Hospital Value-Based Purchasing Program (HVBP) Appeal Request Form

Hospitals may appeal the calculation of their performance assessment with respect to the performance standards, as well as their Total Performance Score (TPS). Hospitals may submit an appeal within **30 calendar days** of the date of the CMS review and corrections decision letter.

Fields marked with an asterisk (*) are required.

Note: Hospitals must receive an adverse determination from CMS of their review and corrections request prior to requesting an appeal for the applicable fiscal year.

Dates:

*Date of Appeal Request (MM/DD/YYYY): _____

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

*Date of Review and Corrections Decision from CMS (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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Hospi	tal QualityNet (QNET) System Administrator (SA) Contact Information:
* Last N	Name:
* First I	Name:
* E-Mai	il Address:
(Must in	ess Line 1: nclude physical address):
Addres	s Line 2:
* City:	
* State:	* Zip Code:
* Telep	hone Number: ext:
Basis	for Requesting Appeal - Select all that apply (Minimum of one reason is required):
	Denial of hospital's correction request submitted under the review and corrections process
	Calculation of Achievement/Improvement points
	Calculation of Measure/Dimension score - the higher of the achievement/improvement points was not used in the calculation
	Calculation of Domain scores, including normalization calculation
	Calculation of HCAHPS Consistency Points – the lowest dimension score was not used in the calculation
	Calculation of HCAHPS Consistency Points
	Incorrect domain scores used in TPS calculation
	Incorrect weight applied to the domain
	Incorrect weighted domain scores summed to calculate TPS
	Hospital's open/closed status, including mergers and acquisitions, not correctly specified in CMS systems

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Describe the specific reason for each of the appeal items selected above for the hospital's request to appeal.

_ *Supporting documents attached (indicate yes/no)