

**BCBSM Pay-for-Performance Program
Peer Group 1 - 4 Hospitals
CEO/President Attestation Form
2009 Certification Form (Due January 15, 2010)**

I certify that I have reviewed the information being sent to Blue Cross Blue Shield of Michigan for the 2009 Pay-for-Performance Program, and it is true to the best of my knowledge. This includes the documentation for the components listed below.

- Quality Indicators
- Culture of Safety Prequalifying Conditions
 - Conducting regular patient safety walk-arounds with hospital leadership
 - Assessing and improving patient safety performance by meeting one of the following options (please indicate):
 - Completing and submitting the National Quality Forum Safe Practices section of the Leapfrog Hospital Survey
 - Completing the Joint Commission Periodic Performance Review of National Patient Safety Goals
 - Participating in a federally-qualified patient safety organization
 - Complying with the Agency for Healthcare Research Patient Safety indicators
 - Ensuring results of the patient safety assessment and improvement activities are shared with the hospital's governing body and incorporated into a board-approved, multidisciplinary patient safety plan that is regularly reviewed and updated.

HOSPITAL NAME

BCBSM FACILITY CODE

CEO/PRESIDENT SIGNATURE

TITLE

NAME (Print or Type)

DATE

Submit to Eric Kropfreiter, Health Care Analyst, via fax at 877-282-1496, or email to: p4phospital@bcbsm.com, or mail to the following address by January 15, 2010:

Provider Contracting Department - MC B715
Blue Cross Blue Shield of Michigan
27000 West 11 Mile Road
Southfield, Michigan 48034