



MassHealth Quality and Equity Incentive Program (QEIP): Data Validation Re-evaluation Request

INSTRUCTIONS

Entities must complete and submit this form to request a re-evaluation of their original validation results using instructions in the MassHealth QEIP User Guide. All required information must be included on this PDF fillable form. Re-evaluation is only applicable for measures in Pay-for-Performance.

ENTITY CONTACT INFORMATION

Entity Name

Mailing Address _____ City, State, Zip Code _____

QEIP Contact Name _____ Phone Number _____ Email _____

Date of Request _____ Provider ID/Tax ID or TIN (Tax ID/TIN required for CBHCs) _____

BASIS FOR RE-EVALUATION

Only entities that have not met an overall agreement rate (0.80) for a particular measure may request a re-evaluation of validation results that fell below the threshold. Enter all required information applicable to each column header in the blank spaces provided below.

MEASURE DATA ELEMENT INFORMATION

Case Control Number (Listed on case detail report) _____

Measure Name _____

Sub Measure (if applicable) (Listed on case detail report) _____

Entity Rationale (Explain the reason why the entity's abstraction is correct. Information that was not contained in the original record submitted will not be considered as part of re-evaluation.)

SUBMITTING YOUR REQUEST

Please submit the completed form with a typed cover letter via email to QEIP Help Desk at QEIPhelp@telligent.com.

The entity has 10 business days from the date of notification on their year-end validation results to submit the request. Please refer to the applicable version of the MassHealth User Guide, Section 6, for details on how to submit your request.