

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
PERFORMANCE BASED CONTRACTING**

Pursuant to Ark. Code Ann. 19-11-1010 et. seq., the selected contractor shall comply with performance based standards. Following are the performance based standards that will be a part of the contract and with which the contractor must comply for acceptable performance to occur under the contract.

- I. The contractor must comply with all statutes, regulations, codes, ordinances, and licensure or certification requirements applicable to the contractor or to the contractor's agents and employees and to the subject matter of the contract. Failure to comply shall be deemed unacceptable performance.
- II. Except as otherwise required by law, the contractor agrees to hold the contracting Division/Office harmless and to indemnify the contracting Division/Office for any additional costs of alternatively accomplishing the goals of the contract, as well as any liability, including liability for costs or fees, which the contracting Division/Office may sustain as a result of the contractor's performance or lack of performance.
- III. During the term of the contract, the division/office will complete sufficient performance evaluation(s) to determine if the contractor's performance is acceptable.
- IV. The State **shall** have the right to modify, add, or delete Performance Standards throughout the term of the contract, should the State determine it is in its best interest to do so. Any changes or additions to performance standards will be made in good faith following acceptable industry standards, and may include the input of the vendor so as to establish standards that are reasonably achievable
- V. The contract program deliverables and performance indicators to be performed by the contractor are:

Service Criteria	Acceptable Performance	Damages for Insufficient Performance
<p><b>A)</b> The contractor will improve the quality and effectiveness of the medical care received by Arkansas Medicaid Beneficiaries by establishing and maintaining positive relationships with Beneficiaries and assisting Beneficiaries in Medicaid related matters.</p> <p>1. The contractor will create, print and distribute Medicaid materials (intervention, promotional and informational) to Beneficiaries.</p> <p>2. Materials shall be distributed by hand to local health units, Department of Human Services (DHS) county offices, and other designated organizations as needed.</p> <p>3. Technical writing and graphic design is provided upon demand, by Division of Medical Services (DMS), for Beneficiary communications.</p> <p>4. The contractor shall ensure that beneficiary communications are accurate, not misleading, and easily understandable by the Beneficiary population.</p> <p>5. Contractor provides continuously improving electronic communication to Beneficiary population.</p> <p>6. The contractor will perform any and all other tasks necessary to provide the Deliverable as set forth above.</p>	<p>1. Full compliance with the performance indicators is required. All Medicaid materials (intervention, promotional and informational) are created, printed and distributed to Beneficiaries.</p> <p>2. Materials are distributed by hand, to local health units, DHS county offices, and other designated organizations as needed in a time and manner acceptable to DMS.</p> <p>3. Not including surveys or complaint line communications, technical writing and graphic design is provided as requested by DMS for at least four (4) Beneficiary communications annually (at least two (2) by December 31st of each contract year). Technical writing and graphic design are provided more frequently as requested.</p> <p>4. At least four (4) Beneficiary communications are designed, printed and published annually subject to the approval of DMS (at least two (2) by December 31st of each contract year).</p> <p>5. All written information provided to beneficiaries or potential beneficiaries is accurate, is not misleading, is comprehensible to its intended audience, designed to provide the greatest degree of understanding, and is written at the sixth grade reading level. All communications will comply with State and federal laws.</p> <p>6. Contractor provides electronic communication to beneficiary population and adds at least two (2) new features to website each contract year subject to DMS approval.</p> <p>7. Promotional and informational materials regarding DMS programs for beneficiaries are developed and delivered in a manner acceptable to</p>	<p>The contractor shall comply with the above stated program deliverables and performance indicators.</p> <p>A 5% monthly invoice deduction shall be allowed for each deficient month.</p>

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DMS.

B) The contractor will operate as an effective liaison between DMS and beneficiaries by maintaining active feedback and assisting in the complaint resolution process.

1. The contractor meets Quality Assurance Reform Initiative (QARI) guidelines for the monitoring and maintenance of beneficiary satisfaction through the beneficiary grievance procedure.

2. The contractor shall provide a beneficiary grievance line which has a toll-free number, the capability to respond to the hearing impaired, the capability to respond to the Spanish speaking population and is available Monday through Friday from 8:00 – 4:30 following the State work schedule.

3. Beneficiary complaints received are processed pursuant to the complaint resolution process approved by DMS.

4. All complaints and the disposition are maintained in an electronic database and reports are provided to DMS upon request.

5. Information about the complaint line is sent to newly enrolled beneficiaries and additional outreach activities are conducted as requested by DMS.

6. The contractor will perform any and all other tasks necessary to provide the deliverables as set forth above.

1. Full compliance with the performance indicators is required. The contractor meets and maintains QARI guidelines throughout the entire contract period.

2. One hundred percent (100%) of complaints received are processed pursuant to complaint resolution process approved by DMS.

3. For the duration of the contract, the Beneficiary grievance line is continuously operational and has a toll-free number, the capability to respond to the hearing impaired, the capability to respond to the Spanish speaking population and is available Monday through Friday from 8:00 – 4:30 following the State work schedule. All communications will comply with State and federal laws.

4. One hundred percent (100%) of complaints and complaint dispositions are maintained in an electronic database and reports are provided to DMS upon request.

5. Information about the complaint line is sent via regular U.S. mail to newly enrolled beneficiaries each month and additional outreach activities are conducted as necessary or when requested by DMS.

The contractor shall comply with the above stated program deliverables and performance indicators.

A 5% monthly invoice deduction shall be allowed for each deficient month.

<p>C) The contractor will conduct health care related surveys acceptable to DMS, including but not limited to: Beneficiary satisfaction surveys regarding Non- emergency Transportation (NET), ARKids B, and ARKids A.</p> <p>1. Beneficiary surveys are developed, performed and analyzed each contract year.</p> <p>2. Executive summaries and report cards are produced at the conclusion of the data analysis.</p> <p>3. Surveys are completed according to negotiated timeframes.</p> <p>4. DMS approval of surveys is obtained prior to dissemination.</p> <p>5. Surveys are available in Spanish.</p> <p>6. Copies of each survey, results, and report cards are provided to DMS.</p> <p>7. All information is available on the website or in a manner acceptable to DMS.</p> <p>8. The contractor will perform any other tasks necessary to provide the deliverable as set forth above.</p>	<p>1. Full compliance with the performance indicators is required.</p> <p>2. A minimum of three (3) Beneficiaries surveys are performed and analyzed each contract year.</p> <p>3. Surveys are conducted according to statistical standards.</p> <p>4. Executive summaries and report cards are produced at the conclusion of the data analysis.</p> <p>5. Timeframes for all surveys are presented and approved by DMS by August 1st and February 1st of each contract year.</p> <p>6. Survey protocols are developed and submitted by the contractor, then approved by DMS. Survey protocols shall be submitted by the contractor no later than August 1st and February 1st each contract year.</p> <p>7. Surveys are completed according to negotiated timeframes.</p> <p>8. DMS approval of surveys is obtained prior to dissemination.</p> <p>9. All surveys are available in Spanish.</p> <p>10. Copies of each survey, results, and report cards are provided to DMS within the negotiated timeframe.</p> <p>11. All information is available on the Contractor created website or in a manner acceptable to DMS.</p> <p>12. All written information provided to Beneficiaries or potential Beneficiaries is accurate, is not misleading, is comprehensible to its intended audience, designed to provide the greatest degree of understanding, and is written at the sixth grade reading level. All information provided to Beneficiaries will comply with State and federal laws.</p>	<p>The contractor shall comply with the above stated program deliverables and performance indicators.</p> <p>A 5% monthly invoice deduction shall be allowed for each deficient month.</p>
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D) The contractor will establish and maintain effective and efficient customer service for individuals eligible for services through Arkansas Medicaid or premium assistance. The contractor will provide accurate and up to date information about health care coverage, effectively assist in resolving issues or concerns, ensure enrollment in a qualified health plan, and provide contact information for health plans or providers. General topics to be addressed are:

- Accessing services and resolution of claims for services within standard Medicaid, periods of retroactive or interim coverage, and the Alternative Benefits Plan;
- Accessing supplemental services available from Medicaid in addition to premium assistance;
- Available benefits and coverage options within premium assistance, standard Medicaid, and the Alternative Benefits Plan;
- Questions related to their health plan (contact information, participating physicians, prescription drug formularies, etc.);
- Cost sharing and premium payments;
- Health Care Needs questionnaire;
- Interim and retroactive coverage regulations and policy;
  - Requesting a determination of exemption from the premium assistance;
- Selection of a Qualified Health Plan without a computer;
- Changing a plan through the [www.insureark.org](http://www.insureark.org) portal during the allowable period following an auto-assignment;
- Contacting the technical support vendor for technical support with the [www.insureark.org](http://www.insureark.org) portal; publication of updated customer handbooks

Specific service requirements for the Call Center include:

1. Operating a toll-free, HIPAA-compliant, call center for Beneficiaries The Call Center must be able to accommodate all calls, including those requiring the use of interpreter services for the hearing impaired or for callers that have limited English proficiency. Beneficiaries may not be charged a fee for translator or interpreter services. Additional Call Center accommodations may be provided to Beneficiaries in accordance with State and federal laws.

2. Ensuring a sufficient number of adequately trained staff to operate the Call Center on Business Days from 8:00 am to 4:30 pm local time, at a minimum. The State may request to modify hours of operation per condition IV. All staff is expected to be responsive, courteous, and accurate when responding to calls.

3. Having a method for handling calls received after normal business hours and during state-approved holidays;

4. Meeting Performance Standards, including:

i. Ninety-five (95%) of all calls must be answered by automated attendant within 3 rings or 15 seconds.

ii. Number of busy signals cannot exceed five (5%) of the total incoming calls;

iii. The wait time in queue should not be longer than 3 minutes for ninety-five (95%) of all incoming calls;

iv. All calls requiring a call back to the Beneficiary or Provider should be returned within one (1) business day of receipt;

The contractor shall comply with the above stated program deliverables and performance indicators.

A 5% monthly invoice deduction shall be allowed for each deficient month.

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| <p>1. The contractor will design, develop, implement and manage the process for meeting the above deliverable.</p> <p>2. The contractor will hire and maintain qualified staff to provide each of these performance indicators.</p> <p>3. The contractor will operate and maintain a toll-free call line which is available to callers from 8:00 a.m. – 4:30 p.m., Monday - Friday following the State work schedule.</p> <p>4. The contractor will operate and maintain an email address and website for submission of electronic information requests and responses to those requests.</p> <p>5. The contractor will maintain data and logs regarding the type, resolution and disposition of the inquiry. The contractor will provide the analyzed data in an acceptable query-able format to DMS.</p> <p>6. The contractor will provide regular summary reports to DMS regarding the data.</p> <p>7. The contractor will provide a full-time equivalent employee to serve as the Customer Service Manager. The employee will manage the entire customer service operation including the direction and management of the off-site contractor staff. In addition, the Customer Service Manager will be a core part of the premium assistance program project management team and responsible for ensuring that customer service needs are met.</p> <p>8. The Customer Service Manager will serve as the liaison between the contractor, DHS DMS, DHS Division of County Operations (DCO), the Arkansas Insurance Department, carriers, DMS fiscal agent and other DHS or DMS vendors for matters related to customer service duties performed by the contractor.</p> <p>9. The contractor will research and</p> | <p>v. The abandoned call rate should not exceed twenty percent (20%) for any month;</p> <p>vi. For calls received during non-Business hours, return calls to Beneficiaries and Providers must be made on the next business day.</p> <p>5. Having the technological capability to allow for monitoring and auditing of calls, both by the Contractor and designated DHS personnel, for quality, accuracy, and professionalism. Provide access for the monitoring of these calls.</p> <p>6. Having an electronic system that allows Call Center staff to document calls in sufficient detail for reference, tracking, and analysis. The documentation system must contain sufficient flexibility and reportable data fields to accommodate production and ad-hoc reports. Contractor must provide DHS access to this system upon request.</p> <p>7. Having a plan approved by DHS by the Go-Live Date for providing alternative Call Center services in the event the primary Call Center facilities are unable to function in their normal capacity;</p> <p>8. Relinquishing ownership of the toll-free numbers upon Contract termination, at which time DHS shall take title to these telephone numbers.</p> <p>9. During the Start-Up Period, the Contractor shall demonstrate to DHS that all hardware, software, and staff necessary to administer the Call Center are available and operational. The Contract Monitor will approve or require corrective action as necessary and upon request by DHS.</p> <p>10. During the Contract Term, the Contractor shall:</p> <p>a. Report the following information to the Contract Monitor weekly for months 1–3 of the contract; monthly for months 4–12; and quarterly, no later than fifteen (15) calendar days</p> |
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develop a response to any Centers for Medicare and Medicaid Services (CMS), legislative or media inquiries or reporting requirements related to customer service.

10. The Customer Service Manager will provide testimony or presentations for legislative members as it relates to customer service.

11. The contractor will manage the customer service operation as outlined by an approved timeline presented to DMS in the first quarterly meeting.

12. The contractor will publicize by mail and electronic communication the availability of the customer service call line and customer service website.

13. The contractor will develop and implement an education and awareness strategy for customers, including changes in eligibility, coverage, process, and benefit design. This includes revision and publication of updated customer handbooks.

14. The contractor coordinates with the technical support contractor on the resolution of customer technical issues that result in a satisfactory customer experience.

15. The contractor resolves issues within the Medicaid Management Information System (MMIS) related to beneficiary information which includes, but is not limited to, linking and unlinking Medicaid identification numbers.

16. The contractor will provide two full-time equivalent employees to serve as Research Specialists. The Research Specialists will maintain an onsite presence at DHS. The Research Specialist will serve as initial contact between DCO and DHS to resolve beneficiary issues, including enrollment and demographic errors. They will manage overall communication between inner agency departments to identify and resolve matters related to

after the end of each quarter of the contract year, for the duration of the contract term:

- i.** Total call volume;
  - ii.** Percentage of calls answered;
  - iii.** Percentage of calls answered that were on hold in thirty (30) second increments;
  - iv.** Percentage of calls abandoned;
  - v.** Average speed of answer;
  - vi.** Average hold time before answer;
  - vii.** Average time before abandonment;
  - viii.** Average length of call;
  - ix.** Type and subject of call by volume;
  - x.** Average number of business days to return calls received during non-business hours;
  - xi.** Percentage of calls on hold for 5 minutes or more; and
  - xii.** Longest time to return a call.
- b.** Add, delete or otherwise change this listing of call analysis.

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customer service needs.

17. The contractor will perform any other tasks necessary to provide the deliverable as set forth above.

18. DCO will provide computers and information technology switch equipment to accomplish the inter-office connection between the contractor's Little Rock campus and DHS. A means by which the contractor and DCO will securely share information will be established. Examples include: secure SharePoint space, Salesforce, secure DHS designated drive access.

19. DCO and DHS will provide necessary and required training for information security systems access. The contractor will complete for all service center staff required training provided by DCO and DHS Information Services. Upon completion of training, the contractor will be given inquiry access and permissions as well as update access in order to assist beneficiaries and make necessary edits to beneficiaries' case files during redetermination and open enrollment periods.

20. DCO will provide the contractor a fifteen (15) calendar day advanced notification of any single mass mailing to more than 100 beneficiaries regarding determination (income verification), termination or re-enrollment and include a copy of said letter. In the event a notification decision is made with a less than fifteen (15) calendar day period, DCO will notify the contractor as soon as practicable in advance of the mailing. Based on information received from DCO, the contractor will develop consistent messaging approved by DHS to be conveyed to beneficiaries during the redetermination and open enrollment period.

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<p>E) The contractor will conduct effective monthly county-based educational meetings for new individuals eligible for services through Arkansas Medicaid.</p> <p>The contractor will:</p> <ol style="list-style-type: none"><li>1. Design, develop, implement and manage the process for meeting the above deliverable.</li><li>2. Develop and implement an education and awareness strategy for Medicaid beneficiaries including the changes in eligibility, coverage, process, and benefit design.</li><li>3. Assist Beneficiaries in Primary Care Physician (PCP) selection and ensure beneficiary understanding of the Primary Care Case Management (PCCM) "medical home."</li><li>4. Familiarize beneficiaries with the ACCESS Arkansas portal.</li><li>5. Promote completion of health assessments.</li><li>6. Educate beneficiaries on Medicaid PCPs.</li><li>7. Educate beneficiaries on the proper use of the emergency room.</li><li>8. Disseminate preventive care tools approved by DMS.</li><li>9. Perform any other tasks necessary to provide the deliverable as set forth above.</li></ol>	<ol style="list-style-type: none"><li>1. Full compliance with the performance indicators is required.</li><li>2. Draft an education packet. Applicable beneficiary education tools are developed and provided to DMS within thirty (30) business days of the contract start date. DMS will provide feedback or approval of submission within fifteen (15) business days of receipt.</li><li>3. Tools are developed and utilized as required by performance indicators.</li><li>4. All written information provided to beneficiaries is accurate, is comprehensive to its intended audience, designed to provide the greatest degree of understanding, and written at the sixth grade reading level.</li><li>5. A health assessment will be offered during training sessions. The contractor will send completed health assessment to the PCP selected by the beneficiary upon completion of the training session.</li></ol>	<p>The contractor shall comply with the above stated program deliverables and performance indicators.</p> <p>A 5% monthly invoice deduction shall be allowed for each deficient month.</p>
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F) The contractor will provide a toll-free telephone ConnectCare helpline that will operate Monday through Friday 8:00 a.m. through 4:30 p.m. excluding State holidays. Fourteen positions will assign or change PCPs per request of the beneficiary or guardian, and problem solve issues regarding locating a PCP and making an assignment and responding to Medicaid and ARKids First questions. ConnectCare Helpline Specialists will send information, answer questions, and refer beneficiaries to the most appropriate DHS resource. Spanish speaking callers will have access to a designated bilingual helpline specialist who will assign or change a PCP, problem solve issues in locating a PCP and making an assignment, and respond to Medicaid and ARKids First questions from 8 a.m. to 4:30 p.m. PCP assignment services will be available by email and through the ConnectCare website at [www.seeyourdoc.org](http://www.seeyourdoc.org) (Spanish available through Google Translate option).

1) The contractor will accept telephone requests, Monday through Friday from 8 a.m. through 4:30 p.m. from Medicaid and ARKids beneficiaries for assistance in locating, assigning or changing a PCP. Accept email and website requests from Medicaid and ARKids First beneficiaries for assigning or changing a PCP.

2) Respond to email and website requests for PCP assignment or changes.

3) Provide Medicaid resource information and answer beneficiary questions in accordance with guidelines provided by DMS. Caller information requests outside the scope of ConnectCare services will be referred to the appropriate DHS office or designated agency for appropriate follow-up and resolution.

4) Document complaints received from Medicaid and ARKids First beneficiaries or guardians concerning their PCP.

1. ConnectCare Helpline operators will assign or change PCPs per request of the beneficiary or guardian and respond to Medicaid and ARKids First questions and requests for information within three (3) business days from the date received.

2. Process "Provider Request Forms" submitted to ConnectCare by fax, email, postal mail, or from the ConnectCare website [www.seeyourdoc.org](http://www.seeyourdoc.org) within three (3) business days from the date received.

3. Send confirmation letters to Medicaid beneficiaries and PCPs within three (3) business days informing both parties of change or new assignment. Assignment will be in effect upon the date the request was received. Provide proof of mailing to DMS upon request.

4. ConnectCare will send information, answer questions, and refer beneficiaries to the most appropriate DHS resource. Program data will be collected and reported to Medicaid monthly and quarterly. Monthly reports are due by the 10th business day of the following month. Quarterly reports are due by the last business day of the following month. Ad hoc reports will be submitted in a mutually agreed timeframe and format.

5. Provide Medicaid resource information and answer beneficiary questions in accordance with guidelines provided by DMS, to be provided to DMS designee within one (1) business day.

6. Any documentation will be provided to DHS upon request.

The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient month.

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Report documented complaints to Medicaid Managed Care Services (MMCS) Medicaid Complaint Line staff daily. Establish and maintain a log of issues and complaints received by ConnectCare from beneficiaries and medical providers and their resolution.

5) Transfer callers needing dental benefit information or assistance scheduling a dental appointment to the Dental Coordinated Care helpline.

6) Helpline Program data will be collected in a secure web-based data system and reported to Medicaid. This information will be used by the program for quality assurance and to measure program effectiveness.

7) PCP assignment services will be offered to Medicaid and ARKids First beneficiaries at school and community events.

8) Send dismissal letter to beneficiaries who have not been seen by their assigned PCP in the past year

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G) The contractor will conduct a survey regarding Mental Health which must be approved in advance by the Division of Behavioral Health Services (DBHS).

1. Beneficiary mental health surveys are developed, performed and analyzed each contract year.

2. Executive summaries and report cards are produced at the conclusion of the data analysis.

3. Mental health surveys are completed according to negotiated timeframes.

4. DBHS approval of mental health surveys is obtained prior to dissemination.

5. Mental health surveys are available in Spanish.

6. Copies of each mental health survey, results, and report cards are provided to DBHS and DMS.

1. Full compliance with the performance indicators is required. The mental health survey is performed and analyzed each contract year.

2. The mental health survey is conducted according to statistical standards.

3. Executive summaries and report cards are produced at the conclusion of the data analysis.

4. Timelines for all mental health surveys is presented to DBHS by September 1st, each contract year, for approval.

5. Mental health survey protocols are developed and submitted to DBHS by February 1st each contract year, for approval by March 31<sup>st</sup> of each contract year.

6. Mental health surveys are completed according to negotiated

The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient month.

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7. All information is available on the contractor created website or in a manner acceptable to DBHS and DMS.

8. The contractor will perform any and all other tasks necessary to provide the deliverable as set forth above.

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timeframes.

7. DBHS approval of mental health surveys is obtained prior to dissemination.

8. All mental health surveys are available in Spanish.

9. Copies of each mental health survey, results, and report cards are provided to DBHS and DMS within the negotiated timeframe.

H) The contractor will focus activities in health promotion, family and community outreach. Outreach staff will work to promote appropriate utilization of health services by Medicaid and ARKids First beneficiaries. They will work collaboratively with schools, Head Start Programs, local health units, and Hometown Health coalitions to provide information on ConnectCare services, and promoting applications for Medicaid and ARKids First and accessing Medicaid services. The Bilingual Outreach Coordinator will work to ensure reaching the Hispanic population by working to identify and collaborate with organizations providing services to the Hispanic population. These include Hispanic community groups, organizations, missions, charitable clinics, and others as appropriate.

ConnectCare will develop promotional materials and a ConnectCare Newsletter acceptable to DHS consisting of information on ConnectCare services and the availability of the ConnectCare toll-free helpline and website, appropriate use of health care services, and timely health information. A Bilingual Outreach Coordinator (English and Spanish) will provide health promotion, family and community outreach to areas of the state with a high Hispanic population.

1) The contractor will collaborate With schools, local health units, Home Town Health coalitions, Head Start, Community Health Centers, Area Health Education Centers (AHEC), and Women Infants and Children (WIC) clinics to promote application for Medicaid and ARKids First and ConnectCare services.

2) Participate in school and community based health fairs and screening events to promote application for Medicaid and ARKids First, promote ConnectCare services and the importance of a PCP assignment, and assist beneficiaries with locating, assigning, and changing a PCP.

3) Provide information to parents and families on Medicaid resources, applications, and benefit information through schools, Head Start programs, and community groups in areas of the state with a high Medicaid and ARKids First eligible population.

4) Provide referral source information for Medicaid and ARKids First beneficiaries and their families who are in need of other health related services (e.g., smoking cessation, WIC, dental services, family planning services, diabetes education/support).

5) Provide assistance to schools and local health units, and Home Town Health coalitions, who are hosting health fair events to educate parents

The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient month.

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on resources for Medicaid application, ConnectCare services, dental care, preventive health services such as Early Periodic Screening, Diagnosis, and Treatment (EPSDT), and WIC, the importance of having a “Medical Home” and an assigned PCP, and appropriate use of the emergency room.

6) Provide presentations for Head Start program parent group meetings, school staff, and parent teacher organizations on the importance of having an assigned PCP and a medical home, dental care, preventive health services such as EPSDT, and appropriate use of the emergency room.

7) Exhibit and present at various professional conferences targeted to Medicaid participating PCPs and Dental Providers, DHS offices, local health units, and other health care professionals to highlight ConnectCare services.

8) Maintaining the Doctor’s Directory (English and Spanish) on the ConnectCare website  
[www.seeyourdoc.org](http://www.seeyourdoc.org).

9) Provide health promotion sessions as requested for schools, Head Start programs, county DHS offices, local health units, and other community organizations on ConnectCare services, preventive health care, well child screenings, WIC, etc.

10) Develop and distribute ConnectCare brochures (English and Spanish) highlighting ConnectCare and Medicaid services. Brochures will be available to schools, Head Start programs, local health units, DHS county offices, dentist offices and other community organizations. Brochures will be available on the ConnectCare website,  
[www.seeyourdoc.org](http://www.seeyourdoc.org)

11) Outreach staff will provide health promotion presentations and develop

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and distribute a newsletter approved by DMS for the purpose of educating and informing beneficiaries of Medicaid and ARKids First benefits, available health resources, and how to utilize the health care system for the purpose of reinforcing health attitudes and behaviors.

12) Maintenance of a ConnectCare website (English and Spanish with Google translate option) to provide health promotion information and links to available resources. Information such as frequently asked questions, online PCP assignment, and Doctors Directory will be available on the website.

13) The contractor will provide monthly and quarterly reports regarding Health Promotion outreach activities. Ad hoc reports will be submitted in a mutually agreed timeframe and format. Monthly reports are due by the 10th business day of the following month. Quarterly reports are due by the last business day of the following month. This information will be used by the program for quality assurance and to measure program effectiveness.

14) Outreach staff will work to ensure appropriate utilization of health services by Medicaid and ARKids First beneficiaries by working collaboratively with schools, Head Starts, local health units, and local Hometown coalitions to inform and refer beneficiaries to appropriate resources.

15) The Bilingual Outreach Coordinator will be provided to those areas of the State with a high Hispanic population. The Bilingual Outreach Coordinator will work to reach the Hispanic population by working to identify and collaborate with organizations providing services to the Hispanic population.

16) Develop and distribute three editions (fall, winter, and spring) of the

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	ConnectCare Newsletter (English and Spanish) to be mailed to all Medicaid and ARKids First beneficiaries in the state. Newsletter content and format will be approved by DMS prior to final print and distribution. Upon request, Newsletters will be sent to schools, Head Start programs, Medicaid doctors or dental providers, and community groups. Each Newsletter edition will be posted on the ConnectCare website <a href="http://www.seeyourdoc.org">www.seeyourdoc.org</a> in English and Spanish.	
<p><b>I)</b> The contractor will provide the following:</p> <p>1. A report containing a summary of outreach and innovative activities that occurred during the quarter and the demonstration year for the ARKids-B program.</p> <p>2. A report containing a summary of projected outreach and innovative activities scheduled during the quarter and the demonstration year for the ARKids-B.</p> <p>3. A report containing a summary of the types of consumer issues (complaints or problems identified by consumers) that occurred during the quarter and the demonstration year for the ARKids-B waiver program.</p>	<p>1. Provide all requested reports within thirty (30) calendar days after the last month of the quarter or thirty (30) calendar days after the last month of the demonstration year.</p>	<p>The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient month.</p>
<p><b>J)</b> The contractor will effectively manage and monitor Non-Emergency Transportation (NET) Services provided to eligible beneficiaries.</p> <p>1. A transportation help-line is provided which has a toll-free number, the capability to respond to the hearing impaired, the capability to respond to the Spanish speaking population, and is available Monday through Friday from 8:00 a.m. – 4:30 p.m. following the State work schedule.</p> <p>2. A computer database of all calls received on the transportation help-line and their disposition is maintained.</p>	<p>1. Full compliance with the performance indicators is required.</p> <p>2. Transportation help-line is provided which has a toll-free number, the capability to respond to the hearing impaired, the capability to respond to the Spanish speaking population, and is available Monday through Friday from 8:00 a.m. – 4:30 p.m. following the State work schedule. All information provided through the helpline will comply with State and federal laws.</p> <p>3. A computer database of all calls received on the transportation help-line and their disposition is maintained</p>	<p>The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient month.</p>

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<p>3. Broker compliance with all contract requirements is monitored.</p> <p>4. Transportation brokers are visited at least once each contract year.</p> <p>5. Additional on-site monitoring of transportation brokers conducted as requested by DMS.</p> <p>6. Beneficiary records are reviewed to ensure compliance.</p> <p>7. NET trends are researched, tracked, and analyzed.</p> <p>8. Policies regarding the Medicaid transportation programs are reviewed and revisions recommended.</p> <p>9. Transportation brokers are educated regarding program policies and procedures.</p> <p>10. The contractor will act as a liaison between transportation brokers, vendors, and DMS.</p> <p>11. Responses to beneficiaries, elected officials, and public requests for information regarding the program are made in a time and manner acceptable to and with the approval of, DMS.</p> <p>12. Ad hoc projects are performed to the satisfaction of DMS.</p> <p>13. Quarterly, annual, and ad hoc reports are submitted to DMS in a manner acceptable to DMS.</p> <p>14. The contractor will perform any other tasks necessary to provide the Deliverable as set forth above.</p>	<p>and subject to inspection by DMS upon request.</p> <p>4. Broker compliance with contract requirements is monitored on a regular basis.</p> <p>5. The contractor will develop a standard monitoring methodology to be approved by DMS.</p> <p>6. One hundred percent (100%) of the transportation brokers are visited each contract year; fifty percent (50%) of the transportation brokers must be visited by December 31st of each contract year).</p> <p>7. Monitoring reports are presented to DMS in December and June of each contract year.</p> <p>8. Additional on-site monitoring is conducted as needed.</p> <p>9. Beneficiary records are reviewed to ensure compliance with Medicaid eligibility.</p>	
<p>K) 1. The contractor will provide a fully functional Extension of Transportation Service (EOTS) helpline which has a toll free number, the capacity to respond to the hearing impaired, the capability to respond to the Spanish speaking population, and is available Monday-Friday, from 8:00 a.m. to 4:30 p.m., following the State work schedule.</p>	<p>1. Full compliance with the performance indicators is required.</p> <p>2. The Contractor shall provide a toll free EOTS helpline which is available from 8:00 a.m. – 4:30 p.m. Monday-Friday with the capability to respond to the hearing impaired and the Spanish speaking population. All information provided through the</p>	<p>The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient</p>



<p>2. The contractor will maintain data and call information in a secure database.</p> <p>3. The contractor will effectively educate Transportation brokers regarding EOTS program policies and procedures.</p> <p>4. The contractor will, upon the approval of DMS, provide effective response to request for information from elected officials and the public regarding the program.</p> <p>5. The contractor will provide accurate quarterly, annual, and ad hoc reports to DMS in a manner acceptable to DMS.</p>	<p>helpline will comply with State and federal laws.</p> <p>3. A secure database of all calls will be maintained and subject to inspection by DMS upon request.</p> <p>4. Transportation brokers are educated regarding EOTS policies and procedures annually. Documentation of education provided to transportation brokers will be provided upon request.</p> <p>5. All responses to beneficiaries, elected officials, and public requests will be approved by DMS prior to dissemination.</p> <p>6. Electronic copies of quarterly reports will be posted to the external DMS SharePoint site by the last day of the first month of each quarter.</p>	<p>month.</p>
<p>L) The contractor will monitor and audit all driver and/or attendant qualifying documentation before onboarding the driver and/or attendant to work for the NET Services program. Contractor will create audit methodology and tools to identify all drivers and attendants.</p> <p>1. Contractor will audit all driver and/or attendant qualifying documentation prior to driver and/or attendants driving beneficiaries.</p> <p>2. Contractor monitor will notify transportation brokers when a driver is approved to drive based upon a completed driver packet. A completed driver packet will include:</p> <ul style="list-style-type: none"> <li>• Non-expired Arkansas driver's license to operate the transportation or vehicle assigned.</li> <li>• Drug and alcohol screen check</li> <li>• Criminal background check from the state the driver resides in.</li> <li>• Adult maltreatment check</li> <li>• Child maltreatment check</li> <li>• CPR completed certification</li> </ul> <p>3. Contractor will monitor all qualifying documentation for transportation brokers monthly, and as requested by DMS.</p>	<p>The contractor will comply with all of the deliverables.</p> <p>1. Contractor will monitor all qualifying documentation from drivers and attendants hired to transport beneficiaries. Contractor will notify Transportation Brokers within 24 hours of documentation submittal of approval Monday through Friday, except State holidays.</p> <p>2. NET monitoring contractor will approve all paperwork, within two (2) State business days, prior to applicant driving beneficiaries.</p> <p>3. Contractor will monitor all qualifying documentation of transportation brokers on a monthly basis, and as requested by DMS.</p> <p>4. Contractor will conduct two (2) random audits, of both Brokers and Drivers, per quarter, and other audits as needed by DMS. Documentation of audits will be provided to DMS upon request.</p> <p>5. A NET Web Portal will be designed by the contractor to capture all transportation brokers/subcontractors,</p>	<p>Damages: 5% penalty of invoice, per occurrence, if vendor is found negligent in performing each of duties in this deliverable.</p>

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4. Contractor will conduct two (2) random audits per quarter, of both Brokers and Drivers; additional audits will be performed based on complaints or other pertinent information that is needed by DMS.

drivers, and attendants qualifying paperwork.

5. A NET web portal will be created to document all driver records including but not limited to criminal background checks, FBI checks, child maltreatment checks, adult maltreatment checks, and state driver's license.

M) The contractor will regularly update and maintain effective communication with DMS regarding activities, beneficiary concerns, non-emergency transportation concerns, and potential additional beneficiary relations and NET projects. The contractor will effectively perform additional beneficiary relations and NET activities at the request of DMS.

1. Full compliance with the performance indicators is required.

2. Electronic copies of quarterly reports are received by the DMS Contract Oversight Unit and the Contract Administrator by the last day of the first month of each quarter (e.g., July – Sept. is received by October 31st).

The contractor shall comply with the above stated program deliverables and performance indicators. A 5% monthly invoice deduction shall be allowed for each deficient month.

1. The contractor submits quarterly, annual, and ad hoc reports demonstrating performance to the satisfaction of DMS.

3. Ad hoc projects are completed according to the negotiated timeframe.

2. Ad hoc projects are performed to the satisfaction of DMS.

4. Final reports are submitted to the satisfaction of DMS and within the negotiated timeframe.

3. The contractor will perform any and all other tasks necessary to provide the deliverable as set forth above.

<p>N) Provide low-income, adult (age 21 and over) Arkansans without dental coverage access to donated dental services through the recruitment of volunteer dentists and dental professionals and referral of clients to donated dental services.</p> <p>1. Refer and arrange for at least one hundred fifty (150) clients to receive restorative care, extractions, or oral surgery from a dental professional.</p> <p>2. Recruit at least seventy (70) dental professionals to provide donated dental services to eligible individuals.</p> <p>3. Maintain telephone lines open Monday through Friday 8:30 a.m. - 4:30 p.m. (with the exception of state holidays or the closure of state offices).</p> <p>4. Maintain a website to promote and facilitate the provision of donated dental services.</p> <p>5. Create, produce, and disseminate materials to inform clients and stakeholders of the availability of the Donated Dental Services program.</p> <p>6. Provide quarterly reports to DMS indicating, at a minimum, the number of clients served, the number of volunteers recruited, and the estimated costs of services rendered to clients.</p>	<p>1. The contractor will arrange for at least one hundred fifty (150) clients to receive restorative care, extractions, or oral surgery from a dental professional. This will be tracked by maintaining a log of services rendered in an Excel Spreadsheet or database of contractors' choice.</p> <p>2. The contractor will recruit at least seventy (70) dental professionals to provide donated services to eligible individuals. Employee listing of dental professionals will be made available at DMS when required.</p> <p>3. Contractor will maintain telephone lines Monday Through Friday 8:30 a.m.-4:30 p.m. (with the exceptions of holidays or the closure of state offices.)</p> <p>4. Within thirty (30) calendar days of signing the contract, the contractor will design, publish, and maintain a website to promote and facilitate the provision of donated dental services.</p> <p>5. Within sixty (60) calendar days of signing the contract, the contractor will create, produce, and disseminate materials to inform clients and stakeholders of the availability of the Donated Dental Services Program. Contractor will provide feedback to DMS upon request.</p> <p>6. Submit quarterly reports to DMS on the 5th business day after each quarter with the number of clients served, the number of volunteers recruited, and the estimated costs of services rendered to the clients.</p>	<p>The contractor shall comply with the above stated program deliverables and performance indicators.</p> <p>A 5% monthly invoice deduction shall be allowed for each deficient month.</p>
<p>O. The contractor will provide Dental Coordinated Care services to Medicaid, ARKids First beneficiaries, and dental providers. Dental Coordinated Care staff will be available through a toll-free telephone helpline Monday through Friday 8:00 a.m. through 4:30 p.m., excluding state holidays or closure of state offices. Six positions will assist beneficiaries with providing dental benefit information, finding a dentist or dental specialist, scheduling dental</p>	<p>1. The contractor will provide Dental Coordinated Care services to Medicaid and ARKids First beneficiaries and dental providers through a toll-free telephone helpline Monday through Friday 8:00 a.m. through 4:30 p.m., excluding state holidays or closure of state offices, to assist beneficiaries with providing dental benefit information, finding a dentist or dental specialist, scheduling</p>	<p>A penalty of 1% of the previous month's billed amount may be imposed for any month this performance indicator is not met.</p>

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appointments, arranging transportation, conducting appointment reminder calls, and rescheduling missed or cancelled dental appointments.

1. Respond to questions received from Medicaid and ARKids First beneficiaries and dental providers by telephone concerning availability of dental services in their communities.

2. Bilingual (English and Spanish) translation services will be available for Hispanic callers requesting dental coordinated care services.

3. Accept telephone and electronic mail requests from Medicaid and ARKids First beneficiaries and dental providers for assistance with scheduling dental appointments.

4. Assist beneficiaries with connecting to transportation resources and scheduling or rescheduling transportation via conference call.

5. Establish a system of follow-up on missed appointments and arrange new appointments and transportation if needed.

6. Establish and maintain a log of complaints and issues from beneficiaries and dental providers, and their resolution if possible.

7. Maintain Dental Coordinated Care services information on the website [www.seeyourdoc.org](http://www.seeyourdoc.org) in English and Spanish (with Google translate option).

8. Dental Care Coordinators will verify the beneficiary's PCP and offer to transfer beneficiaries to Helpline Specialists for assistance with PCP assignment.

9. Refer dental prior-authorization inquiries to the DHS Dental Unit helpline.

10. Provide Medicaid resource information and answer beneficiary questions in accordance with guidelines

dental appointments, arranging transportation, conducting appointment reminder calls, and rescheduling missed or cancelled dental appointments.

2. Maintain a beneficiary dental appointment reminder call list and provide a reminder call one business day prior to the dental appointment. The call list should be available in an Excel Document, available to DMS designee within one (1) business day of request.

3. Dental Coordinated Care staff will send information, answer questions, and refer beneficiaries to appropriate DHS resource. All communications will comply with State and federal laws.

4. Program data will be collected and reported to Medicaid monthly and quarterly. Monthly reports are due by the 10th business day of the following month. Quarterly reports are due by the last business day of the following month. Ad hoc reports will be submitted in a mutually agreed timeframe and format.

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provided by the DMS. Caller information requests outside the scope of services and dental coordinated care will be referred to the appropriate DHS office or designated agency. Referrals must be documented, and documentation must be provided to DHS upon request.

11. Document complaints and issues received from Medicaid and ARKids First beneficiary, guardian, or dental office. The contractor will report documented complaints and issues to MMCS and DMS weekly.

12. Dental Coordinated Care Program data will be collected in a secure web-based data system and reported to Medicaid. This information will be used by the program for quality assurance and to measure program effectiveness.

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Failure to meet the minimum Performance Standards as specified **may** result in the assessment of damages.

In the event a Performance Standard is not met, the vendor will have the opportunity to defend, respond to, or cure to the satisfaction of DMS the insufficiency. The State **may** waive damages if it determines there were extenuating factors beyond the control of the vendor that hindered the performance of services or it is in the best interest of the state. In these instances, the State **shall** have final determination of the performance acceptability.

Should any compensation be owed to the agency due to the assessment of damages, vendor **shall** follow the direction of the agency regarding the required compensation process.

\*Deliverable Q will be phased out once Dental Coordinated Services transitions to managed care.

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<sup>i</sup> Nothing in this table is intended to set forth all obligations of the Contractor under the contract. These obligations are in addition to any others imposed by the contract and applicable law.

<sup>iii</sup> The damages set forth are not exclusive and shall in no way exclude or limit any remedies available at law or in equity.