MMB India Newsletter

Illumina

Employee Health & Benefits

Quarterly Edition: October 2024

- Message from Leaders' Desk
- Thoughts from Industry Leader
- Industry Update and Overview
- Importance of Employee Benefit Communication
- Transformative Role of AI in the Healthcare Ecosystem
- Consulting Initiative – HERO Scorecard Survey

From MMB Advisory Leader's Desk

Hello readers, as we advance into this year, it too seems to be one of the exciting and dynamic years for the health insurance industry. Though on the health insurance growth front, **12% overall growth was seen in YTD July FY 25 as against 24% growth seen in YTD July FY 24.**

One of the reasons for this has been a negative growth of ~31%, in government health insurance schemes. Whilst PSU share in government health schemes seems consistent, however, private insurer contribution has significantly dropped likely on account of states opting for trust model. Lesser growth rate was witnessed this year in group health insurance business as well with ~19% growth rate as against 22% growth rate seen in YTD July FY 24. This was observed within both private and SAHI insurance companies while improvement was seen in PSU growth rate compared to last year in the same period. A negative or marginal growth rate was witnessed within few key private players in the group health space.

In this edition of the newsletter, we are focussing on the remarkable transformation in the insurance industry, driven by the accelerating wave of digitization. As India strives to provide comprehensive and affordable healthcare coverage to its vast population, digital innovations are playing a pivotal role in reshaping the industry.

Digitization across the insurance landscape has managed to bring tremendous changes in terms of product offering, distribution, awareness, ease of selling and buying, claims processing, analytics, governance, and much more.

Online Mobile apps and portals have significantly enhanced customer experience in terms of purchasing policies, intimating claims to even availing facilities like telemedicine over mobile apps. Automated tools are assisting in digital claim processing resulting in faster TATs and bringing higher precision. This is in turn assisting in digital storage of data and delivering advanced analytics. Predictive analytics is also helping insurers anticipate customer needs and health risks, allowing for proactive policy adjustments and preventive care measures.

Robotic process automation (RPA) and artificial intelligence (AI) are being employed to automate routine administrative tasks. This not only reduces operational costs but also improves the accuracy and speed of various processes.

Blockchain technology is gaining traction for its ability to provide a secure and transparent way to handle transactions and record-keeping ensuring data integrity and reducing the risk of tampering or fraud.

Government of India and the insurance regulator IRDAI too have been at the forefront of driving digitization in order to improve accessibility, seamless claim processing, minimizing mis-selling and more. The introduction of an e-Insurance account is one such initiative that provides a centralized digital repository for storing and accessing all insurance policies and contracts on the click of a button.

Bima Sugam, another such initiative, is an online insurance marketplace that serves as a one-stop shop for consumers to compare and buy insurance products from multiple insurers. Similarly, Bima Satark another digital platform will assist in sharing and exchanging information regarding any fraudulent activity. National Health Claims Exchange (NHCX) is another mammoth initiative to bring providers, payers, and TPAs on a single aggregated platform for seamless claims information exchange and processing. The newsletter has a detailed column on NHCX and how it will transform the industry in terms of claims processing.

The newsletter also encompasses interesting reads from some of the MMB clients harping on the need of digital solutions for employee benefit management. In addition, we have our colleagues bring forward articles on MMB digital solutions and how AI is transforming the healthcare industry. Lastly, we have an initial snippet of the recently concluded HERO score card survey on workplace health and wellbeing.

Hope you find this edition a worthy and useful read. Look forward to receiving your feedback on the newsletter on marshemployeebenefits.india@marsh.com.

Ashutosh Jhunjhunwala

Senior Vice President
MMB India Advisory Leader

From MMB Leaders Desk

Bridging Gap between CX and EX with DEX

Our lives have become more convenient and streamlined, thanks to personalized and well-coordinated services made possible by modern digital technologies. The seamless digital experiences (DEX) we enjoy as consumers have created an expectation for similar technology experiences at the workplace too. However, when we join an organization, we often encounter a different reality. The employee experience (EX) is not on par with the customer experience (CX). According to VMware's IT Insights survey, only 22% of organizations are satisfied with their current ability to provide a positive DEX.

Recognizing the importance of employee experience (EX), futurist Jacob Morgan in his book "The Employee Experience Advantage" states that companies with a focus on creating a great EX had a 50% higher rate of revenue growth and a 50% higher rate of profit growth than companies that did not prioritize it. **Mercer's 2023 report also states that employees with better access to their benefits are twice as likely to stay with their employer.**

The 4 pillars of an effective DEX program are

- **Monitoring:** Understand and extract live user experience data from all channels to proactively address gaps.

- **Security & Compliance:** Monitor, control, and delete user data across channels for threats and compliance.

- **Remediation and Automation:** Scale across geographies with high automation capabilities for data exchange.

- **Operating Model and Integration:** Measure performance beyond SLAs and collaborate across departments to streamline access to benefits.

In 2017 Mercer acquired Thomsons Online Benefits, a 17-year-old UK-based company that pioneered in creating personalized and connected DEX platform Darwin®. **Over the years Darwin has become the DEX platform of choice for 8 of the top 10 technology companies across 116 countries.** Darwin was built to support employers in moving beyond a "one-size-fits-all" approach to their workforce and creating a truly personalized and flexible benefits platform for virtually all benefits

across health, wealth and career in either sponsored, participatory or voluntary funding models. The pandemic pushed the demand for a versatile DEX platform to manage the increased complexity of healthcare programs in India, that's when Darwin was first introduced in January of 2020, under a new partnership of Mercer UK and Marsh India, to support flexible insurable benefits.

By 2022, Darwin was helping over 6 million lives globally to connect with benefit programs offered by over 5000 different global vendors in 116 countries and over 42 languages and currencies and releasing a new update every fortnight to meet rapidly changing benefit ecosystem demands. In 2022, India became the third fastest growing market for Darwin, a position which continued in 2023. Darwin in India today supports over 1.5 million lives who depend on Darwin every day for accessing benefits worth more than US $100mn annually, supported by over 200 different vendors connected to Darwin's ecosystem.

To know more about how MMB Digital can help you improve your DEX score and employee productivity, mail us at MMBDigital@marsh.com.

Gaurava Gupta

Senior Vice President
MMB Digital IMEA Leader,
Marsh India

From Industry Leader

National Health Claim Exchange (NHCX): The Future of Health Insurance in India

Health insurance in India has taken a significant step towards efficiency and transparency with the implementation of the National Health Claim Exchange (NHCX). Spearheaded by the National Health Authority (NHA) and the Insurance Regulatory and Development Authority of India (IRDAI), NHCX is a digital claims platform that facilitates the exchange of claims-related information among various insurance stakeholders. It is designed to be interoperable, machine-readable, auditable, and verifiable, ensuring the accuracy and trustworthiness of the exchanged information between healthcare providers, insurers, and Third Party Administrators (TPAs).

The collaboration between IRDAI and NHA ensures regulatory compliance and adherence to standards, and fostering trust and reliability among all key stakeholders.

Developed under the Ayushman Bharat Digital Mission (ABDM), NHCX aims to streamline claims processing by reducing waiting times, lowering costs for insurance companies, enhancing information exchange among stakeholders, and introducing transparency and efficiency into the system.
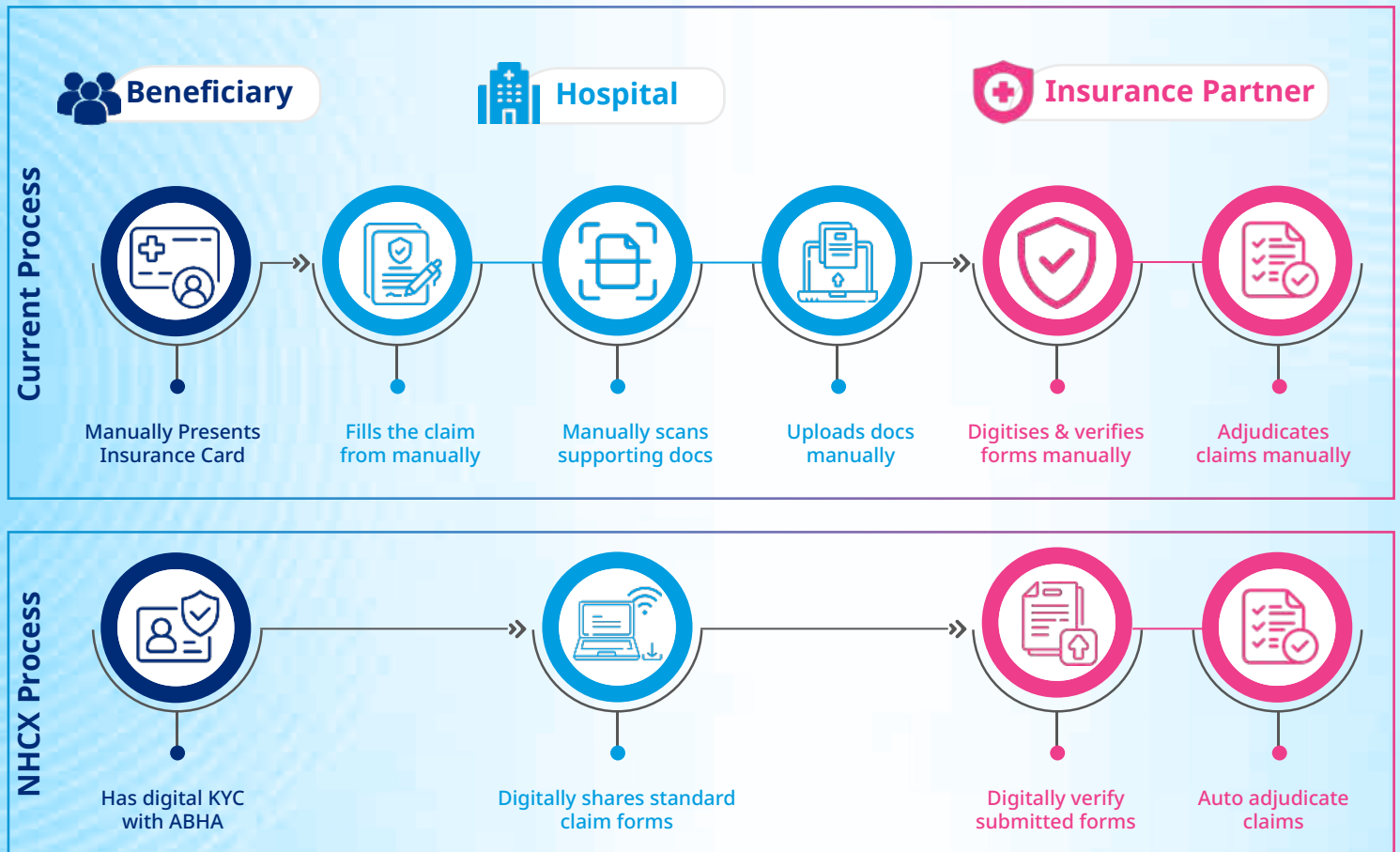
Benefits of NHCX:

NHCX enables hospitals to submit e-claims with predefined documents, including the patient's identification documents, diagnosis reports, treatment details, and other relevant information. This digitization significantly reduces the time and effort required for claims processing, leading to faster claim settlements and lower processing costs for both hospitals and insurance companies. From the patient's perspective, it simplifies document submission, compliance and provides quicker turnaround times for claim settlement.

NHCX mandates the creation of an ABHA (Ayushman Bharat Health Account) number, which will be a unique identification number created for each member (beneficiary) linked to their Aadhaar number. An ABHA number must be created for each member of the family if they are covered under the insurance plan.

Currently, the process of submitting KYC (Know Your Customer) and claim forms for health insurance is done manually. This manual process involves patients providing their identification documents and claims details to the hospital, which are then scanned and forwarded to the insurance company or Third-Party Administrator (TPA). This process can be time-consuming and prone to errors, leading to delays in claim settlement.

Simplified health claims settlement process with NHCX

Beneficiary   **Hospital**   **Insurance Partner**

Current Process

| Manually Presents Insurance Card | Fills the claim from manually | Manually scans supporting docs | Uploads docs manually | Digitises & verifies forms manually | Adjudicates claims manually |

NHCX Process

| Has digital KYC with ABHA | Digitally shares standard claim forms | Digitally verify submitted forms | Auto adjudicate claims |

Simplified Health Claims Settlement Process with NHCX

The integration of ABHA with insurance policies is crucial for policy identification and building a health records repository. The ABHA ID will also serve as the primary identity across the ABDM ecosystem, streamlining interactions with patients and reducing administrative burdens.

The ABHA number can be generated from websites of any entities that are part of the Health Insurance ecosystem, such as www.paramounttpa.com, https://healthid.ndhm.gov.in/, or websites of any health insurance companies. This ABHA number needs to be linked with the policy no. on the NHCX platform. These are the two primary requirements, along with the hospital being NHCX compliant, for accessing the digital platform of NHCX using an API-based workflow.

Future with NHCX:

The implementation of NHCX is already well accepted in the health insurance ecosystem. Hospitals, insurance companies, TPAs, and policyholders are benefiting from faster service delivery. With NHCX streamlining claims processing, it also aims to leverage technology to expand the

reach of health insurance services across India. By embracing digital innovation and fostering collaboration among stakeholders, NHCX is poised to revolutionize health insurance processes through tech innovations, making them faster, more efficient, and inclusive.

Dr. Nayan Shah

Managing Director,
Paramount Health Group

Client Speak

Evolving Role of Technology in Employee Benefits & Benefits Administration

Technology enablement for Employee Benefits has become a game changer for organizations, finding it a better and faster way to reach its employees and dependents. In the absence of a strong and intelligent platform, many of the processes are manual like payroll, taking employee feedback, gathering data or effectively managing and supporting our workforce. This affects the overall employee experience and productivity.

Technology must be capable to provide effective global benefits administration & employee engagement platform, by providing local country and multinational routes to market. This enables the employer to drive employee engagement, control costs, manage risks and automate administration for their insured and uninsured plans in a more effective manner.

Technology for Impactful Personalization:

The world of employee expectations has evolved. Employees desire from work and organizations fundamentally has not changed, however there is a shift in how employees prefer to engage with their work. It is important to address the needs of diverse and multigenerational workforce, with Gen Z, Millennials, Gen X and Boomers by providing personalized benefits programs which takes care of their specific needs. It is imperative that the benefits platform is intuitive, inclusive and easy to navigate, which can make benefits administration much more efficient resulting in a motivated and productive workforce. Technology platform should allow employers to customize benefits offerings and help meet the unique needs of our employees. Research has shown that increased reliance on technology and digital apps have improved employee experience and satisfaction.

Technology for Effective Transformation:

Technology should enable clients and HR administrators to oversee benefits administration functions, including census management, access to member and policy details, document access (invoicing and premium reporting) and workflow management to support administrative work requests. The reporting capabilities of the platform should provide insights into benefits utilization and help clients make informed decisions about offerings. It should simplify benefits management.

As companies takes data security seriously, the platform should provide multi-factor authentication, encryption, and regular security audits to ensure data privacy and security. Technology platform has employees' sensitive data and should be protected by the latest cyber-security measures and protocols as required under statute or guidelines provided by companies.

Optimize and Drive Meaningful Insights through Analytics:

Superior technology platforms help companies in understanding utilizations, trends, proposed areas of focused investments and have a handle on the costs through periodic reporting apart from saving time and effort on data and premium reconciliation.

Srinath Krishnan

Leader India Total Rewards,
Hewlett Packard Enterprise

Client Speak

How technology has enabled Benefits Implementation, Employee Benefits Experience & Benefits Administration

At Cyient, we believe in providing an inclusive and flexible benefit work-life culture. We take pride in fostering a workplace that celebrates uniqueness at every level. Therefore, introducing **BeneFlex,** our flagship healthcare offering that empowers employees to cater to their specific individual need! Unlike most health plans, BeneFlex breaks barrier by being not only versatile but also completely gender neutral.

Our transition to BeneFlex - Full Flexible Benefits Plan, has been a wholesome journey of employee satisfaction, engagement, seamless benefits administration and more. A large part of the success of this transition has been made possible due to the technology platform Benefits You (BY). All the benefit choices for employees under BeneFlex have been made available to the employees through **Benefits You Platform.** The employee experience of benefit selection through BY Portal has been phenomenal. BY tech platform has been a game changer for our organization. In the absence of a strong and intelligent platform, earlier many of the processes were manual like payroll, taking employee feedback, gathering data or effectively managing and supporting our workforce. This affected the overall employee experience and efficiency.

Partnering with MMB Tech platform has allowed us to further enhance our Total Rewards offering around Employee Benefits and Well-being. MMB Tech has made our process automated, error-free and benefits administration much more efficient. The reporting capabilities of the platform is top-notch which give us valuable insights into our benefits utilization and help us make informed decisions about our offerings. It has simplified benefits management for us. We appreciate the flexibility of the platform, which allows us to customize our benefits offerings to meet the unique needs of our employees.

As a company that takes data security seriously, Benefits You platform efficiency manages employee and dependent data and ensures data privacy and security. With MMB Tech, we have peace of mind knowing that our employees' sensitive data is protected by the latest cyber-security measures and protocols.

With a modern UI and seamless experience offered by Benefits You, we are seeing an increase in our employee engagement which further proves that MMB Tech was the right choice for our organization.

MMB digital solution has surpassed our expectation in terms of both functionality and security, and we would highly recommend it to any company looking for a comprehensive benefits management solution.
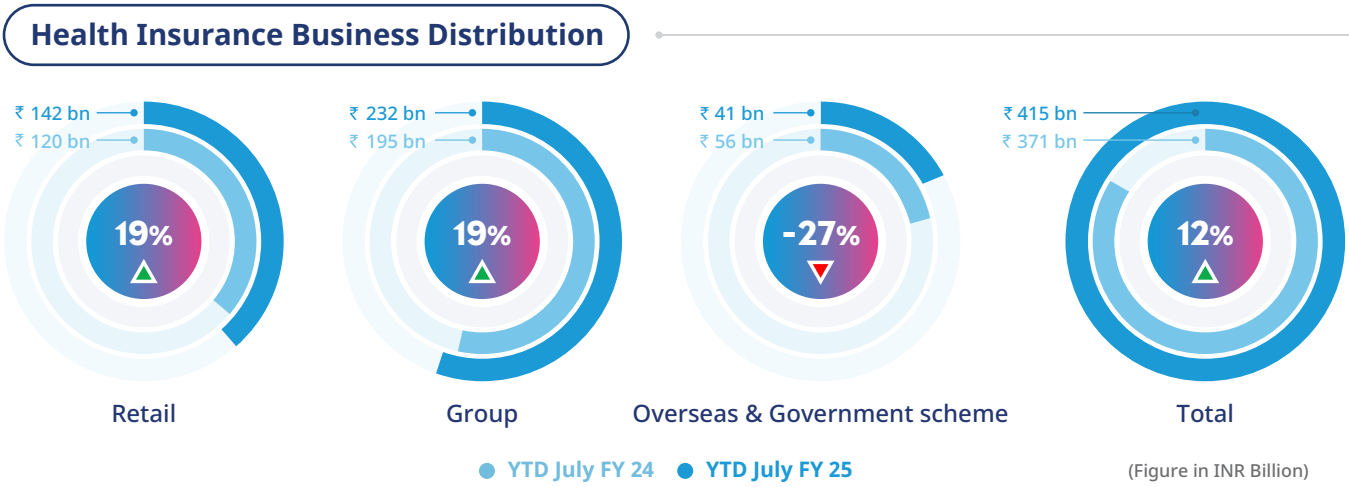

Gopal Krishna

Head Global Compensation and Benefits, Cyient

Industry Update and Overview

Every edition we endeavor to update our readers with recent updates in the healthcare and insurance industry. Below are few of the recent developments in the industry:

1 **Increase in National Pension Scheme (NPS) Employer contribution:** In Budget 2024, the finance minister proposed to increase the deduction limit for employer contributions to employee's NPS from 10% to 14% of the employee's salary. Previously only Central and State Government employees could deduct 14% of their salary for the employer's contribution to their NPS account under Section 80CCD (2).

2 **NPS Vatsalya:** The NPS Vatsalya scheme was launched on 17 September 2024 and will be managed by the Pension Fund Regulatory and Development Authority (PFRDA). Under the scheme, parents can begin saving for their child's retirement from an early age, ensuring long-term financial growth through consistent investments. This plan will be converted to normal NPS once the child attains 18 years of age.

3 **Maharashtra launches Universal Health Coverage with MJPJAY (Mahatma Jyotirao Phule Jan Arogya Abhiyan) scheme:** Maharashtra rolled out universal health coverage for all citizens, from July 1, 2024. The coverage will extend to every resident of the state with a valid ration card or domicile certificate regardless of income, which was earlier restricted to families with annual income up to INR 1 Lakh. The sum insured per family has been increased from INR 1.5 Lakhs to INR 5 Lakhs.

4 **INR 5 lakh health insurance under Ayushman Bharat for senior citizens above 70 years:** The government has approved health insurance coverage for all senior citizens aged 70 and over, regardless of income, under the flagship initiative Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). The senior citizens of the age 70 years and above belonging to families already covered under AB PM-JAY will get an additional top-up cover up to INR 5 lakh per year for themselves. All other senior citizens of the age 70 years and above will get a cover up to INR 5 lakh per year on a family basis.

5 **GST on cancer drugs reduced:** The GST council has reduced Goods and Service Tax (GST) on cancer drugs Trastuzumab Deruxtecan, Osimertinib and Durvalumab from 12% to 5%.

Industry Statistics

Health Insurance Business Distribution

| | ₹ 142 bn | ₹ 232 bn | ₹ 41 bn | ₹ 415 bn |
| | ₹ 120 bn | ₹ 195 bn | ₹ 56 bn | ₹ 371 bn |

19% △ Retail **19% △** Group **-27% ▽** Overseas & Government scheme **12% △** Total

● YTD July FY 24   ● **YTD July FY 25**   (Figure in INR Billion)

12% YOY growth seen across the health insurance industry, with 12.15% overall GI industry growth (including health). However, YOY growth across health insurance industry dipped from 24% as of YTD July FY 24 to 12% as of YTD July FY 25.

Group Business Distribution

Figure in INR Bn	YTD July FY 24		YTD July FY 25		
Company	Group	Market Share	Group	Market Share	YOY Growth
Public Sector Companies (PSU)	94	48%	104	45%	11%
Private Companies (PVT)	76	39%	95	41%	25%
Stand alone Health Company (SAHI)	25	13%	32	14%	28%
Grand Total	**195**	**100%**	**232**	**100%**	**19%**

As evident, PSU market slipped from 48% to 45% with increase in Private and SAHI companies market share.

Importance of Employee Benefits Communications:

Enhancing Engagement and Empowering Employees Through Total Rewards Statement

Gaurava Gupta, Senior Vice President,
MMB Digital Leader IMEA, Marsh India

In today's competitive job market, attracting and retaining top talent is a priority for organizations. While salary and career growth opportunities are crucial factors, employee benefits play a significant role in attracting and retaining employees. According to a survey by the American Institute of Certified Public Accountants, about 80% of respondents would choose a job with benefits over an identical job offering 30% more salaries but with no benefits. This preference is driven by the desire for financial security and peace of mind, which benefits like health insurance, retirement plans, and flexible schedules can provide.

However, simply offering a comprehensive benefits package is not enough. Effective communication about these benefits is equally important. In the age of internet where ecommerce and social media platforms are continuously evolving to improve user experience, traditional HR applications often struggle to connect with employees.**Traditional HR systems lack real-time communication capabilities and have limited accessibility across devices. Poor/ dated user interface, inadequate data utilization and personalization, insufficient integration and failure to support remote work are some of the other shortfalls.**

Most employees are unaware of the full range of benefits available to them and an effective communication platform will help increase awareness and understanding of their benefits, to be able to make informed decisions about their wellbeing. **The Reward Engager module on Mercer's Darwin® platform** is built on this principle and aims to provide a personalized benefit experience to employees in an uncluttered and intuitive manner, which can be securely accessed from a range of fixed and mobile devices, while at work, or at home.

Darwin offers life event-based communication algorithms with passive-profiling, which can not only display personalized on-screen content but can also measure success of engagement campaigns and trigger event-based communications which are more impactful than mass mailers. A research by Gallup stated that engaged employees deliver 18% more productivity and 23% more profitability than disengaged peers.

Dynamic Total Reward Statement (TRS) on Darwin offers a single and concise view of all financial components such as retirement plans, health savings accounts and insurance policies that an employee is eligible for, including stock options. The voluntary benefit marketplace also allows employees to plan and purchase essential benefits for self and dependent family members.

Employee benefits, such as flexible work arrangements, parental leave, and wellness programs, can significantly contribute to work-life balance. However, if employees are not aware of these benefits or do not understand how to access them, their potential benefits are diminished. TRS ensures that employees are aware of the work-life balance initiatives available to them, enabling them to better manage their personal and professional lives. Transparent and effective benefits communication helps create a supportive and inclusive work environment. **Darwin Analytic Centre (DAC) provides a comprehensive dashboard for CXOs to have a bird's eye-view of their benefit portfolio across borders to see benefit take-up rates across demographics.** Engagement stats on DAC helps employers in identifying critical benefits that have not received adequate visibility and may require either an improved communication campaign or tweaking an essential feature to make it more acceptable with employees.

Employee benefits can be complex, with various options, rules, and regulations. By providing clear and concise information, organizations can ensure that employees understand their options, eligibility criteria, enrollment processes, and any changes or updates to the benefits program. **Darwin's algorithm engine declutters employee's display screen and shows only those benefits which either they can avail owning to their employment status or dependent status.** Darwin also supports display of sponsored, voluntary and participatory benefits based on parameters like gender/ age/ location/ department/ tenure/ grade/ salary etc. to reduce number of clicks/ filters that employee has to perform before they can avail respective benefits.

In a nutshell, investing in robust benefits communication strategies not only benefits employees but also contributes to the overall success and growth of the organization. Effective communication is an ongoing process. Regularly evaluating and updating benefits communication strategies ensures that employees are well-informed and engaged, leading to a happier and more productive workforce.

The Transformative Role of AI in the Healthcare Ecosystem

Dr. Tanvi Parkar, Advisory, MMB India

"Generative AI is the most powerful tool for creativity that has ever been created. It has the potential to unleash a new era of human innovation." - Elon Musk

In recent years, the healthcare industry has witnessed a remarkable transformation with the integration of Artificial Intelligence (AI). According to a report from the World Economic Forum, AI expenditure in India is expected to reach USD 11.78 billion by 2025 and is expected to add USD 1 trillion to India's economy by 2035.

The impact of AI in healthcare is significant and expected to grow in the short, medium, and long term. In the short term, AI is already improving healthcare delivery by automating administrative tasks, optimizing workflows, and enhancing diagnostic accuracy. In the medium term, AI will further advance precision medicine, enabling personalized treatment plans based on individual patient data. In the long term, AI has the potential to revolutionize healthcare research, drug discovery, and clinical trials.

Let us delve deeper into how artificial intelligence is changing the game for the healthcare industry:

Improve Operational Efficiencies for Hospitals and Public Healthcare:

AI-powered systems can analyze patient data, such as medical records and test results, to identify high-risk patients and predict potential complications. This enables hospitals to allocate resources more effectively, prioritize patient care, and reduce hospital readmissions. AI can also help in predicting disease outbreaks and epidemics, enabling proactive measures to be taken to prevent the spread of diseases and protect public health.

Medical Diagnosis:

AI algorithms are being developed and trained to analyze medical images, such as X-rays, CT scans, and MRIs, with a level of accuracy that rivals or even surpasses human experts. These algorithms can quickly and accurately detect abnormalities, helping physicians make more informed decisions and improving patient outcomes.

Precision Medicine and Surgical Procedures:

In precision medicine, AI algorithms analyze vast amounts of patient data, including genetic information and medical records, to develop personalized treatment plans tailored to individual patients. This approach has the potential to improve treatment outcomes and reduce adverse effects. In surgical procedures, AI-powered systems assist surgeons in preoperative planning, intraoperative guidance, and postoperative monitoring, leading to more precise and efficient surgeries.

Patient Care and Outcomes:

Through AI-powered mobile applications and wearable devices, patients can effortlessly monitor their vital signs, track their physical activity, receive personalized health recommendations and medicine reminders. These enable patients to proactively manage their health, and make necessary lifestyle changes to prevent chronic diseases.

Health Insurance Claims Process:

AI automates claims processing tasks, resulting in faster claim processing and customer satisfaction. AI-powered chatbots provide personalized support to policyholders during claims. It also plays a crucial role in fraud detection and assists insurers to estimate costs for treatments and procedures, and allows insurers to track performance and streamline operations.

Health Insurance Underwriting:

AI algorithms analyze vast amounts of patient data, including medical records, claims history, and lifestyle factors, to assess an individual's health risks and determine appropriate insurance premiums. According to a report by McKinsey, the adoption of AI in underwriting processes can lead to a 15-20% reduction in underwriting time and a 10-15% improvement in underwriting accuracy.

Drug Discovery:

The traditional process of discovering and developing new drugs is time-consuming, expensive, and sometimes inefficient. AI is changing this by leveraging vast amounts of data and advanced algorithms to identify potential drug candidates and predict their efficacy.

While AI offers various applications in health insurance, it also comes with risks that should be considered when harnessing its power. AI poses risks in data privacy, security, bias, and cyber threats. It can lead to inappropriate handling of confidential information, spread misinformation, and generate incorrect responses. Additionally, there are concerns about regulatory and intellectual property violations.

In summary, AI's transformative potential needs careful implementation. By addressing risks, AI can make healthcare more accessible and efficient.

Source: https://www.weforum.org/agenda/2022/10/ai-in-healthcare-india-trillion-dollar/

Consulting Initiatives

An Overview of the HERO Scorecard Survey: Assessing Workplace Health and Well-being

Dr. Nimitha Menon, Health Risk Management Services Team, MMB India
Dr. Gaurav Abhale, Health Risk Management Services Team, MMB India

Introduction: In today's fast-paced and demanding work environments, employee health and well-being have become crucial factors for organizations aiming to create a thriving and productive workforce. To effectively measure and evaluate the impact of workplace health programs, the **HERO Scorecard Survey** has emerged as a valuable tool. This article provides an overview of the HERO Scorecard Survey, its purpose, key components, benefits for organizations, and additional objectives, research methodology, and key highlights.

Understanding the HERO Scorecard Survey: The HERO Scorecard Survey, developed by the Health Enhancement Research Organization (HERO) in collaboration with Mercer, is a comprehensive assessment tool designed to evaluate workplace health and well-being initiatives. It provides organizations with a structured framework to measure the effectiveness of their programs and identify areas for improvement.

Objective of the HERO Scorecard Survey: The primary objective of the HERO Scorecard Survey is to help organizations assess the impact of their workplace health and well-being programs on employee health outcomes, engagement, and productivity. By collecting data on various program components, the survey enables organizations to make data-driven decisions and develop targeted strategies to enhance employee well-being.

Research Methodology and Participant Profile: The HERO Scorecard Survey utilizes a robust research methodology to gather data from participating organizations. The survey is administered online and includes a comprehensive questionnaire that covers various aspects of workplace health and well-being programs. The participant profile includes organizations from diverse industries and sizes, allowing for a broad representation of workplace health initiatives.

The tool is designed to help employers learn about proven best practices that advance workplace health and wellbeing and determine the extent to which their own programs incorporate best practices. The tool assesses the employer's health and wellbeing practices based on best practice standards and calculates the scores and compares results to maximum points available, with the goal to eventually provide country-specific benchmarks.

In the 2nd edition of the International HERO Scorecard, 3 new elements were added to enhance its assessment capabilities. These additions include

- Mental Health (MH),

- Diversity, Equity, and Inclusion (DEI)

- Social Determinants of Health (SDOH) factors.

By incorporating these new elements, the new version of the HERO Scorecard aims to provide a more comprehensive assessment of workplace health and well-being initiatives.

What to Look for in the Report: The HERO Scorecard Survey report provides organizations with a wealth of valuable information. When reviewing the report, organizations should pay attention to Program Effectiveness, Benchmarking Data and Return on Investment Analysis.

Key Highlights: The HERO Scorecard Survey report highlights key findings and trends in workplace health and well-being programs. These highlights may include:

- **Emerging Best Practices:** Identify innovative strategies and program components that have shown promising results in improving employee health outcomes and engagement.

- **Industry Trends:** Gain insights into the latest trends and developments in workplace health and well-being initiatives. Stay informed about new approaches and technologies that can enhance program effectiveness.

Report Launch Timeline: The report will be released in the last quarter of 2024.

To know more about the HERO Scorecard survey, write to us at healthriskmanagementservices@marsh.com.

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