

HCAHPS Survey

Attestation Statement

All of the data collected and submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey by _____ **[NAME OF ORGANIZATION]** and all subcontractors/partners and other organizations engaged in survey activities are accurate and complete. This includes the following:

1. Meet and comply with the Minimum Business Requirements specified in the current HCAHPS *Quality Assurance Guidelines* (QAG)
2. Review and adhere to the HCAHPS QAG and policy updates
3. Updates to annual Quality Assurance Plan (QAP) are complete, comprehensive and accurate
4. Attest to the accuracy of data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks have been conducted
5. Comply with all requirements of the HIPAA Security and Privacy Rules in conducting all survey administration and data collection activities
6. Maintain confidentiality and security of all HCAHPS patient-related and survey-related data
7. Meet all HCAHPS due dates (including data submission)
8. Report any problems or discrepancies to CMS in a timely manner
9. Participate in annual HCAHPS training
10. Participate and cooperate (including subcontractors/partners and other organizations) in all oversight activities conducted by the HCAHPS Project Team

The statements herein are true, complete and accurate to the best of my knowledge.

Organization Name: _____

Project Director or Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

