

QualityPath[®] Frequently Asked Questions (FAQs)

Employees and Family Members

Why does The Alliance help employees and family members learn about quality and cost?

It can be hard to find credible, easy-to-understand information about quality and price for specific surgeries and tests. Without that information, patients can't determine which doctors, hospitals and clinics provide good value and outcomes. Employees and family members can use **QualityPath** information to select doctors, hospitals and other facilities that have proven their ability to meet quality standards and have agreed to provide care at a bundled price that covers 100 percent of the cost of the **QualityPath** medical procedure or test for the employee (special provisions apply for high-deductible health plans with a health savings account). The Patient Experience Manager guides employees through the process and answers questions along the way.

Are you asking me to change my primary care doctor?

No. Primary care doctors refer patients to other caregivers for **QualityPath** tests and surgeries. When patients have the option of using **QualityPath** caregivers for lower out-of-pocket costs, we ask primary care patients to assist in making those referrals. The Patient Experience Manager works with patients to help make the connection to **QualityPath** caregivers, including the transfer of medical records. When the procedure is done, the Patient Experience Manager will help return the patient to the primary care doctor for care, again assisting in the transfer of records.

Why should a patient use a **QualityPath** doctor, hospital or clinic?

There are at least three reasons why a patient who is eligible for **QualityPath** should choose a designated doctor, hospital or facility:

1. **Quality of Care:** All **QualityPath** caregivers must meet or exceed quality standards that are based on national measures and recommended practices for care. For surgeries, quality of care is based on a specific doctor when working with a specific hospital.
2. **A Better Patient Experience:** Support for patients is built into **QualityPath**. For surgeries, **QualityPath** offers personalized assistance from the Patient Experience

Manager to help make appointments, arm the patient with information and coordinate care.

3. Cost: When patients use **QualityPath**, their claims are covered at 100 percent (special provisions apply to patients who are enrolled in a high-deductible health plan with an HSA). Patients also benefit from a warranty. Contact your human resources representative to learn whether your employer participates and what costs and rewards are offered.

Patients who are considering a **QualityPath** surgery are required to call the Patient Experience Manager at 800.223.4139 prior to having the surgery. Please call as early as possible in the process.

QualityPath CT or MRI patients are asked to tell us when they schedule an appointment at www.qualitypath.com/TellUs. This is not required, but it will help patients get the full benefits of **QualityPath**. Use www.qualitypath.com or the [Find a Doctor website](#) to find hospitals and clinics that offer **QualityPath** CTs and MRIs.

What does the **QualityPath** warranty cover?

For surgeries, **QualityPath** hospitals and doctors offer a warranty that covers any care related to complications that arise during the surgical procedure or in the 90 days that follow it. The warranty assures the patient that if there are complications related to the **QualityPath** procedure or care, the **QualityPath** provider will take care of you without any additional charges. The patient returns to the **QualityPath** facility to receive this care unless it is urgent or emergent care and the patient has traveled a distance for the procedure. Following recommendations for follow-up care such as physical therapy or cardiac rehabilitation keeps the warranty in effect.

For CTs and MRIs, the 30-day warranty covers scans that must be redone because of poor image quality. It's important to note that the warranty is offered by the facility and doctor - not by The Alliance.

When a patient who had a **QualityPath** surgery is still within the 90-day warranty period, what happens if the patient seeks care from a doctor or hospital that is not part of The Alliance network?

The patient must comply with recommendations for follow-up care, such as physical therapy or cardiac rehabilitation, to qualify for the warranty. In addition, the need for additional care must be directly related to the surgical procedure.

How do patients qualify to participate in *QualityPath*?

Patients must:

1. Work for (or an eligible dependent of someone who works for) an employer that participates in ***QualityPath***.
2. Be covered by a health plan that uses The Alliance network and is eligible for ***QualityPath***.
3. If having a ***QualityPath*** surgery, call the Patient Experience Manager at 800.223.4139 before having the surgery. Make this call as early as possible to gain the greatest benefit from ***QualityPath***. The Patient Experience Manager works closely with the patient throughout the ***QualityPath*** process.
4. If having a ***QualityPath*** test, patients should ask the doctor ordering their scan to use a ***QualityPath*** hospital or clinic. Next, patients should notify The Alliance of their appointment at www.qualitypath.com/TellUs.
5. Use a ***QualityPath*** doctor, hospital or clinic. For surgeries, this means using a ***QualityPath*** doctor and hospital team. Patients should call 800.223.4139 to verify that they are using a ***QualityPath*** doctor, hospital or clinic.

How can patients learn more about *QualityPath*?

- › Ask your employer whether your company participates in ***QualityPath***. If so, your employer will have educational materials they can share.
- › Visit the ***QualityPath*** website at www.qualitypath.com.
- › If you work for a participating employer and are deciding whether to have a ***QualityPath*** surgery, contact The Alliance at 800.223.4139 and ask to speak to the Patient Experience Manager.
- › Check The Alliance's [Find a Doctor](#) tool to find ***QualityPath*** designated doctors, hospitals and clinics.

What if a patient chooses not to have a *QualityPath* surgery as a result of the shared decision-making approach required by *QualityPath*?

Pre-operative doctor visits and related tests will be covered at 100 percent even if the patient decides that surgery is not the right care at this time. The Third Party Administrator (TPA) that pays claims on the employer's behalf will determine whether the pre-operative work was medically appropriate as part of the ***QualityPath*** process.

I know someone who had a poor result from a surgery performed at a *QualityPath* facility. Why are they on the list of designated providers?

First, programs change and improve. Every single applicant who entered this process made positive changes to their program. So the program they have now is likely to be significantly different than the program they had in the past. That's the kind of change ***QualityPath*** aims to encourage.

Second, we know that outcomes for surgeries can vary from doctor to doctor. **QualityPath** rates a specific facility working with a specific doctor to try to account for that difference.

Third, no hospital, doctor or facility is perfect. For a variety of reasons, they can sometimes have imperfect results.

Finally, **QualityPath** cannot guarantee a good outcome for every patient. We want to increase the likelihood of a good outcome by directing patients to doctors, hospitals and clinics that have proven outcomes and that have processes and procedures in place to maintain a high level of quality.

Could patients be asked to travel to hospitals or facilities outside their local area to benefit from **QualityPath**?

It is likely that there are **QualityPath** hospitals and doctors near you for some surgeries and tests - 75 percent of people who rely on The Alliance network to access care are within 30 miles of designated hospitals and doctors for orthopedic surgeries such as hip or knee replacement. Ninety-one percent are within a 50-mile range. For MRIs, 72 percent of patients are within a 30-mile range of a designated provider, while 93 percent are within a 50-mile range. For CTs, 25 percent are in a 30-mile range while 39 percent are in a 50-mile range.

For heart surgeries, the shift from a Madison location to Gundersen Health System in LaCrosse means that more patients will face a drive of roughly two to four hours.

Some employers make arrangements for employees and family members who live outside The Alliance service area to have access to **QualityPath**. These employers help cover the cost of travel to help employees and family members use **QualityPath** for care.

If travel is required, who pays for it?

Employers decide whether to cover travel costs as part of their health plan or through other arrangements. Check with your human resources representative for details.

If a patient who has a **QualityPath** surgery chooses to have follow-up care (such as physical therapy) from a local provider, rather than a **QualityPath** provider, does that mean the patient has to pay for it out-of-pocket?

That depends on your employer's health plan. Follow-up care at the **QualityPath** provider who performed the procedure (not just any **QualityPath** provider) is covered at 100 percent. In addition, some employers also cover follow-up care at facilities within your community at 100 percent. Check with your human resources representative to learn more.

What items are not covered at 100 percent for patients who have a *QualityPath* surgery?

For surgeries, items that are not included in the 100 percent benefit level include:

- › Medications purchased at a pharmacy.
- › Care provided at a nursing home following surgery. This care is only covered for a patient who has a ***bilateral*** knee replacement .
- › Post-discharge durable medical equipment.
- › Any other services received from a ***QualityPath*** provider that are not related to the *QualityPath* procedure.
- › Non-emergency follow-up care and care for complications if not performed by the ***QualityPath*** provider.
- › Care related to the procedure that occurs outside the 90-day warranty period.

Consult your health plan to learn how these services will be covered.

For tests, some MRIs of a joint require an injection of contrast material into the joint. This injection is a separate, additional service that is not eligible for 100 percent coverage in ***QualityPath***. Instead, it will be covered by at your standard benefit level. Only about 2 percent of all MRIs require this type of injection.

Does the warranty for *QualityPath* surgeries and tests cover anything that occurs?

No.

For ***QualityPath*** surgeries, the patient must comply with recommendations for follow-up care, such as physical therapy or cardiac rehabilitation, to qualify for the warranty. In addition, the need for additional care must be directly related to the surgical procedure.

For ***QualityPath*** tests, the warranty covers the need to perform the test again. To be covered by the warranty, this test must be performed by the ***QualityPath*** hospital or clinic that did the first test.

What is an “eligible health plan” for participation in *QualityPath*?

First, the patient must gain access to health benefits through an employer or insurance trust that participates in ***QualityPath***.

Second, the patient must select a health plan that accesses care through The Alliance network.

Third, the employee cannot be enrolled in an exclusive provider organization (EPO).

I have primary insurance through another plan, but gain access to The Alliance network through secondary insurance. Can I still get 100 percent coverage through *QualityPath*?

No. Anyone is welcome to use **QualityPath** doctors and hospitals, but only people who have primary insurance that uses The Alliance network qualify for **QualityPath** benefits and services.

I'm on a high-deductible health plan with a health savings account. How does that change *QualityPath*'s coverage of surgery costs?

If you are in a high-deductible health plan with a health savings account, you must pay your deductible before 100 percent coverage of your surgeries or tests will begin.

- › For surgeries, employers who participate in **QualityPath** help reduce your out-of-pocket costs for a **QualityPath** surgery by giving you a special payment of at least \$1,000, which may be paid directly to you or deposited to your health savings account.
- › For CT or MRI tests, employers who participate in **QualityPath** help reduce your out-of-pocket costs by giving you a special payment of at least \$100, which may be paid directly to you or deposited to your health savings account.

Check with your human resources representative to learn the details of your employer's health plan. All other benefits of the **QualityPath** program remain in place.

I've already had a joint replacement and need to have the same hip or knee replaced again. Does *QualityPath* cover this surgery?

No. **QualityPath** covers first-time joint replacements only. A "revision" is a more complex surgery.

What if I have other services done at the same visit as my *QualityPath* test?

Other services done during the same visit as the test are covered at your standard benefit level, not the **QualityPath** level. Examples of services that are typically not part of the **QualityPath** benefit include an office visit, an X-ray or certain types of injections for MRI tests.