

Quality Key Performance Indicator Report for Arkansas Medicaid and CHIP

Network Adequacy	Performance Standard
% of members with 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 member's residence in rural counties.	≥ 90%
% of members with access to at least one specialty provider within 60 miles of the member's residence.	≥ 85%
% of pediatric members with access to Pediatric Dental Services through 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 member's residence in rural counties.	≥ 90%
% of Emergency Care provided within 24 hours.	100%
% of Urgent Care, including urgent specialty care, provided within 48 hours.	100%
% of therapeutic and diagnostic care provided within 14 days.	100%
% of referrals for specialty care based on the urgency of the member's dental condition made by Primary Care Dentists within 30 days.	100%
% of non-urgent specialty care provided within 60 days of authorization.	100%
% of total dollars billed to MCNA for outpatient services billed by out-of-network providers.	≤ 20%
Call Center	Performance Standard
% of all calls answered within 3 rings or 15 seconds.	≥ 95%
% of busy signals on total incoming calls.	≤ 5%
% of wait time in queue for incoming calls.	≥ 95% on hold for less than 2 minutes
% of abandoned calls.	≤ 3%
% of call backs to member or provider returned within one business day of receipt.	100%
% of calls received during non-business hours returned on the next business day.	100%
Website	Performance Standard
% of availability for MCNA's website, Member Portal, and Provider Portal (excluding allotted downtime from 1:00am to 5:00am on Saturday mornings for necessary maintenance).	≥ 99%
Grievances/Complaints	Performance Standard
% of grievances for emergency or urgent clinical issues resolved within 24 hours of receipt or by the close of the next business day.	100%
% of grievances for non-emergency or non-urgent clinical issues resolved within 5 days of receipt.	100%
% of grievances for non-clinical issues resolved within 30 days of receipt.	100%
Claims Processing	Performance Standard
% of clean paper claims paid within 30 calendar days of receipt.	100%
% of clean electronic claims paid within 14 calendar days of receipt.	100%
Encounter Data	Performance Standard
% of accurate encounter data.	≥ 99%
% of encounter data submitted in accordance with contractual timeframes.	100%
Reporting	Performance Standard

% of all required reports submitted in accordance with contractual timeframes.	100%
Key Persons	Performance Standard
% of proposed suitable replacements submitted to Contract Monitor at least 15 days prior to the intended date of change in the event of a Voluntary Key Personnel Replacement.	100%
% of proposed suitable replacements submitted to Contract Monitor within 15 days of the vacancy occurrence for a Key Personnel Vacancy.	100%
Prior Authorizations	Performance Standard
% of decisions rendered within 2 business days after receiving required documentation or 7 calendar days from the date of request.	100%
Quality Measures	Performance Standard
% of members age 21 and older enrolled for at least 9 months of the measurement year who had at least one preventive dental service during the year.	Year 1: \geq 8.4% Year 2: \geq 10.2% Year 3: \geq 12.0%
% of members under age 21 enrolled for at least 9 months of the measurement year, excluding members under 1 year of age at the midpoint of the measurement year, who had at least one preventive dental service during the year.	Year 1: \geq 57.3% Year 2: \geq 60.6% Year 3: \geq 64.0%
% of members age 6-14 enrolled for at least 9 months of the measurement year, excluding children who have previously had all of their applicable teeth sealed, restored, or extracted, who had at least one sealant service on one of the permanent first molars during the measurement year.	Year 1: \geq 16.0% Year 2: \geq 20.0% Year 3: \geq 24.0%
Per capita emergency room visits for dental care for members enrolled for at least 9 months of the measurement year.	Year 1: \leq 6.32 visits/1,000 Year 2: \leq 5.92 visits/1,000 Year 3: \leq 5.50 visits/1,000