HSAG Healthy Communities

Please complete and return this Participation Agreement or visit www.hsag.com/healthycommunities for more information.

Health Services Advisory Group (HSAG) is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands. To achieve the Centers for Medicare & Medicaid Services (CMS) five broad aims below and enhance the health of your community, please partner with HSAG for the work starting January 2020. We look forward to your organization's commitment to:

1. Decrease opioid misuse and improve behavioral health outcomes.
2. Increase patient safety.
3. Increase chronic disease self-management (cardiac and vascular health, diabetes, slowing and preventing end-stage renal disease).
4. Increase quality of care transitions.
5. Improve nursing home quality.

My organization commits to participate as a partner with HSAG. (January 2020–July 2024)

Executive Name: _____ Title: _____

Signature: _____ Date: _____

Organization Name: _____ CMS Certification # (CCN): _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Please provide the following information for your organization's point of contact:

Name: _____ Title: _____

Email: _____ Direct Telephone: _____

Return via email to healthycommunities@hsag.com or fax to 602.665.6169.

For more information, please visit www.hsag.com/healthycommunities.

Use Attachment A to enroll multiple sites.

Attachment A: Facility List for Multiple Sites

You may email or fax a company facility list in lieu of Attachment A if that is more convenient.

Corporation: _____

Facility Name: _____ CMS Certification # (CCN): _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Executive Name: _____ Title: _____

Email: _____ Phone Number: _____

Facility Name: _____ CMS Certification # (CCN): _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Executive Name: _____ Title: _____

Email: _____ Phone Number: _____

Facility Name: _____ CMS Certification # (CCN): _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Executive Name: _____ Title: _____

Email: _____ Phone Number: _____

This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-TP-09132019-01