

Standard Online Health Assessment and Custom Solutions Reports

The following table describes the reports that an employer and/or a BlueLink TPA sales representative, acting on behalf of the employer, are able to request through the Online Health Assessment¹ and support for health plan members and non-health plan members².

- Other than the *Health Assessment Individual Participation Report*, all reports will be sent electronically by secure e-mail to the individual making the request within the specified time period indicated below for each report.

Report Name	Program	Definition of Report	Delivery Frequency	Limitations	Data Elements in Report	How to Request Report
Health Assessment Individual Participation Report	<ul style="list-style-type: none"> ▪ Online Health Assessment ▪ Support for health plan members and non-health plan members 	<ul style="list-style-type: none"> ▪ Designed to educate and motivate participants to make a change. ▪ Messages are based on risk level and stage of change. 	<ul style="list-style-type: none"> ▪ Online – immediate feedback. ▪ Paper assessments – within 10 business days of receiving completed assessment. 	<ul style="list-style-type: none"> ▪ Available <u>ONLY</u> to the individual participant. 	All participants receive a complete personalized health analysis with feedback on 13 modifiable risk areas and 11 specific ongoing condition risks, along with suggestions for follow-up programs such as interactive online health coaching.	<ul style="list-style-type: none"> ▪ Received immediately by participant upon completion of the online health assessment. ▪ Mailed directly to participants who submit a completed paper assessment within 10 business days.
Health Assessment Group Participation Report	<ul style="list-style-type: none"> ▪ Online Health Assessment 	<ul style="list-style-type: none"> ▪ HIPAA compliant list of participants who have completed the health assessment, so incentive program can be administered 	<ul style="list-style-type: none"> ▪ Report must be requested. ▪ Provided once at end of assessment open period. ▪ If assessment incentive period is open all year, report provided on a quarterly basis only. 	<ul style="list-style-type: none"> ▪ Only for groups offering an incentive. ▪ Client must define an incentive period. ▪ Please allow up to five business days from date of request for delivery. 	Text file may include: <ul style="list-style-type: none"> ▪ First Name ▪ Last Name ▪ HACompletionDate ▪ Birthdate ▪ QuestionnaireType (1=paper / 2=online) ▪ GroupSubgroup (if available) 	<p>email your request to: bluelink_health_assessment@bluecrossmn.com</p> <p>Be sure your email includes:</p> <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Name • Name of employer group • Phone number • Incentive item being offered

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Report Name	Program	Definition of Report	Delivery Frequency	Limitations	Data Elements in Report	How to Request Report
Health Assessment Group Participation Report	<ul style="list-style-type: none"> ▪ Support for health plan members and non-health plan members ONLY. 	<ul style="list-style-type: none"> ▪ HIPAA compliant list of participants who have completed the health assessment, so incentive program can be administered 	<ul style="list-style-type: none"> ▪ No more than weekly during health assessment open period. ▪ If assessment incentive period is open all year, report provided on a quarterly basis only. 	<ul style="list-style-type: none"> ▪ Only for groups offering an incentive. ▪ Client must define an incentive period. ▪ Please allow up to five business days from date of request for delivery. 	Text file may include: <ul style="list-style-type: none"> ▪ First Name ▪ Last Name ▪ HACompletionDate ▪ Birthdate ▪ QuestionnaireType (1=paper / 2=online) ▪ GroupSubgroup (if available) 	email your request to: bluelink_health_assessment@bluecrossmn.com Be sure your email includes: <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Name • Name of employer group • Phone number • Incentive item being offered
Health Assessment Group Completion Time Series Report	<ul style="list-style-type: none"> ▪ Online Health Assessment ▪ Support for health plan members and non-health plan members 	<ul style="list-style-type: none"> ▪ HIPAA compliant data - Indicates how many participants have completed assessment to date. 	<ul style="list-style-type: none"> ▪ Provided once upon request. 	<ul style="list-style-type: none"> ▪ Only for groups WITHOUT an incentive. ▪ Please allow up to five business days from date of request for delivery. 	<ul style="list-style-type: none"> ▪ Date range for report ▪ # of completions per quarter ▪ graph of # compared to organization overall 	email your request to: bluelink_health_assessment@bluecrossmn.com Be sure your email includes: <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Number of eligible participants (need so reporting will be accurate) • Name • Name of employer group • Phone number

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Management Report (Group Aggregate Report) YEAR ONE	<ul style="list-style-type: none"> ▪ Online Health Assessment ▪ Support for health plan members and non-health plan members 	<ul style="list-style-type: none"> ▪ Aggregate data for entire employer group. 	<ul style="list-style-type: none"> ▪ 30 days after close of assessment (along with Tabular Report). ▪ Groups who have <u>not</u> “bought up” to support for health plan members and non-health plan members² must request this report—will not be provided automatically. 	<ul style="list-style-type: none"> ▪ Must have 20 or more participants complete the health assessment. 	<ul style="list-style-type: none"> ▪ Number of Respondents ▪ Overall HA Score ▪ Most Prevalent Risk Factors ▪ Number of Risk Factors ▪ Cost Implications ▪ Intervention Opportunity Index ▪ Population Overview ▪ Overall Health Status, Economic Summary ▪ Risk Factor Analysis ▪ Recommendations 	<p>email your request to: bluelink_health_assessment@bluecrossmn.com</p> <p>Be sure your email includes:</p> <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Number of eligible participants (need so reporting will be accurate) • Name • Name of employer group • Phone number
Management Report (Group Aggregate Report) YEAR TWO	<ul style="list-style-type: none"> ▪ Online Health Assessment ▪ Support for health plan members and non-health plan members 	<ul style="list-style-type: none"> ▪ Aggregate cohort data for entire employer group 	<ul style="list-style-type: none"> ▪ 30 days after close of assessment (along with Tabular Report). ▪ Groups who have <u>not</u> “bought up” to support for health plan members and non-health plan members² must request this report—will not be provided automatically 	<ul style="list-style-type: none"> ▪ Must have 20 or more participants complete the health assessment. <p>NOTE: Requests for aggregate data without cohort data will be considered customized and development charges will apply.</p>	<ul style="list-style-type: none"> ▪ Methodology ▪ Summary of Findings ▪ Population Overview ▪ Economic Summary ▪ Risk Factor Analysis ▪ Recommendations 	<p>email your request to: bluelink_health_assessment@bluecrossmn.com</p> <p>Be sure your email includes:</p> <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Number of eligible participants (need so reporting will be accurate) • Name • Name of employer group • Phone number
Tabular Report	<ul style="list-style-type: none"> ▪ Support for health plan members and non-health plan members 	<ul style="list-style-type: none"> ▪ Aggregate responses to all questions and answers provided. ▪ No identifying information provided in this report. 	<ul style="list-style-type: none"> ▪ 30 days after close of assessment (along with Management Report). ▪ Groups who have <u>not</u> “bought up” to support for health plan members and non-health plan members² must request this report—will not be provided automatically 	<ul style="list-style-type: none"> ▪ Must have 50 or more participants complete the health assessment. 	<ul style="list-style-type: none"> ▪ Question, Answer, Number of Respondents, Percent Responding 	<p>email your request to: bluelink_health_assessment@bluecrossmn.com</p> <p>Be sure your email includes:</p> <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Number of eligible participants (need so reporting will be accurate) • Name • Name of employer group • Phone number

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Lifestyle Management Telephonic Coaching Report	<ul style="list-style-type: none"> ▪ Support for health plan members and non-health plan members 	<ul style="list-style-type: none"> ▪ Aggregate data ▪ Telephonic lifestyle management coaching programs status reports ▪ Includes six separate reports plus summary page 	Quarterly only.	<ul style="list-style-type: none"> ▪ Only for groups that purchased telephonic lifestyle management. ▪ Must have 20 or more participants in telephonic coaching program. 	<ul style="list-style-type: none"> ▪ Enrollment Activity ▪ Telephonic Activity ▪ Goal-Setting Activity ▪ Mailing Activity ▪ Stage of Change Migration ▪ Satisfaction Survey Results 	<p>email your request to: bluelink_health_assessment@bluecrossmn.com</p> <p>Be sure your email includes:</p> <ul style="list-style-type: none"> • Defined starting and ending dates for the reporting period • Name • Name of employer group • Phone number

PLEASE NOTE:

- ¹ **Online Health Assessment** - includes access to the online health assessment.
- ² **Support for health plan members and non-health plan members** – includes access to the online health assessment, online health coaching modules, AND a “buy-up” to any combination of the following: paper health assessments, lifestyle management or mail-based follow-up programs, customized communication templates, customized reporting³, or health assessment access to non-health plan members⁴.
- ³ **Customized Reporting** - any reports requested, or fields within reports requested, that are not listed in this document will be considered "custom"--development charges will apply.
- ⁴ **Members** - defined as an employee, spouse, and dependents 18 years of age or older.