Revised Attachment O
Client History Form
Customer Service Center
710-25-078

Attachment O

Customer Service Center

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's 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 DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, 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 Response Signature Page.

1. Please demonstrate when **you** (the prime contractor only) **served as the prime contractor** establishing, operating, and managing a call center or customer service center for a state (or county with over 100,000 residents) Medicaid program as well as a customer relationship management system, for a minimum of five (5) years. The total of five (5) years must include experience in the last three (3) 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 duration of services provided. If there are no contracts which meet this definition, please state "none."

2. Please list the client(s) where the **prime contractor**, or the proposed **<u>subcontractor(s),</u>** performed outbound calls for a **minimum of two (2) 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 duration of services provided. If there are no contracts which meet this definition, please state "none."

Authorized Signature: _____ **Title:** _____

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