

Attachment N
Client History Form
Arkansas Medicaid Dental Managed Care
RFP # 710-23-0081

Attachment N

Arkansas Dental Managed Care Client History Form

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Dental Managed Care Organization (DMO) experience. This form must be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this RFP, Arkansas's DHS will be the client. For each listed client, Respondents may (but are not required to) provide the contact information for a person at the client entity who is knowledgeable of the named project. The State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Proposal Signature Page.

1. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for administering a comprehensive dental managed care program for 500,000 or more Medicaid Beneficiaries in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

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2. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for administering a comprehensive dental managed care program for 500,000 or more Medicaid Beneficiaries in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract and the role you specifically served in relation to the broader contract. If there are no contracts which meet this definition, please state "none."

3. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for administering a comprehensive dental managed care program for 500,000 or more Medicaid Beneficiaries in the past eight (8) years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

4. Please list every client state, tribe, or county where you (the prime contractor only) **served as the prime contractor** for establishing and maintaining a Provider Network to effectively accommodate 650,000-700,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

5. Please list every client state, tribe, or county where you (the prime contractor only) **served as a subcontractor** for establishing and maintaining a Provider Network to effectively accommodate 650,000-700,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

6. Please list every client state, tribe, or county where a **proposed subcontractor served as the prime contractor** for establishing and maintaining a Provider Network to effectively accommodate 650,000-700,000 Beneficiaries within the last eight (8) calendar years. For each client, please specify the organization/agency/division, not just the state or political subdivision. Please briefly describe the scope of the contract. If there are no contracts which meet this definition, please state "none."

7. Please list all history of litigation relating to the management of a DMO including without limitation, on-going litigation and any litigation that has been resolved (including by settlement) for all clients served in the last (5) years. Please briefly describe the litigation. Please briefly describe the litigation.

8. Please list all history of State Departments of Insurance market conduct examinations and findings for all State Medicaid managed care program clients served in the last (5) years.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____