

Advisor Case Study Intake Form

**Table of Contents**

[**Introduction**](#_30j0zll) **2**

[Case Study Submission Process Overview](#_1fob9te) 2

[**Case Study Submission Requirements**](#_3znysh7) **3**

[**Health Rosetta Advisor Information**](#_2et92p0) **4**

[**Plan Sponsor Information**](#_tyjcwt) **4**

[**Plan Sponsor Goals and Objectives**](#_3dy6vkm) **6**

[Health Rosetta Components Overview](#_1t3h5sf) **6**

[Additional Health Rosetta Component Questions](#_4d34og8) 7

[**Plan Grader**](#_2s8eyo1) **8**

[**Change Management Details**](#_26in1rg) **12**

[**Case Study Results**](#_35nkun2) **14**

[**Case Study Financial Overview**](#_44sinio) **15**

[**Case Study Supportive Materials**](#_z337ya) **16**

[**Additional Information**](#_3j2qqm3) **17**

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# Introduction

Case studies are a great way to feature your expertise in the marketplace and showcase the success you are having with your clients. Health Rosetta has developed a great partnership with Pinkston, a leading PR Firm, that has established relationships with diverse industry and professional publications. Case studies are a proven content marketing asset that can drive a significant amount of prospects and employer leads to Health Rosetta Advisors.

To be considered an Accredited Advisor in the Health Rosetta Program, you will need to complete at least one case study demonstrating your clients success after implementing Health Rosetta principles and components.

The long term goal is to create a library of Health Rosetta case studies to provide ample evidence to employers that are considering Health Rosetta-centric health plans. This case study library will be accessible to Health Rosetta Advisors to demonstrate to your clients that Health Rosetta-centric plans worked for another employer with similar employee demographics and culture in order to help you win clients. Thank you in advance for submitting a success story and demonstrating that the fixes to our healthcare system are already working.

## Case Study Submission Process Overview

1. **Submit Case Study Information -** Submit your completed case study link to Zach@HealthRosetta.org.
2. **Schedule an Interview -** Health Rosetta will schedule an interview with you to review the case study information and ask for additional clarification if necessary.
3. **Review Final Case Study -** We’ll send a final case study for you to review before we share and market materials.
4. **Create Health Rosetta Marketing Materials -** Health Rosetta will create a case study PDF and slides for future marketing opportunities and share these materials with you to distribute through your own marketing channels. We’ll also share your case study on Health Rosetta website and other marketing channels.
5. **Pursue additional PR (Pinkston, PR Firm) -** Health Rosetta and Pinkston will pitch your case study to industry and professional publications. Please understand that we cannot guarantee that publications will pick up your case study.
6. **Update case study annually -** We’ll reach out to update your case study to reflect your ongoing success.

Please contact [Zach@HealthRosetta.org](mailto:Zach@HealthRosetta.org) if you have any questions about this form or send the final case study link when complete.

# Case Study Submission Requirements

To save everyone’s time, please consider these requirements before submitting your case study:

* We prefer to only publish case studies that are current clients of yours.
* Will your plan sponsor client give permission to use their name to help promote their case study? Case studies have a lot more credibility and are attractive to publishers when the case study uses real employer names and people.
* Do you have at least one plan year of data showcasing the success of your Health Rosetta-centric health plan? It’s best to wait until you have at least one full year of experience prior to submitting a case study.
* By submitting this form and sharing plan sponsor data, you agree to let Health Rosetta use this data to market and share your case study results.

# Health Rosetta Advisor Information

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| Advisor Name |  |  |
| Advisor Agency |  |  |
| Advisor Email |  |  |
| Advisor Phone Number |  |  |

***Key to Status Column (For Internal Health Rosetta Use)***

|  |
| --- |
| Red = Not Started |
| Yellow = In Progress |
| Green = Complete |

# Plan Sponsor Information

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| Plan sponsor name: |  |  |
| Plan Effective Date |  |  |
| Plan sponsor HQ address |  | City, State |
| List other states plan sponsor has employees: |  |  |
| Plan sponsor sector: |  | Please specify:   1. Private Sector 2. Public Sector 3. Non-profit 4. Union 5. Other (please describe) |
| What is your organization's ownership structure? |  | Please specify:   * Not Applicable * Employee-Owned * Privately Held * Publicly Held * Public Entity * Family Owned * VC/PE Backed * Parent Company * Subsidiary |
| Plan sponsor industry: |  |  |
| Number of employees: |  |  |
| Number of enrolled employees on plan: |  |  |
| Number of total lives enrolled on plan: |  |  |
| What is the average annual management employee salary? |  | Please specify:   * $0 to $20,000 * $20,000 to $50,000 * $50,000 to $75,000 * $75,000 to $125,000 * $125,000 to $250,000 * $250,000+ |
| What is the average annual non-management employee salary? |  | Please specify:   * $0 to $20,000 * $20,000 to $50,000 * $50,000 to $75,000 * $75,000 to $125,000 * $125,000 to $250,000 * $250,000+ |
| Employee Plan Costs: |  | Deductible (Ind & Family):  Out-of-Pocket Max (Ind & Family):  Monthly Premium (employee contribution, Ind & Family):  Employer Contributions to HSA/HRA/FSA: |
| How digitally savvy is the population? |  | Please specify:  High  Moderate  Low |
| Plan sponsor total annual revenue: |  |  |
| Please describe any specific info about the plan sponsor, their culture, your relationship, or other details you think we should know? |  | (Optional) |

# Plan Sponsor Goals and Objectives

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| Please select the plan sponsor's top 3 priorities for their health plan? |  | Mark all that apply:   * Save money * Reduce employee costs * Minimize member disruption * Reduce turnover * Attract & Retain Talent * Other, please describe |
| What was the primary, secondary and/or tertiary problem(s) the plan sponsor was trying to solve? |  | Please describe |

# Health Rosetta Components Overview

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Rosetta**  **Component** | **Effective Date Component was Implemented** | **Component still in use?** | **Solutions Implemented (AKA, Vendors, Programs, etc.)** |
| *Example Component Line* | *1/1/2017* | *Y* | *Health Rosetta Inside, etc.* |
| Transparent Advisor Relationship |  | Y / N |  |
| High Performance Plan Design, Docs and Risk Management |  | Y / N |  |
| Independent, Active Plan Administration and Oversight |  | Y / N |  |
| Value-Based Primary Care + Patient Stewardship |  | Y / N |  |
| Transparent Open Networks |  | Y / N |  |
| Major Specialties and Outlier Patients |  | Y / N |  |
| Transparent Pharmacy Benefits |  | Y / N |  |
| Enabling Technology |  | Y / N |  |

## Additional Health Rosetta Component Questions

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| Why did plan sponsor choose Health Rosetta components to help solve their problem(s)? |  | Please describe |
| Please confirm case study time frame of when plan sponsor first started implementing Health Rosetta components: |  | (Example: 2014 to Current) |

# Plan Grader

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| Confirm the plan funding mechanism: |  | * Fully Insured * Level Funded * Self-Funded * Captive * Other |
| How many years has the plan been self-funded or level-funded? |  |  |
| Do you have unrestricted access to full claims data sets? |  | Y / N |
| Who is involved in your annual benefits review, planning and design process? |  | Please specify: (choose/bold all that apply)   * HR * CFO * CEO * Other Executive Management * Employees Representatives * N/A |
| Which of the following cost management tools are in place currently: |  | Please specific (choose/bold all that apply)   * Reference Based Pricing * Direct Contracting * Bundled Procedures * Centers of Excellence * Second Opinion Services * Transparency Tools * Brand & Specialty Drugs * N/A |
| Which major specialty area(s) does the plan have specific strategies for: |  | Please specific (choose/bold all that apply)   * Musculoskeletal * Cardiometabolic * Cancer * Transplant * Dialysis * Specialty drugs * Other * N/A |
| Which of the following applies to the plan’s stop loss policy?\* |  | Please specific (choose/bold all that apply)   * The carrier has A or better rated paper. * The carrier has experience with and tools to project claims for transparent open network strategies, such as reference-based pricing. * The carrier proactively discounts for cost containment vendors and solutions. * The stop loss policy follows the underlying SPD for coverage disputes. * The contract includes at least a 12 month run out if the plan is utilizing reference-based price network model. * Specific Advance is included in stop loss policy. * The policy includes a no new laser rate cap. * The policy has at least a six-month rate lock-in to implement transparent open networks and educating members. * N/A |
| Do your plan's service providers and benefits advisors  (1) adhere to [the Plan Sponsor Bill of Rights](https://healthrosetta.org/plan-sponsor-bill-of-rights/),  (2) adhere to the [Benefits Advisor Code of Conduct](https://healthrosetta.org/code-of-conduct/), and (3) provide you with timely and complete access to direct and indirect fees [(Advisor Disclosure)](https://healthrosetta.org/learn/benefits-advisor-disclosure/)? |  | Y / N |
| Which of the following full-function primary care elements do the clinics/practices your plan members have barrier-free access to?\* |  | Please specific (choose/bold all that apply)   * E.g., at no member cost, conveniently accessible, and including transportation if needed. * Paid through a value-based payment model (not fee-for-service) * Practices shared decision-making with physician allegiance to the patient * Monitors, integrates, and coordinates care with specialists * Leverages population health management practices and tools such as proactively managing risk factors across the patient panel (versus reactively responding to patients presenting problems) * Embeds physical therapy within the practice * Patient experience (measured by NPS) is regularly measured across the entire patient panel * Embeds clinical pharmacy within the practice * Embeds mental health care within the practice * Practices evidence-informed care, using tools such as Choosing Wisely * Provides simple, 24x7 access to care and care information via email, text, phone * N/A |
| Does your plan have any Center of Excellence and/or 2nd opinion programs with meaningful incentives and education to use these programs? These can help ensure the highest quality care for complex conditions (e.g., cancer, transplants, dialysis, neurology, spine/ortho) and reduce overtreatment, particularly for certain surgical procedures (e.g., stents, bypass, etc.). |  | Y / N |
| Does the network exclude providers who don’t adhere to "fair trade" for healthcare principles?\*  Examples include publishing publish safety data, clear and guaranteed bundled prices for procedures, etc.  [View Health Rosetta Fair Trade Principles](https://healthrosetta.org/fairtrade/) |  |  |
| Does your pharmacy benefits plan include the items listed below?\* |  | Please specific (choose/bold all that apply)   * Ability to create custom formularies for your population * Contractual language that (1) you own your plan's Rx data and (2) that it cannot be sold or used in aggregate without your permission * Ability to audit all pharmacy network contracts, manufacturer contracts, and/or rebate aggregator contracts * Strict concurrent drug utilization reviews * Customizable prior authorization protocols * Quantity limits to proactively ensure proper utilization * Step therapy and starter dose programs to specifically ensure appropriate opioid dispensing (e.g., limits initial fills to a five-day supplies if state law does not already do so) * Comprehensive access to de-identified claims data, reporting, and analysis to support retrospective safety, utilization, cost, and other reviews * N/A |
| Which of the following high-level categories of items do your ERISA plan documents fully address? |  | Please specific (choose/bold all that apply)   * Allowable Payment Amounts * Experimental or Investigational Care * Medical Necessity Requirements * Plan Administrator Discretion * Fiduciary Duties * Coordination of Benefits * Leaves of Absence * Exclusions * Overpayment Recovery and Third-Party Recovery * Compliance and General Drafting aligned with Employee Handbook * N/A |
| Does Plan Sponsor TPA contractually agree to only receive revenue from admin fees paid? |  | Y / N |
| Does Plan Sponsor TPA let you select the dollar amount threshold for auto-adjudicating claims? |  | Y / N |
| Does your plan use claims audits and/or payment integrity services to minimize paying fraudulent claims and reducing identity theft risk? |  | Please specific (choose/bold all that apply)   * Don’t know or don’t have one * Service provided by a single carrier * Multi-carrier, multi-algorithm system |

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# Change Management Details

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| How did you approach change management overall to successfully implement Health Rosetta components? |  |  |
| What tactics did you use to create a sense of urgency to change (legal risk, legacy, outlining current dysfunction, data, etc.)? |  |  |
| What tactics did you use to create an Alliance for change (recruit change agents, recruit employees, champions or millenials, Executive buy-in, Education, etc.)? |  |  |
| What vision for change did you create to inspire the plan sponsor (finding a compelling ‘why’, cultural alignment, long-term business planning, etc.)? |  |  |
| What tactics did you use to communicate the vision for change (channels, senior leadership, simplicity, repetition, feedback, etc.)? |  |  |
| What obstacles of change did you encounter and how did you overcome them (lack of Executive support, inadequate buy-in, resistance, change saturation, etc.)? |  |  |
| How did you use short term wins to create momentum (very specific milestone or turning point, change effort impact, visible, tangible, etc.)? |  |  |
| How did you consolidate improvements and build on gains (mid-cycle effort, senior leadership buy-in, etc.)? |  |  |
| How did you, or are currently, anchoring change into the culture (constant communication, reminders, processes, etc.) |  |  |

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# Case Study Results

|  |  |  |
| --- | --- | --- |
| Question | Status | Details |
| What were the ultimate results for the plan sponsor? |  |  |
| How much did plan sponsor see in total healthcare savings by implementing Health Rosetta (over the course of the case study period)? |  |  |
| What obstacles, if any, did you encounter and how did you overcome them? |  |  |
| How did plan sponsor measure savings through implementing Health Rosetta? |  |  |
| What benefits did plan sponsor see as a result of Health Rosetta (Immediate and long term)? *(i.e. Financial impacts, Exit/investor impacts, Clinical impacts, Human impact implications, Personal impacts, Life impacts)* |  |  |
| What did the plan sponsor do with their Health Rosetta Dividend? |  |  |
| Please include any plan member stories that were financially and/or emotionally affected by the Health Rostta benefit plan. (Human interest pieces that show the human costs and benefits go a long way to promoting case studies and the real human impact of Health Rosetta benefit plans. |  |  |
| Please include any plan sponsor testimonial(s): |  |  |

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# Case Study Financial Overview

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Status | Details Before | Details After |
| What was the plan sponsor’s total annual healthcare spending (over the same time frame of the case study) in fixed costs? |  |  |  |
| What was the plan sponsor’s total annual healthcare spending (over the same time frame of the case study)) in claims costs? |  |  |  |
| What was the plan’s annual healthcare spending (over the same time frame of the case study) in per employee deductible costs? |  |  |  |
| What was the plan’s annual healthcare spending (over the same time frame of the case study) in per family deductible costs? |  |  |  |

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# Case Study Supportive Materials

*Please share materials that you used to demonstrate your results to your client (No need to create additional reports). Below are some IDEAS of what we are looking for:*

|  |  |
| --- | --- |
| Do you have financial data and/or trend analysis from before and after Health Rosetta implementation? | *(Email supportive materials and form to Zach@HealthRosetta.org)* |
| Do you have insurance claims data depicting trends before/after implementation of Health Rosetta? | *(Email supportive materials and form to Zach@HealthRosetta.org)* |
| Do you have days away from work data depicting trends before/after implementation of Health Rosetta? | *(Email supportive materials and form to Zach@HealthRosetta.org)* |
| Do you have opioid use data for employees at your company depicting trends before/after implementation of Health Rosetta? | *(Email supportive materials and form to Zach@HealthRosetta.org)* |
| In quantifying the outcomes of implementation of Health Rosetta, how did your company track outcomes? Can you share this data? | *(Email supportive materials and form to Zach@HealthRosetta.org)* |
| Do you have any data that shows measurements of clinical outcomes specific to your industry that you would be willing to share with Health Rosetta? (i.e. healthcare industry: MRI data, construction/utility industry: MSK data, etc.) | *(Email supportive materials and form to Zach@HealthRosetta.org)* |

# Additional Information

*Please provide any additional information that will help support your case study that was not included above*