# **ACO Quality and Equity Incentive Program (AQEIP)**

# **ACO Equity-Focused Performance Improvement Projects (PIPs) Partnership Form**

# **Effective June 5, 2023**

**Legal Name of ACO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Introduction and Instructions**

The following form will be completed by ACOs to document their partnership relationships with acute hospitals to conduct Equity-Focused PIPs as part of performance expectations related to the “Equity Improvement” sub-domain. ACOs will partner with at least one acute hospital for Equity-Focused PIPs. As part of their commitment to joint accountability and to meet performance requirements under the Hospital Quality and Equity Incentive Program, acute hospitals will actively seek to partner with ACOs for PIPs. ACOs must support the partnership formation process and attest to these partnerships. ACO and acute hospital partnerships must be formed by **July 21, 2023.** ACOs will formally attest to partnerships on the equivalent acute hospital form but will briefly rationalize their partnership(s) on this form **(due** **July 21, 2023).**

### 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 [acute hospitals](https://www.chiamass.gov/massachusetts-acute-hospital-profiles/) for which ACOs may partner (Available upon request from EOHHS)
* Example Rationales for Partnership Selection Between Entities (Appendix A of this document)

### Exemption

While EOHHS expects most ACOs to have acute hospital partners, an ACO **may request exemption** from partnerships if partnerships are untenable. These requests are considered on a case-by-case basis and subject to EOHHS approval. You may request exemption at the bottom of this form.

## Acute Hospital Partnership Notification:

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

| **Indicate the name and key contact for the acute hospital(s) with which you will be partnering:** |  |
| --- | --- |
| **Rationalize your partnership(s) for PIPs from an ACO 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.

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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 indicate and provide the signature of the ACO representatives completing this form:

|  | **Representative #1** | **Representative #2 (Add additional columns as needed)** |
| --- | --- | --- |
| **Name and Title of ACO Representative(s) Completing Form** |  |  |
| **Signature of ACO Representative(s) Completing Form** |  |  |

## Appendix A: Example Rationales for Partnership Selection Between Entities

| Partnership Element | Description |
| --- | --- |
| **Shared interest in clinical condition or domain** | Shared interest in one or more clinical domain areas.Example: Entities may strategically align for disparities reduction in domain areas. |
| **Shared geographic area** | Shared catchment area or similar geography at the village-, town-, district- or county-level.Example: Entities may partner based on overlapping or distinct reach within a given geographical area unit.  |
| **Gaps in health services provision that could be addressed through a shared partnership in domain areas** | Shared interest in reducing gaps in care overall. Example: 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.  |
| **Shared health equity concerns- strategic alignment between partners for disparities reduction in domain areas** | Shared interest in reducing identified disparities common to all partners.Example: Entities may partner to reduce disparities observed in diabetes-related hospital admissions or emergency room visits by collaborating on evidence-based interventions. |
| **Shared Medicaid populations or utilization patterns** | Shared need to address reduced overall demand, or higher volumes of Medicaid members/patients.Example: Entities may partner based on overlapping populations or similar population composition. |
| **Shared infrastructure for social needs services** | 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.Example: Entities may partner to address social services needs of patients served by overlapping or potentially overlapping community partners  |
| **Shared coordination for transitions of care** | Coordination for transitions of care is conducted using a centralized system or standardized process across sites. Example: Entities may partner to establish care coordination agreements relevant for transitions of care. |
| **Shared need to manage quality of inpatient care** | Shared need for provider cooperation towards the avoidance of never events and costly readmissions.Example: 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. |

## 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 ACO names its acute hospital partner(s) for PIPs and a MassHealth staff member verifies that each partnership has been attested to on the *Acute Hospital Performance Improvement Project Guidance Document and Partnering Attestation Form*  |  |  |
| Entity rationalizes ACO PIP partner(s) | The ACO rationalizes its acute hospital partnership(s) from an ACO perspective under a rationale in Appendix A/or its own rationale |  |  |
| Entity indicates representative completing form | An ACO indicates a representative completing this form and provides his or her title and signature |  |  |
| Exemption Request and Signatures (As applicable) | Adjudicated on a case-by-case basis by EOHHS staff |  |  |