**FORM 8070001240-J**

**PLAN STAFFING**

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

**Estimated Staffing**

Instructions: Complete Form 8070001240-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 8070001240-H.

When completing the form:

* Indicate the corresponding internal position title within the plan for each function.
* If a Health Plan Enrollee-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 8070001240-I-Key Staff.

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

| **Function** | **Internal Plan Title(s)** | **Staffing Ratio (Members per FTE)** | **Estimated FTEs** |
| --- | --- | --- | --- |
| **Care Management Managers/Supervisors** |  |  |  |
| **Care Management Staff** |  |  |  |
| **Medical Management Managers/Supervisors** |  |  |  |
| **Medical 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)** |  |  |  |
| **Marketing Staff** |  |  |  |
| **Network Contracting Managers/Supervisors** |  |  |  |
| **Network Contracting Staff** |  |  |  |
| **Provider Services Managers/Supervisors (non-Call Center)** |  |  |  |
| **Provider Services Staff (non-Call Center)** |  |  |  |
| **Grievances and Appeals Managers/Supervisors** |  |  |  |
| **Provider Reconsiderations and Appeals Staff** |  |  |  |
| **Health Plan Enrollee 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** |  |  |  |
| **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** |
|  |  |
|  |  |
|  |  |