



RY2021 MassHealth Acute Hospital Pay-for-Performance Program Hospital Quality Contacts Form

INSTRUCTIONS: Pursuant to the Acute Hospital RFA (Section 7), each hospital must complete and submit information on staff involved in quality reporting during the rate year. All information in blank spaces must be typed on this PDF form.

Hospital Key Information

| | | | |
|----------------------|-----------|--------------------------|-----|
| HOSPITAL NAME | | HOSPITAL CEO NAME | |
| Street Address | | Phone | Fax |
| City | State/Zip | Email | |

Acute Hospital RFA Key Representative Contacts

| | | | |
|---------------------------------|-----------|----------------|-----|
| Key Quality Contact Name | | Position/Title | |
| Street Address | | Phone | Fax |
| City | State/Zip | Email | |
| Acute RFA Contact Name | | Position/Title | |
| Street Address | | Phone | Fax |
| City | State/Zip | Email | |

Authorized MassQEX Data Contacts

| | | | |
|-------------------------------------|--------|-------|-------|
| MassQEX Hospital User Name | Title | Email | Phone |
| MassQEX Hospital User Name | Title | Email | Phone |
| MassQEX Hospital User Name | Title | Email | Phone |
| MassQEX Hospital User Name | Title | Email | Phone |
| MassQEX Hospital User Name | Title | Email | Phone |
| MassQEX SFTP User Name | Title | Email | Phone |
| MassHealth NHSN Contact Name | Title | Email | Phone |
| Data Vendor User Name | Agency | Email | Phone |
| Data Vendor User Name | Agency | Email | Phone |
| Data Vendor User Name | Agency | Email | Phone |

Key Representative Signature _____

Date Signed _____

MAILING INSTRUCTION: Please mail the completed form with a typed cover letter on hospital stationery to the address shown on the right.

Executive Office of Health and Human Services
Attn. MassHealth Acute Hospital P4P Program
100 Hancock Street (6th Floor)
Quincy, MA 02171