Hospital Value-Based Purchasing (VBP) Program
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 must submit an Appeal Request **within 30 calendar days** from the date the Centers for Medicare & Medicaid Services (CMS) informed the hospital through *Hospital Quality Reporting* of its decision on the Review and Corrections Request. **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.

Fields marked with an asterisk (*) are required.

***Review and Corrections and Appeal Information:**

*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 Information:**

*CMS Certification Number (CCN): _____

*Hospital Name: _____

***Hospital CEO Contact Information:**

*First and Last Name: _____

*Email Address: _____

*Address (Physical street address): _____

*City: _____

*State: _____ *ZIP Code: _____

*Telephone Number: _____ Ext. _____

***Hospital Security Official Contact Information:**

*First and Last Name: _____

*Email Address: _____

*Address (Physical street address): _____

*City: _____

*State: _____ *ZIP Code: _____

*Telephone 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

☐ 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

***Reason:**

*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)**

Complete and submit this form via the *Hospital Quality Reporting Secure Portal*, Managed File Transfer to QRFormsSubmission@hsag.com; via secure fax to 877-789-4443; or by email to QRFormsSubmission@hsag.com.

Following receipt of the Appeal Request Form, an email acknowledgement will be sent confirming the form has been received. Once a determination has been made, CMS will provide a decision of the outcome of the appeal.