THE ESCAMBIA COUNTY SCHOOL DISTRICT
WELLNESS - CARRIER RESPONSE NEEDED

<Enter Your Company Name Here>

This sheet is designed for you to answer specific questions regarding the wellness services offered by your organization. Thank you for your cooperation and assistance.

Topics:	Questions:	Your Answers:
Health Risk Assessment (HRA)	Do you have a health risk assessment tool (survey) on your Web site for members to complete?	
	Can employees not currently enrolled in the medical plan complete the HRA and have their results included with the client's group?	
	Was the HRA tool developed by your organization or do you utilize another vendor's tool? Please provide the vendor name if tool is outsourced.	
	What information does your HRA request/require from participants? Please provide a sample HRA. Please confirm the client can customize the HRA by deleting certain questions and/or by adding questions specific to their population.	
	The client may want to offer basic screenings (cholesterol, blood pressure, blood sugar, weight) as part of the HRA process. The client may offer on-site screenings for employees. Please confirm if your organization can provide on-site screenings at multiple locations? How will you facilitate this process, including, scheduling, staffing, etc. Are there a minimum number of participants per location?	
HRA Reporting	How will you report aggregate results to the client? Please provide a sample report.	
	How will you report specific feedback to participants? Please provide delivery options and a sample report of results. What is your commitment for turnaround times?	
Lifestyle Change Support	Please list any specific lifestyle change based modules available.	
	Does your web site have information on seasonally appropriate issues (i.e., benefits of using sunscreen, how to avoid Lyme Disease, etc.)? If yes, please describe.	
	Do you provide enrollees with literature to enhance health awareness (i.e., quarterly newsletter, magazines, etc.)? Please note frequency and type of communication. Please confirm that there are no additional costs associated with the distribution of these materials.	
	Please outline the smoking cessation assistance available to the client's members and any associated costs. Your response should include formal classes, Web-based tools, community resources, etc.	

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	Please outline the healthy eating/weight loss assistance available to the client's members. Your response should include formal classes, Web-based tools, community resources, etc.	
	Please outline the physical exercise assistance available to employees? Your response should include formal classes, Web-based tools, community resources, etc.	
	Please list any other key programs (in addition to smoking cessation, healthy eating/weight loss and physical exercise) available to members and outline any associated costs.	
	Does your organization offer discounted fitness center memberships? If yes, what is the name of the network?	
	Please indicate if your plan tracks preventive care compliance. If yes, please outline criteria and tracking method.	
	Do you proactively outreach to members? If so, what are your criteria for identifying participants? What methods of outreach do you use and under what circumstances do they vary? How do you measure participation and at what frequency?	
	Indicate if your plan directly contacts patients to improve compliance with treatment protocols: Woman > 50 Mammogram, Man or Woman > 55 Cholesterol check, Children Immunizations, Elderly Flu shot, Elderly Colon cancer, Diabetics Eye exam	
	Do you offer interactive Web-tools such as online chats with a wellness counselor, nurse, etc.?	
Third Party Vendors	If a third party vendor is used, will the wellness data be integrated with the healthcare claims system? (i.e. are participants identified for disease management programs through screening results.	
	Do you provide incentive tracking for clients? (i.e. If premium discounts are given to employees who participate in HRA or screening events, can you provide lists of individual participants?)	