



## MassHealth Quality and Equity Incentive Program (QEIP)

---

|                                |   |
|--------------------------------|---|
| <b>Program:</b>                | Hospital QEIP / ACO QEIP                              |
| <b>Performance Year:</b>       | 2   |
| <b>Measure:</b>                | Equity Improvement Intervention                       |
| <b>Deliverable:</b>            | PIP 2 Mid-Year Planning Report                        |
| <b>Submission Portal:</b>      | OnBase  |
| <b>Submission Due Date:</b>    | November 12, 2024                                     |
| <b>File Naming Convention:</b> | EntityAbbreviation_PIP2MidYearPlanningReport_YYYYMMDD |
| <b>Suggested Page Limit:</b>   | 5 pages   |

## Summary

The Equity Improvement Intervention measure will support acute hospitals and ACOs to reduce disparities amongst key topic areas. Over the course of the five-year QEIP, collaborating acute hospitals and ACOs will jointly design and implement two health equity Performance Improvement Projects (PIP). With PIP 1 underway, the goals of this Mid-Year Planning Report deliverables are to 1) provide guidance to acute hospitals and ACOs in planning for PIP 2; 2) receive information from acute hospitals and ACOs on their proposed approach for PIP 2; and 3) review partnership expectations for PIP 2.

## Introduction

This PIP 2 Mid-Year Planning Report deliverable should be completed collaboratively by ACOs and hospitals of approved partnerships (partner exempt entities should also complete this deliverable along with the Exemption Request portion). Each entity should submit its own deliverable to account for completion. For additional reporting requirements, please refer to Appendix A (for acute hospitals) and Appendix B (for ACOs) at the end of this document.

This report should be submitted to EOHHS by 10/21/24 via OnBase, with the document name: ACO/HospitalAbbreviation\_PIP2MidYearPlanningReport\_MMDDYYYY. Please rename the file with the hospital or ACO abbreviation and submission date.

*Note: submission is a 2-step process. After uploading the deliverables onto OnBase, you must also click “submit” to finalize the submission.*

Please send any questions to the MassHealth Health Equity Team at [Health.Equity@mass.gov](mailto:Health.Equity@mass.gov).

### Deliverable Sections:

- Section 1: Entity Background Information
- Section 2: PIP 2 Topic Guidance & Selection
- Section 3: PIP 2 Disparity Identification & Data Requirements
- Section 4: PIP 2 Partnership Expectations
- Section 5: PIP 2 Contact Information
- Appendix

## Section 1: Entity Background

### 1. Legal Name of Entity:

---

### 2. Is your entity an acute hospital or ACO?

- ☐ Acute Hospital
- ☐ ACO

## Section 2: PIP 2 Topic Guidance & Selection

### Overall Topic Guidance:

- PIP 2 topics must be approved by EOHHS.
- The approved PIP 2 topic must be different from an entity's PIP 1 topic.
- Partnered PIPs should be conducted in coordinated topics among acute hospital and ACO partners.

### Acute Hospital Topic Guidance:

- An **acute specialty hospital** may conduct PIP 2 in a domain and measure area drawn from its Hospital Clinical Quality Incentive (CQI) Program, unless otherwise proposed to and approved by MassHealth.
- For acute hospitals **with obstetric delivery services**, it is *required* that PIP 2 occur in an area focused on impacting perinatal health.
  - Some examples of topics in the Hospital Perinatal domain include but are not limited to addressing:
    - Prenatal and postpartum care
    - Unnecessary c-sections
    - Severe Obstetric Complications
    - Maternal morbidity and mortality
  - Entities are encouraged to explore related measures in these areas.
- For those acute hospitals **without obstetric services**, they may carry out PIP 2 in an alternative topic area such as Care Coordination or Care for Acute and Chronic Conditions, which must be different from the PIP 1 domain.
  - Some examples of topics within these domains include but are not limited to:
    - Screening, Intervention and Treatment for Substance Use Disorder (SUD)

- Managing Chronic Conditions (e.g. asthma, hypertension, diabetes)
- Overall PIP 2 must be carried out in distinct domain areas (care coordination; preventive, perinatal, or pediatric care; care for acute and chronic conditions)

### ACO Topic Guidance:

- For ACOs partnering with a hospital that provides obstetric delivery services, it is **required** that PIP 2 focus on an area impacting perinatal health.
- An example of a topic related to the ACO Quality Incentive Program in the ACO Perinatal domains includes but is not limited to:
  - Prenatal and postpartum care
- ACOs are encouraged to explore related topics in this area to address perinatal morbidity and mortality.

### Topic Selection for Acute Hospitals with Obstetric Services (subject to MassHealth approval)

#### 3. What topic focused on impacting perinatal health do you intend to select for PIP 2?

Some examples include of topics in the Hospital Perinatal domain include but are not limited to addressing:

- Prenatal and postpartum care
- Unnecessary c-sections
- Severe Obstetric Complications
- Maternal morbidity and mortality

---



---



---

### Topic Selection for Acute Hospitals without Obstetric Services (subject to MassHealth approval)

#### 4. What alternative domain do you intend to select for PIP 2? This domain must be distinct from that of PIP 1.

- ☐ Care Coordination
- ☐ Care for Acute and Chronic Conditions

☐ Other: \_\_\_\_\_

- 5. What topic focused on the selected domain do you intend to select for PIP 2?  
Please provide the rationale for topic selection.**

---

---

---

**Topic Selection for Acute Specialty Hospital (subject to MassHealth approval)**

- 6. Acute Specialty Hospital, please indicate the topic area you seek approval on from MassHealth:**

---

---

---

### Section 3: PIP 2 Disparity Identification & Data Requirements

#### Acute Hospital Data Requirement Guidelines

- PIP 2 may be designed such that the target population is identified using MassHealth-specific or all-payer data.
- PIP 2 data source must be approved by MassHealth.
- Acute hospitals focusing on perinatal health may identify a racial, ethnic, or language (REL)\* disparity and target population based on one of *three* proposed options:

Option 1: MassHealth supplies state-wide data on perinatal health disparities in Fall 2024, directing entities to focus on a specific population experiencing disparity based on race, ethnicity, or language. The purpose of the data provided is to identify a target population. Once identified, hospitals will be required to monitor data relevant to identified target population.

Option 2: Hospitals to identify their own target population based on REL stratification of their own data and any other data inputs

Option 3: Hospitals to use a relevant external population, such as statewide population, the population in the city/region in which the hospital is located, the population of MassHealth patients served in the hospital's health system, population identified using Department of Public Health data, or Blue Cross Blue Shield Foundation data. These are examples and the hospital may propose other relevant external populations but must provide justification for MassHealth to approve.

\*To identify a target population based on another disparity please propose to MassHealth for approval.

- Interim progress may be monitored using outcome measures determined by the entities to be further defined in the PIP 2 Baseline Report due in Q1 2025. These could include measures from the CQI, or other metrics defined by the entity. Any metrics selected by the entity should be reflective of the PIP project goal, the disparities being addressed, and support the overarching aim for the specific domain.
- Acute hospitals *without* obstetric services will identify their own target population based on stratification of their own data and other data inputs, including MassHealth statewide data if available and applicable.

**7. Please select the data source to be used to support your PIP 2 topic selection (subject to MassHealth approval).**

- ☐ Our hospital chooses Option 1.
- ☐ Our hospital chooses Option 2.
- ☐ Our hospital chooses Option 3.

## ACO Data Requirement Guidelines

- PIP 2 may be designed such that the target population is identified using MassHealth-specific or all-payer data.
- PIP 2 data source must be approved by MassHealth.
- ACOs focusing on perinatal health may identify a racial, ethnic, or language (REL)\* disparity and target population based on one of *three* proposed options:

Option 1: MassHealth supplies state-wide data on perinatal health disparities in Fall 2024, directing entities to focus on a specific population experiencing disparity based on race, ethnicity, or language. The purpose of the data provided is to identify a target population. Once identified, ACOs will be required to monitor data relevant to identified target population.

Option 2: ACOs to identify their own target population based on REL stratification of their own data and any other data inputs

Option 3: ACOs to use a relevant external population, such as statewide population, the population in the city/region in which the hospital is located, the population of MassHealth members served in the health system, population identified using Department of Public Health data, or Blue Cross Blue Shield Foundation data. These are examples and the ACO may propose other relevant external populations but must provide justification for MassHealth to approve.

\*To identify a target population based on another disparity please propose to MassHealth for approval.

- Interim progress may be monitored using outcome measures determined by the entities to be further defined in the PIP 2 Baseline Report due in Q1 2025. These could include measures from the ACO Quality Program, or other metrics defined by the entity. Any metrics selected by the entity should be reflective of the PIP project goal, the disparities being addressed, and support the overarching aim for the specific domain.

### **8. Please select the data source to be used to support your PIP 2 topic selection (subject to MassHealth approval).**

☐ Our ACO chooses Option 1.

☐ Our ACO chooses Option 2.

☐ Our ACO chooses Option 3.

## Section 4: Partnership Expectations

### Overall Guidance:

For the Equity Improvement measure of the HQEIP, acute hospitals are required to partner with at least one but no more than two ACOs. In developing ACO partnerships for PIP 2, 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
- the same partnership as used in PIP 1

Partnerships are subject to MassHealth approval.

### 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

### Partnerships

If your entity is requesting a Partnership Exemption, please skip Questions 9-12 and complete Question 13.

### Questions 9-11 for Acute Hospitals with Obstetric Services and ACOs

**9. Please indicate the acute hospital/ACO with whom your entity is partnering.**

---

**10. Please provide a brief rationale (>250 words) for your selected partner. Your rationale may address shared clinical, geographic, and disparities reduction priorities between entities.**

---

---

---

---



---

---

---

---

---

---

---

**Questions 11-12 for Acute Hospitals without Obstetric Services:**

**11. Please indicate the partnership/collaboration arrangements that your acute hospital will have for PIP 2:**

- ☐ Partner with another acute hospital conducting a PIP 2 in the same alternative domain, particularly where hospitals have similar clinical, geographic, or disparities reduction interests in a shared topic.
  
- ☐ Collaborate with an ACO, where an acute hospital could leverage an ACOs data or resources to develop its hospital PIP.
  
- ☐ Request exemption from a PIP 2 partnership but describe efforts to collaborate within its hospital departments, hospital-system, or with external community groups for PIP 2.

**12. Through a brief statement (<250 words), please indicate the entity or entities with whom your acute hospital will partner or collaborate according to your selected arrangement and provide a brief rationale for your selected arrangement and selected collaborated or partnered entities.**

---

---

---

---

---

---

---

---

---

---

---

- Acute hospitals and ACOs *may request exemption* from partnering to meet expectations of the Equity Improvement measure of the QEIP:
  - 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

**13. 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.**

☐ Our entity will be requesting an exemption from partnership collaboration.

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 2. If applicable, please also describe how you plan to collaborate with other hospital departments, hospital-system, or external partner groups.

---

---

---

---

---

---

---

---

---

---

---

## Section 5: PIP 2 Contact Information

### Contact Information

Please review the PIP contacts your entity and other members of your approved partnership(s) (as applicable) have submitted to date to MassHealth. Modify and list key contacts of your entity as needed in the table below to ensure MassHealth has the most up-to-date and coordinated information (if no changes, please leave blank):

|                               |          |
|-------------------------------|----------|
| <b>Point of Contact Name:</b> | Add text |
|-------------------------------|----------|

|  |          |
|--|----------|
| <b>Organization Name:</b>              | Add text |
| <b>Point of Contact Role/Title:</b>    | Add Text |
| <b>Point of Contact Email Address:</b> | Add text |

## Appendix A: PIP 2 Reporting Requirements for Acute Hospitals

### General Implementation Sequence:

PIP 2: Planning and baselining in PY2 (CY24), implementation in PY3 (CY25), closeout in PY5 (CY27).

### Deliverables and Reporting:

| Year | PIPs  | Anticipated Report Due                               | Anticipated Due Date  |
|------|-------|--|-----------------------|
| PY2  | PIP 2 | Mid-year Planning Report<br>Baseline/Planning Report | 10/21/2024<br>3/30/25 |
| PY3  | PIP 2 | Remeasurement 1 Report                               | 9/30/2025             |
| PY4  | PIP 2 | Remeasurement 2 Report                               | 9/30/2026             |
| PY5  | PIP 2 | Closure Report                                       | 12/31/2027            |

### Description of Elements in Reports:

- The PIP Planning/Baseline Reports include but are not limited to the following items: Shared acute hospital/ACO equity statement, PIP aim, objectives and goals, baseline performance data, data sources and collection methodology, data sharing plans between ACOs and acute hospitals, barrier identification, proposed interventions, and tracking measures.
- The Remeasurement 1 Report incorporates feedback from ongoing technical assistance regarding PIP implementation. The Remeasurement 1 Report is used to assess PIP methodology, progress towards implementing interventions, and performance towards achieving the health equity goals established in the Baseline Report.
- The Remeasurement 2 Report integrates feedback from ongoing technical assistance regarding PIP implementation. The Remeasurement 2 Report is used to assess PIP methodology, progress towards implementing interventions, performance towards achieving the health equity goals established in the Baseline Report and Remeasurement 1 Report, and initial plans for continuation of partnership arrangements and/or interventions beyond the PIP.
- The Closure Report focuses on finalizing project activities, analyzing the impacts of interventions, assessing performance between baseline and remeasurement periods using selected indicators, identifying successes and/or challenges, and planning for continuation of partnership arrangements and/or interventions beyond the PIP.

## Appendix B: PIP 2 Reporting Requirements for ACOs

### General Implementation Sequence:

PIP 2: Planning and baselining in PY2 (CY24), implementation in PY3 (CY25), closeout in PY5 (CY27).

### Deliverables and Reporting:

| Year | PIPs  | Anticipated Report Due                               | Anticipated Due Date    |
|------|-------|--|-------------------------|
| PY2  | PIP 2 | Mid-year Planning Report<br>Baseline/Planning Report | 10/21/2024<br>3/30/2025 |
| PY3  | PIP 2 | Remeasurement 1 Report                               | 9/30/2025               |
| PY4  | PIP 2 | Remeasurement 2 Report                               | 9/30/2026               |
| PY5  | PIP 2 | Closure Report                                       | 12/31/2027              |

### Description of Elements in Reports:

- The PIP Planning/Baseline Reports include but are not limited to the following items: Shared acute hospital/ACO equity statement, PIP aim, objectives and goals, baseline performance data, data sources and collection methodology, data sharing plans between ACOs and acute hospitals, barrier identification, proposed interventions, and tracking measures.
- The Remeasurement 1 Report incorporates feedback from ongoing technical assistance regarding PIP implementation. The Remeasurement 1 Report is used to assess PIP methodology, progress towards implementing interventions, and performance towards achieving the health equity goals established in the Baseline Report.
- The Remeasurement 2 Report integrates feedback from ongoing technical assistance regarding PIP implementation. The Remeasurement 2 Report is used to assess PIP methodology, progress towards implementing interventions, performance towards achieving the health equity goals established in the Baseline Report and Remeasurement 1 Report, and initial plans for continuation of partnership arrangements and/or interventions beyond the PIP.
- The Closure Report focuses on finalizing project activities, analyzing the impacts of interventions, assessing performance between baseline and remeasurement periods using selected indicators, identifying successes and/or challenges, and planning for continuation of partnership arrangements and/or interventions beyond the PIP.