

Healthy Outcomes Plan Cover Page

Proviso 33.34 A(1), C, D



Project Title

Application Date

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

FQHC Representative

Date

08/28/2013

Novant Health Medical Group Representative

Date

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

LETTER OF INTENT TO COLLABORATE BETWEEN

_____ and _____

We, the “Parties” listed above, intend to develop a Collaborative Partnership based upon the following principles:

The Parties desire to undertake this collaboration to build on existing relationships and/or form new relationships in order to implement a new service delivery model that aims to coordinate care for the uninsured, high utilizers of ED services and the chronically ill, and to support the Triple Aim initiative which will lead to improved health of the population, improved patient experience of care and reduce per capita cost of health care.

The Parties recognize that this is a general overview regarding the roles of the individual parties in this proposal, and a formal Memorandum of Understanding between the Parties will be agreed upon and submitted by the beginning of the Performance Period, October 1, 2013, if selected for participation.

The Parties shall enter into good faith negotiations for the purpose of establishing a Memorandum of Understanding for each of the activities described in the Process Improvement Plan. The rights and obligations of each Party will be contained within the Memorandum of Understanding.

Consistent with applicable law and each Party’s policies and procedures, the Collaborative Partnership may enter into agreements to support and perform each of the activities described in the Process Improvement Plan for the purpose of realizing any or all of the objectives of the collaboration.

The Parties agree to adhere to the highest scientific quality, values and ethical standards in their joint activities.

The Parties have designed this HOP Process Improvement Plan based upon a commitment to maintain an equal partnership and long term sustainability in a manner which maximizes their mutual ability to: generate and disseminate knowledge; apply that knowledge to solve priority health problems; and measure and assess improvement plan output throughout the collaboration.

The term of this Letter of Intent to Collaborate (LOIC) shall be for the duration of the performance period, if approved.

Either Party may terminate this LOIC without cause upon at least thirty (30) days’ prior written notice to the other Party and agrees to notify the South Carolina Department of Health and Human Services of the termination.

Institution: _____

Name and Title: _____

Date: _____

Institution: _____

Name and Title: _____

Date: _____

Institution: _____

Name and Title: _____

Date: _____

Healthy Outcomes Plan Application

Proviso 33.34 A(1), C, D



Name of Hospital

Partner(s) Leads

Name of Partner(s) 

HOP Implementation Sites 

Clinical Lead

Telephone

Email

Administrative Lead

Telephone

Email

Name of Hospital

Name of HOP

Background and Rationale (max. 1,000 words)



Name of Hospital

Name of HOP

Target Population and Inclusion Criteria



A large, empty rectangular box with a thin black border, intended for entering the target population and inclusion criteria.

Name of Hospital

Name of HOP

Strategic Objectives 

Strategic Measures 

Name of Hospital

Name of HOP

Description of HOP (max. 1,000 words)



Name of Hospital

Name of HOP

Resources Required for Implementation of HOP



Reporting Capacity



Performance Period



Hospital(s): Novant Health Gaffney Medical Center

HOP Name: Navigating Access in Cherokee County

Healthy Outcomes Plan (HOP) Application

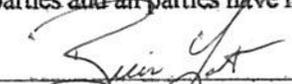
Proviso 33:34 Sections A (1), C, D

Application Cover Page

HOP Name	The name of your initiative
Application Date	August 30, 2013
Name of Hospital(s)	Novant Health Gaffney Medical Center
Name of Partner(s)	ReGenesis Health Care, Novant Health Barnhill Family Medicine, Novant Health Grassy Pond Family Medicine, Novant Health Limestone Family Medicine and Novant Health Peachview Family Medicine

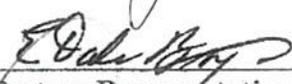
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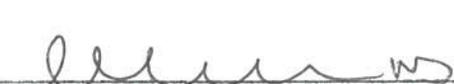
Hospital Representative

8/28/13
Date



Partner Representative

8/29/13
Date



Partner Representative

8/28/13
Date

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