

Pennsylvania Health Care Cost Containment Council

Request for Exception (Form 211)

225 Market Street, Suite 400
Harrisburg, PA 17101
Phone (717) 232-8958 Fax (717) 772-1401

Facility Name:

PAF Number:

Date:

Contact Person:

Title:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

Request for:

UB04 Inpatient Data

Severity Score Data

UB04 Ambulatory/Outpatient Data

Specific Data Element(s)

Pertinent Quarter: **Note: A separate Form 211 is required for each quarter*

Quarter _____ Year _____

Extension Request Date (date data submission will be received at PHC4):

The Council requires all Requests for Exceptions be accompanied by an explanation for the request. Concisely provide in typed, narrative form as much information as necessary to evaluate the request and attach any supplemental documentation that will further detail the reasons for the request. If the request is for specific data element(s), please include them in the explanation. Additionally, specify an action plan to comply with future Council reporting deadlines. The following must be included:

- *Scope of problem*
- *Plans for resolution of problem*
- *Expected timeframe when compliance will be attained (i.e. first quarter 2001)*

The Council will evaluate the merits of each request and grant temporary exceptions in accordance with the Health Care Facility Reporting regulations contained in Title 28, Chapter 912 of the Commonwealth Code. Requests will be considered with regard to the impact on the Council's data collection and dissemination activities. Exceptions that would disrupt such activities may be denied. Please note Requests for Exceptions must be submitted before the original data submission due date. Incomplete requests will be returned for clarification.