

CHART Phase 2 Award Guide:

Policies and Resources for Managing Awards

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Community Hospital Acceleration, Revitalization, and Transformation
Charting a course for the right care at the right time in the right place

HEALTH POLICY COMMISSION
COMMONWEALTH OF MASSACHUSETTS

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1. Overview

The CHART Phase 2 Award Guide (“Guide”) is intended to serve as a helpful tool for CHART hospital leadership and staff throughout Phase 2 implementation. Sections include content on key components of CHART Phase 2 resources and requirements, and capitalized terms are defined in hospitals’ Phase 2 Terms & Conditions (“Phase 2 T&C”).

The Health Policy Commission (“HPC”) anticipates that this Guide will be updated regularly on the CHART Hospital Resource Center. Links to new versions will be emailed to the hospital’s Clinical Investment Director (“CID”), Operational Investment Director (“OID”), Financial Designee, and Project Manager.

The information contained in this Guide supplements and does not replace regular communication with each hospital’s assigned Program Officer. Hospital staff should contact their Program Officer with any questions or concerns throughout Phase 2. None of the information contained in this Guide replaces or supersedes the Phase 2 Award Contract documents, which are legally binding.

2. Resource Center

The [CHART Hospital Resource Center](#) (“Resource Center”) is a web-based platform for the communication of program updates, content, and materials relevant to Phase 2 implementation. HPC staff will regularly update the Resource Center with program materials and forms, CHART-specific and national resources, events of interest, and other helpful content. The Resource Center is expected to include:

- **CHART Program Materials and Forms:** Key documents relating to CHART program administration
- **Updates from the HPC:** Phase 2 news and updates, including HPC-led events
- **Care Delivery Transformation Shared Resource Center:** Links to tools developed by the CHART Phase 2 cohort and national best practices and models
- **Upcoming events in Massachusetts and across the country:** Relevant local and national events that may be of interest to CHART Phase 2 hospitals

Hospitals are encouraged to submit content suggestions by emailing HPC-CHART@state.ma.us or making suggestions to their Program Officer. Please check the Resource Center regularly for updates.

3. Required Engagement with the HPC¹

At a minimum, the HPC requires hospitals to have at least one monthly call with their Program Officer. Many CHART hospitals will find more frequent contact to be beneficial. Calls may be periodically replaced by site visits. Additionally, Key Personnel (as identified in the Implementation Plan) should respond promptly to email or phone outreach from HPC staff.

¹ Phase 2 T&C § 9.0

Requirements for engagement with the HPC will be augmented through optional Technical Assistance working meetings.

4. Technical Assistance

CHART will offer Technical Assistance (“TA”) to hospitals throughout Phase 2. The HPC will work with hospitals on an ongoing basis to identify offerings that will be of the most utility to hospital teams, recognizing that adaptability of programming is critical in CHART Phase 2. In addition to required engagement with the HPC, TA may include regular phone calls and site visits, convenings, collaborative learning, and/or direct training/skill development.

The HPC will email information about new TA offerings to Investment Directors and Project Managers, as they become available. Hospital teams can check the Resource Center for updates on cohort-wide and regional events.

5. Reporting

The sections below describe required CHART Phase 2 reporting, including monthly reporting and periodic reporting.² Required reporting is a prerequisite for payment.³

For Joint Awards, participating hospitals must collectively submit single joint monthly reports and single joint periodic reports, with all required elements as further described below.

As a reminder, **do not submit Protected Health Information (PHI) to the HPC unless the information has been de-identified to comply with HIPAA.** Hospital teams should consult their internal Privacy Officer with questions about the HIPAA de-identification standard.

Refer to Appendix 2 for a summary of reporting requirements.

5.1. Commonwealth Interchange File Transfer

The HPC now requires use of the [Commonwealth Interchange File Transfer system](#) (“Interchange”) for the submission of CHART Phase 2 monthly and periodic reporting. **This replaces the previous instruction to submit monthly reports by regular email.** Interchange is the Commonwealth’s secure service for transmission of files between Commonwealth agencies and private entities such as hospitals. For day-to-day communications and modification requests, hospitals should use regular email to communicate with HPC staff.

Login credentials are required to use Interchange; the HPC has sent credentials to Investment Directors and Project Managers. To request credentials for other staff, hospitals should contact HPC-CHART@state.ma.us, and provide the email addresses of those who should receive the credentials with the request.

Most submissions will consist of multiple files; HPC staff suggests zipping into a single compressed file for ease of upload and submission.

² Phase 2 T&C § 10.0

³ Phase 2 T&C § 5.0

5.2. Monthly Reporting⁴

The monthly report includes these elements:

1. Data
2. Dashboard/scorecard
3. Program update

Submit the monthly report **using Interchange**, in a single email to HPC-CHART@state.ma.us, within 21 days of the close of each calendar month. Do not submit the components in multiple emails. Note that this replaces the previous instructions to submit as a regular email attachment. The *first* month's report may be submitted within 30 days of the close of the first calendar month of program launch.

5.2.1. Data

Each CHART hospital has received a unique data submission template, including both cohort-wide and program-specific measures. The HPC accepts Monthly Measure Submissions in .xlsx, .xls, .xml, and .csv formats, so long as the exact CHART Phase 2 Monthly Measure Submission Template column titles and worksheet tab names are maintained.

In Joint Awards, participating hospitals must provide a single data submission, using one, common submission template.

Measurement Frequently Asked Questions can be found on the Resource Page and will be updated as new questions arise.

5.2.2. Dashboard/scorecard

On a monthly basis, hospitals must submit any additional internal scorecards or dashboards in use at the hospital, perhaps as described in the Continuous Improvement Plan, which could be useful in dialogue with their Program Officer or the HPC's contracted experts. The HPC does not anticipate issuing a required template for this submission.

5.2.3. Program update

On a monthly basis, hospitals must submit an update of program activities, including a brief update to the internal project plan or work plan. This is intended to facilitate hospitals' conversations with their Program Officer, focusing monthly calls on issue identification and problem-solving instead of simply a report-out. The HPC does not anticipate issuing a required template for this submission.

⁴ Phase 2 T&C § 10.3

5.3. Periodic Reporting⁵

In addition to monthly reporting (see above), certain reporting elements will be required on a periodic basis. Hospitals must submit the periodic report on the timeline corresponding with their Payment Schedule (see Exhibit A: Payment Schedule of the Phase 2 T&C). The periodic report includes these elements:

1. Reporting attestation (non-financial)
2. Work product deliverables
3. Financial report
4. Reporting attestation (financial)
5. Brief questions, lessons learned and reflections

Hospitals must submit the periodic report **using Interchange**, in a single email to HPC-CHART@state.ma.us, within 45 days of the last day of each payment period. Do not submit the components in multiple emails.

5.3.1. Reporting Attestation (Non-Financial)

Hospitals must include an attestation that the periodic reports are correct and complete, using the [Reporting Attestation \(Non-Financial\) form](#) [pdf]. One attestation is required per contract for Joint Awards.

5.3.2. Work Product Deliverables⁶

Deliverables are tangible work products acquired or developed with *any* funds identified in the budget and as an element of performance under the Phase 2 award contracts. Deliverables include, but are not limited to, any analyses, tools, evaluations, models, translated materials, workflows, job descriptions, strategic plans, algorithms, protocols, training materials, pamphlets, or other tangible products. Program Officers will work with hospital teams to identify important documents for submission as deliverables to the HPC.

When submitting work product deliverables, name these files with the relevant hospital or award name, descriptive title, date as applicable, and a version number as applicable. For example, a nurse navigator job description could be named:

20151031_HospitalABC_JobDescription_RNNavigator.doc

Refer to Appendix 2 for instructions for Period 1 deliverables.

5.3.3. Financial Report⁷

Following each payment period, hospitals are required to report expenditures to the HPC using a financial report template based on, and tailored, to each hospital's budget. The financial report template has been sent by email to the named Financial Designee at each hospital; contact HPC-CHART@state.ma.us with any questions.

⁵ Phase 2 T&C § 10.4

⁶ Phase 2 T&C § 3.9

⁷ Phase 2 T&C § 10.4

Each hospital's payment period end dates and financial report due dates are described in the "Report Due Dates" tab of the financial report. Hospitals must complete the financial report according to the following instructions, by column heading.

1. **CHART-Funded** – Columns for each reporting period are labelled in the top row. CHART-Funded expenses should be reported in the appropriate period's column, in cells highlighted in yellow. Line items mirror those in the HPC-approved Phase 2 Budget. If there are no expenses to report for a particular budgeted line item, please include an explanation in the Notes cell found at the end of the line item row.
2. **In-Kind and System Contributions** – Columns for In-kind⁸ and System⁹ contributions are labeled in the top row. In-kind and System contributions must be reported 45 days after the end of each full year of performance in the appropriate year's column in cells highlighted in yellow, but may be reported at the end of each period when CHART-funded expenses are reported. If there no expenses to report for a particular budgeted line item, please include an explanation in the Notes cell found at the end of the line item row.
3. **CHART Phase 2 Funds Received** – CHART Phase 2 funds received by hospitals should be reported at the bottom of the financial report Document in the cell highlighted in yellow titled "TOTAL CHART PHASE 2 FUNDS RECEIVED TO-DATE." Please note that this total should *not* include the supplemental \$100,000 received by each CHART Phase 2 hospital for the Implementation Planning Award following HPC Board approval on March 11, 2015.
4. **Notes** – Optionally, hospitals may make comments in the "Notes" column on the right side of the report.

Refer to Section 4.24 of the Phase 2 T&C for key Budget-related terms and explanations.

5.3.4. Reporting Attestation (Financial)

Financial Designees must complete and submit an attestation with submission of the financial report to the HPC following each payment period, using the [Reporting Attestation \(Financial\) form](#) [pdf]. Joint Awards should note that one attestation per contract is required.

Questions regarding the financial report should be addressed to Mary Ann Fitzgerald, CHART Coordinator, at maryann.fitzgerald@state.ma.us or (617) 979-1433.

5.3.5 Brief Questions, Lessons Learned, and Reflections

The [Brief Questions, Lessons Learned, and Reflections tool](#) [docx] is intended to provide a semi-structured opportunity for hospital teams to reflect on the operational successes, challenges and lessons learned over the prior period. Additionally, this report will help the HPC gain insights in

⁸ Phase 2 T&C § 4.24.1: In-kind contribution: Cash of the value or in-kind goods and services provided by Contractor [the CHART hospital(s)]

⁹ Phase 2 T&C § 4.24.1: Hospital system contribution: A required contribution, cash or the value of in-kind goods and services, if Contractor is owned by a system that contains at least one Major Teaching Hospital. The contribution must represent a new contribution **by the System to Contractor**.

order to provide appropriate technical assistance and support, as well as promote shared learning across CHART Phase 2 programs.

5.4 Reporting Summary

The summary below restates required elements of Phase 2 reporting, as described above in the Guide.

What:	Monthly Reporting
When:	Within 21 days of the close of each calendar month (<i>first report can be submitted within 30 days</i>)
How:	Send in a single submission using Interchange to HPC-CHART@state.ma.us
Including:	<ol style="list-style-type: none">1. Data (<i>using HPC's template; unique for each award</i>)2. Dashboard/scorecard (<i>using hospital's own format</i>)3. Program update (<i>using hospital's own format</i>)
What:	Periodic Reporting
When:	Within 45 days of the close of each payment period; payment period dates vary between hospitals and can be found in Phase 2 T&C Exhibit A
How:	Send in a single submission using Interchange to HPC-CHART@state.ma.us
Including:	<ol style="list-style-type: none">1. Reporting attestation (non-financial) (<i>using HPC's form</i>) [pdf]2. Work product deliverables (<i>usually using hospital's own format; document title must include the relevant hospital or award name, descriptive title, date as applicable, and a version number as applicable</i>)<ol style="list-style-type: none">a. Period 1 – Baseline data (<i>using HPC's template</i>) [xlsx]b. Period 1 – Program-specific measure specifications (<i>using HPC's template</i>) [xlsx]3. Financial report (<i>using HPC's form; unique for each hospital</i>)4. Reporting attestation (financial) (<i>using HPC's form</i>) [pdf]5. Brief questions, lessons learned and reflections (<i>using HPC's form</i>) [docx]

6. Payment¹⁰

Compliance with all Phase 2 reporting and other contract requirements is a prerequisite for payment. The HPC will promptly review all monthly, periodic and financial reports for completeness, accuracy and compliance with Phase 2 program requirements. Periodic payments will be made to hospitals by electronic funds transfer (EFT).

6.1. Requesting Enabling Technology Payment

Upon completion of Enabling Technology implementation, hospitals may request payment for the remaining portion of the Enabling Technology payment. Submit the request along with a Periodic report, using the [Enabling Technology Completion Attestation form](#) [pdf].

¹⁰ Phase 2 T&C § 5.0

7. Modification Requests

The HPC anticipates that some elements of some hospitals' CHART Phase 2 Implementation Plans may require changes based on lessons learned throughout the Measurement Period. For example, the service delivery model, community partnerships, or budget may need to be modified to successfully meet the needs of the target population. Hospital teams should discuss all changes with their Program Officer, since some changes require prior written approval by the HPC as explained in the Phase 2 T&C and other types of changes require only notification to the HPC.

7.1. Budget Modifications¹¹

Some Phase 2 projects may require budget modifications. There are two types of budget modifications: (1) those that require notification to the HPC and (2) those that require prior HPC approval.

7.1.1. Notification to HPC Required

CHART hospitals may make the following limited Budget modifications without prior written approval of the HPC, provided that the modification(s):

- a. Will not materially modify the nature, performance level, or scope of the Initiative(s)
- b. Do not exceed \$50,000 to a line item
- c. Do not exceed \$100,000 in the aggregate to multiple line items within a Budget category

CHART hospitals must notify the HPC of any such Budget modification(s) by completing the [Budget Modification form](#) [docx] and submitting it to HPC-CHART@state.ma.us. Submit this notification no later than 45 days after the end of the payment period during which the modification was made, or sooner if desired.

The HPC will respond with questions if further information is needed. The HPC will send the Financial Designee an updated financial report template for future reporting, based on the updated budget.

7.1.2. HPC Approval Required

CHART hospitals must obtain prior written approval from the HPC for all Budget modifications that are not described in the section immediately above. HPC approval is required if a modification(s) is expected to meet one or more of the following criteria:

- a. Modification(s) will materially modify the nature, performance level, or scope of CHART Initiatives
- b. Modification(s) will exceed \$50,000 for a single line item
- c. Modification(s) will exceed \$100,000 in the aggregate for multiple line items within a Budget category

Requests for prior written approval should be made as soon as the need for the modification is identified. To request prior written approval from the HPC, please complete the same [Budget Modification form](#) [docx] and submit it to HPC-CHART@state.ma.us. The HPC will notify the requestor if further information is needed.

¹¹ Phase 2 T&C § 4.24.3

The HPC will review requests in a timely fashion. If the modification is approved, the HPC will notify the Financial Designee, Investment Directors, and Project Manager, and send the Financial Designee an updated financial report template for future reporting.

Due to contracting structure, the mechanics for Budget modifications in the Joint Awards may vary slightly; as applicable, hospitals should consult the Phase 2 T&C or their Program Officer with any questions.

7.2. Key Personnel Modifications¹²

The Clinical Investment Director, Operational Investment Director, and Financial Designee must be designated as Key Personnel in each Implementation Plan. CHART hospitals may not change any of these individuals without prior written approval of the HPC.

As a reminder, the designation of a Project Manager as Key Personnel is optional but highly encouraged. CHART hospitals may add, change or terminate a Project Manager without prior written approval of the HPC but must promptly notify the HPC of any such change.

To request a modification for a Clinical Investment Director, Operational Investment Director, or Financial Designee, or to notify the HPC of a change to a Project Manager, hospitals must submit a [Key Personnel Modification form](#) [docx].

7.3. Other Modifications¹³

At this time, the HPC has not released forms for other types of modification requests. The table below provides a non-exhaustive summary of the Implementation Plan sections for which hospitals must:

- Always request prior written approval from the HPC,
- Request prior written approval from the HPC for material changes, and
- Notify the HPC of any changes.

CHART hospitals should contact their Program Officer with any questions.

¹² Phase 2 T&C § 4.2

¹³ Phase 2 T&C § 4.0

Phase 2 T&C and Implementation Plan sections	Always Request HPC Approval	Request HPC Approval if Material	Notify the HPC
4.2.1 Investment Directors	X		
4.2.2 Financial Designees			
4.2.3 Project Manager			X
4.3 Target Population			
4.4 Aim Statement	X		
4.5 Secondary Aim Statements			
4.8 Driver Diagram			
4.9 Service Model			
4.11 Service Mix		X	
4.13 Summary of Services			
4.12 Service Providers/Agencies named in budget	X		
4.12 Service Providers/Agencies not in budget			X
4.17 Continuous Improvement Plan			X
4.18 Enabling Technologies Plan	X		

8. Strategic Planning¹⁴

Each CHART hospital has a Strategic Planning budget line item. For hospitals receiving both a Hospital-specific and a Joint Award, this line item appears in only the Hospital-specific award budget.

CHART Phase 2 Strategic Planning scope is forthcoming and will be collaboratively developed by each hospital and the HPC. Strategic Planning will focus on sustainability and continuity of CHART Phase 2 projects to the extent feasible.

The HPC anticipates releasing requirements for Strategic Planning in the latter part of the first year of the Measurement Period, with Strategic Planning activities occurring during the second year. The Strategic Planning payment will be disbursed upon successful completion of Strategic Planning, as defined by the HPC.

9. Performance Monitoring¹⁵

The HPC defined a single performance monitoring measure. The performance monitoring measure calculates the proportion of target population patients for which CHART Phase 2 services has been provided. The performance monitoring measure technical specifications vary

¹⁴ Phase 2 T&C §§ 4.24.2, 5.4

¹⁵ Phase 2 T&C §§ 5.9, 10.0

slightly across the cohort; details and performance targets can be found in the Implementation Plan and in each hospital's unique measure specifications.

This performance monitoring measure does not capture every important aspect of Phase 2 performance. However, in measuring rapid service delivery to a large portion of each target population, this measure is intended to provide an early indication of success (or lack thereof) against the Aim Statement.

If the performance monitoring measure target listed in the Implementation Plan is not met in a given period, the HPC may provide enhanced technical assistance. If the performance monitoring measure target remains unmet in the following period, the HPC may work with hospital teams to modify certain aspects of the clinical service model. If the following period's performance target is still not met, the HPC may require further action.

10. Evaluation¹⁶

The HPC will evaluate the effectiveness and impact of hospital initiatives and the overall impact of CHART Phase 2 on achievement of the goals of the CHART program, Chapter 224 and the Triple Aim. CHART hospitals, and any Community Partner or consultant/contractor providing clinical or non-clinical services to the target population and identified as receiving funds from any source in the Budget, is required to participate in all evaluation activities as specified by the HPC, including those conducted by any third-party evaluator engaged by the HPC. These may include (1) site visits; (2) interviews and surveys; and (3) provision of specified clinical, financial, or utilization data related to the Initiative. These activities may include the CHART hospital, Community Partners, and/or consultant/contractors.

For the purposes of evaluation, CHART hospitals, and any Community Partner or consultant/contractor providing clinical or non-clinical services to the target population and identified as receiving funds from any source in the Budget must maintain appropriate documentation for patients it serves through CHART initiatives which includes at a minimum:

1. patient names,
2. insurance numbers (if applicable),
3. dates of birth, and
4. dates of service, including clinical and non-clinical services provided

This patient service documentation should be maintained in accordance with all applicable legal requirements and the hospital's, Community Partners', or consultants/contractors' policies and procedures for maintenance of such information. Hospitals are responsible for ensuring that any third parties with which the hospital has a subcontract also keep these records.

11. Publication and Press Release Policy

To support diffusion of findings and lessons learned through implementation of CHART Investments, the HPC supports the broad dissemination of the results of CHART-funded projects. The HPC encourages CHART hospitals to seek publication of the results and

¹⁶ Phase 2 T&C § 14.0

accomplishments of CHART-funded activities, subject to the following policy. This Publication Policy applies to publications, including press releases, authored or issued by CHART hospitals or Community Partners or consultants/contractors. Please contact HPC-CHART@state.ma.us with any questions.

Guidelines for the three primary types of publications¹⁷ are outlined below:

1. CHART hospital-authored publications
2. CHART hospital and HPC co-authored publications
3. Press Releases

11.1. CHART Hospital Authored Publications

To promote sharing of major findings and lessons learned in CHART-funded projects, the HPC encourages CHART hospitals and affiliated authors¹⁸ to disseminate project results through publication in a wide variety of print and electronic media such as professional journals, conference presentations, newsletters and press releases.

11.1.1. Review of Potential Publication by the HPC

CHART hospitals or affiliated author(s) must submit a copy of a proposed publication or presentation describing CHART-funded activity to HPC-CHART@state.ma.us at least 10 days prior to submission for publication or release, including a list of all authors and plans for publication and dissemination.

The HPC may review the proposed publication for accuracy of project description and consistency with CHART program requirements and objectives, and provide recommendations and comments to the authors.

11.1.2. Acknowledgement of HPC CHART Funding and Disclaimer

For each publication or presentation describing CHART-funded activity, the authors must include an acknowledgement of support and disclaimer language using the following or another statement, as specified by the HPC:

The project described in this publication/article was supported by a Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment from the Commonwealth of Massachusetts Health Policy Commission (HPC). The contents of this publication/article are the sole responsibility of the authors and do not necessarily represent the views of the HPC.

¹⁷ For purposes of these guidelines, “publication” includes manuscript submission to a peer-reviewed journal, manuscript or presentation materials for academic or professional conference, books, videos, policy briefs / white papers, press releases, or any other means of public dissemination including electronic media. Internal communications within CHART hospitals or to the HPC are not considered publications.

¹⁸ “Affiliated authors” includes CHART hospital employees and medical staff members, and community partners or subcontractors of the CHART hospital in the CHART-funded project. The CHART hospital is responsible for ensuring that any affiliated authors comply with these guidelines.

All requirements specified in HPC CHART Award contracts relevant to the use of the HPC or Commonwealth's name and logo apply.¹⁹

11.1.3. Copyright

The HPC authorizes CHART hospitals and affiliated authors to assert copyright in publications related to or describing CHART-funded activity, and to transfer copyright when necessary to effect journal publication or inclusion in proceedings associated with professional activities. The CHART hospital must ensure that any such transfer is subject to a royalty-free, non-exclusive, and irrevocable license to the Commonwealth of Massachusetts and the HPC, and any transfer agreement must note explicitly that the assignment is subject to the Commonwealth and HPC's license. Journal or other copyright practices necessary for publication must permit the CHART hospital to make copies for its own use. CHART hospitals must notify the HPC of any royalties and other income earned from a copyrighted publication, and may be required to account for those royalties or other income as may be specified by the HPC.

11.2. CHART Hospital and HPC Co-authored Publications

The HPC encourages publications jointly authored by the HPC and CHART hospitals that may improve likelihood of successful publication, offer mechanisms for shared dissemination, and are aligned with the HPC's collaborative approach to the CHART program. Hospitals should contact their Program Officer to discuss co-authorship.

Approval of any proposal for a co-authored publication is at the sole discretion of the HPC's Executive Director. Either the HPC or a CHART hospital may propose a co-publication in which at least one representative of the HPC and one representative of a CHART hospital participates in publication development and submission.

11.2.1. Review of Potential Publication by the HPC

At least 10 days prior to the date of submission for publication the authors must submit a full manuscript / presentation to the HPC for review and approval. At any point prior to publication, the Executive Director, in his sole discretion, may disapprove the HPC's continuing participation as a co-author, in which case the requirements of "Section 1. CHART Hospital Authored Publications" above will apply to the publication.

11.2.3. Acknowledgement of HPC CHART Funding and Disclaimer

The provisions above related to copyright and acknowledgment of HPC CHART funding and disclaimer, apply to co-authored publications.

11.3. Press Releases

The HPC would like to know about any plans for marketing and press hospitals have for this Award and, if appropriate, would like to involve hospitals' initiatives in our overall communications in this area.

¹⁹ CHART RFPs provide: 6) Restriction on the Use of the Commonwealth Seal. Applicants and Awardees are not allowed to display the Commonwealth of Massachusetts Seal in their bid package or subsequent marketing materials if they are awarded a Contract because use of the coat of arms and the Great Seal of the Commonwealth for advertising or commercial purposes is prohibited by law.

11.3.1. Review of Potential Publication by the HPC

If a CHART hospital or affiliated author plans to issue a press release or media posting (e.g., opinion editorial, blog posting, etc.) related to, or describing, the hospital's CHART-funded activity, the hospital should notify the HPC at least 3 days before release at HPC-CHART@state.ma.us to allow for coordination and support of the hospital's press engagement. Hospitals must not issue any public announcements about CHART projects without first checking with HPC communications staff or their Program Officer.

11.3.3. Acknowledgement of HPC CHART Funding

All press releases should include acknowledgment of funding support, such as *“this project is supported by a Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment from the Commonwealth of Massachusetts Health Policy Commission (HPC).”*

11.4. Reminders for Publications and Press Releases

Hospitals must:

1. Engage with their Program Officer regarding publications, marketing, and press.
2. Provide the HPC with required publication documentation with at least 10 days' notice.
3. Submit press releases to the HPC at least three days in advance of release.
4. Include required acknowledgment of funding support in all publications and press releases.

Appendix 1: Helpful Links

The links below appear as hyperlinks throughout the Guide and are collected in one location for convenience, in the order in which they appear in the text.

1. CHART Hospital Resource Center: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-document-repository.html>
2. Commonwealth Interchange File Transfer (“Interchange”): <https://ics.mass.gov/DynIC/>
3. Reporting Attestation (Non-Financial) form: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-reporting-attestation-non-financial.pdf>
4. Reporting Attestation (Financial) form: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-reporting-attestation-financial.pdf>
5. Brief Questions, Lessons Learned, and Reflections template: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/brief-questions-lessons-learned-and-reflections.docx>
6. Enabling Technology Completion Attestation form: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-enabling-technology-completion-attestation.pdf>
7. Budget Modification form: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-budget-modifications.docx>
8. Key Personnel Change form: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-key-personnel-modifications.docx>
9. Baseline Data template: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-baseline-data-submission-template.xlsx>
10. Program-Specific Measure Specifications template: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/investment-programs/chart/chart-phase-2-program-specific-measure-specification-template.xlsx>

Appendix 2: Period 1 Deliverables

In payment Period 1, Hospitals must submit deliverables listed in the “Deliverables and Reporting – Period 1” section of hospitals Implementation Plans. See below for guidance for those deliverables with specific instructions.

Baseline Data

The HPC has established requirements for the manner and form of submitting updated baseline data, a Period 1 deliverable for all hospitals. Hospital must use the [Baseline Data template](#) [xlsx] to submit. The HPC requires that each hospital submit updated baseline data for (1) Aim Statement(s) and (2) Secondary Aim(s), for the 12 months immediately prior to the 24 month Measurement Period, and reported both hospital-wide and for the target population(s). The categories below provide additional details; note that hospitals submitting data for multiple target populations may fall into more than one category, so note that some hospital names are present in multiple categories.

- **Category 1:** Baystate Joint Award, Baystate Noble Hospital, Baystate Wing Hospital, Berkshire Medical Center, BIDH-Milton, BIDH-Plymouth (Behavioral health and Duals), Emerson Hospital, Harrington Memorial Hospital, HealthAlliance Hospital, Heywood and Athol Hospitals Joint Award, Holyoke Medical Center, Mercy Medical Center, Signature Healthcare Brockton Hospital, Winchester Hospital (PAC):
 - Apply the tailored measurement specification criteria to the 12 months immediately preceding the 24 month Measurement Period to create a baseline.
- **Category 2:** Addison Gilbert Hospital, Beverly Hospital, and Lawrence General Hospital:
 - The HPC will engage with hospital teams to find a meaningful baseline for the target population.
- **Category 3:** Anna Jaques Hospital, Baystate Franklin Medical Center, Hallmark Health System Joint Award, Lahey/Lowell Joint Award, Marlborough Hospital, Milford Regional Medical Center, Southcoast Hospitals Joint Award, and Winchester Hospital (HU):
 - Assess primary and secondary aims for the target population based on utilization for patients who met the high-utilizer status criteria at the end of the 12 month baseline period.

Measure Specifications for Program-Specific Measures

The HPC has established requirements for the manner and form of submitting program-specific measure specifications, a Period 1 deliverable for all hospitals. Hospitals must use the [Measure Specifications template](#) [xlsx] to submit.