APPENDIX H

FOR
Electronic Data Interchange (EDI) Services

The Pennsylvania Department of Human Services (DHS) has identified Key Personnel for RFP 24-16 EDI Services. You have been identified as a reference for an individual proposed in the RFP. As such, we are requesting you complete the attached questionnaire.

<u>Definitions:</u>

"Offeror":   **The entity submitting a proposal in response to RFP 24-16**

"Sub-contractor": **An entity included in the Offeror's proposal to whom the Offeror intends to sub-contract**

"Key Personnel": **For purposes of RFP 24-16, Key Personnel are EDI Executive Account Director, EDI Project Manager, EDI Functional Lead, EDI Testing Manager, and EDI Training Manager.**

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

The Pennsylvania Department of Human Services appreciates your participation   *Your specific responses and comments will be held in strictest confidence*

Offeror/Sub-contractor Organization where the Key Personnel Individual is/was employed:
Offeror/Sub-contractor's Key Personnel Individual about whom this information is provided:
Reference Organization:
Reference Contact Name & Title:
Reference Contact Signature:
Date:

How long has this individual had a Business Relationship with the Reference Organization? Describe the Program Objectives. Describe this individual's role in the program, the nature of the work this individual completed, and his/her total estimated hours worked on behalf of the Reference Organization.

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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 this Individual'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. Proficiency in managing a large implementation project	10 9 8 7 6 5 4 3 2 1	NA
2. Proficiency in problem identification and resolution	10 9 8 7 6 5 4 3 2 1	NA
3. Proficiency in work plan development	10 9 8 7 6 5 4 3 2 1	NA
4. Ability to work with staff members from his or her own organization	10 9 8 7 6 5 4 3 2 1	NA
5. Ability to work with your management team	10 9 8 7 6 5 4 3 2 1	NA
6. Ability to work with your organization's staff	10 9 8 7 6 5 4 3 2 1	NA
7. Written communication skills	10 9 8 7 6 5 4 3 2 1	NA
8. Ability to capture and document system requirements	10 9 8 7 6 5 4 3 2 1	NA
9. Verbal communication skills	10 9 8 7 6 5 4 3 2 1	NA
10. Ability to document test cases and perform system testing	10 9 8 7 6 5 4 3 2 1	NA
11. Ability to accept and complete new assignments	10 9 8 7 6 5 4 3 2 1	NA
12. Ability to accept changes in direction or assignments	10 9 8 7 6 5 4 3 2 1	NA
13. Flexibility and ease to work with when accepting direction	10 9 8 7 6 5 4 3 2 1	NA
14. Adherence to established procedures, policies, and methodologies	10 9 8 7 6 5 4 3 2 1	NA
15. Initiative with respect to degree of direction/monitoring required	10 9 8 7 6 5 4 3 2 1	NA

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Area	Rating	
16. How successful is/was this individual in accomplishing your program goals	10 9 8 7 6 5 4 3 2 1	NA
17. How would you rate this individual on their ability to accurately and timely submit reports	10 9 8 7 6 5 4 3 2 1	NA
18. How successful is/was this individual in completing your program requirements in prescribed timeframes	10 9 8 7 6 5 4 3 2 1	NA
19. How would you rate this individual's ability to manage risks and issues	10 9 8 7 6 5 4 3 2 1	NA
20. Individual's overall performance	10 9 8 7 6 5 4 3 2 1	NA
21. How would you rate the individual's Medicaid knowledge	10 9 8 7 6 5 4 3 2 1	NA
22. How would you rate the individual's healthcare knowledge	10 9 8 7 6 5 4 3 2 1	NA
23. How would you rate the individual's healthcare it knowledge	10 9 8 7 6 5 4 3 2 1	NA
24. Would you recommend this individual to another agency or company? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA
25. Would you accept this individual to work on future contracts/projects with your organization? (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: