Data Accuracy and Completeness Acknowledgement Form

Provider: _____

CCN: _____

NPI: _____

Submission Period: _____

To the best of my knowledge, at the time of submission, all of the information reported for this hospital for the Hospital Inpatient Quality Reporting (IQR) Program, as required for the annual Fiscal Year (FY) 2016 Hospital IQR Program, is accurate and complete. This information includes the following:

- Chart-abstracted measure sets;
- Initial patient population and sample counts;
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey;
- Structural measures;
- Healthcare-Associated Infection measure(s) reported using the National Healthcare Safety Network (NHSN);
- Web-based measure (PC-01);
- Current Notice of Participation;
- QualityNet Security Administrator; and
- Electronically Specified Clinical Quality Measures (eCQMs) if submitted.

I understand this acknowledgement covers all Hospital IQR information reported by this hospital (and any data or survey information reported by vendor(s) acting as agents on behalf of this hospital) to the Centers for Medicare & Medicaid Services (CMS) and its contractors for the FY 2016 payment update.

To the best of my knowledge, at the time of submission, this information was collected in accordance with all applicable requirements. I understand this information is used as the basis for the public reporting of quality of care and patient assessment of care data.

I understand this acknowledgement is required for the purpose of meeting any Fiscal Year 2016 Hospital IQR Program requirements.

☐ Yes, I Acknowledge.

Signature: _____

Name: _____

Position: _____

Date: _____

Instructions for Submission

Please complete and submit this form via email to QRSupport@HCQIS.org or secure fax to 877-789-4443.

An email will be sent confirming receipt of the acknowledgement form.