

Hospital Authorization for Vendor Transmission to QIO Clinical Warehouse

TO: _____ (QIO Contact Name)
_____ (QIO QualityNet Exchange Administrator)
_____ (QIO Name)
_____ (QIO Address)

FROM: _____ (Hospital Contact Name)
_____ (CEO or Administrator)
_____ (Hospital Name)
_____ (Address)

SUBJECT: Authorization for Hospital-Collected Data Transmission into the QIO Clinical Warehouse.

The _____ (Hospital) authorizes _____, (JCAHO certified Performance Measurement System [PMS] or other third-party vendor), to transmit data on the following topic(s) beginning with the specified discharge dates by topic:

	<u>Discharge Date</u>	<u>Data Transmission Date</u>
Acute Myocardial Infarction	Start: _____	Start: _____
Heart Failure	Start: _____	Start: _____
Pneumonia	Start: _____	Start: _____
Surgical Infection Prevention	Start: _____	Start: _____

The Vendor information is as follows:

JCAHO PMS ID/Vendor # _____ Data Transmission Start Date: _____
Organization Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____

The PMS/vendor agrees to transmit data for all payers via QualityNet Exchange into the QIO Clinical Warehouse in the agreed-upon data format (XML format) provided by CMS. The data collected has also met the Centers for Medicaid & Medicare Services (CMS) standard abstraction protocols and transmission requirements. The PMS/vendor ensures that all of its data collection and transmission activities are in accordance with all Health Insurance Portability and Accountability Act (HIPAA) regulatory requirements regarding security and privacy.

This authorization remains in effect for the specified PMS/vendor until the CEO/Administrator of the hospital notifies the QIO of any changes.

Authorized by: _____
(Original Signature of administrator or CEO)

Print name: _____

Medicare Provider #: _____ Date Signed: _____