**FORM 8070001235-T-NEW DENTAL HEALTH PLAN ENROLLEE CONTACT RATES**

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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 standard for initial member contacts, enter “N/A” in the standard cell and enter an internal metric in the next row. If the internal metric exceeds 30 days, explain why in the comments section. If there is no data available for an item, enter “N/A”. Provide any other clarifying information in the comments section.

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|  | **Program 1** | **Program 2** | **Program 3** |
| **Program Name** |  |  |  |
| **Period evaluated (month/year to month/year)** |  |  |  |
| **Program Standard (e.g., 30 days)** |  |  |  |
| **Internal Metric (if no program standard)** |  |  |  |
| **Number of new members** |  |  |  |
| **Number contacted within standard/metric** |  |  |  |
| **Percent contacted within standard/metric** |  |  |  |

**Comments**

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