



## Hospital Health Quality and Equity Incentive Program Participation and Collaboration Attestation

**Effective December 13, 2022**

One of MassHealth's key goals in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs and health disparities demonstrated by variation in quality performance. MassHealth's Hospital Health Quality and Equity Incentive Program (HHQEIP) aims to incentivize participating private acute hospitals to achieve these goals by 1) attaining complete, beneficiary-reported demographic and health-related social needs data, 2) identifying disparities, analyzing root causes, and intervening on identified disparities to reduce disparities in access and quality outcomes, and 3) establishing organizational capacity for health equity and collaborating with health system and community partners.

This form is an attestation to be completed by the acute care hospital regarding the HHQEIP and submitted to EOHHS by Monday, December 19, 2022.

### **Participation and Interim Payments**

The acute care hospital named below is licensed under section 51 of chapter 111 of the Massachusetts General Laws and is eligible to receive quarterly interim payments as part of the HHQEIP, as detailed in the Health Quality and Equity Initiative Performance Year 1 Implementation Plan. The quarterly payment strategy employed by MassHealth will promote steady progress towards Performance Year 1 goals; missing key milestones – such as completing this HHQEIP Participation and Collaboration Attestation – will have immediate impacts on interim incentive payments. In addition, total incentive amounts paid to each hospital in Performance Year 1 will be distributed according to the weighting described in the Performance Year 1 Implementation Plan. If the amount paid to hospitals in interim payments is greater than the final total incentive amount due to each hospital – as determined during EOHHS reconciliation – the difference must be returned to EOHHS.

*By signing below, the acute care hospital attests that it will participate in the HHQEIP throughout RY 2023 and accepts the interim incentive payment associated with this attestation.*

### **ACO Collaboration**

In addition, as part of the HHQEIP, performance improvements across three domains are to be pursued by hospitals in the Commonwealth, as laid out in the Health Quality and Equity Initiative Performance Year 1 Implementation Plan. This includes Domain 3: Capacity and Collaboration, with a key goal of promoting collaboration between health system partners to improve quality and reduce health care disparities. Within Domain 3, hospitals will be jointly accountable for the health quality and equity performance of at least one, and no more than two, "Health Quality and Equity Partner ACOs" with which the hospital has a documented agreement (approved by the Hospital's executive leadership as well as the Health Quality and Equity Partner ACO(s)' executive leadership) attesting to a shared commitment to establishing and achieving aligned health quality and equity goals. Hospitals that serve highly specialized or geographically unique populations that would significantly restrict a hospital's

ability to partner with an ACO may apply for an exemption from this ACO Partnership Requirement. Any requests for exemption are subject to approval by EOHHS.

*By signing below without checking the “ACO Collaboration Exemption” box, the acute care hospital attests that it intends to collaborate with an ACO to improve quality and reduce health care disparities.*

*By checking the “ACO Collaboration Exemption” box and signing below, the acute care hospital attests to qualifying for the exemption from the ACO collaboration requirement and will provide supporting evidence. This exemption will be granted at the discretion of EOHHS.*

### **Certification of Accurate and Complete Attestation**

*By signing below, I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am duly authorized to act on behalf of the acute care hospital named below.*

### **Please note that the below forms of signatures will be accepted:**

- (Preferred method) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign; or
- Electronic signature that is:
  - Hand drawn using a mouse or finger if working from a touch screen device; or
  - An uploaded picture of the signatory’s hand drawn signature; or
  - Typed text of a name, in computer-generated cursive script
- Please note: If using an electronic signature, the signature must be visible and must be accompanied by the signatory’s printed legal name and title, the printed legal name of the acute care hospital represented by the signatory, and the signature date.

### **ACO Collaboration Exemption**

Please check the box below *only* if you will be requesting an exemption to the ACO collaboration requirement; this is *only* permitted in limited instances, as specified above.

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If you checked the box above, please provide a **rationale** for this exemption request. This rationale must include the reason(s) why it is unjustifiable for the hospital to be affiliated or partnered with an ACO, such as restrictions due to geographic location or other population-level characteristics. You may attach up to 1 page of supporting documentation, as needed.

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**Signature** (Signature stamps and date stamps, or the signature of anyone other than a person legally authorized to sign on behalf of the acute care hospital, are not acceptable.):

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**Printed Legal Name and Title of Signatory:**

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**Printed Legal Name of Acute Care Hospital Represented by Signatory:**

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**Date:**

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If you have any questions about this attestation form, please e-mail inquiries to [health.equity@mass.gov](mailto:health.equity@mass.gov).