**SoonerSelect CHILDREN’S SPECIALTY PROGRAM ENROLLEE GRIEVANCE & APPEAL RESOLUTION**

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

**Instructions**

Enter the requested data for three (3) 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Program 1** | **Program 2** | **Program 3** |
| **PROGRAM NAME** |  |  |  |
| **Enrollee months** |  |  |  |
| **Number of Enrollee grievances**  |  |  |  |
| **Number of Enrollee appeals** |  |  |  |
| **Enrollee grievance timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of Enrollee grievances resolved timely**  |  |  |  |
| **Enrollee expedited appeal timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of Enrollee expedited appeals resolved timely**  |  |  |  |
| **Enrollee standard appeal timely resolution standard** |  |  |  |
| **Internal metric (if no program standard)** |  |  |  |
| **Percent of Enrollee standard appeals resolved timely**  |  |  |  |

|  |
| --- |
| **Comments** |