**FY 2020 Data Accuracy and Completeness Acknowledgement (DACA)**

To the best of my knowledge, at the time of submission of this form, all of the information reported for this hospital for participation in the PCHQR Program is accurate and complete. This acknowledgement is for information submitted since the completion of the Fiscal Year (FY) 2020 DACA signed in Calendar Year 2020. This information includes the following:

* Measure data, as defined for the PCHQR Program
* All Program requirements, as defined for the PCHQR Program (e.g., where applicable, chart abstraction and/or sampling)
* Current Notice of Participation
* Active *QualityNet* Security Administrator

I understand this acknowledgement covers all PCHQR 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. The data submitted in the time frame covered by this DACA are required for purposes of meeting the requirements for FYs 2018, 2019, 2020, and 2021, as specified in the Final Rules governing the PCHQR Program.

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

* Yes, I Acknowledge

CMS Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_

Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_