

Oklahoma Health Care Authority  
Care Management Request for Proposal  
Attachment H - References

**Past Performance Information**

**Preparing the Surveys**

1. Each respondent is responsible for sending out a survey questionnaire to past and/or current clients. The survey questionnaire is provided in this document.
2. Each respondent should provide at least five (5) but no more than ten (10) completed surveys.
3. All returned surveys MUST be evaluated and signed by the past client. If a survey is not signed, it will NOT be counted.
4. The client must sign the survey form to prove that they completed the survey.
5. All of the returned surveys will be included with the response submittal, .by the date scheduled on the solicitation. The scores of the submitted surveys will be used to compile the average Past Performance Information rating for the responding company.
6. The State may contact the reference for additional information or to clarify survey data. If the reference cannot be contacted, the survey will be deleted and no credit given for that reference.

**Creating and Submitting a Reference List**

1. The "Reference List" must be submitted with response.
2. The Reference List must include the following. If you do not submit all the information required, there will be no credit given for the reference):

CODE	A unique (different) number assigned to each project
FIRST NAME	First name of the person who will answer customer satisfaction questions.
LAST NAME	Last name of the person who will answer customer satisfaction questions.
PHONE NUMBER	Current phone number for the reference (including area code).
FAX NUMBER	Current fax number for the reference (including area code).
CLIENT NAME	Name of the company or institution that the work was performed for (i.e. Cactus School District, Rock Industries, and City of Austin).
CITY	Location of project
STATE	Location of project
ZIP CODE	Location of project
Duration of Service	Date started to Date finished (example: 5/1/2001 to present)

3. The vendor is responsible for verifying that their information is accurate prior to submission.

**REFERENCE LISTING**

<b>Code</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>PHONE</b>	<b>FAX</b>	<b>COMPANY</b>	<b>CITY</b>	<b>STATE</b>	<b>DURATION</b>
101								
102								
103								
104								
105								
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107								
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112								
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**Survey Questionnaire – State of Oklahoma**

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To: \_\_\_\_\_  
*(Name of person completing survey)*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Subject: Past Performance Survey of: \_\_\_\_\_  
*(Name of Vendor)*

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The State of Oklahoma is implementing a process that collects past performance information on firms and their key personnel. The information will be used to assist the State in the selection of firms to perform various services. The firm/individual listed above has listed you as a client for which they have previously performed work for. We would appreciate your taking the time to complete this survey.

Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the firm/individual again) and 1 representing that you were very unsatisfied (and would never hire the firm/individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.

Client Name: \_\_\_\_\_  
Project Name: \_\_\_\_\_

Completion  
Date: \_\_\_\_\_

Past Performance Survey of:

\_\_\_\_\_  
(Name of Vendor)

NO	CRITERIA	Scale	Score
1	Ability to provide a wide selection of services.	(1-10)	
2	Ability to maintain schedule (delivery as scheduled, or quoted)	(1-10)	
3	Quality of services offered.	(1-10)	
4	Professionalism and ability to manage (includes customer service, response time, returns phone calls , emails)	(1-10)	
5	Accounts Receivable/ Invoice Operations	(1-10)	
6	Communication, (includes explanation of products available, offers suggestions, cross reference abilities)	(1-10)	
7	Value of services offered.	(1-10)	
8	Overall customer satisfaction and comfort level in hiring vendor again	(1-10)	

Printed Name (of Evaluator)		Signature (of Evaluator)

Thank you for your time and effort in assisting the State of Oklahoma in this important endeavor.

Please list any additional comments you may have in the space provided below.

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