

# Hospital Data Validation Appeal Form

## Part One

Hospital completes when the **overall reliability is <80 percent** (across the 5 cases). Complete the information below and submit this form to your local Quality Improvement Organization (QIO) if you want to appeal any of the five cases selected. **Submit completed form, Part One, to your local QIO no later than 10 business days after your validation results posted date.\***

Hospital Provider ID: \_\_\_\_\_ Hospital Name: \_\_\_\_\_ Hospital State ID: \_\_\_\_\_

Hospital Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Validation Qtr\Yr: \_\_\_\_/\_\_\_\_ Hospital Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date QIO Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient ID <small>Displayed on the Validation Case Detail report</small>	Abstraction Control # <small>Displayed on the Validation Case Detail report</small>	Discharge Date	Topic	Element Name <small>Displayed on the Validation Case Detail report</small>	Rationale <small>(You may include any additional clarification, if necessary. Supplemental information that was not located in the original medical record sent to the CDAC is not admissible [e.g. copies missing from medical record or replacement medical record])</small>	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

1 = Uphold CDAC Decision

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

\* Submit form electronically to QIO contact via QNet Exchange or via secure mail (Federal Express) - **DO NOT FAX.**