



BCBSM Pay-for-Performance Program
Peer Group 1 - 4 Hospitals
2019 CEO/President Certification Form

Due: March 31st, 2020

I certify that I have reviewed the information being sent to Blue Cross Blue Shield of Michigan for the 2019 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 31st, 2020**:

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