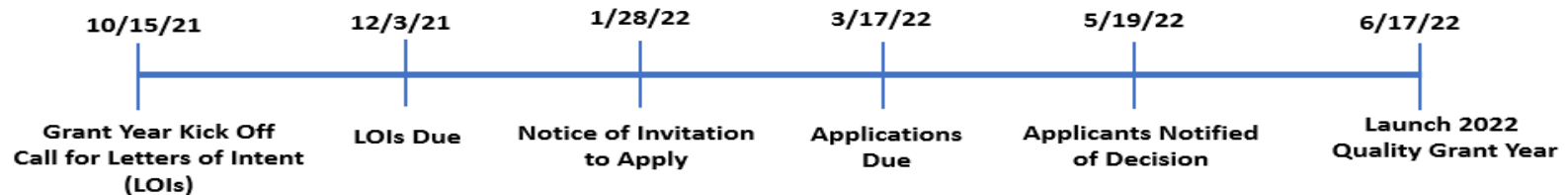


Call for Letters of Intent: 2022-2023 Quality Grant Program

We're pleased to announce our 2022-2023 Quality Grant Program. This program was established more than 21 years ago at Harvard Pilgrim Health Care, and this tradition continues in 2022 as a combined Point32Health Plan program for providers in both the heritage Harvard Pilgrim Health Care and Tufts Health Plan networks. Grant initiatives will also expand to all lines of business for our members.

Below is the Quality Grant Year 2022-2023 timeline. Please refer to it for exact dates as you read and consider the guidelines below. We look forward to reviewing your submission!



OVERVIEW

Quality grants support contracted providers who want to impact patient care quality at a primary care practice level. Projects involving clinical integration across entities may include non-contracted providers but the contracted provider must be the formal applicant and budget fiduciary if a grant is awarded.

- Non contracted provider partners must be mentioned as such on all application documents including the LOI
- Partners mentioned in the project description will need to acknowledge firm support & participation in attached letters of support
- Clear roles for each provider partner need to be established and will impact LOI scoring
- Impact to Point32Health (Harvard Pilgrim and Tufts Health Plans) members needs to be quantified in grant proposals
- The Quality Grant year denotes the time in which the grant year is started. This year's grants will be called 2022-2023 Quality Grants
- The Quality Grant Cycle is the eighteen (18) month timeframe beginning in June and ending in December of the following year. It is the time during which grantees are asked to fully execute and measure their work.

LETTERS OF INTENT (LOIs)

The application process is initiated with a Letter of Intent (LOI) from a contracted provider. Highly scored LOIs will be invited to submit a full application in January of 2022. Gathering baseline data cannot be part of the formal grant process after launch in June of 2022. Therefore, certain data must be established at the concept development phase and should be reflected in the LOI. Exact budget line items, process measures, and methodology for financial outcomes will be gathered later, during the full application process.

Necessary Elements

- Description of the clinical quality problem
- Description of your baseline data supporting the need for your initiative
- Description of how your project goals will **directly** impact patient care quality
- Description of the interventions that will be employed to achieve your goals
- How you will measure the clinical quality improvement that will result from your project
- Description of the data resource(s) and processes that you will use to measure outcomes
- If there are expected financial savings
- Overview of estimated process timeline
- Dollar amount requested and estimated categories of spending

Content & Format

- LOIs longer than three (3) pages will not be reviewed for acceptance
- LOIs received after the due date will not be reviewed for acceptance
- LOIs requesting more than \$100,000 will not be reviewed for acceptance
- LOIs must be formatted in a Word document
- Each page of the LOI should have the *provider applicant name* and *project title* in the header
- Each page of the LOI should have contact person, amount requested & page number in the footer
- LOIs must be submitted electronically by December 3, 2021 to the group email address: hphc_nmm@harvardpilgrim.org

BUDGET

*A detailed budget will be required if LOI submitters are invited to apply in January of 2022.
For LOI submission, providers should keep budget exclusions in mind while quantifying their requested grant dollar amount.*

- The maximum grant amount is \$100,00 without exception
- Providers can apply for more than one grant
- Provider services that are currently billable should not be included in the grant proposal or innovation expenses
- Provider existing salaries are not paid as part of grant innovation expenses and should be excluded from budget requests
- New salary fringe is not paid as part of the grant innovation expenses
- Do not list your in-kind contributions

PAYMENT

Quality grants payments are distributed in four (4) separate payments, each one quarter of the total grant amount awarded

- Grantee initial payment is made when the grant contractual documents are signed at Quality Grant Year Launch in June 2022 (see timeline)
- The schedule of remaining payments is distributed to grantees with the grant contractual documents
- The remaining three (3) payments are released at scheduled intervals and are tied to grant progress reports called Milestone Reports
- Payment can be withheld according to the Quality Grant Committee Review of Milestone Reports
- In rare circumstances, grantees may be required to return payment

SUGGESTED TOPICS

Suggested topics and related examples in the table below are chosen by Point 32 Medical Directors and are based on current industry needs and quality priorities. These topic categories are only suggestions. It is not necessary to apply one of the topics to your proposal.

- All projects proposals with measurable impact to patient clinical quality are welcome
- Suggested topics are prioritized in the review process if submitters clearly tie innovations to outcomes that fall into those categories
- Poorly developed proposals that include suggested topics are not given priority

Social Determinants of Health (SDoH)	COVID 19 Practice Transformation for Quality	Behavioral Health (BH) Integration in Primary Practice	Maternal Child Health (MCH)
<ul style="list-style-type: none"> • SDoH in-office screenings • Programs developed based on the identification of SDoH in patient populations. • Food insecurity screening techniques • Interventions addressing food insecurity • Programs addressing health care gaps in underserved communities • Programs that assess the impact of patients' race, ethnicity and spoken language • Interventions addressing improved opportunities for health equity 	<ul style="list-style-type: none"> • Telehealth initiatives that demonstrate measurable patient satisfaction, improved health outcomes, provider satisfaction, provider efficiency or other meaningful measures • The use of triage to evaluate telehealth as an appropriate vehicle for care • Mobile home services that address COVID-19 related and non-COVID-19 diagnoses • Clinical work-around programs implemented to address care gaps resulting from decreased utilization caused by COVID (i.e.: vaccinations programs, chronic disease care management, behavioral health telehealth for COVID related anxieties, etc.) 	<ul style="list-style-type: none"> • Programs that assist clinicians in education and management of patients who are labeled as disruptive due to non-compliance, potentially untreated BH comorbidities, or other identified factors • Transition assistance from BH inpatient to outpatient services • Depressions screening techniques and subsequent referrals • In-practice embedding of BH clinicians for immediate evaluation and BH follow up • BH follow up programs that measure engagement and/or medication adherence • Substance abuse (SA) solutions for adults and adolescents • Coordination of medical and BH care delivery • E-health initiatives that provide BH services • In-office BH referrals 	<ul style="list-style-type: none"> • Improved reporting efforts made on care quality related to pregnancy, delivery and post-partum care • Data collection and or programs responding to pregnancy risk by clinician/facility, ethnic or income-based disparities, etc. • Data collection and or programs addressing C-Section births • Programs or referral processes that integrate midwives, birthing centers or doulas and any related quality reporting • MCH programs that identify & improve social determinants of health risks in this population

Please direct questions not addressed in this document or the associated FAQ to the Quality Grant Team at hphc_nmm@harvardpilgrim.org