

DACA

Please Note: A data collection tool available within the Hospital Quality Reporting system via the Hospital Quality Reporting Secure Portal allows hospitals to complete and submit their DACA. This document is a representation of the text contained in the DACA and is for reference purposes only.

To the best of my knowledge, at the time of submission, all of the information reported for this hospital to the Centers for Medicare & Medicaid Services (CMS) is accurate and complete. This information includes the following:

- Clinical chart-abstracted measure
- Initial patient population and sample counts
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Healthcare-associated infection (HAI) measures reported using the National Healthcare Safety Network (NHSN)
- Hospital personnel data used in healthcare personnel vaccination measures
- Structural measures
- Data from the electronic health record (EHR) used in eQMs and hybrid measures
- Claims data
- Data elements for the patient reported outcomes performance measure
- Current Notice of Participation

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 the public reporting of quality of care and patient assessment of care data, for annual payment updates under the Hospital Inpatient Quality Reporting Program, and for value-based payment adjustments under the Hospital-Acquired Condition Reduction Program and the Hospital Value-Based Purchasing Program.

I understand this acknowledgement covers all inpatient hospital information reported by this hospital (and any data or survey information reported by any vendors acting as agents on behalf of this hospital) to CMS and its contractors.

[] Yes, I Acknowledge.

Name _____

Position _____

Date _____

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1022 (Expires XX/XX/XXXX)**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. ******CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at (844) 472-4477.**