

# **APPENDIX C**

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**RFA# 16-20:  
Enrollment Assistance Program Services**

***Corporate Reference Questionnaire***

**Purpose of this Questionnaire:**

To obtain feedback from the Applicant/Subcontractor Reference Contacts

**This questionnaire is to be completed by:**

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

**Definitions:**

**Applicant:** The entity submitting an application in response to RFA# 16-20

**Subcontractor:** An entity included in the Applicant's application to whom the Applicant intends to subcontract

**Reference:** The entity providing the reference information

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**The Pennsylvania Department of Human Services appreciates your participation**

*Your specific responses and comments will be held in strictest confidence*

Applicant/Subcontractor Organization about which this information is provided:

Reference Organization:

Reference Contact Name, Title & phone #:

Reference Contact Signature:

Date:

How long has the Applicant/Subcontractor Organization had a Business Relationship with the Reference Organization?

What function does/did the Applicant/Subcontractor Organization perform for you?

What is/was the dollar amount of your agreement? What is/was the time period in which services were provided?

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

**Please Rate the Applicant/Subcontractor’s Performance in the Following Areas**

**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 Applicant’s key personnel? (How long did key personnel work on the contract – 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 Applicant 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
3. If applicable, how successful was the Applicant/Subcontractor in picking up the contract/project responsibilities during transition to the Applicant/Subcontractor from your staff to other contractor(s)?	10 9 8 7 6 5 4 3 2 1	NA
4. How successful was the Applicant/Subcontractor in meeting contract requirements?	10 9 8 7 6 5 4 3 2 1	NA
5. How successful was the Applicant/Subcontractor in delivering services without waiver or extensions?	10 9 8 7 6 5 4 3 2 1	NA
6. How successful was the Applicant/Subcontractor in managing project scope?	10 9 8 7 6 5 4 3 2 1	NA
7. How successful was the Applicant/Subcontractor in providing services according to the established timelines?	10 9 8 7 6 5 4 3 2 1	NA
8. How successful was the Applicant/Subcontractor in managing the project within the original project budget?	10 9 8 7 6 5 4 3 2 1	NA
9. Rate the Applicant/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
10. Rate the professionalism and the necessary experience/skill of Applicant/Subcontractor’s personnel.	10 9 8 7 6 5 4 3 2 1	NA
11. Rate the Applicant/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

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<b>Area</b>	<b>Rating</b>	
12. Rate Applicant/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
13. Rate the Applicant/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
14. Rate the Applicant/Subcontractor's ability to respond to ad-hoc requests.	10 9 8 7 6 5 4 3 2 1	NA
15. Rate the Applicant/Subcontractor's customer service skills.	10 9 8 7 6 5 4 3 2 1	NA
16. Rate the Applicant/Subcontractor's technical skills and knowledge in providing managed care or healthcare services..	10 9 8 7 6 5 4 3 2 1	NA
17. Rate the Applicant/Subcontractor's success in accurately assisting consumers in Health Plan/Primary Care Provider selection	10 9 8 7 6 5 4 3 2 1	NA
18. Rate the overall quality of the Applicant/Subcontractor's contract/project deliverables	10 9 8 7 6 5 4 3 2 1	NA
19. Rate the Applicant/Subcontractor's Overall Performance	10 9 8 7 6 5 4 3 2 1	NA
20. Would you recommend this Applicant/Subcontractor to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA
21. Would you use this Applicant/Subcontractor in the future? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA

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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: