

MassHealth Quality Exchange (MASSQEX)

Hospital Secure File Transfer Portal (SFTP)

User Registration Form

INSTRUCTION:

Please email a scanned copy to MassQEXhelp@telligen.com (for CQI) and/or QEIPhelp@telligen.com (for HQEIP).

The following information is required to obtain a MassQEX Secure File Transfer Portal (SFTP) user account.

Applicant Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Job Title:	<input type="text"/>
Hospital Organization Name:	<input type="text"/>
Program (CQI, HQEIP, or Both)	<input type="text"/>
Phone Number:	<input type="text"/>
E-Mail Address:	<input type="text"/>

I _____ authorize _____ to be a MassQEX
[Hospital Quality Contact] [Hospital staff name]
designated user for the secure file transfer portal (SFTP) on behalf of the Hospital.

I understand that the authorized hospital staff user will be responsible for the following:

- Upload copies of requested medical records required by Executive Office of Health and Human Services for data validation purposes, through the Telligen secure file transfer portal (SFTP) operated by the MassQEX vendor.
- Adhering to secure file transfer portal instruction required by the MassQEX vendor to ensure HIPAA security and confidentiality protocols for MassHealth patient-level data are maintained.
- Serving as a point-of-contact at this organization for information regarding secure upload transactions of the required medical record files, as requested by the MassQEX vendor.

REQUIRED SIGNATURE

Hospital CQI Key Quality Contact (print name)

Hospital HQEIP Key Quality Contact (print name)

Signature

Signature

Date

Date