

VITALS FOR CHANGE SCORECARD

A GUIDE FOR EMPLOYERS
FROM MERCER AND CATALYST
FOR PAYMENT REFORM

An editable PDF of the questionnaire
to help you prepare to complete the
Scorecard online



INTRODUCTION

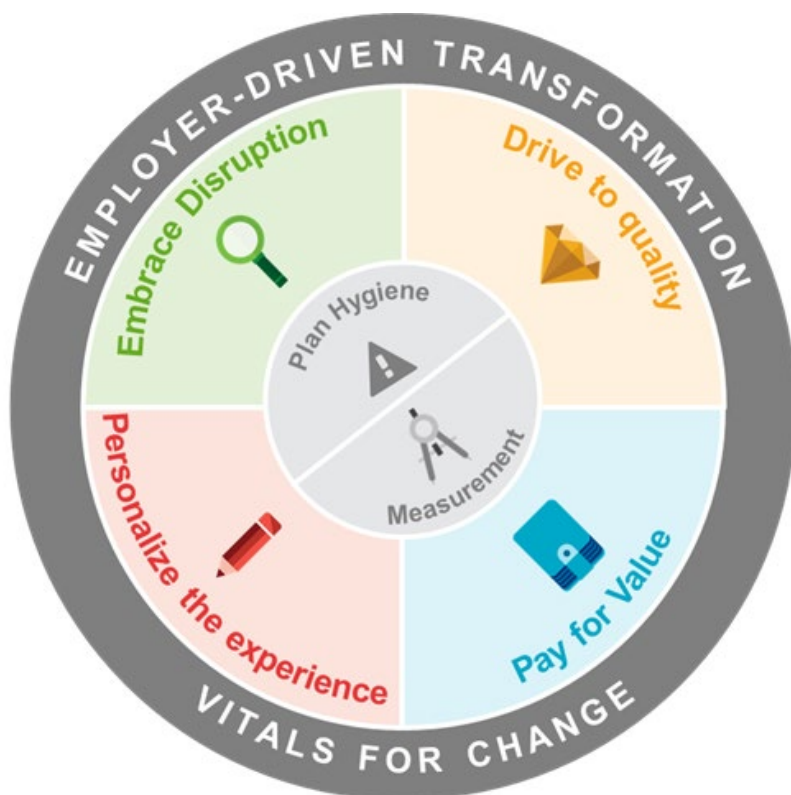
Welcome to the Vitals for Change Scorecard! Mercer and Catalyst for Payment Reform collaborated to create this employer guide to optimizing health benefit programs. We believe that because employers provide coverage to the majority of Americans, they should have a major role in shaping the healthcare landscape.

The Scorecard is a “call to action” for employers to benchmark best practices and adopt actionable strategies related to:

- Paying for care based on quality and outcomes, not volume
- Driving members to high-quality care using data, technology and user insights
- Personalizing benefit experiences
- Embracing positive disruption in the healthcare ecosystem

With a collective focus on these four Vitals for Change, employers can lead the way to a more rational healthcare marketplace.

We believe these actions are fundamental to an ***employer-driven healthcare transformation***.



WHY COMPLETE THE SCORECARD?

First, the questions themselves serve as an inventory of best practices and, as such, may contribute to your organization's strategic planning. Second, when you submit Scorecard responses online, you'll instantly receive an automated email, free of charge, with your organization's best-practice scores compared to national averages. You can also complete the Scorecard again at a later date to track progress over time. Finally, by sharing your organization's information, you'll be helping to build a major national normative database to further the industry's understanding of the steps employers can take to transform the US healthcare system for the better. As the database grows, we'll make benchmark reports available that will allow employers to compare the details of their programs with those of relevant benchmark groups based on industry, employer size and geography.

STATEMENT OF PERMISSIBLE USE

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Confidentiality Agreement

Individual, identified responses to the Scorecard will be released only with the permission of the respondent. The names of the organizations completing the Scorecard (but no contact information) will be available upon request and may be published.

I agree to these terms

I do not agree to these terms

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THE VITALS FOR CHANGE SCORECARD

ORGANIZATION INFORMATION

Organization name

Name of person completing Scorecard

Email address (required to receive Scorecard results)

VITAL 1: PAY FOR VALUE

Pay-for-value strategies are steps taken by your organization and/or your health plan to move away from traditional fee-for-service payment and give healthcare providers meaningful financial incentives to provide high-quality care in the right setting and to avoid wasteful, duplicative or unnecessary services. We ask about strategies involving provider pay, provider network design and benefit design. While most, if not all, health plans have incorporated elements of pay for value into their programs, employers have an important role to play to ensure these strategies are delivering lower cost and better quality, that health plans continue to experiment and evaluate their approaches, and that there is a roadmap to expand successful approaches. Some health plans do a better job than others in educating their employer clients about their pay-for-value initiatives, so making sure you get the information you need is an important first step.

1. How familiar are you with alternative payment models (APMs), such as bundled payments or shared savings?

Very familiar

(I am aware of APMs and have a detailed understanding of how they work)

Somewhat familiar

(I am aware of some APMs and have a general understanding of how they work)

Not very familiar

(I am aware that APMs exist and have a basic understanding of how one or more models work)

Not at all familiar with APMs or how they work

→ For the rest of this section, if you hold contracts with more than one health plan/ carrier, you may consider all health plans in your response. For example, if one plan utilizes an APM and another doesn't, you would still respond affirmatively. (If you're not familiar with APMs, you might choose to ask your health plan representative for help with this question.)

2. For the following list of APMs, please check any that your health plans have implemented (or that your organization has implemented with provider partners, if you have direct contracts).

Fee-for-service (FFS) payments plus pay-for-performance bonuses

FFS-based shared-savings payment arrangements

FFS-based shared-risk payment arrangements

Retrospective bundled payment (i.e., FFS payments with reconciliation after the episode of care)

Prospective bundled payment (i.e., upfront payment for an episode of care)

Payment for non-visit functions (e.g., care coordination fee, infrastructure payment)

Fully capitated payment

Partial or condition-specific capitated payment

Other types of performance-based incentives

Our health plan(s) do not use any APMs – use FFS only – skip to Q. 4

I am not aware of the models my plan has put into place – skip to Q. 4

3. Thinking of the APMs you selected in Q. 2 above, please indicate whether you have a good understanding of the following (check all that apply).

The markets in which the APMs are offered

The details of the payment or risk structure of the APMs

The fees associated with the APMs that are incurred by your organization

None of the above

4. How did your organization address pay-for-value programs during the most recent health plan procurement process (in the past five years)?

Asked questions and made pay-for-value programs a key driver in the decision process

Asked questions, but pay-for-value programs were a minimal driver in the decision process

Didn't ask questions or evaluate pay-for-value program offerings

We haven't conducted a health plan procurement in the past five years

5. Does your organization have pay-for-value contract provisions in some or all of your health plan agreement(s), such as an Administrative Services Only (ASO) agreement? For example, contract language may specify the terms of a direct contract arrangement, bundled payment program or payment to healthcare providers for non-visit functions (e.g., care coordination), among others.

Yes

No

I don't know

6. Does your organization have pay-for-value performance guarantee provisions in some or all of your health plan agreement(s) (e.g., ASO agreement)?

Yes

No

I don't know

7. Do you push your health plan(s) to improve or expand their pay-for-value strategies in any of the following ways? Check all that apply.

We push our health plan to provide more or better reporting specific to our population's experience with the plan's pay-for-value programs

We push our health plan to evaluate its current approaches and share results

We push our health plan to try other approaches that have been used successfully elsewhere

We push our health plan to innovate in this area

We have not pushed our health plan in any of these ways

8. Do you make any of the following care delivery models available to your employees? For each, please indicate whether you have any direct contracts, custom carrier arrangements or standard health plan offerings. Check all that apply.

ACCOUNTABLE CARE ORGANIZATIONS (ACOS)

Direct contract

Custom carrier arrangement (e.g., an ACO program jointly developed by employer and carrier)

Standard health plan offering

Employees do not have access to an ACO

PATIENT CENTERED MEDICAL HOMES (PCMHS)

- Direct contract
- Custom carrier arrangement
- Standard health plan offering
- Employees do not have access to a PCMH

CENTERS OF EXCELLENCE (COES)

- Direct contract
- Custom carrier arrangement
- Standard health plan offering
- Employees do not have access to COEs

9. How does your organization seek to optimize high-value provider programs, including ACOs, PCMHs or COEs? Check all that apply.

- Provide benefit design incentives for members to select particular providers
- Offer a narrow network option that steers members to high-value providers
- Launch a communications campaign to encourage use of the program
- Push the health plan to make annotations to member provider directories to highlight providers with high-quality or value designations
- Require that the health plan shares comprehensive results with you on a regular basis using standard reporting
- Take other steps to optimize high-value provider programs
- Have not taken steps to optimize high-value provider programs

10. Do you have formal, measurable objectives for the performance of your health plan? Check all that apply.

- Cost or cost trend
- Improvements in clinical measures/outcomes
- Patient satisfaction
- Specific objectives for the performance of value-based care arrangements
- Do not have formal objectives for health plan performance

11. Taken altogether, how effective are the pay-for-value strategies currently in place in your health program?

- Very effective
- Moderately effective
- Slightly effective
- Not at all effective

VITAL 2: DRIVE TO QUALITY

Quality strategies are steps taken by your organization and/or your health plan to improve the clinical quality of healthcare delivery, patient outcomes and patient experience. We ask about strategies involving quality measurement, improvement and reporting. While most, if not all, health plans have incorporated quality improvement into their own programs as well as their contracts with healthcare providers, employers have an important role to play to ensure these strategies are delivering better care and outcomes, that health plans continue to experiment and evaluate their approaches, and that there is a roadmap to expand successful approaches.

1. How familiar are you with how the quality of care delivered by healthcare providers is measured and reported in the US today?

Very familiar

Moderately familiar

Slightly familiar

Not at all familiar

2. How familiar are you with the variation in the quality of care delivered by healthcare providers in the US today?

Very familiar

Moderately familiar

Slightly familiar

Not at all familiar

- For the rest of this section, if you have multiple health plans/carriers, please consider all of them in your response. For example, in question 3 below, if one plan provides custom reporting and another doesn't, you would still respond affirmatively.

3. Have you analyzed how the quality of care and appropriateness of care (e.g., overuse, underuse and misuse of services) vary across the healthcare providers who care for your population or across geographic locations?

Please indicate which methods, if any, you use to analyze care quality.

Receive ongoing standard health plan reporting

Request and receive custom health plan reporting (at least annually)

Leverage a data warehouse to conduct analyses (at least annually)

Use other independent vendor to conduct regular or ad hoc analyses (at least annually)

Review reports from sources other than the health plan on the quality of local healthcare providers

Have not analyzed variation in quality of care

4. How do you ensure that your population has access to information about the relative quality of care offered by different healthcare providers? Check all that apply.

Assessed (and found adequate) health plan-supplied tools – for example, an annotated provider directory

Provide access to information through an online tool delivered by an independent vendor

Communicate to the population about other online resources that offer quality information

Provide access to information through a care navigation or health coach service

Provide access to a second-opinion service

None of the above

5. How familiar are you with the quality information that your health plan (or independent vendor) provides to your population? Specifically, do you know the type (e.g., hospital rating, physician rating, patient experience) and source (e.g., The Leapfrog Group, Medicare, National Quality Forum, NCQA, internal health plan quality data, patient reviews) of the data displayed?

Very familiar

Moderately familiar

Slightly familiar

Not at all familiar

6. How do you encourage members to refer to quality information in selecting providers? Check all that apply.

List providers and facilities in directories with the highest-quality providers listed first

Require members to review quality information prior to accessing certain benefits

Provide a one-time incentive to members that review and use quality information

Lower cost-sharing for members who review quality information

Other

None of the above

7. What percentage of your population uses the available quality information in a given year?

0%–5%

6%–10%

11%–20%

21%–30%

31%–50%

51%–100%

My health plan (or specialty vendor) does not report this level of detail

8. Beyond providing quality information, do you encourage members to seek high-quality care in any of the following ways? Check all that apply.

Provide a cost-sharing differential for using high-quality versus low-quality healthcare providers

Offer a narrow network consisting only of identified high-quality healthcare providers

Cover certain services only if received in a specified center of excellence or other specified high-quality setting

Offer a health advocate or other navigator service (including digital) that steers members to high-quality providers

Other

None of the above

9. Did you select your health plan based, in part, on its quality improvement efforts?

Yes

No

10. Do you know how your health plan rewards network providers that *perform well* on quality measures? (In the following question, we'll ask about how your health plan handles poor performers.)

Yes, I understand the details of how the health plan rewards high-quality providers

I know the health plan rewards high-quality providers, but I do not know the details

The health plan does not reward high-quality providers

I don't know whether the health plan rewards high-quality providers

11. Do you know how your health plan addresses network providers that *perform poorly* on quality measures?

Yes, I understand the health plan's process for working with low-quality providers to improve quality and/or remove them from the network

I know the health plan works with low-quality providers and/or removes them, but I'm not familiar with the process or triggers

The health plan does not address low-quality providers

I don't know whether the health plan addresses low-quality providers

12. Have you advocated to your health plan(s) to push healthcare providers to improve the quality of the care they deliver in any of the following ways? Check all that apply.

I've organized with a group of employers to advocate to the health plan(s)

I've asked the health plan to require network providers to participate in community quality reporting

I've asked the health plan to require providers to have an improvement plan to address quality performance gaps

I've asked the health plan(s) to talk directly with a provider about specific quality issues

I've asked the health plan(s) to set up a meeting with the health plan, provider and my organization to discuss specific quality issues

None of the above

13. Have you had any direct conversations with healthcare providers that are significant to your population about how important quality is to your company or to discuss a specific concern?

Yes

No

14. Where do you believe the greatest responsibility lies for ensuring that plan members receive high-quality care? Please select *no more than three*. (Note that this question will not be scored.)

Plan members, to inform themselves and seek the best care

Health plans, to set quality standards and promote transparency

Providers, to work to improve their own quality and to refer patients to best performers

Care managers, to steer patients to best performers

Employers, to select health plan(s) with the highest-quality standards

15. Taken altogether, how effective are the quality strategies currently in place in your health program?

Very effective

Moderately effective

Slightly effective

Not at all effective

VITAL 3: PERSONALIZE THE EXPERIENCE

“Personalizing the experience” describes steps taken by your organization to improve employee engagement with their benefits by making them feel the benefit program was designed with them in mind. This starts with understanding employee preferences, actively seeking their input, offering programs to meet diverse needs and providing members with a way to access, and interact with, programs that feel easy, modern and enjoyable. At the cutting edge of personalization, advances in technology now make it possible to learn about member preferences based on their interactions with programs, allowing further customization of the information they are presented with – but this must feel seamless, not pushy. At the same time, the best form of personalization for interactions for certain employees might just be the option to interact with a person who provides guidance. A mixture of “high touch” services along with “high tech” addresses a broad range of preferences.

1. How important does senior leadership consider employee engagement with health and well-being programs to be as a means of achieving overall HR and business objectives?

Very important

Moderately important

Slightly important

Employee engagement is not seen as connected with HR and business objectives

2. Do you measure employee engagement through any of the following actions?

Check all that apply.

Annual (or more frequent) surveys

Occasional (less frequent than annual) surveys

Focus groups or other face-to-face meetings

Integrated analysis comparing engagement survey responses and health data

Requests for and evaluation of engagement metrics from vendors

Utilization rates of engagement tools/resources (e.g., transparency tools)

No formal methods of measuring engagement

3. Do you take action to understand what the different segments/demographics of your workforce value in terms of benefits, programs and policies?

To a great extent

To a good extent

To some extent

Have not yet attempted to understand differences among workforce segments

4. Do you take any of the following actions to personalize the information that members receive or can access about their benefit options, or to provide personalized decision support? Check all that apply.

Provide members with targeted or customized communication (messaging varies based on demographic group or includes the member's personal information)

Provide access to information through an integrated online platform that allows members to see all or most of their benefit choices in one place

Provide access to a decision-support tool that lets members enter their own information to model the likely financial consequences of different benefit choices

Provide access to a decision-support tool that allows members to consider quality rankings or metrics in making benefit choices

Provide an interactive "guided shopping" resource that offers suggestions ("best match") based on information about the member

Provide access to a concierge/advocacy service to support member decision-making

None of the above

5. Do you provide benefit choices or programs designed to meet diverse financial and generational needs and preferences among your workforce? Check all that apply.

Offer two or more medical plan choices with different contribution and cost-sharing levels

Offer an array of voluntary benefits

Offer personalized incentives

Offer a flexible benefits program

Offer a "bundled solution" of benefit and program choices on a platform (includes private benefit exchanges)

None of the above

6. Do you provide targeted programs, or “point solutions,” based on identified health issues in your workforce?

Employees are offered targeted programs that address the top health issues identified in our population through data analysis

Employees are offered programs that address common health issues (such as weight, diabetes or asthma), but not specifically based on population health issues

We don't provide any targeted programs

7. Does your program incorporate technology to provide easy access to benefit offerings and simplify the experience so that it feels as modern and familiar as the consumer channels employees already use? Please check all that apply.

Telephonic

Website

Mobile enabled

App based

Digital aggregator

None of the above

8. Does your program incorporate a “high-touch” service – easy access to a trained individual (not just a customer service representative) who can assist in finding and joining a health or well-being program to address specific health needs or concerns? This might be a health coach or navigator.

Yes

No

9. Do you actively seek to build employees' intrinsic motivation to improve their own health and well-being? Examples include a sense of accomplishment, recognition, social involvement and connection to a cause.

Yes, to a great extent

Yes, to some extent

No

10. Have you considered how “social determinants of health” affect your employees’ healthcare experience and taken action as a result? Check all that apply.

Analyze disparities in healthcare outcomes within the workforce

Address health literacy and health awareness in culturally relevant and appropriate ways

Ensure providers in the health plan’s network match workforce needs in all dimensions of access, including acceptability

Offer telehealth as a way to provide access to culturally and socially diverse providers to match workforce needs

Address the health culture and built environment in the workplace

Address the health culture and built environment in the community

Foster social connectedness

Provide or facilitate access to elder care

Provide or facilitate access to childcare

Provide or facilitate transportation to work

Provide or facilitate access to housing

None of the above

11. Do you ask employees for feedback on benefits on an ongoing basis, to capture changing preferences? Check all that apply.

Yes, in focus groups at least every other year

Yes, through surveys taken at least every other year

Yes, in some other way

Do not gather feedback on an ongoing basis

12. Have you communicated your expectations for member/patient experience with your health plan and program vendors, in such areas as a designated/dedicated team, culture training or customized scripts or processes?

Yes, with all vendors

Yes, with most vendors

Yes, with one or more vendors

No

13. Do you hold vendors accountable for achieving a high Net Promoter Score (NPS) by including it as a performance guarantee or contract provision?

Yes, all vendors

Yes, most vendors

Yes, one or more vendors

No

14. Taken altogether, how successful do you believe your organization's efforts to personalize the employee benefits experience have been in improving employee engagement with their benefits and the organization?

Very successful

Somewhat successful

Not very successful

Not at all successful

VITAL 4: EMBRACE DISRUPTION

The US healthcare system has been shaped by long-standing market imperfections: Price is determined by complex negotiations that exclude employers, quality is inconsistently defined, and it is difficult for the patient to differentiate among healthcare choices. But given their experience and collective purchasing power, employers are in a unique position to drive positive disruption. By shifting their strategic focus to emphasize total cost of care, network innovations and the empowered consumer, individual employer actions exert direct influence on the marketplace. But group action is also critical in speeding the pace of change in the broader marketplace. There is much for employers to accomplish by working together to lead other stakeholders and seek policy change that will benefit the entire US healthcare system. In this section, we ask about your participation in specific group efforts. Additionally, in an era defined by the speed of technological and social change, employers can also positively disrupt by examining emerging opportunities with an open mind. We've included some of the most intriguing innovations for your consideration. Change is continually challenging the status quo, and employers can lead by demonstrating a willingness to act when change is for the better.

1. Have you provided comments on proposed public policies that could impact the value your company gets for its healthcare spending (e.g., requirements for public reporting by providers on quality metrics at the state level or proposed changes to the physician fee schedule by the Centers for Medicare and Medicaid Services)?
 - Yes, in the past year
 - Yes, more than a year ago
 - No
2. Do you participate in a *local or regional* business group on health that has a goal of improving healthcare quality and affordability?
 - Yes, and we are highly engaged in the group
 - Yes, and we are moderately engaged in the group
 - Yes, we are a member but not very engaged in the group
 - No, we do not participate in a group
3. Do you participate in a *national business* group that has a goal of improving healthcare quality and/or affordability?
 - Yes, and we are highly engaged in the group
 - Yes, and we are moderately engaged in the group
 - Yes, we are a member but not very engaged in the group
 - No, we do not participate in a group

4. Do you (or your consultant) use a standard RFI or contract language (e.g., Catalyst for Payment Reform's Aligned Sourcing & Contracting Toolkit) that aligns your expectations with those of other employers to amplify a particular agenda?

Yes, we have used one or both in our most recent health plan procurement process (please name the source _____)

No, but we used one or both in a previous health plan procurement process (please name the source _____)

No

5. If you have operations in a state with an all-payer claims database, does your company contribute claims data to the database?

Yes

No, but we are considering doing so

No, and we are not considering doing so

We do not have operations in a state with an all-payer claims database

6. Do you participate in any initiative to promote quality measurement by local providers?

Yes, we currently participate in an initiative

No, but we have participated in an initiative in the past

No, but we are considering participating in an initiative

No, and we are not considering participating in an initiative

7. Do you participate in any initiatives to promote public reporting on price and/or quality information by local providers or health plans (e.g., Washington Health Alliance [Community Check Up](#))?

Yes, we currently participate in an initiative

No, but we have participated in an initiative in the past

No, but we are considering participating in an initiative

No, and we are not considering participating in an initiative

8. Do you participate in a multi-payer healthcare delivery and/or payment reform initiative (e.g., [Arkansas Patient Centered Medical Home Program](#))?

Yes, we currently participate in an initiative

No, but we have participated in an initiative in the past

No, but we are considering participating in an initiative

No, and we are not considering participating in an initiative

9. Do you use independent vendors or third-party point solutions to perform any of the following tasks or services that your health plan would otherwise handle? Check all that apply.

Carve out of condition management programs (e.g., diabetes, pregnancy, musculoskeletal, cancer, etc.)

Carve out of employee engagement/wellness

Carve out of customer service/advocacy/concierge

Carve out of data analytics

Carve out of auditing/subrogation

Explored carving out one or more of the above but chose to stay with health plan

No, and have not explored carving out any of the above

10. Below is a list (in random order) of potentially disruptive strategies and/or innovations in benefits, health insurance or healthcare. While some may seem too futuristic for serious consideration, each is on the list because innovative thinkers are actively working to explore its potential contribution to healthcare consumers and employers. For each, please indicate whether you're aware of the innovation and how you would rate its potential for positive change. (We're interested in your opinion, but your response won't affect your score.) At the end, we've provided space for you to suggest an innovation you think has potential to positively disrupt the status quo.

	Are you aware of the strategy/innovation?		Do you believe the potential for positive change is:		
	Yes	No	High	Medium	Low/None
Connected medical devices in the home for remote monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetic technologies (e.g., genetic testing and screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of virtual reality for such purposes as general education, meditation or behavioral health support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generational and ethnographic focus beyond current diversity initiatives (e.g., separate benefit programs supporting population subgroups such as LGBTQ and Hispanic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive auditing of payments by carriers (100% review)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive negotiation of carrier payments (for example, target of 140% of Medicare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of chatbots or virtual assistants to help navigate medical plans and handle benefits/HR questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits for on-demand/gig economy workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future durable medical equipment/exoskeletons and other emerging technologies that will require enhanced benefit designs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blockchain (a distributed system which records and stores transactions) to facilitate alternative payment models and other cross-organization initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Companion robots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future healthcare exchanges in which employers pre-purchase blocks of services to be redeemed over the course of a 12-month plan year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Enter new innovations here]

11. Have you taken any of the following actions to prepare your company for disruptive health program strategies? Check all that apply.

Create the business case for change with internal leaders, socializing the business imperative for change

Assess and score how current and potential vendor partners align with strategic objectives

Define expectations for all vendor partners, establish a disciplined approach to convey priorities during stewardship meetings and agree to a cadence for measurement and reporting

Review termination provisions in existing vendor partner contracts in consideration of forming new partnerships with start-ups

Ensure regular meeting cadence with new vendors or on new topics

Hold providers (e.g., vendors, advisers, etc.) accountable for providing marketplace updates about new topics or technologies

Piloted a new program

None of the above

12. Taken altogether, to what extent has your organization seen positive change from disruptive strategies you have undertaken or supported?

To a great extent

To some extent

To little or no extent

Too soon to tell

COMPANY INFORMATION

1. Total number of full-time and part-time employees in the US
(please estimate if necessary):

2. Primary type of business:
 - Manufacturing – mining, construction, energy/petroleum
 - Manufacturing – products (equipment, chemicals, food/beverage, printing/publishing, etc.)
 - Transportation, communications, utilities
 - Services – colleges and universities (public and private)
 - Services – other educational organizations (public and private)
 - Services – financial (banks, insurance, real estate)
 - Services – hospitals and healthcare clinics
 - Services – other health services
 - Services – technical/professional
 - Services – other
 - Retail/wholesale/food services/lodging/entertainment
 - Government (federal, state, city, county)
 - Other (diversified companies, farms, etc.)

3. Do you consider your organization to be part of the high-tech sector?
 - Yes
 - No

4. In which state is your US headquarters? _____

5. Please identify the state in which you have the highest concentration of employees.
[drop-down list]

6. Average age of your organization's active employees: _____

7. Percentage of your organization's active employees
who are female: _____ %

8. Current annual turnover rate of employees at
your organization: _____ %

9. What was the annual change in overall health plan cost per employee for:

2018 _____ % 2017 _____ % 2016 _____ %

10. Is your health plan self-funded or insured? If you offer multiple plans, which type of funding applies to the largest portion of your population?

Self-funded

Fully insured

PERMISSIONS

Do you give permission for Mercer to review your individual responses to the Scorecard (including your organization name)? Your Scorecard responses will not be used outside of Mercer except in the aggregate and de-identified without your prior consent.

Yes

No

If you're working with a Mercer consultant and want to have your scores sent directly to them, enter his or her email address here:

Do you give permission for Catalyst for Payment Reform (CPR) to review your individual responses to the Scorecard (including your organization name)? Your Scorecard responses will not be used outside of CPR except in the aggregate and de-identified without your prior consent.

Yes

No

Would you like to learn more about CPR's programs and resources for employers?

Yes

No

Thank you for completing the **Vitals for Change Scorecard**. You will receive an email with your scores shortly after you submit online.

For further information, please visit our websites at:
www.mercer.com
www.catalyze.org

