**CHART Model**

**Community Transformation Plan Template**

Version 1, Last Updated: April 7, 2022

**CHART Model Community Transformation Plan Template**

Contents

[**Overview** 2](#_Toc97021400)

[**Section I – Application Updates** 2](#_Toc97021401)

[Community Definition and Update Request 2](#_Toc97021402)

[Clinical and Non-Clinical Provider Network 2](#_Toc97021403)

[Participant Hospital Recruitment 3](#_Toc97021404)

[**Section II –Strategy and Requested Flexibilities** 4](#_Toc97021405)

[List Strategic Priorities and Action Steps 4](#_Toc97021406)

[Summarizing the Transformation Plan 4](#_Toc97021407)

[Health Equity and Access to Care 4](#_Toc97021408)

[Equity Strategy 5](#_Toc97021409)

[Measuring Success 5](#_Toc97021410)

[Quality Measures 5](#_Toc97021411)

[Quality Strategy 7](#_Toc97021412)

[Assessing Strengths, Risks, and Planned Tactics 8](#_Toc97021413)

[Operational Flexibilities 8](#_Toc97021414)

[**Section III – Aligned Payers**  9](#_Toc97021415)

[Medicaid Alignment 9](#_Toc97021416)

[Aligned Payers 9](#_Toc97021417)

[**Section IV - Signatures** 10](#_Toc97021418)

## **Overview**

The Lead Organization, in collaboration with its Advisory Council, State Medicaid Agency (SMA), and Participant Hospitals, will develop and submit a Transformation Plan. A Transformation Plan is a Lead Organization’s description of its health care delivery system redesign strategy for its Community.

Lead Organizations should refer to the Transformation Plan Instructions for more information before filling out and submitting this Transformation Plan Template document and the Transformation Plan Workbook. The workbook is where you list out your transformation activities and Community definition, which will be needed to provide information for some of the sections in this template.

Each Lead Organization must submit a Transformation Plan and then update it annually. CMS will review and approve a Lead Organization’s Transformation Plan. Please refer to the *CHART Community Transformation Track Program Terms and Conditions, Section 12* (Transformation Plan), for additional information on Transformation Plan requirements.

## **Section I – Application Updates**

The purpose of this section is for your Lead Organization to update any changes since the submission of your CHART application to CMS and to provide reviewers with an understanding of your Community.

## Community Definition and Update Request

In the “Community Information” tab of the Transformation Plan Workbook, list all of the contiguous and non-contiguous rural counties and rural census tracts that comprise your current Community definition. This information can be copied from the CHART application.

If proposing a change to the Community since your CHART application, also list the added/removed counties and census tracks in the “Community Information” tab of the Transformation Plan Workbook.

**Note**: Transformation Plan deliverables should reflect the rural health care delivery system redesign strategies for your updated Community definition, if applicable.

## Clinical and Non-Clinical Provider Network

1. **Care Partners**: Describe how you are engaging hospital and non-hospital providers in the Community to achieve your Strategic Priorities. Be specific and refer to your Needs Assessment document, as applicable.

**Click or tap here to enter text.**

1. **Community Partners:** Indicate Community Partners such as social service entities, nonprofit organizations, religious organizations, community thought leaders, etc., and how these Community Partners will contribute to the Transformation Plan. **Click or tap here to enter text.**
2. **Access to Care:** Based on your Needs Assessment, provide a summary of conditions or services that impact access to care (e.g., access to broadband/WIFI within the service area, availability of public transportation, secure locations to facilitate a telehealth interaction, provider accessibility outside of normal business hours, languages/outreach to migrant or immigrant populations, translation service availability, etc.) and how you intend to address these barriers.

**Click or tap here to enter text.**

1. **Population Health:** Summarize your Community population health profile, including population health statistics and a description of the Social Determinants of Health (SDOH)[[1]](#footnote-2) that most impact the Community. Please specify which and how SDOH are addressed by your Strategic Priorities. Information on population health statistics can be found in the CHART Dashboard.

**Click or tap here to enter text.**

1. **Hospital Profile:** Provide a brief description of the hospitals that impact the Community population’s hospital cost of care. This may include hospitals that are located within the Community and hospitals outside of the Community that serve beneficiaries residing in the Community. Indicate each hospital’s provider type (i.e. Critical Access Hospital, acute care hospitals, etc.). This information can be found in the CHART Dashboard.

**Click or tap here to enter text.**

1. **Non-Hospital Provider Profile:** Provide a brief description of the Community’s non-hospital providers (e.g., primary care practices, Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), pharmacies, specialty care providers, etc.). This information can be found in your Needs Assessment and the Area Deprivation Index (ADI) View in the Population Health Tab of the CHART Dashboard.

**Click or tap here to enter text.**

1. **Anticipated Provider Changes in the Rural Landscape:** Provide any updates to trends in hospital closures, hospital consolidations (acquisitions), and hospital mergers since the time of application submission, and/or any planned changes within the Community that impact transformation activities. Please indicate whether any changes in closure, consolidation, and merger trends have increased or decreased over the past 5 years.

**Click or tap here to enter text.**

1. **Certificates of Public Advantage:** Indicate any Certificates of Public Advantages (CoPAs) in the area (which allow certain providers to merge and form an ‘acceptable monopoly’ for the sake of preserving access in the area). Please indicate N/A if none.

**Click or tap here to enter text.**

1. **Participation in other CMS Innovation Models or other Programs:** As listed within your Needs Assessment, please name any community entity or health care facility within your Community that is participating in both CHART and any other CMS Models or Alternative Payment Models (APM) such as CMS Models[[2]](#footnote-3), Medicare Shared Savings Program[[3]](#footnote-4), etc.

**Click or tap here to enter text.**

## Participant Hospital Recruitment

1. List your potential Participant Hospitals and indicate which hospitals submitted a Letter of Intent as part of your CHART application.

**Click or tap here to enter text.**

1. Provide a summary of your Participant Hospital recruitment strategies for Performance Period 1 (CY 2023).

**Click or tap here to enter text.**

# **Section II –Strategy and Requested Flexibilities**

The purpose of this section is for your Lead Organization to describe the elements of the Transformation Plan, including 1) Strategic Priorities, 2) Action Steps, and 3) measures of success. The Transformation Plan should be informed by the Needs Assessment. Be sure to reference the section below entitled *Health Equity and Access to Care* to ensure the health equity considerations are included in each Strategic Priority.

## List Strategic Priorities and Action Steps

List all Strategic Priorities and Action Steps in the “Transformation Activities” tab of the Transformation Plan Workbook. See the “Instructions” tab of the Transformation Plan Workbook for more information.

## Summarizing the Transformation Plan

Summarize how the proposed Strategic Priorities within the Transformation Plan together address the following:

* Improve or maintain access to care in the rural community;
* Improve or maintain health equity in the rural community;
* Improve or maintain the cost of care in the rural community;
* Improve or maintain quality of care in the rural community, particularly within the population health domains outlined in the CHART Quality Strategy (see Measuring Success section below); and
* Anything else you would like to share.

**Click or tap here to enter text.**

Describe any state legislative or regulatory requirements that impact deployment of transformation activities (e.g. scope of practice limitation on who can provide telehealth services, if a nurse practitioner can practice independently, etc.).

**Click or tap here to enter text.**

## Health Equity and Access to Care

Consider the impact that each Strategic Priority will have on health equity[[4]](#footnote-5) and underserved[[5]](#footnote-6) populations within your Community. When possible, reference the relevant Strategic Priorities and Action Steps that support the response below. For additional resources, the CMS Office of Minority Health offers [Health Equity Technical Assistance](https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/Health-Equity-Technical-Assistance) and other information to support equity efforts.

### Equity Strategy

1. Describe how you will ensure that health equity is included in each Strategic Priority within the Transformation Plan.

**Click or tap here to enter text.**

1. Indicate what health disparities you will seek to reduce or eliminate in their Community? What data are you using to identify health disparities and/or priority populations.

**Click or tap here to enter text.**

1. Indicate what barriers to care you have identified, particularly for beneficiaries residing in areas of highest need? Information on Area Deprivation Index and parts of the Community with higher socio-economic disadvantage can be found in the Population Health tab of the CHART Dashboard.

**Click or tap here to enter text.**

1. Describe how you intend to work with Participant Hospitals or other Community Partners to promote health equity and address health disparities in the Community. What specific actions will you and your partners pursue to advance Strategic Priorities related to health equity?

**Click or tap here to enter text.**

1. Describe how you will monitor whether each proposed Strategic Priority within the Transformation Plan maintains and/or improves health equity in the Community.

**Click or tap here to enter text.**

## Measuring Success

### Quality Measures

The CHART Model quality measures are listed below. Of note, the CHART Dashboard shows your Lead Organization’s baseline performance on each of the required and optional quality measures. The Dashboard also identifies areas for improvement or differences amongst counties and census tracks in a Community to help inform transformation activities. Please refer to the *CHART Community Transformation Track Program Terms and Conditions, Section 17* (Quality Strategy), for addition information on requirements.

*CHART Quality Measures*

| **Quality and Population Health Domain** | **Full Measure Title** | **Shortened Name** | **NQF ID** | **Steward** | **Type** | **Data Source** |
| --- | --- | --- | --- | --- | --- | --- |
| **Chronic Conditions (Required)** | Prevention Quality Chronic Composite (Inpatient avoidable chronic disease admissions) | PQI 92 | N/A | Agency for Health Care Research and Quality | Outcome | Claims |
| **Care Coordination (Required)** | Plan All-Caused Readmission | HEDIS PCR | NQF 1768 | National Committee for Quality Assurance | Outcome | Claims |
| **Patient Experience and Engagement (Required)** | Hospital Consumer Assessment of Health Care Providers and Systems | HCAHPS | NQF 0166 | CMS | Outcome | Hospital Compare Reporting |
| **Substance Use Quality Domain** | | | | | | |
| Substance Use | Pharmacotherapy for Opioid Use Disorder | HEDIS POD | NQF 3400, 3175 | National Committee for Quality Assurance | Outcome | Claims |
| Substance Use | Follow up after ED Visit for Alcohol Use and Other Drug Abuse or Dependence | FUA-HH | NWF 3488 | National Committee for Quality Assurance | Process | Claims |
| Substance Use | Use of Opioids at High Dosage in Persons without Cancer | N/A | NQF 2940 | Pharmacy Quality Alliance | Process | Claims |
| **Maternal Health Quality Domain** | | | | | | |
| Maternal Health | Prenatal and Postpartum Care | PPC-AD | NQF 1517\*\* | National Committee for Quality Assurance | Process | Claims |
| Maternal Health | Prenatal and Postpartum Care: Timeliness of Prenatal Care | PPC-CH | NQF 1517\*\* | National Committee for Quality Assurance | Process | Claims |
| Maternal Health | Contraceptive Care - Postpartum | N/A | NQF 2902 | US Office of Population Affairs | Process | Claims |
| **Prevention Quality Domain** | | | | | | |
| Prevention | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | N/A | NQF 0028 | National Committee for Quality Assurance | Process | Claims |
| Prevention | Breast Cancer Screening | HEDIS BCS | NQF 2372 | National Committee for Quality Assurance | Process | Claims |
| Prevention | Adults’ Access to Preventive/Ambulatory Care Visits | HEDIS AAP | N/A | National Committee for Quality Assurance | Process | Claims |
| Prevention | Child and Adolescent Well-Care Visits\*\*\* | HEDIS WCV-CH | NQF 1516 | National Committee for Quality Assurance | Process | Claims |

*\*HEDIS POD includes a combined rate from two NQF-endorsed measures.*

*\*\*This measure is no longer endorsed by NQF.*

*\*\*\* The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate. The NQF number refers to the endorsement of the W34-CH measure.*

### Quality Strategy

* + - 1. Indicate what Selected Quality Domain(s) listed in the CHART Quality Strategy will be pursued as part of your Transformation activities (behavioral health, maternal health, or prevention). Please also provide a brief rationale for why the domain(s) was selected.

**Click or tap here to enter text.**

* + - 1. **OPTIONAL:** Provide your expected progress on the required quality measures and your Community’s additional Selected Quality Domain in the Table below. Include expected progress following Performance Period 3 (CY2025) and performance targets for the entire course of the Model. Be specific and use language to describe a quantifiable target (e.g., “improve by”, “reduce by”, “maintain”).

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Measure** | **Mid-Performance Target (PP3)** | **Final Performance Target** |
| **Chronic Conditions (Required)** | Prevention Quality Chronic Composite (Inpatient avoidable chronic disease admissions) |  |  |
| **Care Coordination (Required)** | Plan All-Cause Readmission |  |  |
| **Patient Experience and Engagement (Required)** | Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) |  |  |
| ***(Insert Additional Domain)*** | *(Add rows to include a Mid- and Final Performance Target for each measure in that domain)* |  |  |
| ***(Insert Additional Domain)*** | *(Add rows to include a Mid- and Final Performance Target for each measure in that domain)* |  |  |
| ***(Insert Additional Domain)*** | *(Add rows to include a Mid- and Final Performance Target for each measure in that domain)* |  |  |

* + - 1. Please share if you plan to set any additional measures or targets to assess progress for the Strategic Priorities and Action Steps identified in this Transformation Plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategic Priority** | **Measure (Please include NQF or other identifier as applicable)** | **Data Source** | **Mid-Performance Target (PP3)** | **Final Performance Target** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Assessing Strengths, Risks, and Planned Tactics

1. Describe the Lead Organization’s stakeholder engagement plan with your Advisory Council, Participant Hospitals, and other Community Partners, areas for action, anticipated outcomes, and timeline. Please note new versus existing relationships and which Participant Hospitals, stakeholders, and/or Aligned Payers have been engaged in defining your Strategic Priorities and Action Steps.

**Click or tap here to enter text.**

1. Describe your primary methods for engagement (e.g., ongoing meeting series; in-person convenings; etc.).

**Click or tap here to enter text.**

1. Describe potential risks you foresee arising in pursuing each Strategic Priority (e.g. risks to Community residents, access to care, quality of care, financial sustainability of the Participant Hospitals).

**Click or tap here to enter text.**

1. Provide risk mitigation strategies to ensure continued access to care, care quality, and financial sustainability for Participant Hospitals, including a description of your monitoring strategy.

**Click or tap here to enter text.**

## Operational Flexibilities

The CHART Model offers certain operational flexibilities to expand Lead Organizations’ ability to implement health care delivery system redesign and promote Participant Hospitals’ capacity to manage beneficiary care. Lead Organizations can request other specialized waivers of Medicare payment and participation rules under CMMI’s authority at 1115A(d)(1) of the Social Security Act. Please refer to NOFO sections A.4.6. *Operational Flexibilities under the Model*; A.4.6.1. *Benefit Enhancements*, and A.4.6.2. *Beneficiary Engagement Incentives* for additional information.

Please fill out the “Operational Flexibilities” tab in the Transformation Plan Workbook to indicate which flexibilities your Lead Organization is interested in pursuing. Your Project Officer will follow up to request additional information, as needed, for the flexibilities in which you are interested.

# **Section III – Aligned Payers**

## Medicaid Alignment

The Lead Organization (in conjunction with the SMA) should be making progress during the pre-implementation period to ensure timely implementation of Medicaid alignment. Please refer to the Community Transformation Track Program Terms and Conditions Section 14 (Implementing Necessary Changes to the Medicaid Program) and Section 15 (Medicaid Participation Targets) for additional information on requirements. Information from the “Medicaid Needs Assessment” portion of your CHART application may be applicable here.

1. Describe the current Medicaid alignment strategy, including target populations, potential quality measures, alternative payment methodology implementation, and plans to achieve scale during the Model.

**Click or tap here to enter text.**

1. Provide a summary of the progress made to date towards securing Medicaid alignment.

**Click or tap here to enter text.**

1. Identify which of the following mechanisms the state plans to use to secure Medicaid alignment and how each authority will be leveraged: State Plan Amendment, 1115(a) Waiver, amendments to managed care contracts, etc.

**Click or tap here to enter text.**

1. Indicate whether the SMA plans to propose any modifications to the Financial Specifications used to determine Capitated Payment Amounts. If able, please describe potential modification proposals. Indicate “N/A” if this hasn’t yet been determined.

**Click or tap here to enter text.**

## Aligned Payers

1. Describe your private payer recruitment efforts to date.

**Click or tap here to enter text.**

1. Indicate if any private payers have already been recruited and expressed interest in participating in CHART.
2. Name of interested payer(s):

**Click or tap here to enter text.**

1. Number and type of members by lines of business (e.g., Medicaid managed care, Medicare Advantage, employer-sponsored, etc.) served in the Community:

**Click or tap here to enter text.**

1. If applicable, describe the payers you are targeting in recruitment efforts during Performance Period 1.

**Click or tap here to enter text.**

# **Section IV - Signatures**

The signatures below confirm that each party reviewed the above information and certifies the information as accurate, complete, and truthful to the best of their knowledge, information, and belief.*[Add more signature lines below if needed.]*

**LeAD ORGANIZATION NAME: Click or tap here to enter text.**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Organizational Title of Authorized Organizational

Representative Representative

**STATE MEDICAID AGENCY (IF NOT THE LEAD ORGANIZATION):**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

**ADVISORY COUNCIL:**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

**ALIGNED PAYER(s) (if applicable):**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized signatory Title of authorized signatory

1. Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of SDOH include safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; language and literacy skills; etc. See: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. [↑](#footnote-ref-2)
2. <https://innovation.cms.gov/> [↑](#footnote-ref-3)
3. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram> [↑](#footnote-ref-4)
4. *Health equity* means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. [↑](#footnote-ref-5)
5. *Underserved* refers to populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic. Examples include information regarding racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations. [↑](#footnote-ref-6)