

# APPENDIX D

**APPENDIX D**  
**RFA 28-18: Medical Assistance Transportation**  
**Program Full Risk Broker Services in Pennsylvania**  
*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 28-18

**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? 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. Describe the nature of the work the Applicant/Subcontractor completed for the Reference Organization. Also, provide information regarding the success of the verification and benefits realized by implementing the verification services; including cost savings.

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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 Applicants/Subcontractor’s Performance in the Following Areas**

**Circle the Applicable Rating**

**Please explain ratings of 1, 2 or N/A in the Comments section below.**

Area	Rating	
1. 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	N/A
2. If applicable, how successful was the Applicant/Subcontractor in picking up the contract/project responsibilities during transition to the Applicant/Subcontractor from your staff or other contractor(s)?	10 9 8 7 6 5 4 3 2 1	N/A
3. How successful was the Applicant/Subcontractor in meeting contract requirements?	10 9 8 7 6 5 4 3 2 1	N/A
4. How successful was the Applicant/Subcontractor in delivering services without waiver or extensions?	10 9 8 7 6 5 4 3 2 1	N/A
5. How successful was the Applicant/Subcontractor in managing project scope?	10 9 8 7 6 5 4 3 2 1	N/A
6. How successful was the Applicant/Subcontractor in providing services according to the established timelines?	10 9 8 7 6 5 4 3 2 1	N/A
7. 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	N/A
8. Rate Applicant/Subcontractor’s ability to adequately train staff on the verification results and use in your business process	10 9 8 7 6 5 4 3 2 1	N/A
9. Rate Applicant/Subcontractor’s ability to monitor transactions and proactively address any issues/problems	10 9 8 7 6 5 4 3 2 1	N/A
10. Rate Applicant/Subcontractors use of subject matter experts to assist your organization in using their product.	10 9 8 7 6 5 4 3 2 1	N/A
11. Rate the professionalism and the necessary experience/skill of Applicant/Subcontractor’s personnel.	10 9 8 7 6 5 4 3 2 1	N/A
12. 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	N/A

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Area	Rating	
13. 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	N/A
14. Rate Applicant/Subcontractor's responsiveness in taking corrective actions to address problems (issues) that arose during the project.	10 9 8 7 6 5 4 3 2 1	N/A
15. Rate Applicant/Subcontractor's customer service skills.	10 9 8 7 6 5 4 3 2 1	N/A
16. Rate Applicant/Subcontractor's technical skills and knowledge.	10 9 8 7 6 5 4 3 2 1	N/A
17. 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	N/A
18. 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	N/A

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1) Please explain ratings of 1, 2 or N/A (Indicate the number of each of the areas on which you are commenting):

2) Any Other Comments: