

11.11 Attachment 11 – Key Staff Reference Form

Instructions:

For each Key Staff role, provide two (2) Individual References from two different Projects cited in the Attachment 10, Part 2 – Key Staff Minimum Qualification Table, unless only one (1) project is used that meet the MQs identified in this RFP. If only one (1) cited project meets the MQs, then two references from that project are required. Each Individual Reference must clearly identify the Customer/Client Reference individual and that individual's Agency, Department, Organization or Company where Key Staff performed the experience.

The Individual references must be submitted within the Business Proposal as defined within RFP Section 6 – Proposal Structure and Submission including signature of the customer/client reference.

References:

Provide two customer/client references from customers/clients who have first-hand knowledge of the job skills, experience, and abilities cited in the résumé.

The Consortium reserves the right to contact individuals, entities, or organizations who have had contracts or relationships with the Key Staff proposed for this effort, whether or not they are identified as references, to verify that the person has successfully performed their contractual obligations on other similar projects.

Table 1: Key Staff Reference Form

KEY STAFF REFERENCE FORM	
KEY STAFF NAME: KELLY MICKA	
PART 1 – REFERENCE'S INFORMATION	
THIS INFORMATION SHOULD MATCH THE INFORMATION PROVIDED IN ATTACHMENT 10 – KEY STAFF QUALIFICATIONS .	
Customer/Client Reference Name:	Jennifer Steenblock
Customer/Client Reference Title:	Bureau Chief
Agency, Department, Organization or Company where staff member performed:	Iowa Department of Human Services, Iowa Medicaid Enterprise (re-branded Iowa Department of Health and Human Services, Iowa Medicaid Agency)
Project Title on which staff member performed:	Iowa Affordable Care Act Implementation
Reference Phone Number:	515-782-1509
Reference E-mail Address:	Jennifer.Steenblock@hhs.iowa.gov

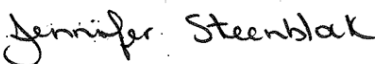
Instruction for References: The Contractor staff above has listed you as a reference and is requesting for you to complete this staff Reference Form. Please provide your comments and the appropriate rating based on your experience with the proposed staff.

- Step 1:** Complete Columns 1-2 in Part 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Part 3 and provide your performance ratings.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed, signed staff Reference Form to Contractor.

PART 2 – THE REFERENCE MUST COMPLETE THIS TABLE.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment 10 – Key Staff Qualifications for the Contractor's staff named at the top of this page prior to your completion of this form?	Did the Contractor's staff named at the top of this page perform the services described in Attachment 10 – Key Staff Qualifications , including the functions as described and the time period provided on the project(s) that lists you as a contact?
☒ Yes ☐ No	☒ Yes ☐ No (If "No" checked, explain here.)
PART 3 – THE REFERENCE MUST COMPLETE THIS TABLE.	
THE REFERENCE SHALL COMPLETE PERFORMANCE AND ABILITIES STATEMENTS FOR THE PROPOSED CANDIDATE AND OVERALL PERFORMANCE RATING.	
Performance and Ability Statements	
1. Describe the performance of the Contractor's staff during this engagement. Kelly efficiently managed the reporting and status updates to the State with transparency and punctuality. She engaged in weekly, and at times daily, meetings with CMS staff to address the numerous challenges of implementing a high-profile program under significant time constraints. Kelly was approachable and collaborative, successfully ensuring that the system complied with ACA regulations while also fulfilling user functionality requirements.	

2. Describe the ability of the Contractor's staff to perform the contractually, required Work in a timely manner. Kelly consistently delivered quality work on schedule, even amidst the time-intensive demands of the project, as the State strived to meet the Affordable Care Act's required deadlines.
3. Describe the verbal and written communication skills of the Contractor's staff. Kelly played a key role as the liaison between CMS and the State. She participated in technical assistance calls with CMS and effectively conveyed the requirements to the State. Additionally, she managed the successful implementation of the interface between the Iowa system and the federal data services hub. She gave both verbal and written status updates weekly and attended the daily stand-up scrum meetings to ensure understanding of the requirements and that the system development was compliant.
4. Describe the ability of the Contractor's staff to engage in positive working relationships with other coworkers. Kelly helped create and maintain positive working relationships, which contributed to team morale and productivity. She consistently showed willingness to collaborate and possess unique team-building skills her co-workers greatly valued.
5. Describe the knowledge of the Contractor's staff in the required areas of expertise. Kelly had a deep understanding of the Affordable Care Act requirements and swiftly recognized their impact on the design and development of the Iowa E&E system. To further enhance her grasp of the system's vendor project management approach, she earned her PMI Agile certification during the project, thereby strengthening her vendor management skills.
6. How well did the Contractor handled engagement with end users and User input. Kelly collaborated closely with both the end users and the state product owner during the system design process. She effectively engaged with the end users to adjust the design as necessary to meet their requirements and skillfully facilitated compromises in areas where potential conflicts arose.
7. Would you rehire this person? Yes, I would welcome the opportunity to work with Kelly again.
8. Optional Comments:
On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate this individual's overall performance?
10

By signing this form, the Reference is certifying that all information provided on this form is correct.

Jennifer Steenblock	Iowa Medicaid Agency
Name of Reference (print)	Name of Company Reference (print)
	10/6/2025
Signature of Reference	Date

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The Individual references must be submitted within the Business Proposal as defined within RFP Section 6 – Proposal Structure and Submission including signature of the customer/client reference.

References:

Provide two customer/client references from customers/clients who have first-hand knowledge of the job skills, experience, and abilities sited in the résumé.

The Consortium reserves the right to contact individuals, entities, or organizations who have had contracts or relationships with the Key Staff proposed for this effort, whether or not they are identified as references, to verify that the person has successfully performed their contractual obligations on other similar projects.

Table 1: Key Staff Reference Form

KEY STAFF REFERENCE FORM	
KEY STAFF NAME: KELLY MICKA	
PART 1 – REFERENCE'S INFORMATION	
THIS INFORMATION SHOULD MATCH THE INFORMATION PROVIDED IN ATTACHMENT 10 – KEY STAFF QUALIFICATIONS .	
Customer/Client Reference Name:	Donald Shearer
Customer/Client Reference Title:	Director, Health Care Operations Administration
Agency, Department, Organization or Company where staff member performed:	Department of Health Care Finance
Project Title on which staff member performed:	District of Columbia, Medicaid Provider Enrollment System Implementation
Reference Phone Number:	202-657-2680
Reference E-mail Address:	donald.shearer@dc.gov

Instruction for References: The Contractor staff above has listed you as a reference and is requesting for you to complete this staff Reference Form. Please provide your comments and the appropriate rating based on your experience with the proposed staff.

- Step 1:** Complete Columns 1-2 in Part 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2:** Complete Part 3 and provide your performance ratings.
- Step 3:** At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4:** Return the completed, signed staff Reference Form to Contractor.

PART 2 – THE REFERENCE MUST COMPLETE THIS TABLE.	
COLUMN 1	COLUMN 2
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☒ Yes ☐ No	☒ Yes ☐ No (If "No" checked, explain here.)
PART 3 – THE REFERENCE MUST COMPLETE THIS TABLE.	
THE REFERENCE SHALL COMPLETE PERFORMANCE AND ABILITIES STATEMENTS FOR THE PROPOSED CANDIDATE AND OVERALL PERFORMANCE RATING.	
Performance and Ability Statements	
1. Describe the performance of the Contractor's staff during this engagement. Kelly efficiently managed the reporting and status updates to the District with transparency and punctuality. She led the technical updates during weekly status meetings and reported on the status of open tickets. Kelly was approachable and collaborative, successfully ensuring that the system complied with federal and district regulations and policy while also fulfilling user functionality requirements. Kelly led the certification effort, including preparing the materials and leading the presentation with CMS.	

2. Describe the ability of the Contractor's staff to perform the contractually, required Work in a timely manner. Kelly consistently delivered expected, quality work on schedule. Her efficiency in managing the CMS certification review led to an early adjournment of that meeting.
3. Describe the verbal and written communication skills of the Contractor's staff. Kelly gave both verbal and written status updates weekly and led numerous other meetings as we prepared for certification and worked through implementation issues. Her communication style is clear, concise, and professional. Emails and project updates made complex details understandable. She responds promptly and thoughtfully, and I felt my concerns were addressed.
4. Describe the ability of the Contractor's staff to engage in positive working relationships with other coworkers. Kelly helped create and maintain positive working relationships, which contributed to team morale and productivity. She consistently showed willingness to collaborate and ability to have difficult conversations in a professional and respectful manner.
5. Describe the knowledge of the Contractor's staff in the required areas of expertise. Kelly has a deep understanding of the federal requirements for Medicaid provider eligibility and enrollment. She quickly learned the District requirements and understood options for the system design that met both federal and local requirements. In addition, Kelly's project management skills were evident in her updates, and accurate status reporting that helped the project stay on schedule.
6. How well did the Contractor handled engagement with end users and User input. Kelly collaborated closely with end users from both Medicaid and from disability services during the system design process. She effectively engaged with the end users to adjust the design as necessary to meet their requirements and skillfully facilitated compromises in areas where potential conflicts arose.
7. Would you rehire this person? Yes, I would welcome the opportunity to work with Kelly again.
8. Optional Comments:
On a scale of 1-10, with 1 being the lowest and 10 being the highest, how would you rate this individual's overall performance?
10

By signing this form, the Reference is certifying that all information provided on this form is correct.

<u>Donald Shearer</u>	<u>DC – Dept Health Care Finance</u>
Name of Reference (print)	Name of Company Reference (print)
<u>Donald Shearer</u>	<u>10/9/2025</u>
Signature of Reference	Date