

## Attachment C – Performance Standards

Component	Performance Standard	Damages
<i>Network Adequacy</i>		
Access to Care: Distance	<ul style="list-style-type: none"> <li>i. At least 90% of Beneficiaries have access to two or more Primary Care Dentists who are accepting new patients within 30 miles of the Member’s residence in urban counties and 60 miles of the Beneficiary’s residence in rural counties.</li> <li>ii. At least 85% of all Beneficiaries have access to at least one specialty provider within 60 miles of the Beneficiary’s residence.</li> <li>iii. At least 90% of pediatric Beneficiaries <b>must</b> have access to Pediatric Dental Services through two or more Primary Care Dentist who are accepting new patients within 30 miles of the Beneficiary’s residence in Urban counties and 60 miles of the Beneficiary’s residence in Rural counties.</li> </ul>	\$1,000 for each percentage point for each criteria (i or ii) that falls below the standard during each one-month reporting period.
Access to Care: Time	<ul style="list-style-type: none"> <li>i. Emergency Care provided within 24 hours.</li> <li>ii. Urgent Care, including urgent specialty care, provided within 48 hours.</li> <li>iii. Therapeutic and diagnostic care provided within 14 days.</li> <li>iv. Primary Care Dentists make referrals for specialty care based on the urgency of the Beneficiary’s dental condition, but no later than 30 days.</li> <li>v. Non-urgent specialty care provided within 60 days of authorization.</li> </ul>	\$250 for each instance the Contractor fails to meet any of the “Access to Care: Time” performance standard (‘i’ through ‘v’) for any Beneficiary. However, in no event shall the amount levied for this performance standard exceed \$10,000 in a given one-month reporting period.
Out-of-Network Provider Billing	No greater than 20% percent of the total dollars billed to the Contractor for outpatient services billed by out-of-network providers.	<p>\$1000 for each percentage point over 20% billed for outpatient services by out-of-network providers per quarter, per geographic area. The percentage point shall be rounded up to the next whole number (e.g. 20.01% shall be treated as 21%).</p> <p>In no event shall the damages assessed for this performance metric exceed \$20,000 per quarter.</p>
<i>Call Center</i>		
Call Center Answer and Abandonment Rates	<ul style="list-style-type: none"> <li>i. 95% of all calls answered within 3 rings or 15 seconds;</li> <li>ii. Number of busy signals not exceeding 5% of the total incoming calls;</li> <li>iii. The wait time in queue not longer than 2 minutes for 95% of the incoming calls;</li> <li>iv. The abandoned call rate not exceed 3% for any month.</li> </ul>	\$500.00 for each percentage point for each criteria (i, ii, iii, or iv) that falls below the standard during each one-month reporting period.
Call Center Return Calls	<ul style="list-style-type: none"> <li>i. All calls requiring a call back to the Beneficiary or Provider returned within 1 Business Day of receipt;</li> </ul>	\$500 per telephone call that the Contractor fails to return in accordance with standards (i or ii) during each one-month reporting period.

	ii. For calls received during non-Business hours, return calls to Beneficiaries and Providers made on the next Business Day.	
<i>Website</i>		
Website and Portal Availability	Contractor's website, Beneficiary portal, and Provider portal online at least 99% of the time each month, except that Contractor may take the website and portals down from 1:00 am to 5:00 am each Saturday for necessary maintenance.	\$250 for each tenth of a percentage point below 99% (excluding maintenance time during the specified window) during the month
<i>Grievances/Complaints</i>		
Investigation and Resolution of Grievances	Investigate and resolve all Grievances within the following time frames: i. Emergency or urgent clinical issues: within 24 hours of receipt or by the close of the next Business Day; ii. Non-Emergency or non-urgent clinical issues: within 5 days of receipt; iii. Non-clinical issues: within 30 days of receipt.	\$500 for each Grievance the Contractor fails to administer in accordance with the standards (i, ii or iii) during each one-month reporting period.
<i>Claims Processing</i>		
Denial, Approval, and Submission of Claims	Deny or approve, and submit for payment: i. 100% of clean paper claims within 30 calendar days of receipt ii. 100% of clean electronic claims within 14 calendar days of receipt;	\$250.00 for each percentage point for each criteria (i or ii) that falls below the standard during each one-month reporting period identified in each quarterly report.
<i>Encounter Data</i>		
Accuracy of encounter data	At least 99% of all encounter data must be accurate.	\$1,000 for each percentage point below the standard during the reporting period.
Timeliness of encounter data	All encounter data submitted in accordance with the timeframes established in the Contract.	\$1,000 per each day past the deadline.
<i>Reporting</i>		
Report submission	All required reports submitted in accordance with the timeframes established in the Contract.	\$1,000 per each day past the deadline for each report.
<i>Key Persons</i>		
Voluntary Key Personnel Replacement	In the event of a Voluntary Key Personnel Replacement, propose a suitable replacement to the Contract Monitor at least 15 days prior to the intended date of change.	\$750 per each day after the 15 <sup>th</sup> day that a suitable Replacement has not been submitted. The suitability of the Replacement is at the sole discretion of the State.
Key Personnel Vacancy	In the event of a Key Personnel Vacancy, propose a suitable Replacement to the Contract Monitor within 15 days of the	\$750 per each day after the 15 <sup>th</sup> day that a suitable Replacement has not been submitted. The suitability of the Replacement is at the sole discretion of the State.

	Vacancy occurrence or from when the Contractor first knew or should have known the Vacancy would be occurring.	
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