

THE HIGH PERFORMANCE HEALTH PLAN



Three-Year Roadmap Guide

A practical planning guide for sequencing the decisions, owners, evidence and review cadence behind a high-performance health plan.

01 DIAGNOSE Build the baseline: objectives, data, contracts and governance.	02 DESIGN Reshape financing, purchasing, navigation and care pathways.	03 BUY Procure, implement and measure the disciplined strategy.
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Choose the right path forward.

Use this guide to turn strategy into an executable three-year health plan roadmap. Each year has a distinct job: **Diagnose** the current state, **Design** the future state, and **Buy** with discipline. The worksheets are designed to be completed by leadership, finance, HR and the advisory team together.

How to Use This Guide

A roadmap is most useful when it connects decisions to evidence, ownership and a defined review cadence.

The objective is not to change everything at once. The objective is to create a deliberate sequence that improves the plan without creating unnecessary disruption for employees or the organization. Work through the guide in order, document assumptions, assign accountable owners and revisit the roadmap at least quarterly.

1. Start with evidence	Establish a reliable baseline before evaluating solutions. Claims, contracts, utilization, employee feedback and financial performance should drive the strategy.
2. Sequence decisions	Some decisions unlock others. Financing, data access, network strategy, pharmacy, navigation and vendor choices should be sequenced intentionally.
3. Name the owner	Every priority needs one accountable owner, even when several stakeholders contribute.
4. Define the proof	Decide in advance what evidence will show that an initiative is working - cost, quality, access, experience or operational performance.
5. Review and adjust	The three-year roadmap is a living management tool. Revisit it when claims patterns, workforce needs, contracts or market conditions change.

Recommended planning team

- Executive sponsor / leadership
- Finance / CFO
- Human resources / benefits
- Operations / workforce leadership
- Employee benefits advisor
- TPA / carrier partner
- PBM / pharmacy partner
- Clinical / navigation partner as applicable

Before you begin

Collect the most recent 24-36 months of claims and pharmacy data where available, current plan documents and contracts, renewal history, contribution strategy, employee census and enrollment, vendor agreements, stop-loss terms, employee feedback and any existing strategic objectives.

Three-Year Roadmap at a Glance

The phases are progressive. Each one creates the evidence and operating discipline needed for the next.

YEAR ONE	YEAR TWO	YEAR THREE
01 DIAGNOSE Build the baseline and establish governance.	02 DESIGN Translate evidence into a better plan architecture.	03 BUY Execute through disciplined procurement and implementation.
Primary questions What is driving cost? Where are the contract gaps? What does the workforce need? What decisions are constrained today?	Primary questions Which financing model fits? What should be carved out or integrated? How should employees access care? Which incentives should change?	Primary questions Which partners can execute? How will contracts be measured? What implementation risks exist? How will outcomes be reviewed?
Evidence Claims and Rx analytics Contract and fee review Utilization patterns Employee feedback Benchmarking	Evidence Scenario modeling Vendor diligence Network / access analysis Member journey mapping Financial projections	Evidence RFP / market results Contract terms Implementation plans Performance guarantees Outcome reporting
Year-end outcome A fact-based baseline, prioritized opportunity map and governance model.	Year-end outcome A documented future-state design with validated economics and decision criteria.	Year-end outcome An implemented strategy with accountable partners, measurable outcomes and a renewal-ready management cycle.

Roadmap rules

- **Do not skip diagnosis.** A fast solution purchased against a weak baseline can lock in the wrong strategy for years.
- **Do not confuse activity with progress.** Each initiative should move a defined financial, clinical, access or experience measure.
- **Do not let the roadmap become a renewal calendar.** The plan should be managed throughout the year, not only 90 days before renewal.
- **Protect optionality.** Preserve access to usable data, transparent contracts and termination rights that keep future choices open.

Year One: Diagnose

Build the baseline. Clarify objectives, secure data, assess contracts and establish governance.

Year-one objective

Create a shared, fact-based view of the current plan. By the end of the year, leadership should understand what is driving spend, which contractual or operational constraints matter most, where member experience is breaking down, and which opportunities deserve priority.

Core workstreams

#	WORKSTREAM	YEAR-ONE DELIVERABLE
1	Strategy & governance	Define business objectives, risk tolerance, decision rights and review cadence.
2	Data & analytics	Secure medical, pharmacy, stop-loss and vendor reporting; build cost and utilization baseline.
3	Contract review	Inventory fees, guarantees, renewals, termination rights, data ownership and hidden restrictions.
4	Population & access	Assess workforce demographics, geography, access to primary/specialty care and employee friction points.
5	Opportunity map	Prioritize high-cost conditions, pharmacy, site-of-care, network, navigation and benefit design opportunities.

Year-one evidence checklist

- 24-36 months medical claims
- 24-36 months pharmacy claims
- Large claimant detail / condition trends
- Stop-loss policy and renewal history
- PBM contract and rebate terms
- TPA / carrier ASO agreement
- Network and access analysis
- Vendor contracts and fees
- Contribution and enrollment history
- Employee census and geography
- Benefits communication / engagement data
- Employee feedback or survey results

Year-one decision gate

Proceed to design when:

Leadership agrees on the baseline, the major cost and experience drivers are documented, the highest-priority opportunities have an accountable owner, and the organization has enough data and contractual flexibility to evaluate future-state options.

Year Two: Design

Use the evidence to reshape financing, purchasing, navigation and care pathways.

Year-two objective

Translate the year-one baseline into a coherent future-state health plan design. Avoid isolated point solutions. Model the strategy as an integrated system: financing, network, pharmacy, care navigation, incentives, clinical pathways and employee experience should reinforce one another.

Design decisions to evaluate

DESIGN AREA	QUESTIONS / OPTIONS TO MODEL
Financing	Fully insured, level funded, self-funded, captive or other risk strategy; stop-loss structure; reserve and cash-flow implications.
Medical purchasing	Network strategy, direct contracting, centers of excellence, site-of-care steerage, reference-based or alternative payment approaches where appropriate.
Pharmacy	PBM model, pass-through economics, specialty pharmacy strategy, formulary, rebates, GLP-1 approach, clinical management and member support.
Navigation & primary care	Advocacy, high-touch navigation, DPC/VPC, second opinions, oncology/MSK pathways and care management.
Benefit design & incentives	Plan choices, contributions, HSA/HRA/FSA strategy, incentives, steerage and barriers to high-value care.
Employee experience	Communication, enrollment, literacy, access, bilingual needs, digital tools and ongoing education.

Scenario modeling worksheet

SCENARIO	EST. ANNUAL COST	RISK / VOLATILITY	MEMBER IMPACT	NOTES / ASSUMPTIONS
Current-state baseline				
Option A				
Option B				
Option C				

Year-two decision gate

Move to procurement when the future-state design is documented, economics have been modeled under realistic scenarios, employee impact is understood, implementation dependencies are identified, and leadership agrees on the criteria that vendors and contracts must meet.

Year Three: Buy

Execute the disciplined strategy through procurement, implementation and outcome measurement.

Year-three objective

Turn the design into executable contracts and operating routines. The goal is not simply to win an RFP; it is to select partners that can deliver the defined strategy with transparent economics, measurable performance and an implementation plan that protects the member experience.

Disciplined buying sequence

STEP	WHAT GOOD LOOKS LIKE
1. Define	Translate the strategy into clear requirements, decision criteria, performance measures and non-negotiable contract terms.
2. Source	Identify credible partners and market options; issue focused RFPs only where competition can improve economics or performance.
3. Validate	Verify fees, guarantees, networks, references, implementation capacity, data access and contract language.
4. Contract	Document pricing, audit rights, data ownership, performance guarantees, termination rights, implementation duties and reporting standards.
5. Implement	Manage a formal work plan covering eligibility, files, member communications, care transitions, training, testing and escalation.
6. Measure	Launch the governance cadence immediately. Review financial, clinical, access and experience outcomes against the baseline.

Procurement scorecard

CRITERION	WEIGHT	SCORE	EVIDENCE / NOTES
Economics / total cost	25%		
Contract transparency	20%		
Clinical / service model	20%		
Member experience & access	15%		
Data, reporting & integration	10%		
Implementation capability	10%		

Year-three decision gate

Implementation is complete when contracts reflect the agreed strategy, critical integrations are tested, employees understand how to use the plan, owners know the escalation path, and baseline reporting is scheduled before the first quarterly review.

Three-Year Master Roadmap Worksheet

Convert the strategy into a visible sequence of decisions and deliverables. Use quarters as planning blocks, not rigid deadlines.

WORKSTREAM	Y1 Q1	Y1 Q2	Y1 Q3	Y1 Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4	Y3 Q1	Y3 Q2	Y3 Q3	Y3 Q4
Strategy & governance												
Data & analytics												
Financing / stop-loss												
Medical / network												
Pharmacy / PBM												
Navigation / clinical												
Benefit design												
Employee communication												
Procurement / contracts												
Measurement / outcomes												

Priority register

#	PRIORITY / DECISION	OWNER	TARGET DATE	DEPENDENCIES / NOTES
1				
2				
3				
4				
5				

Tip

Keep the roadmap at the decision level. Implementation project plans should live separately. This page should let an executive understand the sequence, the owner and the next major decision in less than five minutes.

Governance and Review Cadence

A high-performance health plan is managed like a material business expense, not treated as an annual renewal event.

Use a simple cadence that matches the size and complexity of the plan. The advisory team can prepare the analysis, but the employer should retain decision ownership and define which issues must be escalated to leadership.

CADENCE	REVIEW	ACCOUNTABLE GROUP
Monthly / operational	Eligibility, service issues, implementation items, large claim activity, vendor escalations and immediate member concerns.	Benefits lead / advisor
Quarterly / performance	Financial trend, Rx, high-cost claims, utilization, vendor KPIs, access, engagement, savings validation and roadmap progress.	Steering committee
Semiannual / strategy	Forecast, emerging risks, contract performance, vendor market changes, employee feedback and next-year design decisions.	Finance + HR + executive sponsor
Annual / enterprise	Strategy refresh, risk tolerance, contribution philosophy, vendor decisions, budget targets and three-year roadmap reset.	Executive leadership

Decision rights worksheet

DECISION	RECOMMENDS	APPROVES	ESCALATION / NOTES
Annual health plan budget / target			
Financing / risk strategy			
PBM / pharmacy strategy			
Medical network / care strategy			
Employee contribution changes			
Vendor selection / termination			
Major plan design changes			

Governance standard

Every quarterly meeting should end with four items: decisions made, open risks, owners and due dates. Track them until closed.

Outcome Scorecard and Decision Gates

Measure what matters, and connect the scorecard to the decisions leadership will actually make.

DOMAIN	METRIC	BASELINE	TARGET	ACTUAL	SOURCE / NOTES
Financial	Total plan cost per employee / trend				
Financial	Medical + Rx cost PMPM				
Financial	High-cost claimant concentration / stop-loss recovery				
Pharmacy	Specialty Rx / GLP-1 / rebate performance				
Utilization	ER, inpatient, avoidable site-of-care utilization				
Access	Primary care / specialist access or navigation utilization				
Experience	Employee satisfaction / issue resolution / call metrics				
Vendor	Performance guarantees / SLA achievement				

Decision gates

GATE	QUESTION	DECISION
Gate 1 - Baseline complete	Do we have sufficient data, contract visibility and leadership alignment to define the problem accurately?	GO / HOLD
Gate 2 - Design validated	Have we modeled the economics, member impact, dependencies and implementation risks of the proposed future state?	GO / HOLD
Gate 3 - Partner selected	Does the selected partner meet the strategy, economics, transparency and performance requirements?	GO / HOLD
Gate 4 - Ready to launch	Are integrations, communications, care transitions, testing, reporting and escalation paths ready?	GO / HOLD
Gate 5 - Outcomes confirmed	Are savings and performance supported by credible data, and are adjustments required?	CONTINUE / ADJUST

Avoid the savings trap

Measure net outcomes, not vendor-reported gross savings in isolation. Validate methodology, subtract fees and displacement, and compare performance against a credible baseline.

90-Day Launch Plan

Use the first 90 days to establish governance, secure the evidence and create momentum without prematurely selecting solutions.

TIMING	FOCUS	KEY ACTIONS	OWNER
Days 1-30	Align	Confirm executive sponsor; define objectives and risk tolerance; collect contracts and reporting; build document inventory.	
Days 31-60	Analyze	Review medical and Rx drivers; map fees and contract restrictions; identify workforce access issues; benchmark performance.	
Days 61-90	Prioritize	Agree on top opportunities; assign owners; establish quarterly scorecard; populate the three-year roadmap and decision gates.	

First-quarter commitments

#	COMMITMENT	OWNER	DUE DATE / NOTES
1			
2			
3			
4			
5			

Planning notes

THE HIGH PERFORMANCE HEALTH PLAN

Build the plan intentionally. Buy with evidence. Measure the outcomes.

www.TheHighPerformanceHealthPlan.com | www.EmployerBenefitsIQ.com