**Oklahoma Health Care Authority  
Attachment 3a – Reference List**

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| **Bidder Name:** |  |

**Identification of Bidder References**

Instructions: Complete the tables below to identify up to three references. The individuals listed in the tables should be provided with a copy of RFP Attachment 3b – SoonerCare HMP Reference, to be completed and returned directly to the OHCA. If the individual returning the form is not the same as the individual listed below, the OHCA may, at its discretion, choose not to include the information in the evaluation. If more than one evaluation form is returned from the same contract, the OHCA will not evaluate either form.

At least one reference must be from a state for which the Bidder served as an EQRO. If applicable, at least one reference should be for:

* A state in which the Bidder began EQRO operations at the time the state was transitioning to risk-based managed care
* A state in which the Bidder’s EQRO operations include both MCO and DBM contracts
* A state in which the Bidder’s operations include one or more of the QIO activities described in the RFP, as well as EQRO activities

The OHCA cannot be used as a reference for this RFP.

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| **Reference 1:** |  | | | | | |
| **Scope of Services (check all applicable)** | EQRO |  | QIO |  | Other |  |
| **Brief Description of Service Scope** |  | | | | | |
| **Reference First and Last Name:** |  | | | | | |
| **Reference Title:** |  | | | | | |
| **Address:** |  | | | | | |
| **Telephone:** |  | | | | | |
| **Email:** |  | | | | | |

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| **Reference 2:** |  | | | | | |
| **Scope of Services (check all applicable)** | EQRO |  | QIO |  | Other |  |
| **Brief Description of Service Scope** |  | | | | | |
| **Reference First and Last Name:** |  | | | | | |
| **Reference Title:** |  | | | | | |
| **Address:** |  | | | | | |
| **Telephone:** |  | | | | | |
| **Email:** |  | | | | | |

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| **Reference 3:** |  | | | | | |
| **Scope of Services (check all applicable)** | EQRO |  | QIO |  | Other |  |
| **Brief Description of Service Scope** |  | | | | | |
| **Reference First and Last Name:** |  | | | | | |
| **Reference Title:** |  | | | | | |
| **Address:** |  | | | | | |
| **Telephone:** |  | | | | | |
| **Email:** |  | | | | | |