

The HERO Best Practice Scorecard[©]
in Collaboration with Mercer

Understanding the Scoring System

Version 3.0

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Introduction

The HERO Employee Health Management (EHM) Best Practice Scorecard is designed to help you learn about and determine EHM best practice. Many existing sources of information on EHM best practice were used to create the original Scorecard, which was introduced in 2006. The updated Scorecard, developed in collaboration with Mercer, has been reviewed and refined by a broad panel of industry experts. We believe it represents the current best thinking on what constitutes a successful EHM program.

This document is intended for those interested in seeing the maximum scores assigned to each section and question, and the individual scores for each item. For general information about the Scorecard, or to print out a blank copy of the Scorecard, please see the PDF version of the Scorecard by visiting the HERO website at www.the-hero.org. This form may not be submitted. All data is being collected through the online survey.

Statement of Permissible Use

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Understanding Your Score

After you submit your data to the online Scorecard, you will receive a score for each of the six sections and an overall score. While the scoring system is based on a maximum number of 200 points, the highest score attained when the system was tested on a number of programs was 160 for a very advanced and widely acclaimed program. We don't anticipate that any program will ever receive the maximum score of 200; a program that includes every possible element of an EHM program is neither likely nor probably even desirable, since not all scored elements are appropriate for all organizations! *We recommend that your organization's score be considered relative to those of peer organizations or to emulator organizations.*

How the scoring system was developed. A panel of EHM authorities from a variety of organizations assisted in developing the scores using a consensus-building exercise. We began with a proposed maximum score of 200. Each panel member was asked to distribute these 200 points across the six sections of the Scorecard, based on their judgment about the relative importance of each foundational component to a successful EHM program ("successful" was defined as able or likely to improve total health care spend). The maximum section scores were then distributed across the items within each section using the same criteria. Finally, the maximum item scores were distributed across the individual responses in each item in each question. The panel members' scores were aggregated and either the mode or average (mean) score, as appropriate, was used as the final score.

As with previous versions of the Scorecard, the contributors to the scoring system for version 3.0 engaged in robust debate and discussion. Given the lack of solid research evidence to support or refute the presumed impact of the individual programmatic elements on health care cost trend, the contributors offered their proposed scores based on the best research and anecdotal evidence available, recognizing that more definitive research will lead to ongoing refinement of the relative weighting of the scores. For now, the elements with higher maximum scores can be considered promising practices that the contributors believe achieve their greatest impact only as part of a comprehensive EHM strategy.

The remainder of the document contains the Scorecard questions with maximum scores for each section and question, and individual scores for each response item, indicated in parentheses. Questions not annotated with scores do not count toward a respondent's score.

The HERO Best Practice Scorecard (with Scores)

ORGANIZATION INFORMATION

Organization name _____

Headquarters location _____ (specify state)

Number of U.S. worksites (geographically dispersed worksites not managed as a single location)

Name of person completing Scorecard _____

E-mail address (*required to receive Scorecard results*) _____

Total number of employees in the US (please estimate if necessary) _____

How many are full-time _____

How many are part-time _____

Total number of employees eligible for health benefits in the US _____

Primary type of business

- Manufacturing – Mining, construction, energy / petroleum
- Manufacturing – Products (equipment, chemicals, food / beverage, printing / publishing, etc.)
- Transportation, communications, utilities
- Services – Education (public and private)
- Services – Financial (banks, insurance, real estate)
- Services – Health care (hospitals and health services)
- Services – Other (technical, professional, food / lodging / entertainment, etc.)
- Wholesale / retail
- Government (federal, state, city, county)
- Other (diversified companies, farms, etc.)

North America Industry Classification System (NAICS) Code # _____

What is the average age of your organization's active employees? _____

What percentage of your organization's active employees are male? _____

What is the average annual salary for full-time employees (total earnings as computed for employees' W2 forms, excluding partners' earnings)? \$_____

If your organization employs union workers, are they eligible to participate in employee health management (EHM) programs?

- None of our employees are in unions
- Yes, some or all union workers are eligible for EHM program
- No, union workers are not eligible for EHM program

SECTION 1: STRATEGIC PLANNING (Maximum Score: 11 points)

1. Has your organization conducted an assessment of employee health needs within the past two years? (0.60 points)
 - Yes, have conducted a health needs assessment within the past two years (0.60 points)
 - No, but we plan to conduct an assessment within the next year (0.20 points)
 - No – skip to Q.3

2. If yes, on which of the following measures was the needs assessment based (or will it be based)? Please check all that apply. (1.10 points)
 - Medical / pharmaceutical claims analysis (0.25 points)
 - Health risk assessments / employee health surveys (0.31 points)
 - Biometric health screening (0.24 points)
 - Employee interest surveys / focus groups (0.14 points)
 - Disability and / or behavioral health data (0.16 points)
 - None of the above (0.00 points)

3. Does your organization have a formal, written, strategic plan for EHM? (1.10 points)
 - Yes, a long-term plan (2 or more years) only (0.70 points)
 - Yes, an annual plan only (0.50 points)
 - Both a long-term and annual plan (1.10 points)
 - No – skip to Q.5

4. If yes, does the plan include measurable objectives for any of the following? Check all that apply. (1.10 points)
 - Participation in EHM programs (0.20 points)
 - Changes in health risks (0.30 points)
 - Improvements in clinical measures / outcomes (0.20 points)
 - Productivity gains (including reductions in absenteeism / presenteeism) (0.20 points)
 - Financial outcomes measurement (medical plan cost or other health spending) (0.20 points)
 - None of these (0.00 points)

5. Approximately what percentage of the active employee population (full-time and part-time) has access to the key components of the EHM program? (1.70 points)
 - 0-24% (0.00 points)
 - 25%-49% (0.43 points)
 - 50%-74% (0.85 points)
 - 75%-99% (1.28 points)
 - 100% (1.70 points)

- 6.** Has your organization taken steps to make key components of the EHM program available to any of the following hard-to-reach segments of the active employee population? Check all that apply. (0.90 points)
- Full-time or part-time shift workers (0.24 points)
 - Physically challenged employees (0.15 points)
 - Geographically dispersed employee groups or individuals within the U.S. (0.23 points)
 - Employees located outside of the U.S. (0.11 points)
 - English as a Second Language (ESL) employees (0.17 points)
 - We don't have any of these populations (0.04 points)
 - We have one or more of these populations, but don't yet provide EHM services to them (0.00 points)
- 7.** Has your organization taken steps to make key components of the EHM program available to benefit-eligible retirees and / or employees on disability leave (including services offered through health plan or community groups)? (0.30 points)
- Yes (0.30 points)
 - No (0.00 points)
- 8.** Has your organization taken steps to make key components of the EHM program available to benefit-eligible spouses / domestic partners or dependents (including services offered through health plan or community groups)? (0.30 points)
- Yes (0.30 points)
 - No (0.00 points)
- 9.** Does your organization use a population-based approach to EHM, addressing the needs of all employees across the entire health continuum, including healthy, at-risk and chronic-condition segments? (1.10 points)
- A population-based approach is fully implemented (1.10 points)
 - A population-based approach is a goal, but not fully implemented at this time (0.66 points)
 - Our focus of the EHM program is on those with chronic conditions (0.44 points)
 - A population-based approach is not a priority (0.00 points)
- 10.** Taken altogether, how effective is strategic planning for EHM in your organization? (2.80 points)
- Very effective (2.80 points)
 - Effective (1.70 points)
 - Not very effective (0.56 points)
 - Not at all effective (0.00 points)

SECTION 2: LEADERSHIP ENGAGEMENT (Maximum Score: 33 points)

- 11. Has senior leadership demonstrated its commitment and support of EHM through any of the following actions? Check all that apply. (6.0 points)**
- Involvement in employee communications on EHM programs (0.84 points)
 - Active participation in EHM programs (1.05 points)
 - Endorsement of EHM strategic plan to Board of Directors (or equivalent) (0.72 points)
 - The corporate vision / mission statement supports a healthy workplace culture (0.84 points)
 - Employee health and well-being is included in organizational goals and value statements (1.14 points)
 - Have allocated adequate budget for EHM resources and programs (1.41 points)
 - None of the above (0.00 points)
- 12. How are managers and supervisors involved in EHM, in general? Check all that apply. (5.50 points)**
- They receive periodic training and information about EHM programs and resources (0.66 points)
 - They can articulate the link between health, productivity, and total economic value (0.69 points)
 - They encourage employee participation in EHM programs (1.07 points)
 - They provide flexible scheduling so that employees can attend EHM programs (0.88 points)
 - The majority of managers / supervisors actively participate in EHM programs (0.77 points)
 - EHM goals are linked to annual manager performance metrics (0.88 points)
 - They receive reports with EHM engagement metrics (0.55 points)
 - None of the above (0.00 points)
- 13. Does your organization use employee champions or ambassadors to promote EHM? These individuals are typically volunteers who, in addition to their normal work role, help communicate, participate in, motivate and support health management initiatives in the workplace. Please select the one response that best represents the situation at our organization. (2.70 points)**
- There is an organized network of individuals represented at most worksite locations, with formal internal communication channels and periodic meetings (2.70 points)
 - There are wellness champions / ambassadors at some worksite locations who receive internal communication (0.81 points)
 - We occasionally recruit volunteers for wellness events (0.41 points)
 - Little or no “grass-roots” employee leadership is provided to the EHM program (0.00 points)
- 14. Does the physical work environment support employee health and well-being with any of the following elements? Check all that apply. (5.50 points)**
- Fitness centers, walking or biking trails, etc. (0.83 points)
 - Smoke-free environment (1.24 points)
 - Healthy food options in cafeterias, vending machines, and / or at catered events (1.18 points)
 - Safe work environment, including ergonomics (1.05 points)
 - Well-lit and accessible stairwells (0.44 points)
 - Quiet / relaxation areas (0.35 points)
 - Lactation rooms (0.41 points)
 - None of these (0.00 points)

15. Does your organization have any of the following policies in place? Check all that apply. (5.50 points)

- Flex-time or work-at-home (0.91 points)
- Policies to support early return to work following disability, such as modified work schedules and / or modified duty (1.35 points)
- Recognition and rewards for healthy behaviors (1.79 points)
- Allow participation in EHM activities during work time (1.45 points)
- None of the above (0.00 points)

16. Taken altogether, how supportive of EHM is senior leadership and the corporate culture in your organization? (8.20 points)

- Very supportive (8.20 points)
- Supportive (4.90 points)
- Minimally supportive (1.60 points)
- Not supportive at all (0.00 points)

SECTION 3: PROGRAM LEVEL MANAGEMENT (Maximum Score: 22 points)

17. Which of the following EHM programs in your organization are integrated or coordinated with each other? Check all that apply. (3.70 points)

- Prevention / health risk reduction (0.34 points)
- EAP / behavioral health (0.34 points)
- Disease management (0.34 points)
- Case management (0.34 points)
- Nurse advice lines (0.34 points)
- Occupational health (0.34 points)
- Safety (0.34 points)
- Disability and absence management (0.34 points)
- Workers' compensation (0.34 points)
- Health benefits (0.34 points)
- Other (0.30 points)
- None of these programs are coordinated with any of the other EHM programs (0.00 points)

18. In what ways are the EHM programs described above integrated or coordinated with each other? Please consider the level of coordination among stakeholders, including both vendors and internal staff, in managing any EHM programs offered. Check all that apply. (3.00 points)

- Joint planning with all stakeholders (0.54 points)
- Written coordination plan / process flows (0.34 points)
- Communications refer to other programs as appropriate (0.28 points)
- Communications are fully-integrated and focused on EHM as a whole rather than on separate programs (0.45 points)
- Claims data from multiple plans and sources are grouped (evaluated) to identify priorities and evaluate results (0.30 points)
- Vendors are required to share data to allow integrated reporting, predictive modeling, or outreach to employees (0.29 points)
- Stakeholders are required to provide warm transfer of employees to another program (0.33 points)
- Consolidated reports are generated (by vendors or your company) (0.20 points)
- Dedicated position to facilitate coordination (0.27 points)
- None of the above (0.00 points)

19. Taken altogether, to what extent do you think that effective coordination between health-related vendors or programs contributes to the success of the EHM program? (4.40 points)

- Program coordination contributes very significantly to EHM success (4.40 points)
- Program coordination contributes significantly to EHM success (2.64 points)
- Program coordination contributes somewhat to EHM success (0.88 points)
- Program coordination does not contribute to EHM success (0.00 points)

Questions 20-24 address the role of your medical plan(s) in supporting EHM goals.

- 20.** 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 contribution levels for employees and dependents in your response. (2.20 points)
- We provide far greater access to health coverage than most of our peer organizations (2.20 points)
 - We provide good access to health coverage, a bit more than our peers (1.65 points)
 - We provide about the same access to health coverage as our peers (1.10 points)
 - We provide less access to health coverage than our peers (0.00 points)
- 21.** To what extent is health benefit design structured to support prevention and risk reduction by covering and / or facilitating services such as smoking cessation, weight management, and preventive exams? (2.20 points)
- Health benefit design is very supportive of prevention / risk reduction (2.20 points)
 - Health benefit design is somewhat supportive of prevention / risk reduction (1.10 points)
 - Health benefit design is not supportive of prevention / risk reduction (0.00 points)
- 22.** To what extent does health benefit design support consumer accountability and informed decision-making and encourage members to manage their health care dollars to get the most benefit? This would include such tactics as using coinsurance rather than copayments, providing an employee spending account such as an HSA or HRA, etc. (1.10 points)
- Health benefit design promotes consumerism to a great extent (1.10 points)
 - Health benefit design promotes consumerism to some extent (0.55 points)
 - Health benefit design does not promote consumerism (0.00 points)
- 23.** Does the health plan incorporate evidence-based design – cost-sharing provisions that provide an incentive to select or comply with specific treatments proven to be effective in the medical literature? Check all that apply. (Maximum of 2.20 points allowed)
- Yes, waived or reduced copayments / coinsurance for specific drug therapies (not simply all generic drugs) (2.20 points)
 - Yes, other form of evidence-based design incentives (1.98 points)
 - No (0.00 points)
- 24.** Taken altogether, how effectively do medical plan access and design support your EHM program objectives? (3.30 points)
- Very effectively (3.30 points)
 - Effectively (1.98 points)
 - Not very effectively (0.66 points)
 - Not at all effectively (0.00 points)

SECTION 4: PROGRAMS (Maximum Score: 56 points)

- 25.** Does your organization offer a health risk questionnaire (HRQ)? These are also called health risk assessments (HRA) or health assessments (HA). (1.30 points)
- Yes, first implemented in _____ (specify year) (1.30 points)
 - No – skip to Q.27 (0.00 points)
- 26.** If yes, which of the following reports does your HRQ produce? Check all that apply. (4.50 points)
- The questionnaire provides an individualized report that educates participants about their health risks and preventive measures (1.19 points)
 - Data from the HRQ is used to place participants into risk groups (low, medium or high-risk) to target interventions to appropriate population segments (1.13 points)
 - Assessment of the participants' readiness to change (0.74 points)
 - Assessment of participant's productivity or presenteeism (0.54 points)
 - Aggregate report of the participant results for your organization (0.90 points)
 - None of the above (0.00 points)
- 27.** Does your organization offer onsite (or near-site) preventive health screenings, or conduct special campaigns to promote screenings (beyond providing coverage for screenings through a health plan)? Check all that apply. (2.50 points)
- Yes, we provide on-site or near-site screenings (1.54 points)
 - Yes, we conduct awareness campaigns about the importance of screenings (0.90 points)
 - No, we do not provide on-site health screenings or screening campaigns – skip to Q.29 (0.06 points)
- 28.** If yes, is a feedback process in place for referrals and follow-up for those individuals whose results are out of the normal range? (1.80 points)
- Yes (1.80 points)
 - No (0.00 points)
- 29.** Does your organization provide population-based health education (proactively distributed information and resources for defined populations)? (1.00 points)
- Yes (1.00 points)
 - No – skip to Q.31 (0.00 points)

30. If yes, which of the following topics are addressed in educational resources and campaigns?

Check all that apply. (2.50 points)

- Immunizations (including flu shot program) (0.20 points)
- Healthy eating, nutrition (0.36 points)
- Physical activity (0.36 points)
- Tobacco use cessation (0.30 points)
- Weight management (0.24 points)
- Mental and emotional well-being (including stress management) (0.30 points)
- Safety and ergonomics (such as back care) (0.21 points)
- First aid or CPR (0.08 points)
- Environmental health (0.06 points)
- Emergency preparedness (0.02 points)
- Health care consumerism (0.29 points)
- Other (0.08 points)
- None of these topics (0.00 points)

31. Does your organization offer any targeted lifestyle management / behavior modification programs? These programs may provide telephonic health coaching, seminars, web-based classes, or other forms of intervention. (0.00 points)

- Yes, first implemented in _____ (specify year) (0.00 points)
- No – skip to Q.35 (0.00 points)

32. If yes, which lifestyle management / behavior modification program(s) do you offer? Check all that apply. (7.00 points)

- Tobacco use cessation (1.07 points)
- Weight management (1.16 points)
- Mental and emotional well-being (including stress management) (1.03 points)
- Physical activity (for example, pedometer / walking programs) (1.09 points)
- Healthy eating, nutrition (0.72 points)
- Cholesterol management (0.69 points)
- Blood pressure management (0.72 points)
- Safety and ergonomics (such as back care) (0.52 points)
- None of these programs (0.00 points)

33. What types of interventions are provided by the lifestyle management / behavior modification program(s)? Check all that apply. (2.50 points)

- Phone-based coaching (0.64 points)
- Web-based coaching (0.49 points)
- Paper-based or mail-based programs (0.31 points)
- On-site one-on-one coaching (0.64 points)
- On-site group classes (0.42 points)

- 34.** Does the lifestyle management / behavior modification program(s) include science-based behavioral change principles, such as readiness to change, commitment building, goal-setting, support / accountability system, recordkeeping, etc.? (2.50 points)
- Yes (2.50 points)
 - No (0.00 points)
- 35.** Does your organization offer consumer medical decision support programs? (1.00 points)
- Yes (1.00 points)
 - No – skip to Q.37 (0.00 points)
- 36.** If yes, which of the following decision support programs are offered? Check all that apply. (1.50 points)
- Self-care education programs (0.38 points)
 - Nurse advice lines (0.42 points)
 - Consumer medical decision support programs focused on treatment options for specific diagnoses (0.70 points)
 - None of these (0.00 points)
- 37.** Does your organization offer any programs to assist employees and family members in managing specific chronic diseases or conditions? (0.00 points)
- Yes, first implemented in _____ (specify year) (0.00 points)
 - No – skip to Q.42 (0.00 points)
- 38.** If yes, which of the following conditions are addressed by the disease management (DM) program(s)? Check all that apply. (7.00 points)
- Diabetes (1.18 points)
 - Asthma (0.70 points)
 - Chronic Obstructive Pulmonary Disease (COPD) (0.60 points)
 - Coronary Artery Disease (CAD) (1.19 points)
 - Congestive Heart Failure (CHF) (0.68 points)
 - Musculoskeletal / back pain (0.45 points)
 - Arthritis (0.19 points)
 - Maternity (0.78 points)
 - Depression (0.89 points)
 - Cancer (0.26 points)
 - Other (0.08 points)
 - We don't offer any DM programs – skip to Q.42 (0.00 points)
- 39.** What types of disease / condition management interventions are provided? Check all that apply. (2.50 points)
- Phone-based coaching and facilitation of care (0.98 points)
 - Web-based coaching (0.48 points)
 - Paper-based education (0.25 points)
 - On-site intervention (counseling, classes, etc.) (0.79 points)

- 40.** Does the program(s) include science-based behavioral change principles, such as readiness to change, commitment building, goal-setting, support / accountability system, recordkeeping, etc.? (3.00 points)
- Yes (3.00 points)
 - No (0.00 points)
- 41.** How are the disease / condition management program(s) provided to employees? Check all that apply. (1.00 points)
- Through our health plan – standard services only (0.21 points)
 - Through our health plan – some optional services (0.21 points)
 - Through one or more specialty DM vendors (0.27 points)
 - Through an on-site medical clinic (0.31 points)
- 42.** Does your organization offer any of the following disability and absence management programs? Check all that apply. (4.50 points)
- Coordinated claim administration (0.60 points)
 - Early intervention for active disability management / return to work (0.67 points)
 - Disability case management by a medical professional (1.10 points)
 - Care coordination (coordination of inter-disciplinary medical team whose members may be located within different health systems) (0.83 points)
 - Return-to-work program for occupational disabilities (0.30 points)
 - Return-to-work program for nonoccupational disabilities (0.60 points)
 - Vocational rehabilitation (0.40 points)
 - None of these (0.00 points)
- 43.** Does your organization offer electronic Personal Health Records (PHR) to employees? (1.00 points)
- Yes (1.00 points)
 - No (0.00 points)
- 44.** Does your organization offer an Employee Assistance Program (EAP)? (2.00 points)
- Yes (2.00 points)
 - No (0.00 points)
- 45.** Does your organization offer any non-executive employees the use of a worksite or near-site medical clinic?
- Yes
 - No – skip to Q.47

46. If yes, which of the following services are provided by your onsite or near-site medical clinic?

Check all that apply. (6.30 points)

- Work-related injury and illness care (0.88 points)
- Medical surveillance and regulatory exams (0.86 points)
- Primary care services (including acute, episodic care) (0.95 points)
- Pharmacy (including onsite dispensing services) (0.53 points)
- Physical and occupational therapy (0.87 points)
- Preventive screenings and / or immunizations (0.72 points)
- New-hire testing / periodic drug screening (0.28 points)
- Fitness for duty / return to work (0.36 points)
- Health education classes / services (0.38 points)
- X-Ray (0.16 points)
- Dental services (0.12 points)
- Vision services (0.19 points)

SECTION 5: ENGAGEMENT METHODS (Maximum Score: 67 points)

47. Do EHM communications include any of the following? Check all that apply. (13.90 points)

- Annual or multi-year plan that articulates the key themes and messages to be conveyed (2.09 points)
- Multiple communication channels and media (newsletter, direct mailings, e-mail, website, podcasts, etc.) (2.57 points)
- Year-round communication (on at least a quarterly basis) (2.78 points)
- Pre-launch communications (programs are marketed 60-90 days prior to launch) (1.60 points)
- Communications focused on purpose, components, value and deadlines (1.39 points)
- Communications branded with unique program name, logo, and tag line that is readily recognized by employees as that of the EHM program (2.02 points)
- Regular stakeholder status reports (to inform employees, vendors, management, etc. of program progress) (1.45 points)
- None of the above (0.00 points)

48. Does the organization play an active role in educating employees about the following? Check all that apply. (5.60 points)

- Poor health habits and choices contribute to higher health care costs (1.15 points)
- Improving health contributes to better quality of life (1.01 points)
- The true cost of health care, such as charges for office visits, prescription drugs, surgery and other services, or the employer's share of premiums (1.29 points)
- The role consumers play in keeping health coverage affordable for themselves and the organization (1.15 points)
- How to appropriately access and utilize the health care system and their health plan (1.00 points)
- None of these (0.00 points)

49. Taken altogether, how effective are employee communications in promoting employee engagement in EHM? (13.90 points)

- Very effective (13.90 points)
- Effective (8.34 points)
- Not very effective (2.78 points)
- Not at all effective (0.00 points)

Questions 50-59 ask about incentives used for specific EHM programs.

50. If your organization provides a health risk questionnaire (HRQ), do you offer any type of incentive to promote its use? Check all that apply. (Maximum of 9.50 points allowed)

- Don't offer an HRQ – skip to Q.53 (0.00 points)
- No incentives used with the HRQ – skip to Q.53 (0.40 points)
- Token non-cash reward (1.40 points)
- Intra-company competition for high HRQ participation (2.40 points)
- Cash / gift card (4.80 points)
- Raffles / prizes (2.40 points)
- Financial contribution to a health savings account (HSA) (9.50 points)
- Financial contribution to other employee spending accounts (FSA or HRA) (7.60 points)
- Lower co-pays (6.20 points)
- Lower deductibles (7.60 points)
- Lower employee premium contributions (9.50 points)
- Participation on company time (2.40 points)
- Require HRQ completion to be enrolled in health plan (0.00 points)

51. If you offer an incentive for completing an HRQ, what is the value of the incentive to the participant receiving it? For example, if you reduce the employee's premium contribution by \$100, you would enter \$100. Please provide the total *annual* value of the incentive, even if you provide the incentive incrementally.

\$_____ value of the incentive to participant

52. Are benefit-eligible spouses able to earn the HRQ completion incentive?

- Yes
- No

53. If you provide a disease / condition management program(s), do you offer any type of incentive to promote participation and / or compliance? Check all that apply. (Maximum of 4.80 points allowed)

- Don't offer any disease / condition management programs – skip to Q.56 (0.00 points)
- No incentives used with this program – skip to Q.56 (0.00 points)
- Token non-cash reward (0.61 points)
- Intra-company competition (0.73 points)
- Cash / gift card (2.40 points)
- Raffles / prizes (0.94 points)
- Financial contribution to a health savings account (HSA) (4.80 points)
- Financial contribution to other employee spending accounts (FSA or HRA) (4.30 points)
- Lower co-pays (3.84 points)
- Lower deductibles (4.32 points)
- Lower employee premium contributions (4.80 points)
- Participation on company time (0.91 points)

54. If you offer an incentive for disease management participation or compliance, what is the value of the incentive to the participant receiving it? For example, if the premium is reduced by \$100, you would enter \$100. If you provide different levels of incentives for participation and compliance, please answer for the most common incentive (the one that is easiest to earn). Please provide the total *annual* value of the incentive, even if you provide the incentive incrementally.

\$_____ value to participant

55. Are benefit-eligible spouses able to earn the disease management incentive?

- Yes
- No

56. If lifestyle management / behavior modification program(s) are offered, do you offer any type of incentive to promote participation and / or program completion? Check all that apply. (Maximum of 9.50 points allowed)

- Don't offer any behavior modification programs – Skip to Q.59 (0.00 points)
- No incentives used with this program – Skip to Q.59 (0.31 points)
- Token non-cash reward (1.28 points)
- Intra-company competition (2.17 points)
- Cash / gift cards (4.55 points)
- Raffles / prizes (2.33 points)
- Financial contribution to a health savings account (HSA) (9.50 points)
- Financial contribution to other employee spending accounts (FSA or HRA) (7.64 points)
- Lower co-pays (6.09 points)
- Lower deductibles (7.02 points)
- Lower employee premium contributions (9.50 points)
- Participation on company time (2.17 points)

57. If an incentive for lifestyle management program participation or completion is offered, what is the value of the incentive to the participant receiving it? For example, if the premium is reduced by \$100, you would enter \$100. If you provide different levels of incentives for participation and compliance, please answer for the most common incentive (the one that is easiest to earn). Please provide the total *annual* value of the incentive, even if you provide the incentive incrementally.

\$_____ value to participant

58. Are benefit-eligible spouses able to earn the lifestyle management incentive?

- Yes
- No

59. Taken altogether, how successful are your program's incentives in encouraging employees to participate in programs, comply with treatment protocols, and / or make responsible financial decisions regarding their health care? (9.50 points)

- Very successful (9.50 points)
- Successful (5.70 points)
- Not very successful (1.90 points)
- Not at all successful (0.00 points)
- Too soon to tell (0.00 points)

SECTION 6: MEASUREMENT AND EVALUATION (Maximum Score: 11 points)

60. Please indicate which of the following data are captured and used in managing the EHM program. Check all that apply. (3.70 points)

- Participant satisfaction data are used to drive program improvement (0.46 points)
- Program participation data are used for reporting (0.63 points)
- Process evaluation data (contact, opt-out, withdrawal rates) are used to drive program improvement (0.44 points)
- Population health/risk status data (physical and mental health) are used to monitor health/risk status improvement (0.61 points)
- Health care utilization and cost data are analyzed to identify costly conditions and evaluate EHM impact on clinical outcomes, utilization, and / or cost (0.56 points)
- Productivity and / or presenteeism data are used to evaluate EHM impact on health-related lost work time and overall productivity (0.48 points)
- Quality of outcome evaluation is conducted by independent expert using a control or comparison group; follow-up data are compared to baseline data; and statistical methods control for demographic differences (0.52 points)
- None of these data are collected (0.00 points)

61. How often are program performance data communicated to senior management or other key stakeholders? (3.70 points)

- 4 times a year or more (3.70 points)
- 2-3 times a year (3.15 points)
- Once a year (1.85 points)
- Performance data are not shared with stakeholders on a regular basis (0.00 points)

62. Taken altogether, to what extent do you think that effective data management and evaluation contributes to the success of your organization's EHM program? (3.70 points)

- Data management / evaluation contributes very significantly to our program's success (3.70 points)
- Data management / evaluation contributes significantly to our program's success (2.22 points)
- Data management / evaluation contributes somewhat to our program's success (0.74 points)
- Data management / evaluation does not contribute to our program's success (0.00 points)

PROGRAM OUTCOMES (Optional Section – not scored)

While this final section is *optional*, it is important. Information you provide here will not contribute to your organization's best practice score. However, we hope that if you have data on program outcomes – participation rates and impact on health risks and medical plan cost – you will share it here to assist in efforts to explore the relationships between outcomes and program design. We invite you to use the comment box at the end of the survey to share your thoughts on how these questions might be improved.

Participation rates

1. Please provide participation rates for the following programs for your most recent full EHM program year. If you offer more than one type of program in a particular category (for example, separate DM programs for asthma or diabetes), please provide the participation rate for all programs combined and / or for any of the individual programs listed.

Health Risk Questionnaire

_____ % of eligible employees who completed a Health Risk Questionnaire (please do not include spouses in the calculation even if they are eligible)

Biometric screenings

_____ % of eligible employees who participated in any biometric screenings offered (e.g., blood pressure, BMI, blood glucose, cholesterol, etc.)

_____ % of eligible employees who participated in blood pressure screenings

_____ % of eligible employees who participated in BMI screening

_____ % of eligible employees who participated in blood glucose screening

_____ % of eligible employees who participated in cholesterol screening

Disease management

_____ % of identified persons actively engaged* in any disease management program offered

_____ % of identified persons actively engaged* in an asthma management program

_____ % of identified persons actively engaged* in a diabetes management program

_____ % of identified persons actively engaged* in a chronic obstructive pulmonary disease (COPD) management program

_____ % of identified persons actively engaged* in a coronary artery disease (CAD) management program

_____ % of identified persons actively engaged* in a congestive heart failure (CHF) management program

* Please provide the percentage of persons identified as having the condition who have completed at least one nurse call beyond the initial (or "welcome") call.

Targeted behavior modification with phone-based coaching

- _____ % of identified persons actively engaged* in any targeted behavior modification (lifestyle management) program offered
- _____ % of identified persons actively engaged* in a tobacco use cessation program
- _____ % of identified persons actively engaged* in a weight management program
- _____ % of identified persons actively engaged* in a mental and emotional well-being program (including stress management)
- _____ % of identified persons actively engaged* in a physical activity program

* Please provide the percentage of persons identified as meeting the risk criteria who have completed at least one coach call beyond an initial enrollment (or "welcome") call. Please do not include participation in face-to-face, online or paper-based programs.

Program cost

2. 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), excluding any incentives provided. (If you have not aggregated all or most costs associated with your EHM program, but you can provide cost for separate program components, please skip to Q.4 below.) Please 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.

\$_____ per eligible per month for all or most EHM programs

3. 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? Please 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

4. If you can provide a separate cost per eligible person per month for any of the four program components listed below, please provide those as well as (or instead of) the total EHM cost requested above.

\$_____ per eligible per month for Health Risk Questionnaire

\$_____ per eligible per month for biometric screenings

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

\$_____ per eligible per month for all targeted behavior modification (lifestyle management) programs

Program impact on health risk and medical plan cost

5. If you indicated in Section 6: Measurement and evaluation that you attempt to measure EHM program outcomes, 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

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

Medical plan cost

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