

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)