

REFERENCE QUESTIONNAIRE

PUERTO RICO DEPARTMENT OF EDUCATION
PRDE-OSIATD-2018-2004-STUDENT INFORMATION SYSTEM (SIS)REFERENCE NAME (Company/Organization): PR Department of HealthPROPOSER (VENDOR) NAME: Intervice Communications intends to submit a proposal to Puerto Rico Department of Education in response to PRDE's RFP PRDE-OSIATD-2018-004-STUDENT INFORMATION SYSTEM (SIS).

INSTRUCTIONS TO INDIVIDUAL COMPLETING REFERENCE QUESTIONNAIRE:

1. Complete **Section I. RATING** using the Rating Scale provided.
2. Complete **Section II. GENERAL INFORMATION** (*This section is for information only and will not be scored.*)
3. Complete **Section III. ACKNOWLEDGEMENT** by manually signing and dating the document. (*Reference documents must include a manual actual signature.*)
4. E-mail **THIS PAGE** and your completed reference document, **SECTIONS I through III** to SIS_RFP@de.pr.gov.
5. This completed document **MUST** be received no later than **4:00 p.m. on January 2, 2019** AST. Reference documents received after this time will not be considered. References received without a manual signature will not be accepted.
6. DO **NOT** return this document to the Proposer (Vendor).
7. The Puerto Rico Department of Education (PRDE) may contact references by phone for further clarification if necessary.

PROPOSAL SUBMITTAL FORM 5 - PROPOSER REFERENCES (3 Required)

Proposer is required to provide a minimum of three (3) customer references for similar scope and magnitude of work that Proposer has performed within the past three years. Please include only references for services that are similar enough to demonstrate Proposer's ability to perform the services requested in the above-referenced RFP.

CLIENT REFERENCE NO. 1

CLIENT NAME: ADDRESS: Carlos M. Carrasquillo Ríos
268 Ave. Muñoz Rivera, Suite 505 Hato Rey, 00918

CONTACT NAME/TITLE: Program Manager

CONTACT EMAIL: SERVICE DATES: Carlos.carrasquillo@salud.pr.gov

CONTACT PHONE: 787.765.2929 ext 6702

SERVICE DATES: 2017 - present

DESCRIPTION OF WORK PERFORMED
/PERFORMING: Project Management Office Services, Technology SME,
Technical Guidance

CONTRACT AMOUNT (\$): 3 Current Contracts: 12M

CLIENT REFERENCE NO. 2

CLIENT NAME: ADDRESS: _____

CONTACT NAME/TITLE: _____

CONTACT EMAIL: SERVICE DATES: _____

CONTACT PHONE: _____

SERVICE DATES: _____

DESCRIPTION OF WORK PERFORMED
/PERFORMING: _____

CONTRACT AMOUNT (\$): _____

CLIENT REFERENCE NO. 3

CLIENT NAME: ADDRESS: _____
CONTACT NAME/TITLE: _____
CONTACT EMAIL: SERVICE DATES: _____
CONTACT PHONE: _____
SERVICE DATES: _____
DESCRIPTION OF WORK PERFORMED
/PERFORMING: _____

CONTRACT AMOUNT (\$): _____

CLIENT REFERENCE NO. 4

CLIENT NAME: ADDRESS: _____
CONTACT NAME/TITLE: _____
CONTACT EMAIL: SERVICE DATES: _____
CONTACT PHONE: _____
SERVICE DATES: _____
DESCRIPTION OF WORK PERFORMED
/PERFORMING: _____

CONTRACT AMOUNT (\$): _____

**FORM 5 CONTINUED: REFERENCE QUESTIONNAIRE
 PUERTO RICO DEPARTMENT OF EDUCATION
 PRDE –OSIATD-2018-004– STUDENT INFORMATION SYSTEM (SIS)**

REFERENCE NAME: Carlos M. Carrasquillo Ríos

PROPOSER (VENDOR) NAME : Intervoice Communications

Section I. RATING

Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:

RATING SCALE

| CATEGORY | SCORE |
|--------------------------------|-------|
| Poor or Inadequate Performance | 0 |
| Below Average | 1 – 3 |
| Average | 4 – 6 |
| Above Average | 7 - 9 |
| Excellent | 10 |

1. Rate the overall quality of the vendor's services:

10 9 8 7 6 5 4 3 2 1 0

2. Rate the response time of this vendor:

10 9 8 7 6 5 4 3 2 1 0

3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. *(This pertains to delays under the control of the vendor):*

10 9 8 7 6 5 4 3 2 1 0

4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:

10 9 8 7 6 5 4 3 2 1 0

5. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted:

10 9 8 7 6 5 4 3 2 1 0

6. Rate the accuracy and timeliness of the vendor's billing and/or invoices:

10 9 8 7 6 5 4 3 2 1 0

7. Rate the vendor's ability to resolve a problem related to the services provided quickly and effectively:

10 9 8 7 6 5 4 3 2 1 0

8. Rate the vendor's flexibility in meeting changing business requirements:

10 9 8 7 6 5 4 3 2 1 0

9. Rate the likelihood of your company/organization recommending this vendor to others in the future:

10 9 8 7 6 5 4 3 2 1 0

Section II. GENERAL INFORMATION

1. Please include a brief description of the products and services provided by this vendor for your business/organization and any other comments you would like to provide:

Project Management Office services for the Medicaid Management Information System (MMIS) and Eligibility and Enrollment Projects

Provide Subject Matter Experts (SME) resources in technology and Medicaid area.

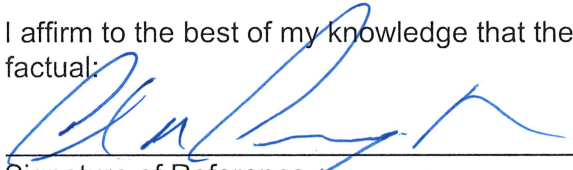
2. During what time period did the vendor provide these services for your business?

Month: 01 Year: 2017 to Month: 01 Year: 2019 (present)

3. Annual Value of Contract: \$ 12M

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:



Signature of Reference

01/14/2019

Date

Carlos M. Carrasquillo Ríos

Print Name

Program Manager

Title

787.765.2929

Phone Number

carlos.carrasquillo@salud.pr.gov

Email address