



RY2013 MassHealth Acute Hospital RFA: Hospital Quality Contacts Form

Instructions: Pursuant to Section 7.2 of the Acute Hospital RFA, each hospital must submit current information on key representatives designated to communicate with EOHHS on all aspects of pay-for-performance measures reporting. Please enter all information required for each designated staff in blank spaces under each section header. **All information must be typed in this Adobe PDF form** using Adobe Reader version 5 or higher. Go to <http://get.adobe.com/reader/> to download Adobe Reader.

Hospital name: _____
Street address: _____
City: _____ State: _____
Zip code: _____

Hospital CEO name: _____
Phone: _____
Fax: _____
E-mail: _____

Hospital RFA Quality Contact

Name	Title/Dept.	E-mail	Phone	Fax
Mailing address		City	State	Zip code

Hospital RFA Manager Contact

Name	Title/Dept.	E-mail	Phone	Fax
Mailing address		City	State	Zip code

MassQEX Portal Registered Users

User Name 1	Title/Dept.	E-mail	Phone	Fax
User Name 2	Title/Dept.	E-mail	Phone	Fax
User Name 3	Title/Dept.	E-mail	Phone	Fax

Note: Hospitals must use this form to notify MassHealth of any changes to key contacts listed, during RFA contract period, as soon as information is available. Blank forms can be obtained by sending a request to the EOHHS mailbox at: masshealthhospitalquality@state.ma.us

Above information is current as of (enter date): _____ Authorized Quality Contact Signature: _____