

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 the information reported for this hospital to the Centers for Medicare & Medicaid Services (CMS) is accurate and complete. This information includes the following:

- Quality measure data (including, but not limited to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data, data from the electronic health record (EHR) used in eQMs and hybrid measures, National Healthcare Safety Network data)
- Claims data
- Initial patient population and sample counts
- 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, the Hospital Readmissions 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 _____