



Community Partnership Participation Agreement

The most effective way to impact health care is to align efforts with those who have common goals. Under contract with the Centers for Medicare & Medicaid Services, Mountain-Pacific Quality Health works with local, state and national partners to achieve quality improvement—and you will benefit and learn from these efforts! We look forward to partnering with you to improve outcomes and thank you for your commitment to quality. Please provide the requested information below to participate in our programs. This participation agreement will remain in effect through November 2024.

Primary contact name/title/role: _____

Email: _____ Phone: _____

Organization name and type: _____

Address: _____

Secondary contact name/title/role: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Mountain-Pacific Quality Health has permission to disclose our relationship with your organization in relation to quality improvement projects and to use and/or publish information regarding the organization’s quality improvement efforts, including interventions, literature, documents, images, graphs or other materials, for the purpose of furthering the advancement of health care quality. This is to include print, electronic, visual, verbal, Internet and/or various media through November 7, 2024. This release and consent are made without compensation and no compensation is required or anticipated.

- Yes No (You will still be eligible to partner with Mountain-Pacific.)

Where can you use our support? (Please feel free to check multiple areas of support.)

- Opioid Use and Misuse Care Coordination Health Equity Improve Nursing Home Quality
 Chronic Disease Management Immunizations Emergency Preparedness Other: _____

What are your current improvement priorities? _____
