



Proviso 33.34: Healthy Outcomes Plan Application

Webinar

August 8, 2013

Agenda

- Welcome and Introductions
- Resources
- Healthy Outcomes Plan (HOP) Application Form Review
- Technical Assistance
- Questions

Welcome and Introductions

Resources

- Proviso Website: <https://msp.scdhhs.gov/proviso/>
 - Current:
 - Environmental scan
 - Hospital reimbursement methodology
 - Projected 2014 DSH Payments
 - Target populations and primary care safety net enhancement payments
 - HOP guidelines
 - HOP application form
 - Future:
 - FAQs
 - Social determinants tool (August 15)
 - Sample MOU
 - Reporting template(s)
- Email: innovations@scdhhs.gov

Healthy Outcomes Plan (HOP) Application Form

Healthy Outcomes Plan Cover Page

Proviso 33.34 A(1), C, D

Project Title	Application Date
<input type="text"/>	<input type="text"/>

Name of Hospital(s) [1]

Name of Hospital(s) [2]

Name of Partner(s) [1]

Name of Partner(s) [2]

I attest that, on behalf of the above named hospital(s), I am the organization representative approved to submit a Healthy Outcomes Plan (HOP) process improvement proposal. I further attest that the partner(s) signature(s) is also the approved representative for the respective organization(s) to request participation in the HOP with the above named hospital. Additionally, I attest that all partners will participate in SCDHHS HOP evaluation activities. By signing this form, the representatives certify that the information contained herein has been reviewed by all parties and all parties have had the opportunity to consult with their respective legal entity.

Hospital Representative	Date
<input type="text"/>	<input type="text"/>

Hospital Representative	Date
<input type="text"/>	<input type="text"/>

Hospital Representative	Date
<input type="text"/>	<input type="text"/>

**Additional signature lines may be added for additional community service and primary care safety net partners participating in the proposed collaboration.*



Cover Page

- Project Title
- HOP Application Due Date:
 - 5 p.m. EST Friday, August 30
 - Submit via email at innovations@scdhhs.gov or U.S. Postal Mail to SCDHHS, **Attn: Healthy Outcomes Plan**, 1801 Main Street, Columbia, SC, 29201
- Name of Hospital(s)
 - Multiple hospitals working together on the same project/plan, may submit one application
- Name of Partner(s)
- Attestation
 - Representation
 - Participation in SCDHHS HOP evaluation activities
 - Opportunity to consult with respective legal entity

Letter of Intent

- Collaboration/Partnership
 - Existing relationships
 - New relationships
- Support Triple Aim Initiative
- If selected for participation, a formal MOU must be submitted by October 1
- Commitment to maintain equal partnership and long-term sustainability

- Name of Hospital(s)
- Partner(s) Lead
- Name of Partner(s)
 - FQHC/FQHC look-a-likes
 - RHC
 - Free clinics
 - Other providers
 - Community service organizations/agencies
- Brief statement regarding previous collaborations with proposed partners, if applicable
- HOP Implementation Sites
- Contact information on clinical and administrative lead

- Background and Rationale (max 1,000 words)
 - History of the problem that HOP addresses
 - Rationale supporting the design of this model
 - Include data from the environmental scan, applicants' own data, EHR, claims data
 - What problems have contributed to high ED utilization in your target population
 - Social determinants
 - Lack of infrastructure
 - Shortage of PCPs, behavioral health providers
 - Describe gaps in care affecting your target population
 - Describe current access to primary care for your target population
 - Describe capacity limitations and social support systems in your community

- Target Population and Inclusion (max 1,000 words)
 - Describe the target population
 - Environmental scan
 - Past payment data
 - Claims data
 - Size determined using the Targeted Population Table
 - Hospital-specific posted on Proviso website
 - Explain the methodology you used to select your targeted population.
 - Clinical characteristics do your targeted patients demonstrate/share?
 - Social and demographic characteristics
 - What portion of the estimated total population meeting the program criteria does the targeted sample represent?

Application Page 4

- Strategic Objectives
 - Refer to page 3 in the Healthy Outcomes Plan Guidelines
- Strategic Measures
 - Care Metrics
 - Cost Metrics
 - Health Metrics
 - Refer to page 4 in the Healthy Outcomes Plan Guidelines

- Description of Healthy Outcomes Plan (max 1,000 words)
 - Describe the service delivery model that supports the Triple Aim initiative.
 - How do you propose to achieve the plan objectives.
 - How will you coordinate and manage the care and transitions of these patients?
 - What methodology will you use to screen a patient's eligibility for Medicaid and other health affordability programs?
 - Benefit Bank
 - Community Health Center plans
 - Access Health SC
 - Other
 - How will the proposed delivery model improve the health of the patients served?
 - How will the proposed delivery model facilitate reduction in ED utilization?
 - How will the proposed delivery model lower the hospital's overall patient care costs?

- Resources Required for Implementation
 - Current capacity,
 - Provide a statement of the anticipated resources that will be required to implement and operate this strategy.
 - Staffing
 - Assets
 - Care Team
 - Basic requirements of partners and their resources
 - How will you overcome capacity limitations of the health systems and social support systems?
- Reporting Capacity
 - Describe the applicants' and partners' capacity to report the metrics outlined.
 - Data sources
 - Methods of data capture
 - Support/assistance needed for successful reporting

Technical Assistance

Technical Assistance Team



Melinda Merrell
803.454.3850 , ext. 2
Merrell@scorh.net

Dee Lorick
803.454.3850, ext. 2008
lorick@scorh.net

Melanie Matney
803.744.3556
MMatney@scha.org

Dan Walker
803.896.1206
DWalker@daodas.sc.gov

Rick Foster, MD
803.744.3538
rfoster@scha.org

Lathran Woodard
803.788.2778
lathran@scphca.org

William Jennings, MD
william.jennings@scdhhs.gov

Roy Hess
803.898.1058
HessRoy@scdhhs.gov

Questions

Contact:

*Roy Hess, assistant deputy director
South Carolina Health and Human Services
hessroy@scdhhs.gov
803.898.1058*