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 Reques	t (MM/DD/YYYY):
*Date of Review and Co	rrections Request (MM/DD/YYYY):
*Date of Review and Co	rrections Decision from CMS (MM/DD/YYYY):
Hospital Contact Ir	formation:
*CMS Certification Num	ber (CCN):
*Hospital Name:	
Hospital CEO Cont	
* Last Name:	
* First Name:	
* E-Mail Address:	
* Address Line 1: (Must include physical street address):	
Address Line 2:	
* City:	
* State:	* Zip Code:
* Telephone Number:	evt·

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

* Last	Name:							
* First	Name:							
* E-Ma	ail Address:							
(Must	ess Line 1: include physical address):							
Addres	ss Line 2:							
* City:								
* State	e:	* Zip Code:						
	_	ext:						
Basis □	-	ing Appeal - Select all that apply (Minimum of one reason is required): tal's correction request submitted under the review and corrections process						
	Calculation of A	Achievement/Improvement points						
	Calculation of Measure/Dimension score - the higher of the achievement/improvement points was not us 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 doma	in scores used in TPS calculation						
	Incorrect weigh	t 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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scribe the sp	ecific reason f	or each of the	appeal item	s selected ab	ove for the h	ospital's requ	est to appea
*Sup	porting docu	ments attach	ed (indicate	yes/no)			

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