Health Value Awards 2021 Sample Peer-Reviewed Application

This sample is a guide for preparation purposes. For submissions you must go to https://healthvalue.awardsplatform.com/ and fill-out an online application, paper submissions are not accepted.

Entry Information Tab

Category

Here you will select either **Non Peer-Reviewed** or **Peer-Reviewed** as well as a sub-category from the choices presented. If you are going to select Non Peer-Reviewed here please refer to the guide located at http://validationinstitute.com/wp-content/uploads/2020/08/2021-Non-Peer-Reviewed-Application.pdf for the questions you will be asked. This guide is intended for the Non Peer-Reviewed entries.

How to know which to select:

Peer-Reviewed – Choose this category if you have a measured result, such as ROI or dollars saved. You will need to describe your data source, how you measured your result, and give summary data (no PHI). Peer reviewed applicants get a report and score from our team of data scientists.

Non Peer-Reviewed – Choose this category if you do not have a measured result of a health or wellness program. These award categories primarily highlight employer initiatives that demonstrate high-value outcomes to their employees, but some categories extend to healthcare vendors/services that wouldn't be appropriately evaluated under the constraints of the peer review process (promising start-ups with limited data, for example). Entrants still undergo a thorough assessment by our panel.

SubCategory

On the Website you will select from the category list provided

Program Name

On the Website you will enter the Program Name

Organization Information Tab

First Name

Enter your First Name Here

Last Name

Enter your Last Name Here

Email

Enter your Email Address Here

Title/Role

Enter your Title Here

Telephone Number

Enter your Telephone Number Here

Organization Name

Enter the Organization Name

Website URL

Enter the URL

Street Address

Enter the Address

City

Enter the City

State

Enter the State

Zip/Postal code

Enter the zip/postal code

Type of Organizational Applicant

There are choices for you to select from for this question

About Your Organization - Provide a short description about what your organization does, its mission, and other details that would be helpful to know outside of the program for which you're submitting an application.

Add information

Please upload a high-resolution (300 dpi), PRINT-READY company logo (JPG, PNG, or .AI file - 100 MB max). Before uploading, please be advised that this logo may be used in our program book.

Program Information Tab

What is the program or product name?

Add information

What type of person does your program focus on?

Add information

What service or support does your program provide to its target group?

Add information

What benefit does the program participant directly receive? Skip for B2B applicants?

Add information

What benefit or value does the program deliver to the employer/plan sponsor?

Add information

What makes your program different from others serving the same target group?

Add information

What did you measure?

Add information

Describe the numerator for your measure: (such as the number of ED visits with asthma as the primary diagnosis or dollars saved from fraud detection)

Add information

Describe the denominator for your measure: (such as the number of ED visits with asthma as the primary diagnosis or dollars saved from fraud detection)

Add information

Indicate your data source – or combination of sources – based on the options listed below (list all that apply):

- Program Enrollment or Use Data as well as Medical Claims
- Health Risk or other Member Assessments
- Benchmark from Published Source
- Other (please describe)

Add information

If your measure is in dollars, are program costs subtracted from the savings?

Select Yes, No or Not Applicable

If you answered no to the previous question and your measure does not reflect the cost of the program itself, explain why not. Otherwise please enter not applicable.

Add information

Indicate in the field below the number of people or members who participated in the program. List 0 if the program is B2B, such as fraud detection.

Add information

Indicate the number of people in the health plan who met the criteria for the program. List 0 if the program does not have enrollment criteria or this is unknown. Skip for B2B. (optional)

Add information

Download and complete the table found here: https://validationinstitute.com/health-value-awards-2021-data-and-measure-construction-table/ and save the file with your company name and "HVA_DATA_2021_then upload it using the "select file" button below.

You will upload the file back into the system once you have complete the entry

Please provide testimonials, with contact information. If you are a health care purchaser, this testimonial might come from your CFO or HR officer/benefits manager, attesting to the impact/value of the new approach. If you are a health care vendor, it might come from a client.

Add information

Can you create the same results for other groups/plans/employers in other parts of the country?

Select yes or no

For vendors, do you put any of your fees at risk based upon your performance for clients?

Add information

Relative to other innovative products or programs, how important do you believe your product/program is? Please explain your thinking.

Add information

How elegant, creative, and/or innovative is your product or program? Please explain your thinking.

Add information

Attachments Tab

Please upload any external evidence that supports your application type.

For peer-reviewed applications, including academic studies, articles, or other data that supports the program outcomes you are claiming.

Material may be supplied as follows:

1. We encourage you to upload up to five (5) supporting documents with your application. You can include peer-reviewed journal articles, whitepapers, and program descriptions.
2. If providing website URLs to publicly accessible campaigns or landing pages, please ensure any applicable usernames and passwords are provided and active.
3. Videos should be hosted on platforms such as Vimeo or Youtube with the link supplied below.
4. Please do not upload any additional explanations or written responses as the judges will not consider these. The written component of your entry should be fully explained within the provided form fields.
5. Upload JPEG or PDF files. Maximum file size is 25MB per piece.