

ATTACHMENT A

Reference Score Sheet

TO BE COMPLETED BY MDOC STAFF ONLY

Vendor's Name: _____

Contact Name & Title: _____

Telephone # or Email address: _____

Score: _____

Please provide a brief description of your services: _____

What was the duration of Vendor's contract services? _____

Number of lives and/or size of the account? _____

Able to provide TPA Worker's Comp Services per contract?	Yes	No
Provide adequate staff to service the contract?	Yes	No
Did your contract include a Loss Control/Risk Management services?	Yes	No
Was TPA Analyst easily accessible to your organization?	Yes	No
TPA easy to work with on outstanding worker's comp claims?	Yes	No
TPA listened when you had an issue and readily offered a solution? (If you never had an issue, please check here _____)	Yes	No
Would you recommend?	Yes	No

Each "yes" is one point; each "no" is zero points. Vendor must have minimum score of "5" from three references (total of "15" points) to be considered responsible and for its bid to be considered.

Do you have any business or professional or personal interest in the Respondent's (Vendor) organization? If so, please explain:	Yes	No
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Called by: _____

Date/Time: _____

Comments: _____
