

Hospital Quality and Equity Incentive Program (HQEIP)
Acute Hospital Equity-Focused Performance Improvement Projects (PIPs) Partnership
Form

Effective June 5, 2023

Legal Name of acute hospital: _____

Introduction

As part of the “Equity Improvement” subdomain of the HQEIP, acute hospitals are incentivized to partner with Accountable Care Organizations to carry out Equity-Focused Performance Improvement Projects (PIPs). Performance will be dependent upon successful execution of ACO-partnered equity improvement projects.

This form requests acute hospitals to indicate identified ACO partner(s) for the purpose of meeting performance expectations for the Equity Improvement domain of the HQEIP. Both entities must attest to partnerships for the partnership to be recognized as successful performance under the HQEIP. This form must be submitted by **July 21, 2023**.

Instructions

- For the Equity Improvement domain of the HQEIP, acute hospitals will be required to partner with at least one but no more than two ACOs. In developing ACO partnerships for PIPs, MassHealth recommends (but does not require) that acute hospitals strongly consider partnering with:
 - an ACO partner(s) your acute hospital indicated on your Joint Accountability Attestation Form; and/or
 - an ACO with which your acute hospital has shared priorities (see Appendix A for example shared priorities)

Support from MassHealth for Partnership Formation

MassHealth offers the following support to entities for partnership formation:

- Data on overlapping service utilization (e.g., discharges and emergency department episodes) between entities (Available upon request from EOHHS)
- Key Contacts from [ACOs](#) for which acute hospitals may select partners (Available upon request from EOHHS)
- Example Rationales for Partnership Selection Between Entities (Appendix A of this document)

Exemption

- Acute hospitals **may request exemption** from partnering with an ACO to meet expectations of the Equity Improvement Domain of the HQEIP:
 - if the acute hospital had <2500 overlapping emergency department episodes and/or <100 overlapping discharges in 2022 with any ACO based on utilization data provided by EOHHS upon request; and/or if the acute hospital serves highly specialized populations that would significantly limit the impact of partnering with an ACO
- Exemption requests are subject to EOHHS approval
- Acute hospitals may request exemption at the bottom of this form

ACO Partnership Selection and Sign-Off:

Please complete the following table to indicate and rationalize partnership(s):

ACO Partnership # 1	
Indicate the ACO with which your institution is partnering to meet expectations of the HQEIP Equity Improvement subdomain:	
Rationalize your partnership for PIPs from an acute hospital perspective (You may use Appendix A for support):	
ACO Partnership # 2 (as applicable)	
Indicate the ACO with whom your acute hospital is partnering:	
Rationalize your partnership for PIPs from an acute hospital perspective (You may use Appendix A for support):	

Please check the box below *only* if you will be requesting an exemption from collaboration; this is *only* permitted in limited instances, as specified above. Exemption requests will be adjudicated on a case-by-case basis.

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If you checked the box above, please provide a **rationale** for this exemption request. In this exemption request, please discuss the strategic benefit to your organization of conducting an independent and/or non-ACO partnered health equity PIP:

Please complete the following signatory table for the parties applicable to this form:

	Acute hospital (For partnership attestation or exemption request)	ACO #1 (For partnership attestation only)	ACO #2 (as applicable and for partnership attestation only)
Name and Title of Representatives Completing this Form			
Signature of Representatives Completing this Form			

Appendix A: Example Rationales for Partnership Selection Between Entities

Partnership Element	Description
Shared interest in clinical condition or domain	<p>Shared interest in one or more clinical domain areas.</p> <p><u>Example:</u> Entities may strategically align for disparities reduction in domain areas.</p>
Shared geographic area	<p>Shared catchment area or similar geography at the village-, town-, district- or county-level.</p> <p><u>Example:</u> Entities may partner based on overlapping or distinct reach within a given geographical area unit.</p>
Gaps in health services provision that could be addressed through a shared partnership in domain areas	<p>Shared interest in reducing gaps in care overall.</p> <p><u>Example:</u> Entities may partner to facilitate timely preventative care for hospital patients through the ACO, as well as streamlined specialty care for ACO patients at the hospital.</p>
Shared health equity concerns- strategic alignment between partners for disparities reduction in domain areas	<p>Shared interest in reducing identified disparities common to all partners.</p> <p><u>Example:</u> Entities may partner to reduce disparities observed in diabetes-related hospital admissions or emergency room visits by collaborating on evidence-based interventions.</p>
Shared Medicaid populations or utilization patterns	<p>Shared need to address reduced overall demand, or higher volumes of Medicaid members/patients.</p> <p><u>Example:</u> Entities may partner based on overlapping populations or similar population composition.</p>

Partnership Element	Description
Shared infrastructure for social needs services	<p>Care management for social needs is conducted using a centralized system or standardized process across sites. Partners may also share community-based resources to address health-related social needs.</p> <p><u>Example:</u> Entities may partner to address social services needs of patients served by overlapping or potentially overlapping community partners</p>
Shared coordination for transitions of care	<p>Coordination for transitions of care is conducted using a centralized system or standardized process across sites.</p> <p><u>Example:</u> Entities may partner to establish care coordination agreements relevant for transitions of care.</p>
Shared need to manage quality of inpatient care	<p>Shared need for provider cooperation towards the avoidance of never events and costly readmissions.</p> <p><u>Example:</u> Entities may partner to decrease the occurrence of maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a health care setting.</p>

Rubric (For Reviewer Purposes Only):

Domain	Criteria	Reviewer Comments	Determination (Options: Met, Partially Met, Did Not Meet) * *Partially or Did Not Meet Require Resubmission
Entity names PIP partner(s)	The acute hospital names one and no more than two ACO partners for PIPs		
Entity rationalizes ACO PIP partner(s)	The acute hospital rationalizes and contextualizes its ACO PIP partnerships from an Acute Hospital perspective under a rationale in Appendix A/or its own rationale		
Entities involved in partnership indicate names, titles, and signatures of representative(s) attesting to partnership	The acute hospital and ACO(s) involved in partnership provide the information noted in the left column for complete attestation to partnership		
Exemption Request and Signatures (As applicable)	Adjudicated on a case-by-case basis by EOHHS staff		