

APPENDIX B

APPENDIX B
RFP #11-19:
Actuarial Services

Corporate Reference Questionnaire

Purpose of this Questionnaire:

To obtain feedback from the Offeror/Subcontractor Reference Contacts

This questionnaire is to be completed by:

The Offeror/Subcontractor's Corporate Reference Contacts who receive this questionnaire.

Definitions:

Offeror: The entity submitting a proposal in response to RFP #11-19

Subcontractor: An entity included in the Offeror's proposal to whom the Offeror intends to subcontract

Reference: The entity providing the reference information

APPENDIX B
RFP #11-19:
Actuarial Services

Corporate Reference Questionnaire

The Pennsylvania Department of Human Services appreciates your participation

Your specific responses and comments will be held in strictest confidence

Offeror/Subcontractor Organization about which this information is provided:

Reference Organization:

Reference Contact Name, Title & phone #:

Reference Contact Signature:

Date:

- 1) How long has the Offeror Organization had a Business Relationship with the Reference Organization?
- 2) Provide names of individuals proposed to work on the DHS Project that worked in the Reference Organization's Program. Include the individual's role(s) & estimated hours each individual worked on the Reference Organization's Program.
- 3) Describe the nature of the work the Offeror completed for the Reference Organization.

APPENDIX B
RFP #11-19:
Actuarial Services

Corporate Reference Questionnaire

| Rating Guideline | |
|------------------|-------------|
| Rating | Description |
| 10, 9 | Excellent |
| 8, 7 | Very Good |
| 6, 5 | Good |
| 4, 3 | Fair |
| 2, 1 | Poor |

Circle the Applicable Rating

Please explain ratings of 1, 2 or NA in the Comments section below.

| Area | Rating | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----|
| 1. How would you assess the Offeror's key personnel? (How long did key personnel work on the contract? How well did they effectively manage the contract? Were they responsive to technical direction?) | 10 9 8 7 6 5 4 3 2 1 | NA |
| 2. If applicable, how successful was the Offeror with handling their monthly reporting requirements? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 3. Rate the Offeror's technical skills and knowledge in providing accounting and actuarial services. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 4. Rate the Offeror's ability to respond to ad-hoc requests. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 5. Rate the Offeror's ability to perform required work in a complex state-wide enrollment program. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 6. Rate the Offeror's commitment to completing work in a timely fashion. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 7. Rate the Offeror's knowledge of federal law and state law for financial reporting requirements. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 8. Rate the Offeror's ability to accurately report their payments owed for invoicing. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 9. How successful was the Offeror in providing accurate and high-quality deliverables? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 10. Rate the Offeror's overall quality of work and contract deliverables. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 11. If applicable, how successful was the Offeror at selecting capable Subcontractors who were able to provide value in support of the contract performance? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 12. If applicable, how successful was the Offeror/Subcontractor in picking up the contract/project responsibilities during transition to the Offeror/Subcontractor from your staff to other contractor(s)? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 13. How successful was the Offeror/Subcontractor in meeting contract requirements? | 10 9 8 7 6 5 4 3 2 1 | NA |

APPENDIX B
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Actuarial Services

Corporate Reference Questionnaire

| Area | Rating | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----|
| 14. How successful was the Offeror/Subcontractor in delivering services without waiver or extensions? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 15. How successful was the Offeror/Subcontractor in managing project scope? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 16. How successful was the Offeror/Subcontractor in providing services according to the established timelines? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 17. How successful was the Offeror/Subcontractor in managing the project within the original project budget? | 10 9 8 7 6 5 4 3 2 1 | NA |
| 18. Rate the Offeror/Subcontractor's use of subject matter experts to assist your organization in using their product. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 19. Rate the professionalism and the necessary experience/skill of Offeror/Subcontractor's personnel. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 20. Rate the Offeror/Subcontractor's cooperation and communication with your in-house staff, other contractors, subcontractors and customers. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 21. Rate Offeror/Subcontractor's ability to handle personnel issues (e.g. conflicts, turnover, providing experienced/skilled replacements). | 10 9 8 7 6 5 4 3 2 1 | NA |
| 22. Rate the Offeror/Subcontractor's responsiveness in taking corrective action to address problems (issues) that arose during the project. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 23. Rate the Offeror/Subcontractor's customer service skills. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 24. Rate the Offeror/Subcontractor's technical skills and knowledge. | 10 9 8 7 6 5 4 3 2 1 | NA |
| 25. Would you recommend this Offeror/Subcontractor to another agency or company? (10 = absolutely would; 1 = absolutely would not) | 10 9 8 7 6 5 4 3 2 1 | NA |
| 26. Would you use this Offeror/Subcontractor in the future? (10 = absolutely would; 1 = absolutely would not) | 10 9 8 7 6 5 4 3 2 1 | NA |

APPENDIX B
RFP #11-19:
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1) Please explain ratings of 1, 2 or NA (Indicate the number of each of the areas on which you are commenting):

2) Any Other Comments: