

## MEMORANDUM

*VBP QIP Facilities should use this form to notify DOH that a selected quality performance measure has been retired and to indicate what measure is being substituted. Substitute measures should come from the same measure category.*

**Facility Name:**

**Alternate Measure Name Retired:**

**Alternate Measure Name Replacement:**

1. Provide link to measure specifications:
2. Measure derived from the following population:
  - All Payer data
  - Medicare data
  - Medicaid data
3. Organization providing baseline:
4. Baseline data collected for the time period:
5. Baseline is based on the following sample:
  - National
  - State
  - Other, specify: \_\_\_\_\_
6. Baseline is derived from the following population:
  - All Payer
  - Medicare
  - Medicaid
7. Baseline value is:
  - Mean       Median
8. Baseline value is Un-Weighted:
  - Yes       No

Please email your reply to [vbp\\_qip@health.ny.gov](mailto:vbp_qip@health.ny.gov). To discuss the results in further detail, please contact us at [vbp\\_qip@health.ny.gov](mailto:vbp_qip@health.ny.gov). Thank you for your participation in this program.

1/2/18