

## RY2017 MassHealth Acute Hospital Pay-for-Performance Program: Data Extension Request Form

**INSTRUCTIONS:** As noted in the EOHHS Technical Specifications Manual, hospitals must use this form to request a data extension of Acute Hospital RFA2017 quality reporting deadlines. All information must be typed on this PDF form using Adobe Reader Version 5 or higher. Go to <https://get.adobe.com/reader/> to download Adobe Acrobat Reader DC.

Hospital Information	
HOSPITAL NAME	MASSHEALTH PROVIDER ID
MAILING ADDRESS	CITY, STATE, ZIP
Hospital CEO	Hospital Quality Contact
NAME	NAME
PHONE	PHONE
EMAIL	EMAIL

### 1) Specify Type of Data Request

- a. **Enter the Acute RFA submission cycle due dates affected.** \_\_\_\_\_  
(e.g., August, November, February, May)
- b. **Enter the quarter data file period affected.** \_\_\_\_\_  
(e.g., Q1-2016 01/01/2016 – 03/31/2016 discharges)
- c. **Enter the chart request quarter data period affected.** \_\_\_\_\_  
(e.g., Q1-2016 01/01/2016 – 03/31/2016 discharges)
- d. **Enter proposed date affected data files can be submitted.** \_\_\_\_\_  
(e.g., timeline must align with RFA submission cycle above)

### 2) Specify Reason for Request

- a. Briefly describe the specific extraordinary or unusual circumstance that has led to your request for a data extension. See Section 5 of EOHHS Technical Specifications Manual for definitions of events that apply.

- b. Describe the impact this circumstance has on the hospital not being able to meet the Acute RFA reporting due date. Attach documentation that illustrates the impact of above described events (i.e., photos, media articles, etc.)

3) I hereby attest, to the best of my ability, that all content of this request form contains accurate information.

**Hospital CEO Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

#### Mailing Instructions

Hospitals must mail the original signed form and supporting documentation with a typed cover letter on hospital stationery to the address on the right.

EOHHS MassHealth Office of Providers and Plans  
**Attention:** Acute Hospital P4P Program  
100 Hancock Street (6th floor)  
Quincy, MA 02171