



BCBSM Pay-for-Performance Program  
Peer Group 1 - 4 Hospitals  
2018 CEO/President Certification Form

**Due: March 31<sup>st</sup>, 2019**

I certify that I have reviewed the information being sent to Blue Cross Blue Shield of Michigan for the 2018 Pay-for-Performance Program, and it is true to the best of my knowledge. This includes, but is not limited to, the documentation for the components listed below:

Culture of Safety Prequalifying Conditions

1. Conducting regular patient safety walk-arounds with hospital leadership.
2. Assessing and improving patient safety performance by fully meeting at least **one** of the following options (**please check all that apply**):
  - Completing and submitting the National Quality Forum Safe Practices section of the Leapfrog Hospital Survey at least once every 18 months.
  - Completing the Joint Commission Periodic Performance Review of National Patient Safety Goals at least once every 18 months.
  - Complying with the Agency for Healthcare Research Patient Safety indicators at least once every 18 months.
  - Participating in a federally-qualified patient safety organization.
3. 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 completed form to BCBSM Hospital Incentive Programs, via fax at 877-233-9459, or email to: P4Phospital@bcbsm.com, or mail to the following address by **March 31<sup>st</sup>, 2019**:

BCBSM Hospital Incentive Programs - MC 513M  
Blue Cross Blue Shield of Michigan  
600 Lafayette Blvd  
Detroit, Michigan 48226