MERCER
MAKE TOMORROW, TODAY

HERO

# THE HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER©

## VERSION 4

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

# INTRODUCTION

Welcome to the latest version of the HERO Health and Well-being Best Practices Scorecard in Collaboration With Mercer© ("Scorecard"). The Scorecard is designed to help you learn about and determine health and well-being best practices. The original Scorecard, which was created by a broad panel of industry experts in 2006, has been updated several times to reflect the evolving health and well-being field. The HERO Scorecard Version 4 (launched June 2014) is the result of more than a year of discussions among a panel of health and well-being experts, and incorporates what we've learned about which best practices have the biggest impact from analyses conducted using the extensive database created from Version 3 as well as recently published research. It also covers practices that either didn't exist or were just emerging when Version 3 was created and takes into account the continuous feedback we have received from users and industry thought leaders.

## WHY COMPLETE THE SCORECARD?

First, the questions themselves serve as an inventory of health and well-being best practices and, as such, may contribute to your organization's strategic planning. Second, when you submit the Scorecard online, you'll instantly receive an automated email response, free of charge, with your organization's best-practice scores compared to national averages. You can also complete the Scorecard again 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 best-practice approaches to health and well-being. Numerous analyses of data from Version 3 of the Scorecard have been published — including articles in peer-reviewed journals. As the Version 4 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.

## ABOUT THIS PDF

This PDF of the Scorecard is provided for informational purposes only. This form may be useful in gathering information to assist with completing the online survey but should not be submitted. All data are being collected through the online survey. For more information on the Scorecard, including background and history and a discussion of the scoring system, please see page 37.

## STATEMENT OF PERMISSIBLE USE



I agree to these terms

_____

# CONTENTS

# THE HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD

## ORGANIZATION INFORMATION

Organization name

Name of person completing Scorecard

Email address (required to receive Scorecard results)

Email address confirmation (please enter email address again)

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)

## 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 how many) _____

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 and well-being 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 and well-being 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, pharmaceuticals, 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 health and well-being. The Scorecard uses a broad definition of health and well-being. Essentially, "health and well-being" initiatives are defined as a set of organized activities and systematic interventions sponsored by employers and governmental/community agencies with the goal of educating employees and their dependents about their health; increasing their awareness of modifiable health risks; and promoting and supporting positive changes in their health behavior. 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

1. Which of the following data sources do you actively use in strategic planning for your company's health and well-being program? Check all that apply.

**WORKFORCE HEALTH MEASURES**

- [ ] Medical/pharmacy claims
- [ ] Behavioral health claims
- [ ] Health assessment
- [ ] Biometric screening
- [ ] Fitness assessment
- [ ] Disability claims
- [ ] Absence/sick days data
- [ ] None of the above

**EMPLOYEE SURVEYS**

- [ ] Employee interest/feedback
- [ ] Employee morale/satisfaction/engagement data
- [ ] None of these employee surveys

**BUSINESS MEASURES/ORGANIZATIONAL ASSESSMENT**

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

2. Does your organization have a formal, written, strategic plan for health and well-being?

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

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

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

4. Please indicate whether the following populations have access to key components of your health and well-being program. If you don't have individuals in these population categories, select "Not applicable."

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

5. Does your health and well-being program specifically address the needs of employees who are …? (Check all that apply.)

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

6. To what extent is your health and well-being program viewed by senior leadership as connected to broader business results, such as increased revenue, profitability, overall success, and sustainability?

   ◯ To a great extent
   ◯ To some extent
   ◯ Not seen as connected

7. Taken all together, how effective is the strategic planning process for health and well-being in your organization?

   ◯ Very effective
   ◯ Effective
   ◯ Not very effective
   ◯ Not at all effective

## SECTION 2: ORGANIZATIONAL AND CULTURAL SUPPORT

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.

- ☐ The company vision/mission statement supports a healthy workplace culture
- ☐ Employee health and well-being is included in organization's goals and value statements
- ☐ Senior leaders consistently articulate the value and importance of health (for example, making the connection between health, productivity/performance, and business results)
- ☐ None of the above

9. Does your organization have any of the following policies relating to employee health and well-being? Check all that apply.

- ☐ Allow employees to take work time for physical activity
- ☐ Provide opportunities for employees to use work time for stress management and rejuvenation
- ☐ Support healthy eating choices (for example, by requiring healthy options at company-sponsored events)
- ☐ Encourage the use of community resources for health and well-being (for example, community gardens, recreational facilities, health education resources)
- ☐ Tobacco-free workplace or campus
- ☐ Policies promoting responsible alcohol use
- ☐ Support work-life balance (for example, with flex time or job share options)
- ☐ None of the above

10. Does your company's physical ("built") environment include any of the following? Check all that apply.

- [ ] Healthy eating choices are available and easy to access (for example, healthy options in cafeteria or vending machines, cafeteria design that encourages healthy choices)
- [ ] Physical activity is explicitly encouraged by features or resources in the work environment (such as a gym, walking trails, standing desks)
- [ ] Stress management and mental recovery breaks are supported (for example, with "quiet" areas or gardens)
- [ ] Safety is a priority within the environment (for example, ergonomic design, lighting, safety rails, etc.)
- [ ] None of the above

11. Which of the following describes your leadership's support of health and well-being? Check all that apply.

- [ ] Leadership development includes the business relevance of worker health and well-being
- [ ] Leaders actively participate in programs
- [ ] 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.)
- [ ] Leaders publicly recognize employees for healthy actions and outcomes
- [ ] Leaders are held accountable for supporting the health and well-being of their employees
- [ ] Leaders hold their front-line managers accountable for supporting the health and well-being of their employees
- [ ] A senior leader has authority to take action to achieve the organization's goals for employee health and well-being
- [ ] None of the above

12. Which of the following describes the involvement of employees in your program? Check all that apply.

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

13. If your organization uses employee champions or ambassadors to promote health and well-being, are they supported with any of the following resources? Check all that apply.

- [ ] Training
- [ ] Toolkit including resources, information, and contacts, etc.
- [ ] Rewards or recognition
- [ ] Regularly scheduled meetings for the champion team
- [ ] None of the above
- [ ] We don't use employee champions or ambassadors to support health and well-being

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).

- ◯ Work group supervisors/managers are given a lot of support
- ◯ Some support
- ◯ Not much support
- ◯ No support

15. Taken all together, how effective are your current organizational support strategies in promoting the health and well-being of employees?

- ○ Very effective
- ○ Effective
- ○ Not very effective
- ○ Not at all effective

## SECTION 3: PROGRAMS

In this section, we ask about specific health and well-being 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.

- ☐ Health assessment questionnaire(s)
- ☐ Biometric screenings
- ☐ Employee surveys
- ☐ Claims data mining (medical, pharmacy, behavioral health, disability)
- ☐ Monitoring or tracking devices
- ☐ Other
- ☐ We do not currently assess workforce health

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.

- ☐ We provide onsite or near-site biometric screenings
- ☐ We offer biometric screenings through a lab, home test kits, or other offsite options
- ☐ We conduct awareness campaigns or otherwise actively promote getting biometric screenings from a health care provider
- ☐ No, we do not provide biometric screenings or conduct awareness campaigns — skip to Q. 19

18. Do you have a referral and follow-up process for those individuals whose biometric screening results are out of the normal range?

- ◯ Yes
- ◯ No

19. Does your organization provide health behavior change programs that are offered to all individuals eligible for key elements of the health and well-being program, regardless of their health status (for example, health challenges, classes, or activities)?

- ◯ Yes
- ◯ No — skip to Q. 22

20. If yes, how are these health improvement programs delivered? Check all that apply.

- ☐ Phone-based (can include group conference calls)
- ☐ Email or mobile (SMS)
- ☐ Web-based method (other than email)
- ☐ In person (includes individual or group meetings or activities)

21. Are any of the following features incorporated into one or more of these health improvement programs? Check all that apply.

- ☐ Program incorporates use of tracking tools such as a pedometer, glucometer, or automated scale
- ☐ Program is mobile-supported (for example, allows individuals to monitor progress and interact via smart phone)
- ☐ Program incorporates social connection (for example, allows individuals to communicate with, support, and/or challenge others or to form teams)
- ☐ None of the above

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.

- ◯ Yes
- ◯ No, do not currently offer — skip to Q. 24

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.

- [ ] Phone-based coaching
- [ ] Email or mobile (SMS)
- [ ] Web-based interventions (other than email)
- [ ] Onsite one-on-one coaching
- [ ] Onsite group classes
- [ ] Paper-based bidirectional communication between the organization and the individual

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.

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

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.

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

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)?

- ◯ Yes
- ◯ No

27. Taken all together, how effective are your health and well-being programs in promoting a healthier workforce?

- ◯ Very effective
- ◯ Effective
- ◯ Not very effective
- ◯ Not at all effective

Questions 28–29 address the role of your disability programs in supporting health and well-being goals.

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

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

29. Taken all together, how effective are your disability management programs in promoting a healthier and more productive workforce?

- ○ Very effective
- ○ Effective
- ○ Not very effective
- ○ Not at all effective

## SECTION 4: PROGRAM INTEGRATION

In this section, we ask you to describe the degree to which your health and well-being 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 programs and services with the goal of a seamless end-user experience across multiple internal or external health and well-being program partners.

30. Are your health and well-being programs integrated in any of the following ways? Check all that apply.

- ☐ Health and well-being program partners (internal and external) refer individuals to programs and resources provided by other partners
- ☐ Health and well-being program partners provide "warm transfer" of individuals to programs and services provided by other partners
- ☐ The referral process (by employer or third party) is monitored for volume of referrals
- ☐ All partners collaborate as a team to track outcomes for individual employees
- ☐ All partners collaborate as a team to track progress toward common organizational goals and outcomes
- ☐ None of the above — skip to Q. 32

31. Which of the following program components are integrated in at least one of the ways indicated in Q. 30? Check all that apply.

- ☐ Lifestyle management and disease management
- ☐ Lifestyle management and behavioral health
- ☐ Disease management and behavioral health
- ☐ Disease management and case management
- ☐ Case management and behavioral health
- ☐ Specialty lifestyle management (for example, tobacco cessation, obesity, stress, etc.) with any health management program
- ☐ None of the above

32. Is your organization's disability management program integrated with your health and well-being programs in any of the following ways? Check all that apply.

- ☐ Individuals in disability management are referred to health and well-being programs
- ☐ Individuals who participate in appropriate health and well-being programs receive more generous disability benefit
- ☐ Disability data is combined with health and well-being program data for identifying, reporting, and performing analytics
- ☐ None of the above

33. Is your organization's health and well-being program integrated with your worksite safety program in any of the following ways? Check all that apply.

- ☐ Safety and injury prevention are elements of the health and well-being program goals and objectives
- ☐ Health and well-being program elements, such as physical activity, healthy nutrition, or stress management, are included in the worksite safety program
- ☐ Safety data is combined with health and well-being program data for identifying, reporting, and performing analytics
- ☐ None of the above
- ☐ We do not have a worksite safety program

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.

- ○ 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 all together, to what extent do you think the integration between your health-related vendors or programs contributes to the success of the health and well-being program?

- ◯ Program integration contributes very significantly to success
- ◯ Contributes significantly
- ◯ Contributes somewhat
- ◯ Does not contribute

## SECTION 5: PARTICIPATION STRATEGIES

In this section, we ask about a range of strategies, from communication to rewards, to encourage employees to participate in health and well-being 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 and well-being programs? Check all that apply.

- ☐ Peer support (for example, buddy systems or interventions including social components)
- ☐ Group goal-setting or activities (common health-promotion activity with a common goal)
- ☐ Competitions/challenges (or other "game" strategies)
- ☐ Connecting participation to a cause (for example, contributions to a charity or cause are used as incentives)
- ☐ None of the above

37. Which of the following technology-based resources does your organization use to encourage participation in health and well-being programs? Check all that apply.

- ☐ Web-based resources or tools
- ☐ Onsite computer stations at workplace
- ☐ Mobile applications (for example, smart phone apps)
- ☐ Devices to monitor activity (pedometer, accelerometer, etc.) or other health measures (blood pressure monitor, weight, etc.)
- ☐ None of the above

38. Do health and well-being program communications include any of the following? Check all that apply.

- [ ] Annual or multi-year communications plan that articulates the key themes and messages
- [ ] Multiple communication channels and media appropriate for targeted populations (newsletter, direct mailings, email, SMS, website, etc.)
- [ ] Communications are tailored to specific subgroups (based on demographics or risk status) with unique messages
- [ ] Year-round communication (at least quarterly)
- [ ] Communications are branded with unique program name, logo, and tagline that is readily recognized by employees as that of the health and well-being program
- [ ] Regular status reports to inform stakeholders such as employees, vendors, and management of program progress (at least annually)
- [ ] Employee meetings or webcasts where management discusses and promotes health and well-being programs
- [ ] Communications are directed to spouses and family members as well as employees
- [ ] None of the above

39. Are separate health and well-being program communications targeted to employees with different roles in the organization? Check each role that receives unique targeted communication.

- [ ] Senior leadership
- [ ] Managers (including direct supervisors)
- [ ] Wellness champions
- [ ] None of the above

40. Does your health engagement strategy intentionally and primarily 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 employees 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, recognition, or a connection to a cause.

- ◯ Yes, using intrinsic motivation as the reward is the primary focus of our engagement strategy
- ◯ No, our program may provide some intrinsic rewards but it's not a primary focus of our engagement strategy

41. Taken all together, 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?

- ◯ Very effective
- ◯ Effective
- ◯ Not very effective
- ◯ Not at all effective

42. Do you offer employees financial incentives in connection with the health and well-being program?

- ☐ Yes, financial rewards or penalties are used (whether cash or benefits-based; also includes sweepstakes and charitable contributions)
- ☐ Yes, rewards are used, but only token gifts (T-shirts, water bottles, etc.) — skip to Q. 57
- ☐ No financial incentives — skip to Q. 57

Questions 43–48 in this section ask about your incentive program design. Because best practices in health and well-being incentives 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.)?

- ◯ Reward
- ◯ Penalty
- ◯ Both rewards and penalties

44. Overall, have you structured incentives as a program expense, cost-neutral, or a source of additional funding?

- ◯ 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.

- ☐ Participating in one or more aspects of health and well-being programs or offerings, such as a health assessment, 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 a health assessment 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 body mass index (BMI) and another $200 for meeting a target for blood pressure, you would enter $400 for health-contingent, outcomes-based incentives.

| | | |
|---|---|---|
| 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.

_____ % 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?

- ◯ 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.

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

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 a health assessment 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.

- ☐ Cash/gift card $ _____ annually
- ☐ Financial contribution to an employee spending account (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?

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

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.

- ◯ No financial incentive is provided
- ◯ Cash/gift card $ _____ annually
- ◯ Financial contribution to an employee spending/savings account (FSA, HSA, or HRA) $ _____ annually
- ◯ Lower (higher) employee premium contributions $ _____ annually
- ◯ Lower cost sharing (deductibles, co-pays, or coinsurances)
- ◯ Other financial incentive

53. Are benefit-eligible spouses/partners able to earn an incentive for participating in a coaching program?

- ◯ 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.

- ◯ 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?

- ◯ 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 all together, 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?

- ◯ Very effective
- ◯ Effective
- ◯ Not very effective
- ◯ Not at all effective

## SECTION 6: MEASUREMENT AND EVALUATION

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 health and well-being program.

57. Please indicate which of the following data are captured and used to evaluate and manage the health and well-being program. Only select the types of data that are periodically (for example, at least once per year) reviewed and used to influence program decisions. Check all that apply.

- ☐ Participant satisfaction data
- ☐ Program participation data
- ☐ Process evaluation data (contact, opt-out, withdrawal rates)
- ☐ Workforce health/risk status data — physical health
- ☐ Workforce health/risk status data — mental health
- ☐ Health care utilization and cost data
- ☐ Disability and absence data
- ☐ Productivity and/or presenteeism data
- ☐ Organizational culture data
- ☐ None of these data are used to influence program decisions

58. Which stakeholders regularly receive health and well-being program performance data and information? Check all that apply.

- [ ] Senior leadership
- [ ] Managers/supervisors (outside of the health and well-being program)
- [ ] Employee population
- [ ] Spouse/domestic partner population
- [ ] Program vendors
- [ ] Do not regularly share performance data with any stakeholders — skip to Q. 60

59. How often are program performance data communicated to senior leadership?

- ○ Four times a year or more
- ○ Two to three times a year
- ○ Once a year
- ○ Performance data are not shared with senior management or other stakeholders on a regular basis

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 health and well-being program?

- ○ Very effective
- ○ Effective
- ○ Not very effective
- ○ Not at all effective

## 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 health and well-being 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 health and well-being 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 health and well-being activities. Do not include health and disability plan costs. Please exclude the cost of incentives.

    $ _____ per eligible *per month* for all or most health and well-being 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, 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 health and well-being 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 the impact of your health and well-being program 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 are 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 health and well-being program)
- ◯ Small positive impact on medical trend (less than the cost of the health and well-being 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: MEASURED RESULTS

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 and well-being 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 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 bidirectional 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 health and well-being programs offered 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 AND WELL-BEING PROGRAMS

_____% of eligible employees who responded "satisfied" or higher to the question: "Overall, how satisfied are you with the employee health and well-being 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. 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:** | |
|---|---|---|

## BIOMETRICS

### 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 and HbA1c

| | | |
|---|---|---|
| Percentage with a glucose test | | |
| Percentage with a 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 health assessment 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 five standard servings (that is, 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 any or all health and well-being programs offered. 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 any health and well-being programs offered — 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 versus nonparticipants

   ◯ Adjusted comparison of program participants versus nonparticipants using matched control

   ◯ Adjusted comparison of program participants versus nonparticipants 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 your health and well-being programs 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 your health and well-being program in any of the following areas?

   ◯ Absence

   ◯ Disability

   ◯ Productivity, performance, and/or presenteeism

   ◯ Business results

   ◯ No

5. If you measure the financial impact of your programs in any of these nonmedical 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 program from the savings.

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

# MORE INFORMATION ABOUT THE HERO BEST PRACTICES SCORECARD

## BACKGROUND

The HERO Best Practices Scorecard is designed to help employers, providers, and other stakeholders learn about and determine employee health and well-being best practices. Earlier versions of the Scorecard have been available since 2006.

The Scorecard was developed in consultation with authoritative sources on health and well-being best practices, including The Health Project's C. Everett Koop National Health Awards criteria, the WELCOA Well Workplace Awards criteria (Platinum level), Partnership for Prevention's Health Management Initiative Assessment, and the Department of Health and Human Services' Partnership for Healthy Workforce 2010 criteria. Selected elements from these sources were considered in the original construction of the Scorecard; however, most Scorecard content originated with the HERO Task Force for Metrics. This rigorous development process was continued with the design of the Scorecard Version 3, released in 2009, which included input and peer review from HERO members, Mercer Total Health Management Specialty Practice team members, and other national authorities on health and well-being best-practice programs. Version 3 was the first time the Scorecard was available online, with automated scoring. More than 1,200 employers completed the Scorecard Version 3, creating a robust database that could support benchmarking and research. The current version of the Scorecard also benefited from the input of Scorecard Preferred Providers along with HERO members, Mercer experts, and industry professionals. (A list of "HERO Scorecard V4 Contributors" can be found on the HERO website.)

## HERO BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER

HERO and Mercer have a working collaboration to develop and maintain the HERO Scorecard and to create, co-own, and operate a large-scale health and well-being benchmarking and best-practice normative database. As with Version 3, after an adequate number of organizations have completed Version 4, this database will permit organizations to compare their program practices with benchmark groups they select based on industry, size, geographic location, or other criteria. Such comparisons will enable contributors to benchmark their programs against like organizations and also further the industry's understanding of best-practice approaches to health and well-being programs.

The process of defining best practice divides health and well-being programming into critical core components featured in the six sections of the Scorecard:

- Section One: Strategic Planning.
- Section Two: Organizational and Cultural Support.
- Section Three: Programs.
- Section Four: Program Integration.
- Section Five: Participation Strategies.
- Section Six: Measurement and Evaluation.

All sections represent foundational components that support exemplary programs. Although the inventory is not a comprehensive list of all elements that could comprise a health and well-being program or associated measures of success, these elements represent those most commonly recognized among industry thought leaders and in published literature.

We continue to collect data on program costs and outcomes. Answers to these questions will not contribute to an organization's best-practice score; this information is used for research and to develop outcomes benchmarks. These questions appear in the Measurement and Evaluation Section and in a separate optional Outcomes Measures section.

Those who are familiar with previous versions of the HERO Scorecard will notice that many questions — and even some of the section names — have been changed in order to be consistent with current industry best practices and to capture important emerging practices. (Read more about the changes in "Highlights of Version 4.")

## HIGHLIGHTS OF VERSION 4

The HERO Scorecard Version 4 is the result of more than a year of discussions (and sometimes debates) among a panel of experts in the field. Some new questions cover practices that either didn't exist or were just emerging when Version 3 was created — like health-contingent or outcomes-based incentives and "gamification" strategies. Using what we learned from analysis of the Version 3 database on which best practices have the biggest impact, we shifted emphasis in terms of both the number of questions asked and the number of points allocated to the various best practices. For example, analysis of HERO Scorecard data (as well as other research) has shown that organizations that commit to creating a comprehensive culture of health have substantially better program outcomes. Accordingly, we've broadened the "Leadership Support" section of the Scorecard Version 3; in Version 4, it is called "Organizational Support" and includes new questions on culture, including the physical work environment.

Other key changes include:

- New questions on incentives, including outcomes-based incentives and intrinsic reward strategies.
- New questions on engagement strategies, including the use of mobile apps and devices, challenges, gamification, and other social networking strategies.
- Updated questions on program design, including more detailed questions on lifestyle coaching.
- New questions on program integration, including disability programs.
- New section on program outcomes with quantitative questions permitting study of return on investment (ROI)/value of investment (VOI).
- Additional demographic questions for more precise benchmarking.

Although those of you who completed Scorecard Version 3 will recognize many of the questions, about half of them are new or substantially revised. Each section, question, and response was scrutinized to answer some of the following questions:

- Is this a best practice? Is it supported by research and literature? If not, is there anecdotal evidence, is it commonly accepted, or are there examples to support this as a best practice?
- Are there emerging practices that we need to capture and test?
- Will employers be able to answer the question? Does the effort required to provide the answer balance the value gained?
- Does the question/answer benefit the respondent? Does it contribute to research?
- Are there elements that we can eliminate from the Scorecard to make it less burdensome to the respondent?

We're excited about Version 4. We believe you'll agree that the up-to-the-minute inventory of health and well-being best practices, enhanced by what we've learned from hundreds of Scorecard participants over the past five years, makes the new Scorecard an even more valuable tool for your organization.

## USES FOR THE SCORECARD

**Level 1: As an inventory**
At its most basic level, the Scorecard can be used as a simple program inventory to guide strategic planning. In each of the six sections, representing six foundational elements of a health and well-being program, the questions serve as a checklist of best practice in that area. In addition, the metrics included in the Program Outcomes section of the Scorecard may be used as a starting point for the development of a "dashboard" approach for measurement of program success.

**Level 2: As an indicator of program success**
Exemplary health and well-being programs are those that are successful in attracting and retaining eligible program participants, providing programs that are satisfying for participants, supporting long-term behavior change, improving the health status of the population, and achieving a positive ROI/VOI after several years of programming. The free report you receive upon submitting a completed Scorecard will provide a comparison of your organization's scores to the aggregate scores of all employers in the Scorecard database and will help you identify opportunities to incorporate best-practice approaches into your program.

**Level 3: As a comparative/benchmarking tool**
The Scorecard asks detailed questions about employers' health and well-being program design, administration, and experience. It also includes a number of demographic questions that, as the database of Scorecard responses grows, will permit increasingly precise benchmarking, allowing employers to compare their programs to those of similar employers based on industry, size, geographic location, employee demographics, or other criteria. These benchmark reports will be available for purchase after the database reaches the minimal threshold size required for valid comparisons. Although introducing Version 4 means rebuilding our benchmarking database, the solid infrastructure we've created and the learning curve we have behind us will enable us to "power up" very quickly.

This powerful normative database will also be used to support research on best practices in health and well-being.

## DATA CONFIDENTIALITY

Your individual responses to the Scorecard will be kept strictly confidential. The online Scorecard data collection tool and automated scoring system are maintained by a third-party vendor and hosted on its servers, under the supervision of Mercer's Health and Benefits Research team (approximately four staff members). Aggregated data with no individual company identifiers will be used for normative and research purposes and aggregate results of research studies may be published. Any use of your individually identifiable data for research or other purposes will require your prior written consent.

## 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. Although the scoring system is based on a maximum number of 200 points, we don't anticipate that any program will ever receive the maximum score of 200; a program that includes every possible element 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.

As a result of the changes made to the questionnaire and scoring from Version 3 to Version 4, your best-practice score from the Version 3 Scorecard will not align exactly with your Version 4 score. Guidelines on how to interpret your scores across the two versions will be provided.

## HOW THE SCORING SYSTEM WAS DEVELOPED

Version 4 scoring was led by industry experts, with a team of advisors who reviewed and discussed their recommendations. Their recommendations for scoring for Version 4 drew heavily on analyses of Version 3 data that examined the impact of specific best practices on outcomes.

The team began with a maximum score of 200 points, the same as in Version 3, and made initial recommendations on how the points should be distributed across the six sections of the Scorecard based on their judgment and available research about the relative importance of each foundational component to a successful health and well-being program. "Successful" was defined as able or likely to improve health, total health care spend, and/or productivity outcomes. The scoring team advisors reviewed the initial proposal made by the Scoring Team Leaders and provided feedback that was used to adjust the scores. Once the maximum number of points for each section had been determined, the Scoring Team Leaders proposed scores for each question and item response based on the total points available for that section, the number of questions and item responses to be scored, and the strength of the research on specific best practices covered in the section. The scores were further adjusted based on the type of question (for example, "mark all that apply" versus "choose one") and to avoid "double dipping" (being credited or penalized more than once for the same best practice). Again, the team reviewed these recommendations; where they proposed different scores, they provided the rationale for a different approach. The Scoring Team Leaders gave due consideration to all the feedback, either accepting the changes or entering into a discussion with the scoring team members until a consensus was reached.

As with previous versions of the Scorecard, the contributors to the scoring system 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. Please visit the HERO website at www.hero-health.org to see the maximum scores assigned to each section, item, and response item in the Scorecard.

A list of "HERO Scorecard V4 Contributors," including those who contributed to scoring, can be found on the HERO website.

## INVITATION TO CONTRIBUTE FEEDBACK

If you would like to communicate with the HERO about this version of the Scorecard, please do so by sending an email to info@hero-health.org, with "Scorecard" in the subject box. We welcome your reactions, comments, and suggestions for improving the Scorecard, as well as ideas for applications of the Scorecard. All replies will be acknowledged and considered confidential. Thank you!

MERCER
MAKE TOMORROW, TODAY

HERO

For further information, please visit our websites at:
www.mercer.com
www.hero-health.org

MARSH & McLENNAN COMPANIES



20959-HB