollee grievances resolved timely**  |  |  |  |
| **SoonerSelect Dental Enrollee expedited appeal timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of SoonerSelect Dental Enrollee expedited appeals resolved timely**  |  |  |  |
| **SoonerSelect Dental Enrollee standard appeal timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of SoonerSelect Dental Enrollee standard appeals resolved timely**  |  |  |  |

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| **Comments** |