



# MassHealth Quality and Equity Incentive Program (QEIP)

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<b>Program:</b>	Hospital QEIP
<b>Performance Year:</b>	4
<b>Measure:</b>	Collaboration
<b>Deliverable:</b>	Joint Accountability for Partnered ACO Performance Form
<b>Submission Portal:</b>	OnBase
<b>Submission Due Date:</b>	March 31, 2026

## PY4 Joint Accountability ACO Collaboration Form

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 Quality and Equity Incentive Program (HQEIP) aims to incentivize participating acute hospitals to achieve these goals by:

- 1) attaining complete, beneficiary-reported demographic and health-related social needs data,
- 2) identifying disparities and intervening to reduce disparities in access and quality, and
- 3) strengthening organizational capacity for health equity including through collaboration with health system and community partners.

In addition, as part of the HQEIP, performance improvements across three domains must be pursued by hospitals in the Commonwealth, as laid out in the HQEIP Performance Years 1-5 Implementation Plan. This includes Domain 3: Capacity and Collaboration, with a key goal of promoting collaboration and coordinated interventions to promote health equity across health system settings and across the spectrum of ambulatory and inpatient care. As part of this goal, each performance year, acute care hospitals are required to partner with at least one and no more than two ACO(s) (identified as "Partnered ACO(s)") serving a shared population, in order to augment impact on health equity.

To incentivize shared investment and goals across ACO and hospital entities, hospitals' performance in the "Joint Accountability for ACO Performance" subdomain for PY4 will equal its Partnered ACO's Health Equity Score for PY4; if the hospital has more than one ACO Partner, its subdomain score will equal the average of each Partnered ACO's Health Equity Score for PY4.

Partnered ACOs will be held accountable for health equity performance in the same domains as their Partnered Hospitals, tailored to the ACO setting. Each of these accountability components will contribute to the ACO's Health Equity Score:

- Demographic data completion
- HRSN screening and referrals
- Stratified Reporting of Quality Data
- Equity Improvement Interventions
- Language Access
- Disability Access and Accommodation
- Achievement of External Standards for Health Equity
- Member Experience: Cultural Competency

This Joint Accountability ACO Collaboration form serves as a documented agreement (approved by the Hospital's executive leadership as well as the Partnered ACO(s)' executive leadership) attesting to a shared commitment between the named hospital and ACO(s) to establishing and achieving aligned health quality and equity goals for PY4; this includes joint accountability for ACO performance.

MassHealth offers the following support to hospitals for partnership formation:

- Data on overlapping service utilization (e.g., overlapping discharges and emergency department episodes) between entities (available upon request from MassHealth)
- Key Contacts from ACOs for which Acute Hospitals may select partners (Appendix A of this document)

**Please complete the following table, with the names of the hospital and the ACO(s) that this hospital will collaborate and have joint accountability with for PY4:**

<b>Hospital Name</b>	
<b>Partnered ACO #1 Name</b>	
<b>Partnered ACO #2 Name (as applicable)</b>	

If an entity is having trouble finding a partner, please reach out to the Health Equity mailbox at [health.equity@mass.gov](mailto:health.equity@mass.gov) for support.

### **ACO Collaboration Exemption**

- ☐ Please check this box *only if you have received an exemption in PY1 that was approved by MassHealth. If you check this box, write "N/A" in the Partnered ACO fields in the table, above.*

### **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 or the Accountable Care Organization (ACO) 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.
- Traditional "wet signature" (ink on paper); print out one original of the signature page, have an authorized signatory sign it, and scan the signed page.
- 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.
  - Typed text of a name not generated by a digital tool such as Adobe Sign or DocuSign, even in computer-generated cursive script, or an electronic symbol, are not

acceptable forms of electronic signature.

## Hospital Signature

**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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## ACO #1 Signature

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

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

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**Printed Legal Name of ACO Represented by Signatory:**

**Date:**

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**ACO #2 Signature (*as applicable*)**

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

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

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**Printed Legal Name of ACO Represented by Signatory:**

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**Date:**

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