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From: Inpatient & Outpatient Healthcare Quality Systems Development & Program Support
Sent: October 16, 2026
To: IQR, IPF, EHR, PI and PCH Improve
Subject: 2026 Annual Hospital Contact Information Updates



The Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team maintains provider-specific contact information in CMS' contact database, the Program Resource System. Current contact information helps ensure acute care hospitals, inpatient psychiatric facilities (IPFs), and Prospective Payment System-exempt Cancer Hospitals (PCHs) receive critical communications throughout the year. These communications may include information about Hospital Inpatient Quality Reporting (IQR) and other CMS quality reporting program requirements, submission deadline reminders, payment determinations, the reconsideration/appeals process, and general program updates.

As part of our annual outreach, we are asking each participating acute care hospital, IPF, and PCH to review and update the appropriate facility contacts. Please review the contact types listed below. **If you would like to verify the information currently on file, you can access your hospital's information by selecting the following link and entering your hospital's six-digit CMS Certification Number (CCN): Quality Reporting Center IQR CCN Lookup**

If any of the contact types listed below need to be added, updated, or removed, please complete and submit the Hospital Contact Change Form. The form is available through the Contact Correction Form link in the CCN Lookup tool and on the home page of www.QualityReportingCenter.com. Please submit updated information only for the contact types that have changed. You do not need to provide information for a contact type that remains current. **If you need help completing the form, click here to view the How to Complete and Submit a Contact Change Form tutorial.**

Contact types supported by Inpatient and Outpatient Healthcare Quality Systems Development and Program Support include the following:

- **Chief Executive Officer (CEO) and/or Hospital Administrator Contact**
- **Hospital IQR Program Contact** receives Hospital IQR Program communications.
- **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Contact** receives IPFQR Program communications.
- **PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Contact** receives PCHQR Program communications.
- **Medical Records Contact** receives general medical records requests, excluding Clinical Data Abstraction Center (CDAC)/Validation medical records requests.
- **Medical Records – CDAC Contact** receives CDAC/Validation medical records requests.

- **National Healthcare Safety Network (NHSN) Contact (Infection Control)** receives communications about NHSN quality measures.
- **Quality Improvement/Management Contact** receives communications about all quality programs and NHSN quality measures.
- **QualityNet Security Official (SO)** – Every facility participating in the Hospital IQR and/or IPFQR Program must designate a minimum of one SO. For more information on designating an SO, please refer to the Hospital Quality Reporting (HQR) Security Administrator Registration page on the HQR website: www.QualityNet.cms.gov

  Note: Submitting SO contact information on the Hospital Contact Change Form will not update or change SO information in HQR or on HQR reports. The form collects contact information only. To update HQR contacts, log in to the *HQR Secure Portal* and update the contacts in the portal's contact section.

When completing the Hospital Contact Change Form, please provide complete contact information for the key positions at your facility, including the contact name/title, telephone number, and email address. Submit only information that needs to be added, updated, or removed.

Note: To help us process updates submitted through the Hospital Contact Change Form, please include the facility's general information, such as the provider name and Provider ID/CCN.

For each contact you are changing, select the applicable type of contact change: Add New to Replace Existing, Update Existing, Add Additional, or Remove Existing. If a contact type does not apply to your facility (for example, IPFQR or PCHQR contacts), you may leave that section blank or enter not applicable (N/A).

Email the completed Hospital Contact Change Form to QRFormsSubmission@hsag.com.

If you previously submitted updates, or if your hospital's contact information has not changed since our last outreach in May 2026, you do not need to submit the Hospital Contact Change Form.

Please do not reply directly to this email. For assistance with the information in this message, please contact Inpatient and Outpatient Healthcare Quality Systems Development and Program Support through the CMS Question & Answer Tool or by phone at (844) 472-4477.