**FORM 8070001235-O-DENTAL HEALTH PLAN ENROLLEE GRIEVANCES & APPEALS RESOLUTION**

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| **Bidder Name:** |  |

**Instructions**

Enter the requested data for three 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** |  |  |  |
| **Health Plan Enrollee months** |  |  |  |
| **Number of Health Plan Enrollee grievances** |  |  |  |
| **Number of Health Plan Enrollee appeals** |  |  |  |
| **Health Plan Enrollee grievance timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of Health Plan Enrollee grievances resolved timely** |  |  |  |
| **Health Plan Enrollee expedited appeal timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of Health Plan Enrollee expedited appeals resolved timely** |  |  |  |
| **Health Plan Enrollee standard appeal timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of Health Plan Enrollee standard appeals resolved timely** |  |  |  |

**Comments**

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