The following information, presented in separate analysis sections, is intended to provide a sample set of Telehealth Vendor Selection questions. Please note that as the specific definition and need for Telehealth will be determined by each user of this questionnaire, the sample questions will need to be edited and expanded. This need is most evident within section 4.0 FEATURE REQUIREMENTS where the questions are representative of several different types of Telehealth technologies/services, and, therefore, not intended to be used as a collective whole. Other sections, that are more commonly applicable, may require less modification.

### 1.0 VENDOR ORGANIZATION

Vendor shall respond to each of the following:
Choose those sample questions, and add others, that apply to the needs of the planned project.

|  | REQUIREMENT |  |
| :--- | :--- | :--- |
| 1.1 | General | RESPONSE |
| 1.1 .1 | Provide a brief overview of your firm's products and <br> services. As necessary, include any additional <br> information within an appendix section of your <br> response. |  |
| 1.1 .2 | Provide, within an appendix, a copy of your firm's <br> audited financial statements for the most recent three <br> years. |  |
| 1.1 .3 | Specify the total number of full-time and part-time <br> employees in your firm, and total number staffed <br> within the |  |
| 1.1 .4 | List the current number of end-users for the product(s) <br> offered to CUSTOMER. |  |
| $\mathbf{1 . 2}$ | Training and Documentation |  |
| 1.2 .1 | Describe the standard training process provided by <br> your firm; compare direct end-user to train-the-trainer <br> approaches. Indicate your willingness to develop <br> custom training and materials for use by CUSTOMER. |  |
| 1.2 .2 | Describe the standard system and training <br> documentation provided (list each)? Include any <br> computer based and/or video training options. |  |


| REQUIREMENT |  | RESPONSE |
| :---: | :---: | :---: |
| 1.2.3 | Describe any specific train-the-trainer documentation provided (list each)? Include any computer based training options. |  |
| 1.2.4 | Describe the flexibility of the training documentation and the ability to address the needs of different audience types (e.g., Nursing, Administrator, Pharmacy, Patient Billing, etc.). |  |
| 1.2.5 | Provide a recommendation of classes that CUSTOMER staff members (including technical and administrative) should attend. Include a schedule and location of classes offered, the cost of each class and any class prerequisites. |  |
| 1.2.6 | Include a full set of technical, system management, and training documentation (these will be reviewed and returned by CUSTOMER). |  |
| 1.3 | Customer Support and Maintenance |  |
| 1.3.1 | Describe your firm's support hot line? What are the support hours of operation? How is after-hours support managed? |  |
| 1.3.2 | Describe your firm's remote access capabilities for support? How is the transmission of files, patches, etc. managed? |  |
| 1.3.3 | Describe your firm's utilities for diagnosing and/or correcting software problems. How are software problems communicated to customer? Are all customers notified of problems? |  |
| 1.3.4 | Describe what tools your firm uses for the tracking and resolution of system issues. Identify what tracking tool Vendor and products are used. |  |
| 1.3.5 | Describe your firm's dedicated support resources. Are they organized by product line, or are they shared? Describe what training your support staff receives. |  |


| REQUIREMENT |  | RESPONSE |
| :---: | :---: | :---: |
| 1.3.6 | Does your firm provide an ongoing single point of contact for problem resolution? Will you offer a CUSTOMER specific toll free number into your firm's support center? If applicable, will any single point of contact apply to all products within your firm's contract? |  |
| 1.3.7 | As applicable, describe how support is provided for third party products to be used in the implementation of the system. Describe support arrangements with third party Vendors. |  |
| 1.3.8 | Provide an escalation contact list including name, title, and telephone number. |  |
| 1.3.9 | Does your firm have a standard time frame after which support is no longer provided on versions of the system? Provide examples of specific product support commitments (including products lines and committed length of support). |  |
| 1.3.10 | What standard Service Level Agreement (SLA) performance guaranties are offered to your customers? Do these guaranties vary by customer? How are priorities established between your customers? |  |
| 1.4 | Release Management |  |
| 1.4.1 | What are the current product release numbers (of those products proposed to CUSTOMER) and the date of the release? |  |
| 1.4.2 | Are system enhancements provided for systems in use, or are they limited to new product releases? |  |
| 1.4.3 | Describe your firm's process for communicating and providing system enhancements, updates and new releases. |  |
| 1.4.4 | How often are system enhancement releases scheduled? |  |

## REQUIREMENT

RESPONSE

| 1.4.5 | Describe your firm's process for the inclusion of <br> customer requested product enhancements into future <br> releases. |
| :--- | :--- |
| 1.4 .6 | Are system enhancement releases provided at no cost <br> to existing users? Provide specifics regarding any <br> releases offered at no cost vs. those offered at a cost. |
| $\mathbf{1 . 5}$ | Contract and Warranty |
| 1.5 .1 | As an appendix, provide a copy of purchase, license <br> and warranty agreements. |

## Telehealth Vendor Questionnaire

### 2.0 IMPLEMENTATION SERVICES

Vendor shall respond to each of the following:
Select those sample questions, and add others, that apply to the needs of the planned project.

|  | REQUIREMENT |  |
| :--- | :--- | :--- | :--- |
| 2.1 | Implementation Planning and Strategy | RESPONSE |
| 2.1.1 | Describe your firm's recommendations regarding the <br> planning and implementing of the proposed Telehealth <br> technology. |  |
| 2.1 .2 | Specify all roles involved in implementation. Which <br> roles are provided directly by your firm's full-time <br> employees; which are subcontracted? Which roles are <br> CUSTOMER required to staff? |  |
| 2.1 .3 | What CUSTOMER resource skills are required to <br> configure and support the system? |  |
| 2.1 .4 | Identify all third party resources your firm will employ <br> to complete the implementation process. List each role <br> and source required. |  |
| 2.1.5 | How will your firm manage third party resources? |  |
| $\mathbf{2 . 2}$ | Methodology |  |
| 2.2 .1 | Submit a proposed phased Implementation Workplan <br> as an appendix to this document. Among other items, <br> the high-level plan should illustrate those tasks that will <br> need to be performed in parallel to meet the project <br> completion date. |  |
| 2.2 .2 | Describe the most common implementation <br> challenges/issues, and what steps your firm will take to <br> mitigate such challenges/issues. |  |
| 2.2 .3 | Describe your firm's methodology for risk <br> management. As applicable, provide examples of <br> issues tracking logs. |  |

## REQUIREMENT

| 2.3 | Integration and Testing |  |
| :--- | :--- | :--- |
| 2.3 .1 | How does your firm conduct performance testing? <br> What skills/resources are required to perform this task? <br> Is this work included in the proposed costs? |  |
| $\mathbf{2 . 4}$ | Implementation Support |  |
| 2.4 .1 | What is your firm's approach to pre- and post- <br> installation support? |  |
| 2.4 .2 | What is your firm's approach to conducting site surveys <br> of end users' (patient's) home? |  |
| 2.4.3 | Describe what standardized/template enrollment and <br> implementation forms your firm provides (e.g., User <br> Consent Form). |  |
| 2.4.4 | Describe what standardized/template operating forms <br> your firm provides (e.g., Policies and Procedures). |  |

## Telehealth Vendor Questionnaire

### 3.0 SYSTEM ARCHITECTURE

Vendor shall respond to each of the following:
Select those sample questions, and add others, that apply to the needs of the planned project.

| REQUIREMENT |  | RESPONSE |
| :---: | :---: | :---: |
| 3.1 | System Architecture |  |
| 3.1.1 | Provide a full architectural description of the system, including the basic system design configuration and hardware/software release. |  |
| 3.1.2 | Identify the operating system of the primary system components. |  |
| 3.1.3 | What standard and/or proprietary components/software are used in the system? |  |
| 3.1.4 | Describe system connectivity options available. |  |
| 3.1.5 | In which technology standards organizations does your firm currently maintain membership? |  |

## Telehealth Vendor Questionnaire

### 4.0 FEATURE REQUIREMENTS

Vendor shall respond to each of the following:
Select those sample questions, and add others, that apply to the needs of the planned project.

| REQUIREMENT |  |  |
| :--- | :--- | :--- |
| 4.1 | End User Features |  | RESPONSE


|  | REQUIREMENT |  |
| :--- | :--- | :--- | :--- |
| 4.1.10 | Does the proposed system include a two-way <br> messaging interface for use during interactions with <br> the end user? |  |
| 4.1.11 | Is the proposed system available in both desktop and <br> kiosk configurations? |  |
| 4.1.12 | What is the maximum weight capacity of proposed <br> scale? |  |
| 4.1.13 | Is the proposed system capable of supporting multiple <br> users? If so, how is user identification accomplished? |  |
| 4.1.14 | Can the font size of the proposed system be adjusted <br> to individual user preferences? If so, what is the <br> maximum font size supported? If not, what is the <br> standard font size? |  |
| 4.1.15 | What is the reading level of the prompts and <br> instructions of the proposed system? |  |
| 4.1.16 | Does the proposed system provide customizable <br> question sets that can be selected to address the <br> unique needs of individual users (with specific <br> diagnoses)? |  |
| 4.1.17 | What software modules have been included with the <br> proposed system? What other modules are available <br> for use with the proposed system? |  |
| 4.1.18 | Is the proposed system available as software-only that <br> can be installed on users' <br> otheristing computers, tablet or <br> requirements mhat hardware/operating system be met? |  |
| 4.1 .19 | How are medication reminders accomplished with the <br> proposed system? |  |
| 4.1 .20 | Describe how escalation is performed when a user <br> does not interact with the system as scheduled. |  |


| REQUIREMENT |  |  |  |  |
| :--- | :--- | :--- | :---: | :---: |
| 4.1 .21 | Describe the cognitive fitness capabilities of the <br> proposed system. |  |  |  |
| 4.2 | Backend System Features | RESPONSE |  |  |
| 4.2 .1 | Provide a full description of the backend system and <br> services included with the proposed system. Include <br> screen-shot images as appropriate to describe services. |  |  |  |
| 4.2 .1 | How is the backend system accessed? What are the <br> technical requirements for access? |  |  |  |
| 4.2 .3 | How are at-risk users identified within the backend <br> system interface? |  |  |  |
| 4.2 .4 | Describe how integration to CUSTOMER's care <br> management and/or EMR systems is accomplished. |  |  |  |

## Telehealth Vendor Questionnaire

### 5.0 CLINICAL SUPPORT SERVICES

Vendor shall respond to each of the following:
Select those sample questions, and add others, that apply to the needs of the planned project.

| REQUIREMENT |  | RESPONSE |
| :---: | :---: | :---: |
| 5.1 | Clinical Support Services |  |
| 5.1.1 | Describe what clinical support services are provided by your firm (e.g., nurse hot line, medication reconciliation, disease management, etc.). |  |
| 5.1.2 | Describe what non-clinical support services are provided by your firm (e.g., call center services, educational, notification and outreach, home visits, hospital discharge planning, transition coaching, etc.). |  |
| 5.1.3 | Describe what data mining and user selection services are provided by your firm. |  |

### 6.0 SECURITY, BUSINESS CONTINUITY REQUIREMENTS and HIPAA

Vendor shall respond to each of the following:
Select those sample questions, and add others, that apply to the needs of the planned project.

| REQUIREMENT |  | RESPONSE |
| :---: | :---: | :---: |
| 6.1 | General |  |
| 6.1.1 | Describe your approach to system security. Make specific reference to: methods for identification and authentication, user access to data, audit trails. |  |
| 6.1.2 | What is the overall security architecture of the system? What are the levels of security? |  |
| 6.1.3 | Does the system provide the ability to inform user of the last time the system was accessed with that user identification code? |  |
| 6.2 | Identification and Authentication (I\&A) |  |
| 6.2.1 | Does the system provide the ability for each system administrator to be assigned a unique user account (e.g., no "common" or shared accounts)? |  |
| 6.2.2 | Does the system provide the ability to require every administrator-ID to be validated and authenticated prior to being granted access to the system? |  |
| 6.3 | Backend Access Control/Passwords |  |
| 6.3.1 | Administrative access to backend systems and data must be restricted to only specifically designated users. How many different levels of access does the system provide? |  |
| 6.3.2 | Do backend systems provide the ability to disallow access without reset after three unsuccessful logon attempts? |  |


| REQUIREMENT |  |  |
| :--- | :--- | :--- | R RESPONSE

## Telehealth Vendor Questionnaire

### 7.0 REFERENCES

Vendor shall provide the requested detail for four customer references. To the extent possible, the reference customers' technical environment, and number of concurrent users, shall mirror those of CUSTOMER. CUSTOMER may request on-site reference customer visits. If this step is determined to be necessary, you will be advised after a short-list of Vendors is established.

### 7.1 Reference Information

| Company: |  |
| :--- | :--- |
| Contact Name/Title/Functional Group: |  |
| Contact Phone Telephone Number/E-mail: |  |
| Measureable results of program supported <br> by your system: |  |
| Date Installed: |  |
| Future Plans: |  |

### 7.2 Reference Information

## Company:

Contact Name/Title/Functional Group:
Contact Phone Telephone Number/E-mail:
Measureable results of program supported
by your system:
Date Installed:
Future Plans:

### 7.3 Reference Information

Company:
Contact Name/Title/Functional Group:
Contact Phone Telephone Number/E-mail:
Measureable results of program supported

| 7.3 Reference Information |  |
| :--- | :--- |
| by your system: |  |
| Date Installed: |  |
| Future Plans: |  |


| 7.4 Reference Information |  |
| :--- | :--- |
| Company: |  |
| Contact Name/Title/Functional Group: |  |
| Contact Phone Telephone Number/E-mail: |  |
| Measureable results of program supported |  |
| by your system: |  |$\quad$|  |
| :--- |
| Date Installed: |

### 8.0 PRICING

Vendor shall use a Microsoft Excel Worksheet to minimally present:

- Total quantity of each of the major system components
- Component-level (itemized) pricing for each of system components, for each proposed system
- Extended pricing for each of the major system components
- Installation pricing for each proposed system
- Maintenance pricing for each proposed system

Proposed pricing shall be guaranteed for a period of 120 days from the date of submission of the response.

