



MassHealth Hospital Clinical Quality Incentive Program: Instructions for Program Forms

This document provides instructions on how to successfully complete and submit program participant forms. Hospitals participating in the MassHealth Hospital Clinical Quality Incentive program reporting under the Acute Hospital Request for Application (RFA) contract must complete the required forms that apply each rate year.

The forms that apply to all hospitals, along with instructions for submission, are below. They can be found at www.mass.gov/masshealth-quality-exchange-massqex.

For any questions on the forms, or if you are unable to submit them electronically, please reach out to Masshealthhospitalquality@mass.gov.

FORM NAME	CONTENT	INSTRUCTION TO COMPLETE
MassHealth CQI Hospital Quality Contact Form	<ul style="list-style-type: none">Identify Acute RFA key representativesList MassQEX User contactsList SFTP User contact	<p>The hospital must enter all required information and include an effective date on the online form. A confirmation email with the submitted responses will be sent to the submitter's email address entered in the form. Note: The hospital should retain a copy of this email for its records.</p> <p>If there are changes to the quality contacts listed on this form during the rate year, the hospital must complete and submit an updated online form.</p>
MassHealth CQI Hospital Data Accuracy and Completeness Attestation Form	<ul style="list-style-type: none">Identify the specific measure reporting exceptions that apply to the hospitalRequires Hospital CEO signature	<p>Please send a scanned copy of the completed, signed form with a typed cover letter on official hospital stationery to the EOHHS business mailbox: Masshealthhospitalquality@mass.gov.</p> <p>Please see the end of this document for the forms of signatures that will be accepted.</p>
MassHealth CQI Extraordinary Circumstance Request Form	<ul style="list-style-type: none">Describes detail of the extraordinary circumstance impacting hospital's ability to meet calendar year reporting requirements for the rate yearForm must attach supporting documentation of circumstance eventRequires Hospital CEO signature	<p>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.</p> <p>Timeline: The completed PDF fillable form must be submitted within 15 calendar days of the event occurring.</p> <p>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.</p> <p>Please see the end of this document for the forms of signatures that will be accepted.</p>

FORM NAME	CONTENT	INSTRUCTION TO COMPLETE
MassHealth CQI Data Validation Reevaluation Request Form	<ul style="list-style-type: none"> Describe basis for requesting review of original data validation results and include detail on measure data element information 	<p>Please submit the completed form with a typed cover letter via email to MassQEX Help Desk at Massqexhelp@telligen.com.</p> <p>The hospital has 10 business days from date of notification on their year-end validation results to submit the request.</p>

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.