

**ATTACHMENT THREE  
REFERENCES  
OKLAHOMA HEALTH CARE AUTHORITY**

**Past Performance Information**

1. Preparing the Surveys
  - a. Each Bidder is responsible for sending out a survey questionnaire to past and/or current clients. The survey questionnaire is provided in this document.
  - b. Each Bidder should provide at least three (3) but no more than ten (10) completed surveys.
  - c. All returned surveys shall be evaluated and signed by the past client. If a survey is not signed, it will NOT be counted.
  - d. All of the returned surveys shall be included with the proposal response by the deadline date identified in Section A Scope of Work. The scores of the submitted surveys will be used to compile the average Past Performance Information rating for the responding company.
  - e. OHCA may contact the reference for additional information or to clarify survey data. If the reference cannot be contacted, the survey will not be counted in the evaluation.
2. Creating and Submitting a Reference List
  - a. The “Reference List” must be submitted with response.
  - b. 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).
CLIENT NAME	Name of the entity for which the Bidder performed services.
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)

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

**REFERENCE LISTING**

<b>Code</b>	<b>FIRST</b>	<b>LAST</b>	<b>PHONE</b>	<b>FAX</b>	<b>COMPANY</b>	<b>CITY</b>	<b>STAT</b>	<b>DURATION</b>
101								
102								
103								
104								
105								
106								
107								
108								
109								
110								

## Survey Questionnaire

To:

Re: Past Performance Survey of:

The Oklahoma Health Care Authority (OHCA) requires past performance information on Bidders as a part of the procurement process. The information is used to assist OHCA in the selection of bidders to perform various services. The company listed above has listed you as a reference as a current or prior client. OHCA 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.

**To: Oklahoma Health Care Authority Contracts Development Unit**  
**Re: Past Performance Survey of:**

Name of person completing the survey:

Title: \_\_\_\_\_

Entity/company name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Project the bidder performed for the entity: \_\_\_\_\_

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)	

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

Thank you for your time and effort in assisting the OHCA in this important endeavor.

Signature: \_\_\_\_\_ Date \_\_\_\_\_