

# Inpatient Psychiatric Facility Quality Reporting Program Data Accuracy and Completeness Acknowledgement (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.

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

## Data Accuracy and Completeness Acknowledgement (DACA)

### Data Accuracy and Completeness Acknowledgement (DACA)

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2028 IPFQR Program requirements, is accurate and complete. This information includes the following:

- All required measure and non-measure data
- Current Notice of Participation

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2028 payment determination year. 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 2028 IPFQR Program requirements.

---

### Position

Ex. Administrator, Director, etc.

I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

---

**Sign**

Cancel