Hospital to complete the Part One form when the reliability rate(s) is <75 and decides to appeal data elements. Complete the information identifying data elements to consider for appeal. Hospital to submit the completed Part One form to the local QIO **no later than 10 business days** after the validation results posted date.\*

Do Not use separate forms for each data element/abstraction control number (tabbing from the last row will create a new row or additional pages within this document to enter information).

Hospital CCN: Hospital Name: Hospital State ID:

Hospital Contact Name: Telephone: ( )

Validation Qtr\Yr: / Form Completion Date by Hospital: / / Date QIO Received: / /

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient ID**  Displayed on Validation Case Detail Report | Abstraction Control # Displayed on Validation Case Detail Repot | Discharge Date Displayed on Validation Case Detail Report | **Measure Set** Displayed on Validation Case Detail Report | **Element Name (if applicable)**  Displayed on Validation Case Detail Report | Rationale  Include justification why hospital believes data element/measure was abstracted accurately. Supplemental information that was not included in the original medical record sent to the CDAC will not be considered. | QIO Use Only  1 2 | |
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1= Uphold CDAC Decision

2= Forward for Appeal (QIO to place only these elements onto Hospital Data Validation Appeal Form, Part Two)

\*Submit form electronically to QIO contact via *My QualityNet or via secure mail-* DO NOT FAX**.**