

DEPARTMENT OF FINANCIAL SERVICES

Attachment B Evaluator Score Sheet

INSTRUCTIONS

Each evaluator may want to read the entirety of a Response before attempting to assign scores. Evaluators must score each Respondent being evaluated on a separate Evaluator Score Sheet. Throughout the evaluation process, the confidentiality and security of the Responses and the scoring process must be maintained.

Response Evaluation – Each evaluator will independently score Volume Two: Technical Response. Evaluators will not review or evaluate any other volumes of the Response.

RESPONSE EVALUATION CRITERIA

The evaluation of the Responses will involve scoring the following two (2) categories:

- Category 1 – Experience and Ability
- Category 2 – Proposed Approach

Criteria have been developed for each category and are presented on the Evaluator Score Sheet. A score should be assigned to each criterion as follows:

Assessment	Maximum Score - 20	Maximum Score - 15	Maximum Score - 10
Excellent	18-20	13-15	9-10
Good	14-17	10-12	7-8
Adequate	10-13	7-9	5-6
Poor	6-9	4-6	3-4
Unacceptable	0-5	0-3	0-2

Scoring should reflect the evaluator's independent evaluation of the Respondent's overall response based on each criterion and should consider the Respondent's ability to meet each function, characteristic, performance level, or specification described in the solicitation.

Once the evaluator has completed a score sheet for each Response, the evaluator should submit the completed score sheets to the Point of Contact.

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EVALUATOR SCORE SHEET

Respondent's Name:			
CATEGORY 1 – Experience and Ability			
Criteria for Evaluation	Maximum Points	RCP/Statement of Work Section	Points Received
1. How well did the Response demonstrate that the Respondent has adequate experience to provide the Medical Case Management Services as sought in this RCP?	20	RCP Section 3.1.2	
2. How well did the Respondent demonstrate its ability to effectively administer, manage, and support the services sought in this RCP?	20	RCP Section 3.1.2	
3. To what extent do the Respondent's current and/or past contracts demonstrate experience in providing the services sought in this RCP?	20	RCP Section 3.1.2	
TOTAL POINTS RECEIVED FOR CATEGORY 1			
CATEGORY 2 – Proposed Approach			
4. How well did the Respondent's Continuity of Operations Plan (COOP) demonstrate the Respondent's ability to provide the services during an emergency or other non-typical event?	15	RCP Section 3.3.2, B., 1.	
5. How well does the Response demonstrate the Respondent's ability to perform the services required for Part A - Administrative Set-Up Requirements, as described in the Statement of Work?	20	Statement of Work Part A, Section 4.2, 1., a. through f. (See also related portion of Section 5)	
6. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.1, Electronic Case Management System, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.1., a. through g. (See also related portion of Section 5)	
7. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.2, Call Center, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.2, a. through c. (See also related portion of Section 5)	

8. The adequacy of the Respondent's demonstrated ability and proposed approach to perform the services required for Part B – MCM Services, 4.3.3, FROI and DWC Packet, as described in the Statement of Work.	20	Statement of Work Part B, Section 4.3.3, a. through k. (See also related portion of Section 5)	
9. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.4, Claims Eligibility and File Maintenance, as described in the Statement of Work.	20	Statement of Work Part B, Section 4.3.4, a. through f. (See also related portion of Section 5)	
10. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.5, Triage and Initial Care, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.5, a. through h. (See also related portion of Section 5)	
11. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.6, Medical Case Management (MCM) Services, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.6, a. through l. (See also related portion of Section 5)	
12. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.7, Coordination of Medical Benefits, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.7, a. through oo. (See also related portion of Section 5)	
13. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.8, Subcontractors, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.8, a. through e. (See also related portion of Section 5)	
14. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.9, Cost Containment, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.9, a. through e. (See also related portion of Section 5)	
15. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.10, Utilization and Peer Review (UR/PR), as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.10, a. through k. (See also related portion of Section 5)	

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16. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.11, Data File Submission, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.11, a. through d. (See also related portion of Section 5)	
17. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.12, Provider Relations, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.12, a. through k. (See also related portion of Section 5)	
18. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.13, Claim Overpayment Recovery, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.13, a. through e. (See also related portion of Section 5)	
19. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.14, Invoicing and Payment to Contractor, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.14, a. through i. (See also related portion of Section 5)	
20. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.15, Ad-Hoc Reports, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.15, a. through b. (See also related portion of Section 5)	
21. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.16, SSAE 18 (SOC 1 and SOC 2) Type II Audit and Contractor's Self-Assessment Tools, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.16, a. through d. (See also related portion of Section 5)	
22. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.17, Stewardship Meetings, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.17, (See also related portion of Section 5)	
23. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.18, Quality Assurance and Performance Improvement (QAPI), as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.18, a. through i. (See also related portion of Section 5)	
24. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.19, Complaint Resolution, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.19, a. through c. (See also related portion of Section 5)	

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25. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.20, Satisfaction Survey, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.20, a. through e. (See also related portion of Section 5)	
26. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.21, Fraud Investigation/Abuse, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.21, a. through b. (See also related portion of Section 5)	
27. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.22, Claimant Safety, as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.22, a. through b. (See also related portion of Section 5)	
28. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.23, Corrective Action Plan (CAP), as described in the Statement of Work?	15	Statement of Work Part B, Section 4.3.23, a. through e. (See also related portion of Section 5)	
29. How well does the Response demonstrate the Respondent's ability to perform the services required for Part B – MCM Services, 4.3.24, Transition and Close-Out, as described in the Statement of Work?	20	Statement of Work Part B, Section 4.3.24, a. through i. (See also related portion of Section 5)	
TOTAL POINTS RECEIVED FOR CATEGORY 2			
COMBINED TOTAL POINTS RECEIVED FOR TECHNICAL RESPONSE (Category 1 & Category 2 = Maximum of 530 Points Possible)			

Evaluator Name:_____ **Date:**_____

Evaluator Signature:_____