

**Hospital Value-Based Purchasing (HVBP)
Review and Corrections Request Form**

Hospitals may review and request correction of their hospital's performance scores on each condition, domain, and Total Performance Score (TPS). Hospitals must submit the review and correction request within **30 calendar days** of the posting date of the Value-Based Percentage Payment Summary Report on *QualityNet* (the date this Report is posted to *QualityNet* = Day 1).

Fields marked with an asterisk (*) are required.

Note: Hospitals can only request an appeal after first requesting a review and correction of their performance scores. Hospitals that do not submit this formal request within 30 calendar days of report posting on *My QualityNet* waive eligibility to submit a CMS HVBP appeals request for the applicable fiscal year.

Date:

* Date of Review and Corrections Request (MM/DD/YYYY): _____

Hospital Contact Information:

* CMS Certification Number (CCN): _____

* Hospital Name:

Hospital CEO Contact Information:

* Last Name: _____

* First Name: _____

* E-Mail Address: _____

* Address Line 1:
(Must include physical street address)

Address Line 2:

* City: _____

* State: _____

* Zip Code: _____

* Telephone Number: _____

ext: _____

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Hospital QualityNet (QNET) System Administrator (SA) Contact Information:

* Last Name: _____

* First Name: _____

* E-Mail Address: _____

* Address Line 1:
(Must include physical
street address)

Address Line 2:

* City: _____

* State: _____

* Zip Code: _____

* Telephone Number: _____

ext: _____

Corrections – Select all that apply (Minimum of one reason is required):

_____ Condition-specific score (CSS)

_____ Provide the disputed condition score

_____ Provide the proposed condition score

_____ Domain-specific score (DSS)

_____ Provide the disputed domain score

_____ Provide the proposed domain score

_____ Total Performance Score (TPS)

_____ Provide the disputed total performance score

_____ Provide the proposed total performance score

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* **Reasons** - Please provide all evidence supporting your hospital's claim that the CSS, DSS, and/or TPS are incorrect. Describe the specific details for the reason of your review and request for correction of the items selected above.

_____ *Supporting documents attached (indicate yes/no)