**Appendix 5**

**Reporting Requirements**

**The following reporting requirements are Mandatory for the applicable RFP(s)/Contracts as specified below. Failure to comply with requirements herein may disqualify a Proposer. See Appendix 6 – Performance Standards and Penalties for penalties associated with the requirements below.**

**For all RFPs/Contracts:**

A. The Contractor must submit reports described below to the Department. Reports must be submitted by secure email to the Department Program Manager or the Department’s sFTP site as specified by the Department Program Manager, in the format specified by the Department Program Manager (e.g., Microsoft Word, Microsoft Excel, PDF), and must be of the type and at the frequency indicated below. The Department reserves the right to modify reporting requirements as deemed necessary to monitor the Contract and the Program. The Department will provide the Contractor with at least forty-five (45) Days’ notice prior to implementation of a report modification.

B. All Contractor report templates must be approved by the Department Program Manager prior to use for the reports listed below.

C. Unless otherwise directed by the Department Program Manager, the Contractor must submit reports as follows:

1. Weekly reports must be submitted by the first Tuesday following the end of the reporting week (a reporting week is Sunday through Saturday);
2. Monthly reports must be submitted by the 15th Day of the month following the reporting month;
3. Quarterly reports must be submitted by the 20th Day of the month following the end of the calendar quarter;
4. Semi-annual reports (every six (6) months) must be submitted by the 20th Day of July and January; and
5. Annual reports must be submitted within sixty (60) days after the end of the calendar year.

D. Unless otherwise requested by the Department, each report must be specific to data for the State of Wisconsin account (GHIP), not general data from the Contractor’s book of business.

E. Contractor must continue to submit the required reports during the six (6) month period following termination of the Contract (the run-out period), if applicable as determined by the Department.

F. Any report containing health information of a Participant will only be reported by Contractor to the Department or Employer groups at a level of aggregation that ensures complete anonymity and in keeping with HIPAA requirements. The Contractor must be able to provide all report data, as requested by the Department, for Participants and for the following breakdowns:

1. Employer group, business unit and location;
2. Health plan and plan design type; and
3. Participant type (Active Employee, Retiree, and spouse).

G. The Contractor must provide ad hoc reporting. The Contractor must deliver such reports to the Department within a mutually agreed upon timeframe.

H. The Department requirements regarding the frequency of report submissions may change during the term of the Contract. The Contractor must comply with such changes within forty-five (45) Calendar Days.

I. The Contractor must notify the Department timely regarding any significant changes in its ability to collect information relative to required data or reports.

J. Each report submitted by the Contractor to the Department must:

1. Be verified by the Contractor for accuracy and completeness prior to submission;
2. Be delivered on or before scheduled due dates;
3. Fully disclose all required information in a manner that is responsive and with no material omission; and
4. Be accompanied by a brief narrative that describes the content of the report and highlights significant findings of the report.

**Section A below applies to all three RFPs/Contracts: ETB0047 Well-Being, ETB0048 Mental Health Services, and ETB0049 Chronic Condition Management**

**Section B below only applies to RFP/Contract ETB0047 Well-Being**

| 1. **Required reports for all three RFPs/Contracts (ETB0047 Well-Being, ETB0048 Mental Health Services, and ETB0049 Chronic Condition Management)** | |
| --- | --- |
|  | **Program Activities: Completion Rates** |
|  | **Frequency**: Monthly |
|  | **Report must include:** Current month and year-to-date completion rates for each of the core program activities (i.e. health assessment, coaching or other mutually agreed upon activities). Data must be provided in aggregate, as well as in the following additional groupings: State Employees (including individual agency’s data), UW Employees (including each institution’s data), Local Employees (including each city, county, or other municipality), State retirees, Local Retirees, and by GHIP health plan carrier. |
|  | **Health Coaching Utilization** |
|  | **Frequency:** Monthly |
|  | **Report must include:** Utilization data for health coaching services for the current month and year-to-date that, identifies the number of Participants utilizing coaching, including the type of coaching, total number of sessions, total number of Participants represented in the total number of sessions, and the referral source of coaching (health assessment, self-referral or Contractor outreach). |
|  | **Website and Web-portal Utilization** |
|  | **Frequency:** Quarterly |
|  | **Report must include:** Web analytics data including the Contractor’s analysis of the analytics for use of the website and web-portal features and resources. |
|  | **Participant Satisfaction Surveys** |
|  | **Frequency:** Quarterly |
|  | **Report must include:** Summary data for each of the required Participant surveys, including the number of surveys distributed and completed, and any comments submitted in the survey comment field. For each survey report, the Contractor must include a status report narrative and detailed information on the specified performance measure (Appendix 6 – Performance Standards & Penalties). |
|  | **Member Inquiries and Customer Service** |
|  | **Frequency**: Quarterly |
|  | **Report must include**: Summary data for each of the performance standards listed in Appendix 6 – Performance Standards & Penalties for Member Inquiries and Customer Service. Each report must include a status report narrative and detailed information on each specified performance measure. |
|  | **Year-End Program Reporting** |
|  | **Frequency:** Annually |
|  | **Report must include:** Year-end report(s) that summarizes the health of the Participants based on program data. The report(s) must provide data on the aggregate, as well as the following subsets: State Employee, UW Employee, Local Employee, State Retiree, and Local Retiree. The year-end report(s) must detail the health trends of repeat Participants, new Participants, and those engaging in specific types of coaching or program services. The report must include the Contractor’s analysis of which program interventions are impacting Participant health. In addition, the report must compare the health trends of Participants to benchmarks of other similar populations or other clients in the Contractor’s book of business. |
|  | **Other Reports:** As specified by the Contract, or as needed to report on expanded services provided by the Contractor, the Contractor must submit additional reports, using templates approved by the Department Program Manager, for monitoring Program participation and outcomes. |

| 1. **Required reports for only RFP/Contract ETB0047 Well-Being** | |
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|  | **Biometric Screenings: Worksite Event Participation** |
|  | **Frequency:** Weekly |
|  | **Report must include:** Details on the scheduled worksite screening events including: employer type, employer name, event date and times, event location, employer site coordinator contact name and email, maximum number of registrations, current registration numbers, and post event, final number of individuals screened. |
|  | **Biometric Screenings: Site Coordinators Satisfaction Survey** |
|  | **Frequency**: Quarterly |
|  | **Report must include:** A summary of the completed surveys, including any comments submitted in the survey comment field and the name and contact information for the site coordinator who completed the survey. |
|  | **Biometric Screenings: Summary Report** |
|  | **Frequency:** Semi-Annually |
|  | **Report must include:** Aggregate data on the risk stratification (e.g. high and moderate risk) of biometric screening results for the current calendar quarter and year-to-date. Data must be provided in aggregate, as well as in the following additional groupings: State Employees (including individual agency’s data), UW employees (including each institution’s data), Local Employees (including each city, county, or other municipality), State Retirees, Local Retirees, and by GHIP health plan carrier. The Contractor must also provide a comparison to other similar clients in Contractor’s book of business. |
|  | **Monthly Webinars/Podcasts: Participation and Satisfaction** |
|  | **Frequency:** Monthly |
|  | **Report must include:** Participation numbers and satisfaction survey results for each of the Contractor-provided webinars/podcasts. |
|  | **Heath Assessment: Summary Report** |
|  | **Frequency:** Semi-Annually |
|  | **Report must include:** Aggregate data for responses to the health risk assessment for the year-to-date. Data must be provided in aggregate, as well as in the following additional groupings: State Employees (including individual agency’s data), UW Employees (including each institution’s data), Local Employees (including each city, county, or other municipality), State Retirees, Local Retirees, and by GHIP health plan carrier. The Contractor must also provide a comparison to other similar clients in Contractor’s book of business. |
|  | **Incentive Payments: Taxable Income Reporting** |
|  | **Frequency:** Monthly |
|  | **Report must include:** All incentive payments issued to Participants for the Department’s distribution to Employer group Payroll Centers for tax reporting purposes. The Contractor must link all payment records to the primary Subscriber and avoid duplication for instances of a reissued incentive. |
|  | **Incentive Payments: Reissue Requests and Inactive Cards** |
|  | **Frequency:** As needed |
|  | **Report must include:** Number of requests that have been received for a reissue of the incentive payment. The Contractor must also report on the activity status of issued incentive cards to determine inactivity. |
|  | **Incentive Payments: Gift Card Utilization** |
|  | **Frequency:** As needed |
|  | **Report must include:** Percentage of gift cards that have been earned and used. |