

TREATMENT INTERVENTION ADVISORY COMMITTEE: REQUEST FOR REVIEW SUBMISSION PACKET

The Treatment Intervention Advisory Committee (TIAC) supports the Wisconsin Department of Health Services (DHS) in ensuring quality services are available to the citizens of Wisconsin. TIAC carefully and fully considers all available information regarding a proposed treatment and then advises DHS about the quantity and quality of evidence supporting nonmedical treatment interventions.

TIAC members are experts in the field, with extensive experience reviewing and evaluating published research. Reviews are conducted independently by members of TIAC, and the findings are discussed at the open meetings, held three times per year. The members reach consensus and report their findings to DHS by assigning a level of efficacy rating, ranging from Level 1 (well established or strong evidence) to Level 5 (untested/experimental treatment or potentially harmful).

TIAC is an advisory committee and does not make decisions regarding funding.

Process and Deadline for Request for Review

To be considered for review by TIAC, requesters must submit a preliminary request expressing a desire for a review of the research related to the service or product in question. DHS will determine whether the request is in scope for a TIAC review. If the preliminary request for review is accepted, the requester must submit a packet of materials for review by the committee. The due dates below determine the soonest date that the service or product may be discussed by the committee. (See TIAC website for scheduled meeting dates.) All preliminary requests, submission packets, and questions related to the process should be emailed to dhstiac@dhs.wisconsin.gov.

TIAC Meeting	Preliminary Request to DHS	Submission Packet Due
Late February	November 1	December 1
Late June	March 1	April 1
Late October	July 1	August 1

REQUEST FOR REVIEW

Name – Service or Product for Review	Date of Request
Requester <input type="checkbox"/> Provider of service or equipment <input type="checkbox"/> DHS <input type="checkbox"/> Other, specify:	Is the request being made on behalf of a ForwardHealth member who is currently seeking reimbursement for this service or product? <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUESTER CONTACT INFORMATION

Name – Requesting Agency or Individual			
Title			
Street Address			
City		State	Zip Code
Phone Number	Email Address		
Website			

CONTENT PROVIDER CONTACT INFORMATION (if different from requester)

<input type="checkbox"/> Same contact information as requester			
Name – Content Provider			
Title			
Street Address			
City		State	Zip Code
Phone Number	Email Address		

COMPONENTS TO INCLUDE WITH REQUEST

In addition to this form, your submission must include the following components:

- Executive summary (overview)
 - 250 to 750 words
 - Short description of service, evidence, and potential harm

- Service summary
 - Include a **brief** service summary (1–2 pages) with the following sections:
 - **Populations:** Indicate populations that are known to benefit from the service or product (e.g., diagnosis, ages).
 - **Providers:** Indicate the qualifications or credentials of providers of the service or product.
 - **Recommended Protocol:** Indicate the dosage and duration of the service required to produce desired clinical benefit
 - **Unique Benefits:** How is the service (a) different from and (b) more effective than established services that currently address the medical condition treated by this service?
 - **Concerns:** Indicate known or alleged side effects, adverse reactions, safety concerns, and potential for harm. If a detailed discussion is needed to clarify this issue, please include as an attachment.

- **Coverage:** Indicate any private or publicly-funded health plans that currently cover this service. Include any restrictions in coverage imposed by health plans. Specify the CPT or HCPCS codes used to bill for the service or product.
- **Cost:** Indicate the cost for this service or product. Be as complete as possible given the nature of the service or product. Indicate any initial or start-up costs. Indicate the estimated annual cost to utilize or maintain the service or product. For services, indicate the anticipated duration of the service and estimate the lifetime costs. For products, indicate the anticipated lifespan of the product until replacement is required.

Peer-reviewed literature (list of publications)

- Criteria for research articles to be included in the review are provided in the TIAC review process summary document.
- Include full PDF copies of cited publications when available.
- Articles that do not meet criteria for inclusion will be noted in the recommendation memo created by the reviewers.

Product or service information sheet or brochure (if available)

Testimonials or letters of support from professionals or professional association (optional—no more than two letters with no more than 1,000 words per letter)

Documents should be prepared using Microsoft Word and included as attachments (Word documents or pdfs).

Documents that exceed the indicating length limitations will not be reviewed. Brochures or product information sheets may be included in electronic format.

Submit all materials to dhstiac@dhs.wisconsin.gov. In order to be reviewed and discussed at a TIAC meeting, materials must be received by close of business on the submission packet due date for the associated meeting.