

# PPS-Exempt Cancer Hospital Quality Reporting DACA Application

The screenshot shows the CMS QualityNet interface. At the top, there are navigation links for Alerts (0), Notifications (0), and Log Out. The user is identified as TESTIPF 1 at ChristianaCare Cancer Center. The main navigation bar includes Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. The breadcrumb trail indicates the current location: Quality Programs > Hospital Reporting Quality System > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA).

The page title is "PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program" with a "Print" icon and a help icon. The main heading is "Data Accuracy and Completeness Acknowledgement".

| Provider             | CCN    | NPI | Submission Period       |
|----------------------|--------|-----|-------------------------|
| DECATUR GENERAL WEST | 014001 |     | 01/01/2013 - 08/15/2013 |

Web-Based Measures FY 2014 \*Required Field

For all PPS-Exempt Cancer Hospital Quality Reporting participating providers, the Data Accuracy and Completeness Acknowledgement is required by CMS in order to fulfill the Annual Payment Update (APU) requirement.

**Data Accuracy and Completeness Acknowledgement | FY 2014 and subsequent fiscal years**  
(\* indicates required for providers participating in the PPS-Exempt Cancer Hospital Quality Program.)

See Next Screen

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Alerts (0) | Notifications (0) | Log Out | TESTIPF 1  
ChristianaCare Cancer Center

CMS.gov QualityNet

Home | Quality Programs | My Data | My Measures | My Scores | My Reports

Quality Programs > Hospital Reporting Quality System > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

I acknowledge that to the best of my ability all of the information reported for this Inpatient PPS-Exempt Cancer Hospital for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, as required for the Fiscal Year 2014 and subsequent fiscal years IPFQR Program requirements, is accurate and complete. This information includes the following:

- Aggregated measure sets;
- Current Notice of Participation and QualityNet Security Administrator.

I understand that this acknowledgement covers all PCHQR information reported by this PCH (and any data or survey vendor(s) acting as agents on behalf of this hospital) to CMS and its contractors for the FY 2014 and subsequent fiscal years.

To the best of my knowledge, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2014 PCHQR program requirement,

**To indicate acknowledgement, select 'Yes, I acknowledge'.**

Yes, I acknowledge\*

Name Usman Shabir

Position

CANCEL SUBMIT