**Oklahoma Health Care Authority**

**Attachment 3b – SoonerCare EQRO-QIO Reference**

**Instructions to Bidder**: Enter Bidder Name and Reference organization and name. Reference organization and name must match the name provided on RFP Attachment 3a.

|  |  |
| --- | --- |
| **Bidder Name:** |  |
| **Reference Organization:** |  |
| **Reference Name:** |  |

**Instructions to SoonerCare EQRO-QIO Reference:**

Thank you for agreeing to serve as a reference for the above-named Bidder. The Oklahoma Health Care Authority appreciates your assistance with our evaluation process for selection of an EQRO for our SoonerSelect managed care program. The contractor also will be performing QIO activities for our fee-for-service program. Please answer the reference questions to the best of your ability. If you need assistance, please contact Gina Kwiatkowski at 405-522-7178 or [gina.kwiatkowski@okhca.org](mailto:gina.kwiatkowski@okhca.org).

Once completed, please email the form in its entirety to [procurement@okhca.org](mailto:procurement@okhca.org) or fax it to 405-530-3457. Please include the RFP number (RFP 8070001252) either in the email subject line or on the fax cover page.

To be included in our evaluation, the completed reference form must be received no later than January 7, 2021 at 3:00pm Central Time. References received after the deadline will not be reviewed.

**Individual Completing Reference**

|  |  |
| --- | --- |
| **Name** |  |
| **Title:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Relationship to Bidder and Knowledge of Bidder Performance**

Please describe your relationship to the Bidder (e.g., contract manager) and rate your knowledge of the Bidder’s performance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship to Bidder** |  | | | |
| **Knowledge of the Bidder’s overall performance (place an X in the appropriate box)** | **Very Knowledgeable** | **Somewhat Knowledgeable** | **Not very Knowledgeable** | **Not at all Knowledgeable** |
|  |  |  |  |

**Bidder Performance**

Please rate the Bidder’s performance on each of the attributes listed below by placing an “X” in the appropriate box. If the performance has improved or worsened, please rate the current performance but note the change in the comment section. When rating, please use the following scale:

* Excellent – Consistently exceeds (or exceeded) contract requirements
* Satisfactory – Consistently meets (or met) contract requirements
* Unsatisfactory – Does not (or did not) consistently meet contract requirements (Please include a comment as to the basis for your dissatisfaction)

| **Performance Attribute** | **Excellent** | **Satisfactory** | **Unsatisfactory** | **Not Applicable/ Unable to Rate** |
| --- | --- | --- | --- | --- |
| **Implementing program in accordance with contract schedule** |  |  |  |  |
| **Operating within contract budget** |  |  |  |  |
| **Validating Managed Care Entity (MCE) Performance Improvement Projects** |  |  |  |  |
| **Validating MCE performance measures** |  |  |  |  |
| **Reviewing MCE compliance with Medicaid and CHIP managed care regulations** |  |  |  |  |
| **Validating MCE network adequacy** |  |  |  |  |
| **Validating MCE encounter data** |  |  |  |  |
| **Administering or validating quality-of-care surveys** |  |  |  |  |
| **Calculating additional performance measures** |  |  |  |  |
| **Implementing additional performance improvement projects** |  |  |  |  |
| **Assisting with quality rating of MCOs, PIHPs or PAHPs** |  |  |  |  |
| **Conducting information systems capabilities assessment** |  |  |  |  |
| **Evaluating MCE corrective action plan implementation** |  |  |  |  |
| **Conducting pre-operational MCE readiness reviews** |  |  |  |  |
| **Preparing annual report of EQRO findings and recommendations** |  |  |  |  |
| **Assisting with implementation of Medicaid agency quality improvement strategy** |  |  |  |  |
| **Evaluating MCE EPSDT compliance** |  |  |  |  |
| **Providing medical and utilization review services (QIO activity)** |  |  |  |  |
| **Intervention and education of providers with identified quality-of-care issues (QIO activity)** |  |  |  |  |

**Comments**

Please provide any comments below that would help us to understand the Bidder’s performance and your ratings of its performance. In particular, please elaborate on the reason(s) for any Unsatisfactory ratings.

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| --- |
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**Thank you for your assistance.**