**Call for Entries - NCQA Innovation Awards**

**The NCQA Innovation Awards – Featuring Quality Accelerators in Health Care**
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Share your story of success with NCQA!

NCQA is pleased to announce *The NCQA Innovation Awards – Featuring Quality Accelerators in Health Care.*
The NCQA Innovation Awards will recognize health plans for implementing leading edge strategies that improve both quality and value; and health plans that support delivery system redesign and patient engagement initiatives (including digital engagement strategies) that help drive better integration across the various levels of the delivery system and support person centered care.

Awards will be announced and presented at the Health Care Quality Congress in Dallas, October 2-4, 2019.

**DEADLINE FOR SUBMISSIONS:** July, 31, 2019, 11:59 PM Eastern Time (ET)

**CATEGORIES:** (items in bullets below are examples and not meant to be an exhaustive list)

1. Integration of Care:

* Serving high-need, high cost populations
* Closing the vulnerability gap
* Supporting unique populations (rural, remote)

2. Patient and Family Engagement:

* Payer/provider/patient collaboration
* Partnership arrangements
* Payer/employer engagement for a healthier workforce

3. Delivery System Design:

* Flexible arrangements for cost management strategies
* Payer/provider relationships with aligned quality goals

4. Use of Technology

* Data and digital solutions
* Health information exchange/flow of data to support QI
* Support tools for patient care

5. Customer Experience

* Leveraging customer experience data
* Improving the digital experience

**SELECTION CRITERIA AND PROCESS:**

NCQA will use the following criteria to choose awardees:
• Innovation and creativity
• Sustainability
• Scalability
• Impact on intended audience
• Solution is distinctive from existing approaches
• Quantitative data showing results/impact
• Potential for cost impact
• Potential for quality impact
• Added value for payer/provider/patients

**Selection Process:**
Our panel consisting of representatives from NCQA executives, our board of directors, our review oversite committee, and representatives from the Healthcare Quality Congress steering committee will blindly review each entry form and score the entries based on completion, project scope and outcome, nomination category relevance, impact on quality improvement, patient outcomes, sustainability & scalability, and innovation.

**Entry Contact Information:**

Name of representative who will be the contact person to receive all communication regarding this entry form and the awards program.

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

Street Address Line 2: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Organization’s Website: Click or tap here to enter text.

**Is Your Organization Accredited or Recognized by NCQA?** Choose an item.

**Please select Award Category (choose one per entry):**

Choose an item.

**Project Summary**

Please provide a summary of the project below. This information will be used for award announcements (a 200 word count must be adhered to for each section).

**Project Title:** Click or tap here to enter text.

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

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

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

**Detailed Program Description**

Please provide the project details by completing the following information for each section.

**Issue:**

Describe the issue/challenge/problem which led to the decision to implement this project/initiative. (limit 400 words) \* Click or tap here to enter text.

**Solution:**

Describe the resolution to the issue/challenge/problem and the methods used to determine the solution. (limit 400 words) \*Click or tap here to enter text.

**Project Scope:**

For example: objectives, budget, resources, etc. (limit 400 words) \* Click or tap here to enter text.

**Outcome:**

Along with the description of the outcome, include the criteria/methods used to measure the success of the project. Also include any impact made on your organization’s efforts to reduce costs, improve quality, and/or add value for payer/provider/patients. (limit 400 words) \* Click or tap here to enter text.

**Innovation/Creativity:**
Describe aspects of this project that were innovative and describe the solution and efforts used for the success of the project. (limit 400 words) \* Click or tap here to enter text.

**Partners (OPTIONAL):**
Identify partners – groups, organizations, business partners – who had an impact on the success of the program. Click or tap here to enter text.

**Terms of Submission**

By checking the box and clicking the "Submit" button below you consent to the publication of your name and credentials as you specified in your online submission. You also represent that you have obtained any permissions from other individuals as necessary for the publication and display of the presentation and content. Not all entries will receive awards.

I agree to the Terms of Submission \*

Choose an item.

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Date: Click or tap to enter a date.