

## TECHNICAL REQUIREMENTS QUESTIONNAIRE

### ATTACHMENT 3 – REVISED dated 5/15/2015

<b>A.</b>	<b>Implementation</b>	
1.	Provide a detailed implementation plan with a contract start date of April 1, 2016. Clearly define tasks and responsibilities for both your organization and the State of NE. Include key implementation milestones.	
2.	Provide a detailed description of the process you will use to monitor and audit implementation of the program to ensure the project is implemented timely.	
3.	What processes are in place to course correct if required?	

<b>B.</b>	<b>Account Management (Onsite Staff, Strategy)</b> <i>Currently, there are two onsite wellness staff (Wellness Coordinator and Wellness Specialist) who are employed by the current contractor.</i>	
1.	How will the Account Management Team work with the State of Nebraska to make strategic decisions on an ongoing basis?	
2.	How will you develop a wellness strategy for the State's wellness program? Provide a sample of a strategic plan.	
3.	Describe how you provide ongoing management of program accounts to ensure excellent customer service.	
4.	What is your issue resolution and escalation process?	

<b>C.</b>	<b>Health Assessment (HA)</b> – Provide online demo access to your health assessment.	
1.	Is your HA a proprietary tool? If not, is it proprietary to another entity? Whom?	
2.	On average, how many questions is the HA? How long does it take to complete?	
3.	Can the HA be completed via mobile phone?	Yes/No
4.	Is your HA 508 compliant?	Yes/No
5.	Is the assessment static or dynamic (does it use algorithms to produce next questions based on last response)? Please explain.	
6.	Can an individual change their response(s) once the HA	

	has been submitted?	
7.	How often can an individual complete an HA?	
8.	Are “readiness to change” questions included?	Yes/No
9.	Are “quality of life” questions included?	Yes/No
10.	Are “productivity” questions included?	Yes/No
11.	Do you provide an overall risk score to individuals who complete the HA? If yes, explain how the risk score is used for the individual, targeted outreach, aggregate reporting and evaluation/measurement.	
12.	Does your HA provide individual time-over-time comparisons? If yes, please provide a screenshot as an example.	Yes/No
13.	Can custom questions be added to your HA? If yes, what are the limitations?	Yes/No
14.	Are hip and waist measurements collected as part of the HA? If yes, how are these measures used in the risk level calculation or otherwise?	Yes/No

<b>D.</b>	<b>Biometric Screening</b> – Provide the following information regarding your biometric screening capabilities.	
1.	Indicate all ways you will provide biometric screenings. Check all that apply.	
	Onsite	
	Home kit	
	Lab relationship/vouchers	
	Physician Form	
	Convenience/Retail Clinics	
	Other, please explain	
2.	Indicate which components are included in your standard screening. Check all that apply	
	Total Cholesterol	
	HDL	
	LDL	
	Triglycerides	
	TL/HDL Ratio	
	Glucose	
	Blood Pressure	
BMI		
Waist Measurement		

	Hip Measurement	
	Participant Coaching/Results Review	
	Other - please list/describe	
3.	Describe how participants register for onsite biometric screening.	
4.	Is our online scheduler proprietary or outsourced? Explain.	
5.	Are biometric values automatically uploaded into participant's HA?	
6.	Who provides your screening? Check all that apply.	
	Internal staff	
	Contracted staff	
	Sub-contractor/fully outsourced	
	Other, please explain	
7.	Describe your screening coordination process.	
6.	Describe your solutions for reaching dispersed and remote populations.	
7.	Is technology available to screening staff to allow individuals to complete their HA during the onsite screening events?	
8.	Please attach your biometric screening referral form and procedures in case of an emergency	

<b>E.</b>	<b>Wellness Programming</b>	
1.	Outline your capabilities around population based health challenges. Identify topic areas, creative themes, modes of communication, social components and participant-level experience (i.e., team participation, tracking on mobile, etc.)	
2.	What types of onsite programming can your organization support in development and delivery? (i.e., Lunch and Learns, events, etc.)	
3.	Can onsite events be tailored to meet the needs of the different agencies that exist within the State of NE?	
4.	How will your organization support a local recognition program and process?	
5.	Describe how you will collaborate and integrate with existing health related programs that already exist within the State, such as state agency dietician-led initiatives,	

	EAPs, etc. Provide examples of similar experiences with other clients.	
6.	Discuss your program-specific outcomes and results, including book of business, as well as specific outcomes you have seen with your clients similar to the State of NE.	
7.	Indicate in the table below how the employee receives programs, whether they are proprietary or outsourced component and briefly describe key features.	

Program Description	Delivery Method					Proprietary or Outsourced (Third party name)	Description
	Online	If Online, is it 508 compliant	Phone	Face to Face	Mail Based		
Population Based Health Challenges							
Lunch and Learns							
Personal Health Record							
Personalized Recommendations based on HA/Screening results							
Online Learning Modules							
Custom Newsletter							
Program/Activity Tracking							
Secure Messaging/Chat							
Inbound Participant Technical and Program Assistance							
Ability to support location recognition process							
Ability to tailor onsite activities by agency							
Ability to tailor the portal by agency or business segment							
Device Integration							
Ability to outreach based on individual risk							

<b>F.</b>	<b>Health &amp; Chronic Condition Coaching</b>	
1.	Describe your organization's philosophy, methodology and approach to behavior change with your health coaching and chronic condition coaching.	
2.	List the topic areas included in your health coaching program.	
3.	List the conditions included in your chronic condition	

	program.	
4.	Provide capabilities, modes of communication, experience, accreditations and outcomes.	
5.	Provide information on engagement techniques.	
6.	Include average and maximum number of coaching calls/sessions, coach qualifications and experience, average tenure with your organization and description of the coach training program.	
7.	Document hours of operation for coaching.	
8.	Is secure messaging/chat available between a participant and their coach? Is this capability also available via mobile?	
9.	Describe your onsite coaching program. Be sure to include information around individual vs. group coaching, ability to track participation, approach to balancing onsite coaching with other program management tasks, etc.	

Program Description	Delivery Method					Proprietary or Outsourced (Third party name)	Description
	Online	If Online, is it 508 compliant	Phone	Face to Face	Mail Based		
Behavior Based Interventions							
Physical Activity							
Healthy Eating							
Tobacco Cessation							
Stress Management							
Weight Management							
Biometric Improvement							
Chronic Condition Prevention							
Other, please list							
Programs to address financial wellbeing							
Programs to address social wellbeing							
Chronic Condition (DM)							

Program Description	Delivery Method					Proprietary or Outsourced (Third party name)	Description
	Online	If Online, is it 508 compliant	Phone	Face to Face	Mail Based		
Asthma							
COPD							
Diabetes							
CHF							
CAD							
Musculoskeletal							
Depression							
Back Pain							
Cancer							
Pregnancy							
Other, please list							

<b>G. Incentive Tracking System and Support</b>	
1.	Are you able to administer the State of NE's current incentive design (see attachment for current design)? Please note the State of NE does not currently use points or dollars in their incentive design.
2.	Propose two alternative incentive designs that you would recommend for the State of NE.
3.	Describe how your organization supports sending reminders, push communications, outbound calls and tracking participation for incentive purposes. Which team member is responsible for this function?
4.	Describe your customer service support for employees. Include the background of the customer service call center representatives, hours of operation, etc.

<b>H. Technology Platform and Core Capabilities</b>	
1.	Document your web portal access requirements (user ID and password requirements, SSO requirements), and supported browsers and versions.
2.	List additional security measures in place to ensure data security.
3.	Describe the security features for the platform. Explain

	<p>the following:</p> <ul style="list-style-type: none"> <li>• Minimum requirements for the username and password.</li> <li>• Ability to reset the username and password via website.</li> </ul>	
4.	Can your organization develop different platform user experiences based on agency? (Please assume appropriate information will be provided in an eligibility file.)	
5.	Is an online scheduler available? If so, document what this tool can be used for. (i.e., scheduling biometric screenings, coaching sessions, mini-challenges, etc.). Is this administrative rights to the scheduler accessible by the onsite staff team?	
6.	Will individuals receive personalized recommendations on what to do next, based on their health assessment and screening results?	
7.	Will individuals have access to online learning modules? If so, provide the topic areas available and an overview of the participant experience.	
8.	Provide an overview of how individuals can track activity and participation in activities on the platform.	
9.	Can individuals access their personal health record on the platform? Provide screen shots.	
10.	Can individuals call your organization to ask questions and get technical assistance and support?	
11.	Does your platform allow for device integration? If so, list devices that can be integrated.	
12.	Include the names of any third-party vendors that will be involved in the delivery of services to the State of NE, and state the type, length of relationship and describe how you work together to serve your clients.	
13.	Provide screen shots of your mobile solution, and indicate the types of mobile devices with which your solution is compatible.	
14.	Is your platform 508 compliant? If not, what steps are you taking to be 508 compliant by the contract start date?	
15.	Explain your process for uploading eligibility files from the State. How will you manage uploading two eligibility files per week – active employees from State and	

	COBRA/Retirees from the State's COBRA vendor.	
16.	Explain how your system tracks wellness activities and incentives for employees and spouses?	

<b>I.</b>	<b>Reporting</b>	
1.	Provide a list of all reports provided to the State in the following format. For each report include name, purpose, frequency and format/file type. List of reports must include incentive completion, program participation. Also include samples of each report.	

Report Name	Description	Frequency	Format/File Type	Real-time or Online?	Customizable?

2.	Are ad-hoc and custom reports available? If so, document the applicable fees.	
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<b>J.</b>	<b>Communications and Engagement</b>	
1.	Describe your proposed marketing and communications approach for the State of NE. Include examples/ideas specific to the State of NE. List the modalities of communication used. Be sure to articulate how you will promote the program.	
2.	Provide your organization's approach to creative brand strategy for the State of NE's wellness program.	
3.	Articulate your expectations for the State of NE and how you will work with their internal communications team.	
4.	Provide sample materials, welcome packet materials, etc. List components included vs. what requires additional budget dollars.	
5.	Document your organization's approach to developing a client-specific communication strategy and plan.	
6.	Is your organization able to identify communication preferences at the member level? If so, how? (i.e., does the individual prefer e-mail, phone, etc.?)	
7.	Does your organization have a wellness champion toolkit, portal or resource center? If yes, please describe.	

<b>8.</b>	Provide a sample of the annual communication strategy.	
<b>9.</b>	Provide a sample of the annual communication plan.	
<b>10.</b>	Describe your capabilities to integrate internal and external programs and resources into the communication plan (EAP, dietician-led programs, retirement, etc)	
<b>11.</b>	How do you provide presentation ready content accessible to onsite staff? Is onsite staff able to edit content based on need and resources?	