



## 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@telligen.com](mailto:QEIPhelp@telligen.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.