

THE HERO EMPLOYEE  
HEALTH MANAGEMENT (EHM)  
BEST PRACTICES SCORECARD  
IN COLLABORATION WITH MERCER<sup>©</sup>

Version 4.0 (With Scores)

October, 2014

# THE HERO HEALTH MANAGEMENT BEST PRACTICES SCORECARD (With Scores)

## ORGANIZATION INFORMATION

Organization name

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Name of person completing Scorecard

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Email address (required to receive Scorecard results)

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Email address confirmation (Please enter email address again)

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Email address of a person at the employer organization, if different from above (for example, if a consultant or vendor is completing the Scorecard on behalf of an employer)

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## DEMOGRAPHICS

1. Total number of full-time and part-time employees in the US (please estimate if necessary):  
\_\_\_\_\_
2. Percentage of employees that are full-time: \_\_\_\_\_%
3. Percentage of employees that are part-time: \_\_\_\_\_%
4. Percentage of employees that are in a union: \_\_\_\_\_%
5. Do any employees regularly work from home (telecommute)? If yes, approximately what percentage?
  - Yes, approximately \_\_\_\_% of all employees regularly work from home
  - No, few or no employees regularly work from home
6. Headquarters location: \_\_\_\_\_ (specify state)
7. Number of US worksites (geographically dispersed worksites not managed as a single location):
  - One worksite — skip to Q. 10
  - Multiple worksites (specify #) \_\_\_\_\_
8. If you have multiple worksites, please indicate how many worksites are in the size categories listed below:  
Worksites with 500 or more employees: \_\_\_\_\_  
Worksites with 50–499 employees: \_\_\_\_\_  
Worksites with fewer than 50 employees: \_\_\_\_\_
9. If you have multiple worksites or operating companies, which of the following best describes how health management programs are treated across your organization?
  - We attempt to provide the same or equivalent programs across all locations
  - Multiple operating companies or divisions have their own health management programs
  - Programs vary across locations intentionally because of differences in the employee population
  - Programs vary across locations for other reasons

10. 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 health care 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.)

11. North American Industry Classification System (NAICS) Code # \_\_\_\_\_

12. Average age of your organization's active employees: \_\_\_\_\_

13. Percentage of your organization's active employees that are male: \_\_\_\_\_%

14. Current turnover rate of employees at your organization: \_\_\_\_\_%

The purpose of the Scorecard is to assess the use of best practices in Employee Health Management (EHM). The Scorecard uses a broad definition of EHM. Essentially, all programs, policies, or benefits provided by your organization beyond basic health care insurance that are intended to maintain or improve the health and well-being of employees and their families should be considered in your responses, whether or not they are formally or organizationally part of a wellness or employee health management program. This includes programs or services for employees on the entire health spectrum, from wellness and risk reduction to managing those with chronic or acute conditions.

## **SECTION 1: STRATEGIC PLANNING (maximum score: 20 points)**

1. Which of the following data sources do you actively use in strategic planning for your company's EHM program? Check all that apply. (2.00 points)

WORKFORCE HEALTH MEASURES (maximum of 0.67 points)

- Medical / pharmacy claims (0.67 points)
- Behavioral health claims (0.67 points)
- Health assessment (0.67 points)
- Biometric screening (0.67 points)
- Fitness assessment (0.67 points)
- Disability claims (0.67 points)
- Absence / sick days data (0.67 points)
- None of the above (0.00 points)

EMPLOYEE SURVEYS (maximum of 0.67 points)

- Employee interest / feedback (0.67 points)
- Employee morale / satisfaction / engagement data (0.67 points)
- None of these employee surveys (0.00 points)

BUSINESS MEASURES / ORGANIZATIONAL ASSESSMENT (maximum of 0.67 points)

- Employee / business performance data (0.67 points)
- Employee retention / recruitment data (0.67 points)
- Culture / climate assessment (not including the HERO Scorecard) (0.67 points)
- None of these measures or assessments (0.00 points)

2. Does your organization have a formal, written, strategic plan for EHM? (3.50 points)

- Yes, a long-term plan (two or more years) only (2.33 points)
- Yes, an annual plan only (1.17 points)
- Yes, both a long-term and annual plan (3.50 points)
- No — skip to Q.4 (0.00 points)

3. If yes, does the plan(s) include measurable objectives for any of the following? Check all that apply. (3.50 points)

- Participation in EHM programs (0.35 points)
- Changes in health risks (0.35 points)
- Improvements in clinical measures / outcomes (0.35 points)
- Absenteeism reductions (0.35 points)
- Productivity / performance impact (0.35 points)
- Financial outcomes measurement (medical plan cost or other health spending) (0.35 points)
- Winning EHM program awards (for example, Koop, Healthiest Employers, etc.) (0.35 points)
- Recruitment / retention (0.35 points)
- Employee satisfaction / morale and engagement (0.35 points)
- Customer satisfaction (0.35 points)
- None of these (0.00 points)

4. Please indicate whether the following populations have access to key components of your health management program. If you don't have individuals in these population categories, select "Not applicable." (3.00 points awarded, with 0.38 points lost for each "no" response)

	Yes	No	Not applicable
Union employees	1	2	3
Spouses / domestic partners (DP)	1	2	3
Dependents other than spouses or DPs	1	2	3
Part-time employees	1	2	3
Employees located outside of the US	1	2	3
English as a Second Language (ESL) employees	1	2	3
Retirees	1	2	3
Employees on disability leave	1	2	3

5. Does your EHM program specifically address the needs of employees who are ... (check all that apply) (2.50 points)

- Healthy (0.63 points)
- At-risk (0.63 points)
- Chronically ill (0.63 points)
- Have acute health needs (or catastrophic health incidents) (0.63 points)

6. To what extent is your EHM program viewed by senior leadership as connected to broader business results, such as increased revenue, profitability, overall success, and sustainability? (3.00 points)

- To a great extent (3.00 points)
- To some extent (1.50 points)
- Not seen as connected (0.00 points)

7. Taken altogether, how effective is the strategic planning process for EHM in your organization? (2.50 points)
- Very effective (2.50 points)
  - Effective (1.67 points)
  - Not very effective (0.83 points)
  - Not at all effective (0.00 points)

## **SECTION 2: ORGANIZATIONAL AND CULTURAL SUPPORT (maximum score: 50 points)**

In this section, we ask you to describe your company's efforts to create or maintain a culture of health across your organization, including the level of support from leadership. By "culture," we mean key values, assumptions, understandings, beliefs, and norms that are commonly shared by members of the organization.

8. Does your organization communicate its health values in any of the following ways? Check all that apply. (7.50 points)
  - Company vision / mission statement supports a healthy workplace culture (1.88 points)
  - Employee health and well-being is included in organization's goals and value statements (1.88 points)
  - Senior leaders consistently articulate the value and importance of health (for example, making the connection between health, productivity / performance, and business results) (3.75 points)
  - None of the above (0.00 points)
  
9. Does your company have any of the following policies relating to employee health and well-being? Check all that apply. (8.00 points)
  - Allow employees to take work time for physical activity (1.00 points)
  - Provide opportunities for employees to use work time for stress management and rejuvenation (1.00 points)
  - Support healthy eating choices (for example, by requiring healthy options at company-sponsored events) (1.00 points)
  - Encourage the use of community EHM resources (for example, community gardens, recreational facilities, health education resources) (1.00 points)
  - Tobacco-free workplace or campus (2.00 points)
  - Policies promoting responsible alcohol use (1.00 points)
  - Support work-life balance (for example, with flex time or job share options) (1.00 points)
  - None of the above (0.00 points)
  
10. Does your company's physical ("built") environment include any of the following? Check all that apply. (6.50 points)
  - Healthy eating choices are available and easy to access (for example, healthy options in cafeteria or vending machines; cafeteria design that encourages healthy choices) (1.63 points)
  - Physical activity is explicitly encouraged by features or resources in the work environment (such as a gym, walking trails, standing desks) (1.63 points)
  - Stress management and mental recovery breaks are supported (for example, with "quiet" areas or gardens) (1.63 points)
  - Safety is a priority within the environment (for example, ergonomic design, lighting, safety rails, etc.) (1.63 points)
  - None of the above (0.00 points)



11. Which of the following describes your leadership's support of EHM? Check all that apply. (6.50 points)

- Leadership development includes the business relevance of worker health and well-being (0.93 points)
- Leaders actively participate in EHM programs (0.93 points)
- Leaders are role models for prioritizing health and work-life balance (for example, they do not send emails while on vacation, they take activity breaks during the work day, etc.) (0.93 points)
- Leaders publicly recognize employees for healthy actions and outcomes (0.93 points)
- Leaders are held accountable for supporting the health and well-being of their employees (0.93 points)
- Leaders hold their front-line managers accountable for supporting the health and well-being of their employees (0.93 points)
- A senior leader has authority to take action to achieve the organization's EHM goals (0.93 points)
- None of the above (0.00 points)

12. Which of the following describes the involvement of employees in your EHM program? Check all that apply. (7.00 points)

- Employees have the opportunity to provide input into program content, delivery methods, future needs, and the best ways to communicate to them (2.00 points)
- Wellness champion networks are used to support EHM (3.00 points)
- Employees are formally asked to share their perception of organizational support for their health and well-being (for example, in an annual employee survey) (2.00 points)
- None of the above (0.00 points)

13. If your organization uses employee champions or ambassadors to promote EHM, are they supported with any of the following resources? Check all that apply. (3.00 points)

- Training (0.75 points)
- Toolkit including resources, information, and contacts, etc. (0.75 points)
- Rewards or recognition (0.75 points)
- Regularly scheduled meetings for the champion team (0.75 points)
- None of the above (0.00 points)
- We don't use employee champions or ambassadors to support EHM (0.00 points)

14. Are mid-level managers and supervisors supported in their efforts to improve the health and well-being of employees within their work groups or teams? This might include training, adequate budget, and resources that reflect the team's needs and interests (for example, providing alternatives to cafeteria food service offerings, such as a farmers' market option). (7.00 points)

- Work group supervisors / managers are given a lot of support (7.00 points)
- Some support (4.67 points)
- Not much support (2.33 points)
- No support (0.00 points)

15. Taken altogether, how effective are your current organizational support strategies in promoting the health and well-being of employees? (4.50 points)
- Very effective (4.50 points)
  - Effective (3.00 points)
  - Not very effective (1.50 points)
  - Not at all effective (0.00 points)

### **SECTION 3: PROGRAMS (maximum score: 40 points)**

In this section, we ask about specific health management programs that your organization makes available to employees. These may be offered through a health plan or specialty vendor, or by internal resources.

16. Which of the following approaches do you use to assess the health of the individual / population? Check all that apply. (3.50 points)
- Health assessment questionnaire(s) (0.70 points)
  - Biometric screenings (0.70 points)
  - Employee surveys (0.70 points)
  - Claims data mining (medical, pharmacy, behavioral health, disability) (0.70 points)
  - Monitoring or tracking devices (0.70 points)
  - Other (0.00 points)
  - We do not currently assess population health (0.00 points)
17. Does your organization promote biometric screenings (beyond just providing coverage in your health plan) in any of the following ways? Check all that apply. (2.50 points)
- We provide onsite or near-site biometric screenings (0.83 points)
  - We offer biometric screenings through a lab, home test kits, or other offsite options (0.83 points)
  - We conduct awareness campaigns or otherwise actively promote getting biometric screenings from a health care provider (0.83 points)
  - No, we do not provide biometric screenings or conduct awareness campaigns — skip to Q. 19 (0.00 points)
18. Do you have a referral and follow-up process for those individuals whose biometric screening results are out of the normal range? (2.50 points)
- Yes (2.50 points)
  - No (0.00 points)
19. Does your organization provide health behavior change programs that are offered to all individuals eligible for EHM, regardless of their health status (for example, health challenges, classes, or activities)? (3.50 points)
- Yes (3.50 points)
  - No — skip to Q.22 (0.00 points)

20. If yes, how are these health improvement programs delivered? Check all that apply. (1.00 points)
- Phone-based (can include group conference calls) (0.25 points)
  - Email or mobile (SMS) (0.25 points)
  - Web-based method (other than email) (0.25 points)
  - In person (includes individual or group meetings or activities) (0.25 points)
21. Are any of the following features incorporated into one or more of these health improvement programs? Check all that apply. (2.00 points)
- Program incorporates use of tracking tools such as a pedometer, glucometer, or automated scale (0.67 points)
  - Program is mobile-supported (for example, allows individuals to monitor progress and interact via smart phone) (0.67 points)
  - Program incorporates social connection (for example, allows individuals to communicate with, support, and / or challenge others or to form teams) (0.67 points)
  - None of the above (0.00 points)
22. Does your organization offer any individually targeted lifestyle management services that allow for interactive communication between an individual and a health professional or expert system, whether through coaching (telephonic, email, or online), seminars, web-based classes, or other forms of intervention? These programs might address such lifestyle issues as tobacco use, weight management, physical activity, blood pressure management, etc. (4.50 points)
- Yes (4.50 points)
  - No, do not currently offer — skip to Q. 24 (0.00 points)
23. What types of interventions are provided by the targeted lifestyle management program(s)? If an intervention uses multiple modalities, check all modalities that apply. (1.50 points)
- Phone-based coaching (0.25 points)
  - Email or mobile (SMS) (0.25 points)
  - Web-based interventions (other than email) (0.25 points)
  - Onsite one-on-one coaching (0.25 points)
  - Onsite group classes (0.25 points)
  - Paper-based bi-directional communication between the organization and the individual (0.25 points)

24. Does your organization provide any of the following resources to support individuals in managing their overall health and well-being? Check all that apply. (3.50 points)

- Onsite or near-site medical clinic (0.35 points)
- Employee Assistance Program (EAP) (0.35 points)
- Child care and / or elder care assistance (0.35 points)
- Initiatives to support a psychologically healthy workforce (for example, resiliency training) (0.35 points)
- Legal or financial management assistance (0.35 points)
- Information about community health resources (0.35 points)
- Health advocacy program (0.35 points)
- Executive health program (0.35 points)
- Medical decision support program (0.35 points)
- Nurse advice line service (0.35 points)
- None of the above (0.00 points)

25. Does your organization offer a disease management (DM) program — whether through the health plan or a specialty vendor — that addresses any of the following conditions? Check all that apply. (maximum of 3.50 points)

- Arthritis (3.50 points)
- Asthma (3.50 points)
- Autoimmune disorders (multiple sclerosis, rheumatoid arthritis, etc.) (3.50 points)
- Cancer (3.50 points)
- Chronic obstructive pulmonary disease (COPD) (3.50 points)
- Congestive heart failure (CHF) (3.50 points)
- Coronary artery disease (CAD) (3.50 points)
- Depression (3.50 points)
- Diabetes (3.50 points)
- Maternity (3.50 points)
- Metabolic syndrome (3.50 points)
- Musculoskeletal / back pain (3.50 points)
- Obesity (3.50 points)
- We don't offer any DM programs (0.00 points)

26. Does your organization provide or use any electronic consumer tools to assist participants with managing their health data, utilizing their health resources, or tracking benefits (for example, electronic health records, apps, or online benefit tools)? (2.00 points)

- Yes (2.00 points)
- No (0.00 points)

27. Taken altogether, how effective are your EHM programs in promoting a healthier workforce? (4.00 points)

- Very effective (4.00 points)
- Effective (2.67 points)
- Not very effective (1.33 points)
- Not effective at all (0.00 points)

**Questions 28–29 address the role of your disability programs in supporting EHM goals.**

28. Has your organization taken any of the following steps to manage employee disabilities? Check all that apply. (4.00 points)

- Formal goals for disability programs (0.50 points)
- Performance standards to hold leaders, managers, and supervisors accountable for disability management program goals (0.50 points)
- Written return-to-work programs with policies and procedures covering all absences (0.50 points)
- Modified temporary job offers for employees with disabilities ready to return to productive activity but not yet ready to return to their former job (0.50 points)
- Complex claims receive clinical intervention or oversight (by in-house or outsourced staff) (0.50 points)
- Standards for ongoing supportive communication with employee throughout the duration of leave (0.50 points)
- Developed metrics to regularly monitor and manage disability trends with emphasis on established key performance indicators (0.50 points)
- Strategies to triage individual with certain disabilities into relevant EHM program (0.50 points)
- None of the above (0.00 points)

29. Taken altogether, how effective are your disability management programs in promoting a healthier and more productive workforce? (2.00 points)

- Very effective (2.00 points)
- Effective (1.33 points)
- Not very effective (0.67 points)
- Not effective at all (0.00 points)

## SECTION 4: PROGRAM INTEGRATION (maximum score: 16 points)

In this section, we ask you to describe the degree to which your EHM programs are integrated with each other and with other relevant programs in the organization. Integration refers to the process of identifying an individual's health needs and connecting him or her with all appropriate EHM programs and services with the goal of a seamless end-user experience across multiple internal or external EHM partners.

30. Are your EHM programs integrated in any of the following ways? Check all that apply. (5.00 points)
- EHM partners (internal and external) refer individuals to programs and resources provided by other partners (1.00 points)
  - EHM partners provide “warm transfer” of individuals to programs and services provided by other partners (1.00 points)
  - The referral process (by employer or third party) is monitored for volume of referrals (1.00 points)
  - All partners collaborate as a team to track outcomes for individual employees (1.00 points)
  - All partners collaborate as a team to track progress towards common organizational goals and outcomes (1.00 points)
  - None of the above — skip to Q. 32 (0.00 points)
31. Which of the following health management program components are integrated in at least one of the ways indicated in Q. 30? Check all that apply. (4.00 points)
- Lifestyle management and disease management (0.67 points)
  - Lifestyle management and behavioral health (0.67 points)
  - Disease management and behavioral health (0.67 points)
  - Disease management and case management (0.67 points)
  - Case management and behavioral health (0.67 points)
  - Specialty lifestyle management (for example, tobacco cessation, obesity, stress, etc.) with any health management program (0.67 points)
  - None of the above (0.00 points)
32. Is your organization's disability management program integrated with your EHM programs in any of the following ways? Check all that apply. (2.00 points)
- Individuals in disability management are referred to health management programs (0.67 points)
  - Individuals who participate in appropriate health management programs receive more generous disability benefit (0.67 points)
  - Disability data is combined with health management program data for identifying, reporting, and performing analytics (0.67 points)
  - None of the above (0.00 points)

33. Is your organization's health management program integrated with your worksite safety program in any of the following ways? Check all that apply. (2.00 points)
- Safety and injury prevention are elements of the health management program goals and objectives (0.67 points)
  - Health management elements, such as physical activity, healthy nutrition, or stress management, are included in the worksite safety program (0.67 points)
  - Safety data is combined with health management program data for identifying, reporting, and performing analytics (0.67 points)
  - None of the above (0.00 points)
  - Do not have a worksite safety program (0.00 points)
34. Compared to other organizations of your size and industry, how would you rate your organization in terms of providing access to health care coverage to all employees? Please consider eligibility waiting periods, eligibility of part-time and seasonal employees (if any), and benefits and contribution levels for employees and dependents in your response. (0.00 points)
- We provide far greater access to health coverage than most of our peer organizations
  - We provide good access to health coverage, a bit more than our peers
  - We provide about the same access to health coverage as our peers
  - We provide less access to health coverage than our peers
  - We don't provide a health plan; employees are covered in public exchanges
35. Taken altogether, to what extent do you think the integration between your health-related vendors or programs contributes to the success of the EHM program? (3.00 points)
- Program integration contributes very significantly to EHM success (3.00 points)
  - Contributes significantly (2.00 points)
  - Contributes somewhat (1.00 points)
  - Does not contribute (0.00 points)



## SECTION 5: PARTICIPATION STRATEGIES (maximum score: 50 points)

In this section, we ask about a range of strategies, from communication to rewards, to encourage employees to participate in health management programs and become more engaged in caring for their health and well-being.

36. Which of the following social strategies does your organization use to encourage the targeted population to participate in health management programs? Check all that apply. (7.50 points)
- Peer support (for example, buddy systems or interventions including social components) (1.88 points)
  - Group goal-setting or activities (common health promotion activity with a common goal) (1.88 points)
  - Competitions / challenges (or other “game” strategies) (1.88 points)
  - Connecting participation to a cause (for example, contributions to a charity or cause are used as incentives) (1.88 points)
  - None of the above (0.00 points)
37. Which of the following technology-based resources does your organization use to encourage participation in employee health management programs? Check all that apply. (4.00 points)
- Web-based resources or tools (1.00 points)
  - Onsite kiosks at work place (1.00 points)
  - Mobile applications (for example, smart phone apps) (1.00 points)
  - Devices to monitor activity (pedometer, accelerometer, etc.) or other health measures (blood pressure monitor, weight, etc.) (1.00 points)
  - None of the above (0.00 points)
38. Do EHM communications include any of the following? Check all that apply. (9.50 points)
- Annual or multi-year communications plan that articulates the key themes and messages (0.95 points)
  - Multiple communication channels and media appropriate for targeted populations (newsletter, direct mailings, email, SMS, website, etc.) (1.43 points)
  - Communications are tailored to specific subgroups (based on demographics or risk status) with unique messages (1.43 points)
  - Year-round communication (at least quarterly) (0.95 points)
  - Communications are branded with unique program name, logo, and tag line that is readily recognized by employees as that of the EHM program (1.90 points)
  - Regular status reports to inform stakeholders such as employees, vendors, and management of program progress (at least annually) (0.48 points)
  - Employee meetings or webcasts where management discusses and promotes EHM programs (0.48 points)
  - Communications are directed to spouses and family members as well as employees (1.90 points)
  - None of the above (0.00 points)

39. Are separate EHM communications targeted to employees with different roles in the organization? Check each role that receives unique targeted communication. (4.50 points)
- Senior leadership (1.50 points)
  - Managers (including direct supervisors) (1.50 points)
  - Wellness champions (1.50 points)
  - None of the above (0.00 points)
40. Does your engagement strategy intentionally include a focus on increasing employees' "intrinsic motivation" to improve or maintain their health? By this we mean that your program and communication strategies focus on increasing the internal value employee's associate with health, independent of any direct financial rewards. Some examples of internal value or intangible rewards would be a sense of accomplishment, social involvement, or recognition, or a connection to a cause. (5.50 points)
- Yes, using intrinsic motivation as the reward is the primary focus of our engagement strategy (5.50 points)
  - No, our program may provide some intrinsic rewards but it's not a primary focus of our engagement strategy (0.00 points)
41. Taken altogether, how effective are your program's participation strategies in encouraging employees to participate in programs, monitor their biometrics or activity levels, or take other action to improve their health? (3.50 points)
- Very effective (3.50 points)
  - Effective (2.30 points)
  - Not very effective (1.20 points)
  - Not at all effective (0.00 points)
42. Do you offer employees financial incentives in connection with the health management program?. (5.50 points)
- Yes, financial rewards or penalties (whether cash or benefits-based; also includes sweepstakes and charitable contributions) (2.75 points)
  - Yes, but only token gifts (T-shirts, water bottles, etc.) — skip to Q. 57 (2.75 points)
  - No financial incentives — skip to Q. 57 (0.00 points)

**Questions 43-48 ask about your incentive program design. Because best practices in EHM are rapidly evolving, this information is being captured for benchmarking and research purposes only and will not affect your best practice score.**

43. Are incentives communicated as a reward (for example, lower premium contributions, cash / gift cards, etc.) or as a penalty (higher premium contributions, required for plan eligibility, etc.)? (0.00 points)
- Reward
  - Penalty
  - Both rewards and penalties

44. Overall, have you structured incentives as a program expense, cost-neutral, or a source of additional funding? (0.00 points)
- Program expense (there is a specific budget for incentives, even if funded by a carrier or vendor)
  - Cost-neutral (health plan premiums are adjusted so that incentives for those who earn them are funded by higher premiums paid by those who don't earn the incentive)
  - Source of additional funding (health plan premiums are adjusted so that program costs and incentives are funded by higher premiums paid by those who don't earn the incentive)

45. For what do you provide incentives? Check all that apply. (0.00 points)
- Participating in one or more aspects of EHM programs or offerings, such as an HA, biometric screening, or coaching (participatory incentives)
  - Achieving, maintaining, or showing progress toward specific health status targets (health-contingent, outcomes-based incentives)
  - Completing a specific activity related to a health factor, such as taking 10,000 steps per day (health-contingent, activity-only incentives)

46. What is the maximum annual value of all incentives a person would earn by satisfying the requirements to earn the incentives? Please answer separately for each category of incentive that you provide. For example, if an employee could receive a \$100 gift card for completing an HA and a premium discount of \$400 for enrolling in a coaching program, the maximum annual total for participatory incentives would be \$500. If the employee could earn an additional \$200 for meeting a specific target for BMI and another \$200 for meeting a target for blood pressure, you would enter \$400 for health-contingent, outcomes-based incentives. (0.00 points)

Participatory incentives	\$ _____	per employee per year
Health-contingent, outcomes-based incentives	\$ _____	per employee per year
Health-contingent, activity-only incentives	\$ _____	per employee per year

47. What percentage of employees eligible for incentives earns the incentive? If you have different eligible populations, please answer for the single largest population. (0.00 points)

\_\_\_\_\_ % of eligible employees earning any incentive  
\_\_\_\_\_ % of eligible employees earning the maximum total annual incentive

48. Do you use a point system for earning rewards? (0.00 points)
- Yes, employees must accumulate a certain number of points to earn some or all rewards
  - No

**Questions 49–53 ask about your participatory incentives. If different incentives are offered to different employee groups, please answer for the largest group.**

49. Do you provide a financial incentive for assessment-related activities? Check all that apply. (maximum of 3.50 points)

- Separate incentive for completing a HA (no biometric screening is required) (3.50 points)
- Separate (or additional) incentive for biometric screening (3.50 points)
- Combined incentive for completing both a HA and biometric screening (both are required to earn the reward / avoid the penalty) (3.50 points)
- No financial incentive is provided for assessment-related activities only — skip to Q. 52 (0.00 points)

50. If you offer a financial incentive for assessment-related activities, what type of incentive is it? Please also indicate the maximum value of the incentive that can be earned for completing an HA and / or biometric screening. This should be the total annual value of the incentive, even if you provide the incentive incrementally, as with a premium discount. Check all that apply. (0.00 points)

- Cash / gift card \$\_\_\_\_\_ annually
- Financial contribution to an employee spending accounts (FSA, HSA, or HRA) \$\_\_\_\_\_ annually
- Lower (higher) employee premium contributions \$ \_\_\_\_\_ annually
- Lower cost sharing (deductibles, co-pays, or coinsurances)
- Other financial incentive

51. Are benefit-eligible spouses / partners able to earn the incentive for assessment-related activities? (maximum of 3.00 points)

- Yes, the same incentive as the employee (3.00 points)
- Yes, a different incentive (3.00 points)
- Yes, both the employee and spouse must complete the required assessments to receive the incentive (3.00 points)
- No, spouses / partners are not eligible (0.00 points)

52. If you offer a financial incentive for participating in a coaching program (LM or DM), what type of incentive is it? Please also indicate the maximum value of the incentive that can be earned. This should be the total annual value of the incentive, even if you provide the incentive incrementally as with a premium discount. (0.00 points)

- No financial incentive is provided
- Cash / gift card \$\_\_\_\_\_ annually
- Financial contribution to an employee spending / saving accounts (FSA, HSA, or HRA) \$\_\_\_\_\_ annually
- Lower (higher) employee premium contributions \$ \_\_\_\_\_ annually
- Lower cost sharing (deductibles, copays, or coinsurances)
- Other financial incentive

53. Are benefit-eligible spouses / partners able to earn an incentive for participating in a coaching program? (0.00 points)
- Yes, the same incentive as the employee (each may earn a separate incentive)
  - Yes, a different incentive (each may earn a separate incentive)
  - Yes, both the employee and spouse must participate to receive the incentive
  - No, spouses / partners are not eligible

**Questions 54–55 ask about health-contingent, outcomes-based incentives. Information from these questions will not affect your best practice score.**

54. If employees receive incentives specifically for achieving, maintaining, or showing progress toward health status targets, which health status targets are included? Check all that apply. (0.00 points)
- Body mass index (BMI) or waist circumference
  - Weight loss target (even if short of BMI target)
  - Blood pressure
  - Cholesterol
  - Tobacco-use status
  - Blood glucose / HbA1c
  - Other
  - We do not provide any outcomes-based incentives — skip to Q. 56
55. Are benefit-eligible spouses / partners able to earn outcomes-based incentives? (0.00 points)
- Yes, the same incentives as the employee (each may earn a separate incentive)
  - Yes, different incentives (each may earn a separate incentive)
  - Yes, both the employee and spouse must meet the requirements to receive the incentive
  - No, spouses / partners are not eligible
56. Taken altogether, how effective are your program's incentives (for participation and / or outcomes) in encouraging employees to participate in programs, comply with treatment protocols, or take other action to improve their health? (7.00 points)
- Very effective (3.50 points)
  - Effective (2.30 points)
  - Not very effective (1.20 points)
  - Not at all effective (0.00 points)

## SECTION 6: MEASUREMENT AND EVALUATION (maximum score: 24 points)

Measuring program performance is critical for continuous quality improvement and for demonstrating value. In this section, we ask about your organization's methods for assessing the EHM program.

57. Please indicate which of the following data are captured and used to evaluate and manage the EHM program. Only select the types of data that are systematically reviewed and used to influence program decisions. Check all that apply. (12.00 points)
- Participant satisfaction data (0.75 points)
  - Program participation data (0.75 points)
  - Process evaluation data (contact, opt-out, withdrawal rates) (0.75 points)
  - Population health / risk status data -- physical health (1.50 points)
  - Population health / risk status data -- mental health (2.25 points)
  - Health care utilization and cost data (1.50 points)
  - Disability and absence data (1.12 points)
  - Productivity and / or presenteeism data (1.13 points)
  - Organizational culture data (2.25 points)
  - None of these data are used to influence program decisions (0.00 points)
58. Which stakeholders regularly receive EHM program performance data and information? Check all that apply. (3.60 points)
- Senior leadership (0.72 points)
  - Managers / supervisors (outside of EHM program) (0.72 points)
  - Employee population (0.72 points)
  - Spouse / domestic partner population (0.72 points)
  - Program vendors (0.72 points)
  - Do not regularly share performance data with any stakeholders — skip to Q. 60 (0.00 points)
59. How often are program performance data communicated to senior leadership? (2.40 points)
- Four times a year or more (2.40 points)
  - Two–three times a year (1.60 points)
  - Once a year (0.80 points)
  - Performance data are not shared with senior management or other stakeholders on a regular basis (0.00 points)
60. Taken altogether, how effective are your data management and evaluation activities in terms of how they contribute to the success of your organization's EHM program? (6.00 points)
- Very effective (6.00 points)
  - Effective (4.00 points)
  - Not very effective (2.00 points)
  - Not at all effective (0.00 points)

## PROGRAM COST

**The following questions ask about program costs. They will not contribute to your best practice score.**

61. If you have calculated the total cost of your organization's EHM activities, please provide the cost per eligible person per month for the current program. (If you have not aggregated all or most costs associated with your EHM program, but you can provide cost for separate program components, skip to Q. 63). Include cost for wellness programs, health promotion, health management, nurse advice line, medical decision support, disease management, and any other EHM activities. Do not include health and disability plan costs. Please exclude the cost of incentives.

\$\_\_\_\_\_ per eligible per month for all or most EHM programs, not including incentives

62. In addition to typical program / service costs (fees paid to health plan carriers or specialty vendors), are any of the following costs included in this amount? Check all that apply.

- Program / product development
- Dedicated staff (internal or vendor-provided)
- Consultant fees
- Printing and / or postage
- Onsite fitness facilities
- Onsite medical clinic or pharmacy
- Flu shots
- Other (please specify) \_\_\_\_\_
- None of the above

63. If you can provide a separate cost per eligible person per month for any of the four program components listed below, please provide below. Do not include the cost of any associated incentives.

\$\_\_\_\_\_ per eligible per month for health assessment

\$\_\_\_\_\_ per eligible per month for biometric screenings

\$\_\_\_\_\_ per eligible per month for all disease management programs

\$\_\_\_\_\_ per eligible per month for all targeted lifestyle management programs

**The following questions ask for an assessment of program outcomes. If you have measured the impact of the EHM program on health risks or medical plan cost in any way, please complete these questions. They will not contribute to your best practice score. In the following section, you will be asked to provide some specific, quantitative metrics on program performance.**

64. If you have attempted to measure EHM program impact on health risk or medical plan cost, what are your results to date? Please provide results for the longest time period for which you have data and specify the approximate length of the time period used below:

- Less than a 2-year period
- 2-year period
- 3-year period
- 4-year period
- 5-year period
- 6-year period or longer

**Employee health risk**

- A significant improvement in health risk was found
- A slight improvement in health risk was found
- No improvement in health risk has been found so far
- We have attempted to measure, but we're not confident that the results are valid
- We have not attempted to measure change in health risk

**Medical plan cost**

- Substantial positive impact on medical trend (greater than the cost of the EHM program)
- Small positive impact on medical trend (less than the cost of the EHM program)
- No improvement in medical cost trend was found so far
- We have attempted to measure impact on cost, but we're not confident the results are valid
- We have not attempted to measure impact on medical plan cost trend



## OPTIONAL SECTION: OUTCOMES MEASURES

The following measures were developed as part of a joint project undertaken by HERO and the Population Health Alliance (PHA) to provide guidance on measuring the performance of employee health management programs. The full report, *Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management*, which describes the recommended measures in detail, may be accessed through the HERO website.

### PARTICIPATION RATES

Please provide participation rates for the following programs for your most recent full EHM program year. For most programs, we ask for rates for employees only. If you offer the programs to spouses as well, please provide the participation rate for spouses where indicated. Include all unique individuals who qualify for participation in the program. Qualification can be as a result of being eligible, or due to having a certain threshold (such as BMI, stress level, etc.) or having a medical condition (such as diabetes, asthma, etc.) regardless of whether or not they are incented.

#### Health Assessment

\_\_\_\_\_ % of eligible employees who completed a health assessment  
(please do not include spouses in the calculation even if they are eligible)

If spouses are eligible

\_\_\_\_\_ % of eligible spouses who completed a Health Assessment

#### Biometric Screenings

\_\_\_\_\_ % of eligible employees who participated in any biometric screenings offered (for example, blood pressure, BMI, blood glucose/HbA1c, cholesterol, etc.)

If spouses are eligible

\_\_\_\_\_ % of eligible spouses who participated in any biometric screenings offered

## Coaching

Please provide participation rates for your coaching program(s). If possible, provide separate rates based on the type of delivery channel (for example, telephonic) used. If multiple channels are used and you cannot provide separate rates, please enter combined information under “Any delivery channel.”

For the purposes of this section, contacts must be *interactive*, which is defined as a bi-directional communication between a wellness and health promotion program and an eligible individual where the wellness and health promotion program provides health education or health coaching. This may include an IVR or interactive web-based module. [See the Users’ Guide for the complete NCQA guidelines for determining interactive contacts.]

### Any delivery channel

\_\_\_\_\_ % of eligible employees who *had an initial interactive contact only* in any program  
\_\_\_\_\_ % of eligible employees who *had multiple interactive contacts* in any program  
\_\_\_\_\_ % of eligible employees who *completed* a program

If spouses are eligible ...

\_\_\_\_\_ % of eligible spouses who had an *initial interactive contact only* in any program  
\_\_\_\_\_ % of eligible spouses who had *multiple interactive contacts* in any program  
\_\_\_\_\_ % of eligible spouses who *completed* a program

### Telephonic coaching

\_\_\_\_\_ % of eligible employees with low number of interactive contacts (1–2) with program  
\_\_\_\_\_ % of eligible employees with moderate number of interactive contacts (3–4)  
\_\_\_\_\_ % of eligible employees with high number of interactive contacts (5+)

### Web-based or digital coaching

\_\_\_\_\_ % of eligible employees with low number of interactive contacts (1–5) with program  
\_\_\_\_\_ % of eligible employees with moderate number of interactive contacts (6–10)  
\_\_\_\_\_ % of eligible employees with high number of interactive contacts (11 or more)

### In-person coaching

\_\_\_\_\_ % of eligible employees with 1 in-person meeting  
\_\_\_\_\_ % of eligible employees with 2 in-person meetings  
\_\_\_\_\_ % of eligible employees with 3+ in-person meetings

## EMPLOYEE ASSESSMENTS

The following questions ask for results from employee surveys. Please complete them if you have collected data on employee satisfaction with the EHM program and/or employee perception of your organization's support for their health and well-being, even if the question wording varied somewhat from the wording below.

### **Satisfaction With Employee Health Management Programs**

\_\_\_\_\_ % of eligible employees who responded "Satisfied" or higher to the question:  
"Overall, how satisfied are you with the employee health management program?"

### **Organizational Support**

\_\_\_\_\_ % of employees who agree with (or responded positively to) the statement:  
"My employer supports my health and well-being."

## HEALTH MEASURES

In this section, we ask about assessment results for your eligible employee population. Do not include spouses, even if they are eligible.

### Biometrics

Please provide results for the most recent plan year for which you have data in the first column and indicate the year. If you can provide results for a prior year, please enter them in the second column and indicate the year.

Please specify plan year: \_\_\_\_\_

#### Population

Total size (number) of eligible employee population	_____	_____
Percentage with at least one biometric value reported from professional source	_____	_____
Percentage with all (TC, SBP, DBP, BMI, and glucose / A1c) values reported from professional source	_____	_____
Percentage with self-reported values	_____	_____

#### Cholesterol

Percentage with a total cholesterol (TC) test	_____	_____
Percentage with a TC value <200 (normal)	_____	_____

#### Blood Pressure

Percentage with both a systolic and diastolic BP value	_____	_____
Percentage with blood pressure value <140 / 90	_____	_____
Percentage with blood pressure value <120 / 80	_____	_____

#### BMI

Percentage with a BMI measure	_____	_____
Percentage with a BMI <30 (non-obese)	_____	_____

#### Glucose & HbA1c

Percentage with a glucose test	_____	_____
Percentage with fasting glucose test <100 or non-fasting test <140 (normal)	_____	_____
Percentage with an A1c test	_____	_____
Percentage with an A1c test <5.7 (normal)	_____	_____



## Lifestyle Behaviors

Generally, this information is collected by administering a health assessment to the population. If possible, please report the percentages below based on those employees who answered each specific question(s); otherwise, report based on the entire employee population of health assessment participants.

Please specify plan year: \_\_\_\_\_

Number completing health assessment	_____	_____
Percentage of HA participants who average 7 to 9 hours of sleep per day (24 hour period)	_____	_____
Percentage who score "not depressed" by PHQ-2 or other validated assessment	_____	_____
Percentage not using any tobacco product(s)	_____	_____
Percentage who obtain 150 minutes or more per week of moderate physical activity (PA) or its equivalent as a mixture of moderate and vigorous activity	_____	_____
Percentage with a combined average of 5 standard servings (i.e. 2.5 cups) or more per day of fruits and vegetables	_____	_____
Percentage not at risk for stress based on your stress measure	_____	_____

Were the above percentages based on:

- Percentage of all health assessment participants
- Percentage who answered each relevant question
- Don't know

## FINANCIAL IMPACT

1. Below is a list of methods that may be used to evaluate health care cost savings realized from EHM. Please indicate your basis for financial savings.
  - Medical / pharmacy claims experience
  - Monetizing measured impact on utilization rates (such as for hospitalizations, ER visits, procedures) potentially preventable by EHM — skip to Q. 4
  - Model based on published evidence of the savings associated with program interventions, such as participation, changes in lifestyle-related health risks, clinical outcomes, and participant characteristics — skip to Q. 4
  
2. Which of these methods do you use to measure cost savings based on your analysis of medical / pharmacy claims?
  - Your population's cost trend compared with industry peer organizations
  - Your population's actual cost trend compared to expected trend (based on your historical trend)
  - Unadjusted comparison of program participants vs. non-participants
  - Adjusted comparison of program participants vs. non-participants using matched control
  - Adjusted comparison of program participants vs. non-participants using propensity weight methodology
  - Some other method
  
3. Based on your analysis of medical / pharmacy claims, please provide the total dollar savings per health-plan-enrolled employee per year and the percentage this represents of your total health plan cost. Provide this information for the most recent plan year for which you have data and do not subtract the cost of the EHM program from savings.

\$ \_\_\_\_\_ in savings per enrolled employee per year  
\_\_\_\_\_ % savings as a percent of total health plan cost  
\_\_\_\_\_ Plan year for these results
  
4. Do you attempt to measure the financial impact of EHM in any of the following areas?
  - Absence
  - Disability
  - Productivity, performance, and / or presenteeism
  - Business results
  - No
  
5. If you measure the financial impact of EHM in any of these non-medical areas, please provide the total amount saved or gained per enrolled employee per year (expressed as a positive value) for the most recent plan year for which you have data. Do not include health plan savings and do not subtract the cost of the EHM program from the savings.

\$ \_\_\_\_\_ cost impact per employee per year (other than for health plan savings)