**FORM 8070001240-I**

**KEY STAFF**

|  |  |
| --- | --- |
| **Bidder Name:** |  |

**Identification of Key Staff**

Instructions: Include the names of the individuals who will be filling the Key Staff positions listed below. When completing the form:

* Indicate the corresponding internal title within the plan for each position.
* If more than one individual is filling a single position (e.g., there are separate CEO and COO positions) show the individuals together within the same cell.
* If one individual is filling multiple positions (subject to the requirements of Model Contract Section 1.3.6: “Staffing”), list the individual in each area of responsibility.
* If a position is unfilled, leave the space blank.
* Indicate the FTE percentage associated with each position.
* If an individual will be serving temporarily in a position, indicate the expected length of tenure.

Include a job description for each position directly behind this form. Include a current resume for each individual listed on the form behind the corresponding job description. For example, include the CEO job description, followed directly by the resume of the person filling this position.

| **Model Contract Title** | **Internal Plan Title** | **Name** | **FTE Percentage for Position** | **Expected Start Month, Year** | **If Temporary, Expected Final Month, Year** |
| --- | --- | --- | --- | --- | --- |
| **Chief Executive Officer** |  |  |  |  |  |
| **Chief Financial Officer** |  |  |  |  |  |
| **Compliance Officer** |  |  |  |  |  |
| **Care Management Director** |  |  |  |  |  |
| **Chief Medical Officer** |  |  |  |  |  |
| **Utilization Management Director** |  |  |  |  |  |
| **Quality Management Director** |  |  |  |  |  |
| **Health Plan Enrollee Services Director** |  |  |  |  |  |
| **Provider Services Director** |  |  |  |  |  |
| **Pharmacy Director** |  |  |  |  |  |
| **Tribal Government Liaison** |  |  |  |  |  |
| **Grievances and Appeals Manager** |  |  |  |  |  |
| **Claims Manager** |  |  |  |  |  |
| **Information Systems Director** |  |  |  |  |  |
| **~~Pharmacy Director~~** |  |  |  |  |  |
| **Behavioral Health Director** |  |  |  |  |  |
| **Data Compliance Manager** |  |  |  |  |  |
| **Health Plan Enrollee Advocate** |  |  |  |  |  |
| **Transition Coordinator** |  |  |  |  |  |
| **Program Integrity Lead Investigator** |  |  |  |  |  |
| **Internal Audit Director** |  |  |  |  |  |