****

MODEL HEALTH PLAN CONTRACT

ON ACCESS TO COMPREHENSIVE AND HIGH-QUALITY SERIOUS ILLNESS CARE

This Agreement is made and entered into this [#] day of [month], 2018, by and between [carrier or third-party administrator name], hereinafter called "Administrator," and [employer or other health care purchaser name], hereinafter called "Purchaser."

For the purposes of this Agreement, the term "Provider" shall refer to health care providers whom Administrator pays for care.[[1]](#footnote-1) In addition, the term "Plan Participant" shall refer to Purchaser's covered population, such as employees, dependents, and retirees, who are eligible to receive their health benefits under the group health plan (“Plan”) and who are living with serious illness.[[2]](#footnote-2)

1. **Introduction.** As Purchaser seeks high-value health care for eligible employees, dependents and retirees, the importance and value proposition of holistic approaches to providing medical and non-medical services is becoming more apparent. Enhanced communications, expert symptom management, and proper support for caregivers can significantly improve Plan Participants’ quality of life and reduce health care costs. Purchaser sponsors its Plan to ensure that those employees, dependents, and retirees living with serious illness have coverage for and access to comprehensive, high-value health care that meets their needs. For the purposes of this Agreement high-quality serious illness care refers to those additional services and supports that are provided to improve quality of life and are specified in this Agreement. Administrator provides third-party Plan administration services to Purchaser, which are described in the Administrative Services Agreement (ASA) entered into between the parties effective on [fill in effective date of Addendum here]. This Agreement outlines Purchaser's expectations for how Administrator shall facilitate progress in ensuring high-quality care for those individuals living with serious illness:
   1. **Care for Seriously Ill Patients.** Administrator shall design and implement programs and initiatives to meet Purchasers’ demands and Plan Participants’ needs in the following areas including, but not limited to, proactive identification of Plan Participants, and access to case managers with specific training and skills.
   2. **Specific Benefits for Plan Participants.** Administrator shall put in place and ensure access to specific benefits for Plan Participants. Administrator shall design and implement programs and initiatives to deliver targeted and specific benefits for Plan Participants, including, but not limited to: a) access to a multi-disciplinary specialty palliative care team when warranted, b) home-based care, and c) caregiver support services that cover respite care and other benefits that reduce stress for caregivers.
   3. **Provider Network.** Administrator shall maintain a high-quality network of Providers which includes selected specialty practices, such as oncology practices that have received training in communication and symptom management, as well as clinicians who are certified in specialist level palliative care. Administrator will implement payment incentives for Providers, quality programs, and invest in Providers by offering training in communications and symptom management to ensure network Providers deliver high-quality care to Plan Participants.
   4. **Reporting.** Administrator shall report on the status and results of each individual program and initiative as described above in a standardized way and at least semi-annually in a format to be agreed upon by the Purchaser and Administrator, that includes the impact on Plan Participants’ quality of life, satisfaction with care, and any health care cost savings generated as a result.

Purchaser includes these contractual commitments to support and advance Administrator programs and initiatives to ensure (a) Purchasers’ demands and Plan Participants’ needs are met; and (b) network Providers have the competencies and skills to deliver high-quality care to Plan Participants; and (c) programs are in place to assist family caregivers of Plan Participants, including parents of children living with serious illness.

Administrator will use reasonable efforts to ensure that these commitments and initiatives apply to all benefits offered under the Plan and administered by the Administrator, as applicable, to the extent such implementation is supported by the Administrative Services Agreement (ASA) and any Scope of Work related thereto. In order to facilitate consistency in payment and delivery reform efforts, Administrator should apply initiatives across all books and lines of business, including fully-insured, self-insured, public and private sector, as appropriate and permitted.

Purchaser will make best efforts to ensure benefit designs support the initiatives and commitments described in this Agreement. Unless otherwise specifically provided for herein, Administrator shall comply with the obligations set forth in this Agreement in accordance with the timelines established for each initiative described in this Agreement. Failure of the Administrator to meet these commitments materially by the applicable dates set forth in this Agreement will be considered grounds for non-renewal of the Agreement.

1. **Obligations of Administrator.** To advance the objectives stated above, Administrator shall promptly take the following actions:
   1. **CARE FOR SERIOUSLY ILL PATIENTS**

Administrator shall design and implement programs and initiatives to meet Purchasers’ demands and Plan Participants’ needs. Purchasers are particularly interested in initiatives focused on proactive identification of Plan Participants, and access to case managers with specific training and skills. Such initiatives shall include the following:

1. **Identification Process.** Administrator shall proactively identify Plan Participants living with serious illness and/or multiple chronic conditions using defined processes incorporating diagnoses, functional status information, and utilization data. Pharmacy data, and other available clinical data may be used as well.
2. **Access to Case Managers with Specific Training and Skills.** 
   1. **Specially Trained Case Managers.** Administrator shall provide access to case managers specifically trained on how common serious illnesses progress, assessing symptoms, assessing the burden felt by caregivers, advance care planning, understanding patients’ values and priorities in the context of a serious illness (goals of care conversations), and training on the specific services that Administrator makes available.
   2. **Empowered Case Managers.** Administrator shall put processes in place to expedite access to needed services for Plan Participants. Case managers should be empowered to expedite access to services and coordinate care.
   3. **SPECIFIC BENEFITS FOR PLAN PARTICIPANTS**

Administrator shall design and implement programs and initiatives to deliver targeted and specific benefits for Plan Participants. Purchasers are particularly interested in programs focused on a) access to a multi-disciplinary specialty palliative care team when warranted, b) home-based care, and c) caregiver support services that cover respite care and other benefits that reduce stress for caregivers. Such programs shall include the following:

1. **Access to Specialty Palliative Care Services.** Administrator shall put in place coverage for benefits, without cost sharing, for Plan Participants to receive services from a multi-disciplinary specialty palliative care team when warranted.
2. **Home-Based Care.** Administrator shall put in place specific benefits for home-based care provided by an interdisciplinary team which includes professionals certified in palliative care for Plan Participants and children living with serious illness. In-home services must include clinically-competent 24/7 coverage. Access to these benefits may be limited to Plan Participants that meet specified eligibility criteria.
3. **Caregiving and Caregiver Support.** Administrator shall design and implement programs and initiatives focused on providing access to the following benefits:
   1. **Respite Care.** Administrator shall provide coverage of respite care, adult day care, or a limited-duration of care in a nursing home to Plan Participants, including those with cognitive decline.
   2. **Family Therapy.** Administrator shall cover marriage and family therapy for Plan Participants and their families without limitations on the number of visits. To enable this benefit, Administrator shall include specialists in grief and bereavement, including child bereavement services, in the behavioral health provider network.
   3. **Home Health Aide and Personal Care Services.** Administrator shall cover services provided by home health aides for Plan Participants so that they may have assistance with both activities of daily living (ADLs) such as eating and bathing, and instrumental activities of daily living (IADLs) such as shopping, cooking, or homemaking.
   4. **Extension of Coverage to Support Family Caregivers.** Administrator shall extend coverage of the aforementioned benefits to family caregivers of Plan Participants, including parents of children with serious illness.
   5. **PROVIDER NETWORK**

Administrator shall maintain a high-quality network of Providers which includes selected specialty practices, such as oncology practices that have received training in communication and symptom management, as well as clinicians who are certified in specialist level palliative care. Providers must have the requisite knowledge and skills to deliver high-quality care to Plan Participants and their caregivers. Administrator will implement the following:

**Payment Incentives for Network Providers.** Administrator shall implement approaches to payment that are designed to incentivize Providers to adhere to standards of care for serious illness, such as the approaches described below. Administrator shall:

* 1. Require or provide financial incentives to hospitals to hold The Joint Commission (TJC) Advanced Certification in Palliative Care.
  2. Require or provide financial incentives to specialty practices, such as oncology practices, to complete training in symptom management and enhanced communication skills.

**Quality Programs for Plan Participants.** Administrator shall implement quality programs that are specific to Plan Participants. Such quality programs include the approach described below.

1. Administrator’s quality program for Plan Participants will include evaluation of the following services:
2. Symptom assessments, referring to a formal review of a Plan Participant’s symptoms spanning pain, fatigue, drowsiness, nausea, loss of appetite, constipation, shortness-of-breath, depression, anxiety, and overall wellbeing. Symptoms can be due to the health condition(s) and/or to the treatment(s) for those conditions. Symptom assessments should be conducted frequently to allow symptoms to be addressed in a timely manner. Program evaluation can include whether the use of symptom assessments has increased;
3. Functional assessments, referring to the process of identifying and describing how well a Plan Participant can perform each of the six activities of daily living (ADLs). Program evaluation can include whether the use of functional assessments has increased;
4. Documentation of care preferences and/or proxies. Program evaluation can include whether documentation of care preferences and proxies has increased; and
5. Hospice. Program evaluation can include rate of hospice enrollment and/or length of stay for eligible Plan Participants.

**Investments in Network Providers.** Administrator shall commit to ongoing investments in network Providers to ensure they deliver high-quality care to those living with serious illness, such as the approach described below.

* + - * 1. Administrator shall offer or make available to appropriate network Providers training in the following areas:

1. Advance care planning and goals-of-care conversation skills; and
2. Symptom assessment and management skills, including safe and appropriate use of pain medication
   1. **TRACKING PROGRESS**
      * 1. **Reporting and Accountability to Purchaser.** Administrator shall report on the status and results of each individual program and initiative described in this agreement in a standardized way and at least semi-annually in a format to be agreed upon by the Purchaser and Administrator, that includes the impact on Plan Participants’ quality of life, satisfaction with care, and any health care cost savings generated as a result.
   2. **ACKNOWLEDGEMENT [OPTIONAL SECTION. Include if the ASA does not address this issue generally.]**

Administrator acknowledges that the Purchaser is relying on Administrator’s experience and expertise in providing the evaluative and analytic information described in this Agreement and that Administrator represents that it will use its best efforts to achieve the objectives set forth in this Agreement. Aside from the circumstance where Purchaser has established a direct contract with a Provider, Administrator and Purchaser agree that Administrator has full and complete responsibility for negotiation, execution and maintenance of the contracts governing its Provider network and that the Purchaser has no authority with respect to or control over the terms of such contracts, including methods and rates of payment and evaluation of Provider performance.

1. Including health systems, hospitals and other facilities, physicians, nurse practitioners, pharmacists and pharmacies, among others. [↑](#footnote-ref-1)
2. A health condition that carries a high risk of mortality and either negatively impacts a person’s daily function or quality of life or excessively strains their caregivers. [↑](#footnote-ref-2)