Health Value Awards 2021
Peer-Reviewed Application Questions

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 Questions:

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, 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 Peer-Reviewed entries.

How to know which category to select:

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.

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.

SubCategory

There are choices for you to select

Program Name

There is a text box provided to enter this information

Organization Information Tab

Question	Field Type
First Name	There is a text box provided to enter this information
Last Name	There is a text box provided to enter this information
Email	There is a text box provided to enter this information
Title/Role	There is a text box provided to enter this information
Telephone Number	There is a text box provided to enter this information
Organization Name	There is a text box provided to enter this information
Website URL	There is a text box provided to enter this information
Street Address	There is a text box provided to enter this information
City	There is a text box provided to enter this information
State	There is a text box provided to enter this information
Zip/Postal code	There is a text box provided to enter this information
Type of Organizational Applicant	There are choices for you to select from here
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.	There is a text box provided to enter this 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.	There is an upload button here

Program Information Tab

What is the program or product name?	There is a text box provided to enter this information
What type of person does your program focus on?	There is a text box provided to enter this information
What service or support does your program provide to its target group?	There is a text box provided to enter this information
What benefit does the program participant directly receive? Skip for B2B applicants?	There is a text box provided to enter this information
What benefit or value does the program deliver to the employer/plan sponsor?	There is a text box provided to enter this information
What makes your program different from others serving the same target group?	There is a text box provided to enter this information

Data and Evidence Tab

What did you measure?	There is a text box provided to enter this 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)	There is a text box provided to enter this 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)	There is a text box provided to enter this information
Indicate your data source – or combination of sources – based on the options listed below (list all that apply):	Your will be able to input these options into a text box • Program Enrollment or Use Data as well as Medical Claims • Health Risk or other Member Assessments • Benchmark from Published Source • Other (please describe)

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.	There is a text box provided to enter this 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.	Must be a numeric answer
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.	Must be a numeric answer
Indicate the total number of people covered by the health plan during the time period analyzed.	Must be a numeric answer
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.	There is a text box provided to enter this 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?	There is a text box provided to enter this information
Relative to other innovative products or programs, how important do you believe your product/program is? Please explain your thinking.	There is a text box provided to enter this information
How elegant, creative, and/or innovative is your product or program? Please explain your thinking.	There is a text box provided to enter this 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 in addition to your logo 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.