**FORM 8070001235-J**

**PLAN STAFFING**

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| **Bidder Name:** |  |

**Estimated Staffing**

Instructions: Complete Form 8070001235-J-Plan Staffing, to present estimates of staffing by position type and date. Solely for the purpose of completing this form, the Bidder should assume the same enrollment as presented in Form 8070001235-H-Identification of Major Subcontractors.

When completing the form:

* Indicate the corresponding internal position title within the plan for each function.
* If a member-to-staff ratio is used to calculate the number of FTEs, provide the ratio.
* If you have more than one staffing ratio for a function/position (e.g., care management staff having different ratios by population served), insert additional rows into the table to accommodate.
* Include explanatory notes, if needed, in the second table at the end of the form.
* Supervisory/managerial staff count should not include the director-level individuals identified on form 8070001235-I-Key Staff.

Include a job description for each position directly behind this form.

| **Function** | **Internal Plan Title(s)** | **Staffing Ratio (Health Plan Enrollees per FTE)** | **Estimated FTEs** |
| --- | --- | --- | --- |
| **Dental Management Managers/Supervisors** |  |  |  |
| **Dental Management Staff** |  |  |  |
| **Quality Improvement Managers/Supervisors** |  |  |  |
| **Quality Improvement Staff** |  |  |  |
| **Call Center Managers/Supervisors**  |  |  |  |
| **Call Center Staff** |  |  |  |
| **Health Plan Enrollee Service Managers/Supervisors (non-Call Center)** |  |  |  |
| **Health Plan Enrollee Service Staff (non-Call Center)** |  |  |  |
| **Network Contracting Managers/Supervisors**  |  |  |  |
| **Network Contracting Staff** |  |  |  |
| **Provider Relations Managers/Supervisors (non-Call Center)** |  |  |  |
| **Provider Relations Staff (non-Call Center)** |  |  |  |
| **Grievances and Appeals Managers/Supervisors**  |  |  |  |
| **Grievances and Appeals Staff** |  |  |  |
| **Compliance and Reporting Managers/Supervisors** |  |  |  |
| **Compliance and Reporting Staff** |  |  |  |
| **Health Plan Enrollee Care Support Staff** |  |  |  |
| **Technical Support Staff** |  |  |  |
| **Program Integrity Staff** |  |  |  |
| **Internal Audit Staff** |  |  |  |
| **Claims Processing Staff** |  |  |  |
| **Accounting and Finance Staff** |  |  |  |
| **Website Staff** |  |  |  |
| **All Other FTEs** |  |  |  |
| **TOTAL FTEs** |  |  |  |

**Use the section below to include any explanatory notes associated with the staffing information. (Add rows as needed.)**

|  |  |
| --- | --- |
| **Function** | **Note** |
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