



RY2017 MassHealth Acute Hospital P4P Program: Hospital Data Validation Re-evaluation Request Form

INSTRUCTIONS: As outlined in the EOHHS Technical Specifications Manual, hospitals must use this form to request a re-evaluation of their original validation results. Only hospitals that have not met an overall agreement rate (.80) may request a re-evaluation of results for any quarter that falls below the threshold. All information must be typed on this PDF form using Adobe Reader version 5 or higher. Go to www.get.adobe.com/reader/ to download Adobe Reader.

Hospital Information			
Hospital Name		Quality Contact Name	
Street Address		Phone	
City, State, Zip		Email	
MassHealth Provider ID#		Signature	

Quality Measure Data Element Information			
MP Validation Control # (Listed on case detail report)	Quality Measure ID #	Data Element Name (Listed on case detail report)	Hospital Rationale (Explain the reason why the hospital's abstraction is correct. Information that was not contained in the original record submitted will not be considered as part of re-evaluation.)



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Submitting Your Request

The hospital must submit the completed request form with a typed cover letter, via postal mail or fax to:

Telligen, Inc.
Attention: MassHealth Quality Exchange (MassQEX)
 800 South Street, Suite 170
 Waltham, MA 02453

or via **FAX:** (844) 546-1344

The hospital has 10 business days from date of notification on their original year end validation report results to submit the request. The re-evaluation process will be completed and mailed to the hospital by the EOHHS Contractor.