

Current Contract Language and Reporting Metrics for ETF Initiatives

This document lists the contract language and corresponding reporting metrics for the five ETF Disease Management Initiatives. All metrics are self-reported by the health plans. Evaluation of the self-reported data and known variations in the methodology and exceptions applied by health plans significantly impacts the ability of ETF to evaluate the success of the programs overall or within individual health plans.

Advanced Care Planning

2015 Contract Requirement: ETF will accept one of the following approaches for 1/1/15 as the first stage of an ACP program that will expand with time.

1. Health plan is actively participating in one of the following ACP programs: Honoring Choices of Wisconsin, Gundersen Health System's Respecting Choices or Institute for Healthcare Improvement's The Conversation Project. Financial support for one of the listed programs without being a part of training and pilot programs does not constitute active participation.
2. Providers will add palliative care specialists to a care team that commonly cares for ETF members with advanced or life-threatening disease, e.g. end stage kidney disease, advanced heart or lung disease, stage IV cancer, etc.
3. All ETF members over the age of 60 will be offered the opportunity for Advance Care Planning (ACP) with a trained facilitator. ETF members may be notified of this ACP opportunity in person, by phone, mail or electronically.
4. All ETF members with serious disease and a likely survival of < 1 years will be offered an ACP and/or palliative care consultation. When appropriate, such individuals will receive multidisciplinary palliative care in their homes. ETF members must be notified of the opportunity for ACP and/or palliative care consultation in person or by phone.
5. All ETF members with a likely survival of < 90 days will be offered hospice services. ETF members must be offered hospice services in person or by phone.

2016 Contract Requirement: Health plans must offer Advance Care Planning and/or a palliative care consultation to members with a serious disease and/or a likely survival of less than twelve months.

Metrics: For non-Medicare ETF enrollees over 18 years of age:

1. Number of ETF Members starting Hospice during the reporting year.
2. Average Hospice Length of Stay
3. Median Hospice Length of Stay
4. Percentage of ETF members admitted to Hospice having less than or equal to 1 day Length of Stay
5. Percentage of ETF members admitted to Hospice having less than or equal to 5 day Length of Stay

Coordination of Care

Contract Requirement: With the intent of reducing hospital admissions, plans must demonstrate, upon request by the Department, their efforts at contacting Participants who have

been discharged from an in-patient hospital stay greater than twenty-four (24) hours and who have been diagnosed with heart failure, myocardial infarction, pneumonia, or any other high-risk health condition as specified by current Disease Management Guidance as issued by the Department, within 3-5 business days after the Participant is initially discharged from the hospital. Plans may coordinate with a hospital or provider group in order to contact these Participant.

Metrics: For non-Medicare ETF enrollees over 18 years of age:

1. # Hospital Inpatient Discharges per 1,000 members/Year (exclude inpatient stays of less than 24 hours).
2. % Members Discharged from hospital who received a successful follow up call from your plan/hospital within 2-5 days of discharge.
3. # Targeted for post discharge follow up call
4. # Successful contacts for post discharge follow up call
5. Hospital Re-admits within 30 days of discharge per 1,000 members/Year

Shared Decision Making

Definition: Means a program offered by a Health Plan or health care provider that Participants must complete when considering whether to undergo certain medical or surgical interventions. SDM programs are designed to inform Participants about the range of options, outcomes, probabilities, and scientific uncertainties of available treatment options so that Participants can decide the best possible course of treatment. The Health Plan or health care provider will provide the Participant with written Patient Decisions Aids (PDAs) as part of the SDM program.

Metrics: For non-Medicare ETF enrollees over 18 years of age:

1. Number of ETF members who visited an Orthopedist or Neurosurgeon for a surgical consultation for low back surgery.
2. Number of ETF members in #1 who received a Patient Decision Aid (PDA) prior to an orthopedist or neurosurgeon surgical consultation for low back surgery.

Low Back Surgery

Contract Requirement: Prior Authorization is required for Referrals to orthopedists and neurosurgeons associated directly or indirectly with the Health Plan for any Participant who has not completed an optimal regimen of conservative care for Low Back Pain (LBP). Prior Authorization is not required for a Participant who presents clinical diagnoses that require immediate or expedited orthopedic, neurosurgical or other specialty Referral. Participants seeking surgical treatment of LBP must participate in a credible Shared Decision Making (SDM) program provided by the Health Plan or its contracted providers consistent with the Prior Authorization requirement.

Metrics: For non-Medicare ETF enrollees over 18 years of age:

1. Spinal Surgeries Per 1,000 ETF Members/Year (CPT Codes provided)

High Tech Radiology

Contract Requirement: Prior Authorizations are required for high-tech radiology tests, including MRI, CT scan, and PET scans.

Metrics: For non-Medicare ETF enrollees over 18 years of age:

1. Outpatient CT, CTA per 1,000 Members/Year (CPT Codes provided)
2. Outpatient MRI, MRA per 1,000 Members/Year (CPT Codes provided)
3. Outpatient PET per 1,000 Members/Year (CPT Codes provided)
4. Outpatient Cardiac Nuclear Stress Tests per 1,000 Members/Year (CPT Codes provided)