Performance Based Contracting Data Submission Resolution Process Form

**Provider Information**

|  |  |
| --- | --- |
| **Provider Name** |  |
| **MPI Number** |  |
| **Submitter Name** |  |
| **Submitter Email** |  |
| **Submitter Phone** |  |

**Basis for Resolution Request**

* Enter the performance measure codes that you believe were inaccurately assessed (e.g. CN-C.01.1).
* Provide a detailed explanation of why you believe an error was made in the Department’s determination. Evidence supporting the explanation must be submitted with this request for review.

|  |  |
| --- | --- |
| **Performance Measure Code(s)**  Example: CN-C.01.1 | **Description of why Provider believes an error was made** |
|  |  |
|  |  |
|  |  |

(Add additional rows as needed)

**List of Attached Documents**

* Enter the performance measure code(s) to which each document applies.
* Provide a brief description of each document attached to support your position (e.g., "Hospitalization Follow-up Report").

|  |  |
| --- | --- |
| **Performance Measure Code(s)**  Example: CN-C.01.1 | **Attachment Name** |
|  |  |
|  |  |
|  |  |

**Attestation**

I hereby attest that the information provided in this form and all supporting documentation is true and accurate to the best of my knowledge. I understand that this is not an opportunity to submit new materials or modify previously submitted materials.

|  |  |
| --- | --- |
| **Signature** |  |
| **Printed Name** |  |
| **Title** |  |
| **Date** |  |

**Submission Instructions**

* This form and any supporting documentation must be submitted to [RA-PWODPPBC@pa.gov](mailto:ra-pwodppbc@pa.gov) within 14 calendar days of the date of the Notice of Residential Performance Based Contracting Tier Determination.
* Complete documentation and evidence to support the provider’s claim that an error has been made must be submitted. Resubmissions will not be accepted. Incomplete, inaccurate, or missing forms or forms submitted after the deadline will not be reviewed. The Department will provide email confirmation of receipt of submission of this form within 1 business day. The Department will then review all information submitted and notify the provider whether the Department’s determination will stand or change.