



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

**DESIGNATED PUBLIC HOSPITAL QUALITY INCENTIVE PROGRAM (QIP)
PROGRAM YEAR 1 REPORT SUBMISSION CERTIFICATION FORM**

I, the undersigned, certify, under penalty of perjury, the following:

- 1) As an administrator, officer, or other individual duly authorized to sign on behalf of the QIP Entity listed below, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law;
- 2) Any and all information reported in this QIP report and supporting documentation are, to the best of my knowledge, true, accurate and complete; and
- 3) Any and all information reported in this QIP report and supporting documentation is based on the rules and specifications set forth in the most current PY 1 QIP Reporting Manual.

QIP Entity Official Name: _____

QIP Entity Official Title: _____

QIP Entity Official: _____ Date: _____
Signature

Primary Contact: _____

Alternate Contact: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Email completed form to your QIP Liaison by 11:59 PM on December 15, 2018.