

**BCBSM Pay-for-Performance Program  
Peer Group 1 - 4 Hospitals  
2011 CEO/President Certification Form  
(Due January 16, 2012)**

I certify that I have reviewed the information being sent to Blue Cross Blue Shield of Michigan for the 2011 Pay-for-Performance Program, and it is true to the best of my knowledge. This includes the documentation for the components listed below.

- Quality Indicators
- Culture of Safety Prequalifying Conditions
  - Conducting regular patient safety walk-arounds with hospital leadership
  - Assessing and improving patient safety performance by meeting at least **one** of the following options (**please check all that apply**):
    - Completing and submitting the National Quality Forum Safe Practices section of the Leapfrog Hospital Survey
    - Completing the Joint Commission Periodic Performance Review of National Patient Safety Goals
    - Participating in a federally-qualified patient safety organization
    - Complying with the Agency for Healthcare Research Patient Safety indicators
  - Ensuring results of the patient safety assessment and improvement activities are shared with the hospital's governing body and incorporated into a board-approved, multidisciplinary patient safety plan that is regularly reviewed and updated.

\_\_\_\_\_  
HOSPITAL NAME

\_\_\_\_\_  
BCBSM FACILITY CODE

\_\_\_\_\_  
CEO/PRESIDENT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME (Print or Type)

\_\_\_\_\_  
DATE

Submit to Eric Kropfreiter, Health Care Analyst, via fax at 877-282-1496, or email to: p4phospital@bcbsm.com, or mail to the following address by January 16, 2012:

Provider Contracting Department - MC 513E  
Blue Cross Blue Shield of Michigan  
600 Lafayette Blvd  
Detroit, Michigan 48226