

## BCBSM Pay-for-Performance Program Peer Group 1 - 4 Hospitals 2021 CEO/President Certification Form

Due: March 31st, 2022

I certify that I have reviewed the information being sent to Blue Cross Blue Shield of Michigan for the 2021 Pay-for-Performance Program, and it is true to the best of my knowledge. This includes, but is not limited to, the documentation for the components listed below:

**Culture of Safety Prequalifying Conditions** 

1. Conducting regular patient safety	walk-arounds with hospital leadership.
<ol><li>Assessing and improving patient following options (please check al</li></ol>	safety performance by fully meeting at least <u>one</u> of the ll that apply):
☐ Completing and submitting t Leapfrog Hospital Survey at lea	the National Quality Forum Safe Practices section of the st once every 18 months.
☐ Completing the Joint Commiss Goals at least once every 18 mg	sion Periodic Performance Review of National Patient Safety onths.
☐ Complying with the Agency for every 18 months.	Healthcare Research Patient Safety indicators at least once
☐ Participating in a federally qual	lified patient safety organization.
	ety assessment and improvement activities are shared with and incorporated into a board-approved, multidisciplinary y reviewed and updated.
Hospital Name	BCBSM Facility Code
CEO/President Signature	Title
Name (Print or Type)	 Date

Submit completed form to BCBSM Hospital Incentive Programs, emailed to: JAmundson@bcbsm.com by March 31st, 2022:

BCBSM Hospital Incentive Programs - MC 513M
Blue Cross Blue Shield of Michigan
600 Lafayette Blvd
Detroit, Michigan 48226