

Hospital Inpatient Data Validation Appeal Form

Part One

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:** _____ / _____ / _____

Patient ID <small>Displayed on Validation Case Detail Report</small>	Abstraction Control # <small>Displayed on Validation Case Detail Report</small>	Discharge Date <small>Displayed on Validation Case Detail Report</small>	Measure Set <small>Displayed on Validation Case Detail Report</small>	Element Name (if applicable) <small>Displayed on Validation Case Detail Report</small>	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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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.