ASSURANCES

The Contractor agrees to these assurances:

Accessibility

1. **Provide professional, prompt and courteous services** to customers and view customer service as a high priority. Treat all customers with dignity and respect and ensure each customer's right to privacy and confidentiality.
2. **Make written materials** available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example are visually impaired. All enrollees and potential enrollees will be made aware that information is available in alternative formats and how to access those formats. Provide alternatives to the material for those who have limited reading proficiency.

Accommodation

1. **Conduct a managed care enrollment process** for Medicaid recipients that is consistent, effective, and service oriented, continually pursuing opportunities for improvement.
2. **Provide access** to language interpreters and telephonic options and interpreters for individuals who are deaf or hearing impaired.
3. **Promote the delivery of services in a culturally competent manner** to all enrollees including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Compliance

1. Agree to **comply with all Federal and State laws and regulations** including Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 (regarding educational programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the Americans with Disabilities Act
2. **Not discriminate** against individual eligible to be included in managed care on the basis of health status or need for health services nor use any policy or practice that has the effect of discriminating on the basis of race, color, religion, national origin, sex, age, or persons with limited English proficiency, or disability.
3. **Not allow discrimination** by the health plan against individuals eligible to enroll on the basis of race, color, or national origin,
4. **Not allow discrimination** by the health plan against individuals based on health status or need for health services. This includes a request for disenrollment from an MCO or PCCM because of a change in the enrollee's health status, or because of the enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs (except when his/her continued enrollment in the MCO or PCCM seriously impairs the entity's ability to furnish services to either the particular enrollee or other enrollees.)

5. Utilize best efforts to work toward **achieving performance goals and objectives** as agreed upon with DHHS.
6. **Establish and maintain effective working relationship** and communication with DHHS, MCOs, health care providers, and enrollees.
7. **Report any discrepancies** between DHHS policies and MCOs' materials, methods, or information provided to an enrollee.
8. At the completion of the contract, or in the event of contract termination, **support operational turnover** to ensure that the transition from Contractor operations to operations by a successor Contractor, or DHHS, occurs smoothly and without disruption.