



MassHealth Hospital Clinical Quality Incentive Program: Extraordinary Circumstance Exception Request Form

INSTRUCTIONS

The hospital must complete and submit this form to request an exception from any rate year quality reporting requirements using instructions in Section 3 of the Executive Office of Health and Human Services (EOHHS) Technical Specifications Manual. All information must be included on this PDF fillable form.

HOSPITAL INFORMATION

Hospital Name _____ Inpatient MassHealth Provider ID _____

Mailing Address _____ City, State, Zip Code _____

Name of CEO or Quality Designee _____ Phone _____ Email _____

Date of Request _____ Date Circumstance Occurred _____

SPECIFY TYPE OF REQUEST

Enter the data submission requirements affected by the circumstance.

- a) List each process measure affected by your request.
(e.g., Enter the measure name) _____
- b) Is the request for a data extension or exemption?
(e.g., Exemption means no measure data will be submitted) _____
- c) Acute RFA rate year reporting cycle due date affected.
(e.g., August (Q1), November (Q2), February (Q3), May (Q4)) _____
- d) Calendar year quarter discharge periods affected.
(e.g., Enter MM/DD/YYYY to MM/DD/YYYY) _____
- e) Chart validation quarter discharge periods affected.
(e.g., Enter MM/DD/YYYY to MM/DD/YYYY) _____

DESCRIPTION OF EXTRAORDINARY CIRCUMSTANCE

Describe the specific circumstance event that the hospital is facing (e.g.: extraordinary, unusual) and the date event occurred. Refer to Section 3 of EOHHS Technical Specifications Manual for definitions that apply to these terms.

SPECIFY REASON FOR REQUEST

Describe the reason for requesting a reporting extension or exemption of the quarter data periods indicated in section 1 above. Include as much detail possible on the impact the circumstance has on the hospital not being able to meet the Acute RFA reporting due dates indicated.

SUPPORTING DOCUMENTATION

List the required documentation you are attaching with a brief statement on how it supports your request. Examples can include photos, website links, media articles, etc.

PROPOSE SUBMISSION TIMELINE

For a data extension request, please estimate a timeline the hospital’s affected quarter data indicated in section 1 above can be submitted. (**Note:** Enter the month, day, year in the space provided below. For a data exemption, enter “not applicable”)

HOSPITAL CEO ATTESTATION

I hereby attest to the best of my ability, that all content and supporting documentation on this request form contains accurate information.

Hospital CEO Signature:

Date Signed:

Printed Legal Name and Title of Signatory

Printed Legal Name of Acute Care Hospital Represented by Signatory

Only the following forms of signature will be accepted:

- *(Preferred method)* Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign; or
- Electronic signature that is:
 - Hand drawn using a mouse or finger if working from a touch screen device; or
 - An uploaded image of the signatory's hand drawn signature.
- Traditional "wet signature" (ink on paper). Print out one original of the signature page, have an authorized signatory sign it, and scan the signed page.

Please note: If using an electronic signature, the signature must be visible and must be accompanied by the signatory's printed legal name and title, the printed legal name of the acute care hospital represented by the signatory, and the signature date. Typed text of a name not generated by a digital tool such as Adobe Sign or DocuSign, even in computer-generated cursive script, or an electronic symbol, are not acceptable forms of electronic signature.

INSTRUCTIONS FOR SUBMITTING YOUR REQUEST

The hospital's request for an extraordinary circumstance exception (ECE) must contain all required information in the form to make a proper ECE determination. Failure to submit complete information will delay review of your request. Incomplete forms will be returned to the hospital.

Timeline: The completed PDF fillable form must be submitted within 15 calendar days of the event occurring.

Submission Format: Please send a scanned copy of the completed, signed form with supporting documents using a typed cover letter on hospital stationery describing enclosures to the EOHHS business mailbox: Masshealthhospitalquality@mass.gov.