

Reference #: 2025-102-IP
From: Inpatient and Outpatient Healthcare Quality Systems Development and Program Support
Sent: November 21, 2025
To: IPFQR Program Notifications
Subject: **2025 Annual Hospital Contact Information Updates**

The Inpatient VIQR Outreach and Education Support Contractor is responsible for maintaining provider-specific contact information. This is done in the CMS contact database, the Program Resource System. Up-to-date information is necessary to ensure acute care hospitals, inpatient psychiatric facilities (IPFs), and PPS-exempt Cancer Hospitals (PCHs) receive critical communications throughout the year. Communications may include important information regarding meeting 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, this correspondence is sent to each participating acute care hospital, IPF, and PCH as a reminder to update contacts at each facility. Please review the contact types below. *If you need to verify what information we currently have on file, you may access your hospital's information by clicking on the following link and entering your hospital's six-digit CMS Certification Number (CCN): [Quality Reporting Center IQR CCN Lookup](#).*

If any changes to the contact types listed below are needed, complete and submit the *Hospital Contact Change Form*. The Form may be accessed via the “[Contact Correction Form](#)” link on the CCN Lookup tool. Also, it is located on the home page of www.QualityReportingCenter.com and the program-specific pages on www.QualityNet.org. *Updated contact information is only needed if changes affect a contact type listed below. It is not necessary to provide contact information for a contact type that has not changed. If you need assistance completing the contact change form, [click here](#) to view the tutorial “How to complete and submit a contact change form.”*

Contact Types for the Inpatient VIQR Outreach and Education Support Contractor 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 all general medical records requests, excluding Clinical Data Abstraction Center (CDAC)/Validation medical record requests.
- **Medical Records – CDAC Contact** receives medical records requests from the CDAC/Validation.
- **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.org.

Note: Submitting SO contact information on the *Hospital Contact Change Form* WILL NOT update or change your SA information in HQR or on HQR reports. This is for contact information only. To update the HQR contacts, log into the *HQR Secure Portal* and update the contacts located in the contact section of the portal.

When completing the [Hospital Contact Change Form](#), it is important that we have the complete contact information for the key positions at your facility. Contact information includes Contact Name/Title, Telephone Number and Email Address. Only submit information that has changed or needs to be added or deleted.

Note: In order to process updates on the [Hospital Contact Change Form](#), general facility information such as Provider Name and Provider ID/CMS Certification Number (CCN) should be included on the form.

For each contact that you are changing, please indicate the Type of Contact Change by selecting the checkbox that applies (i.e., Add New to Replace Existing, Update Existing, Add Additional, or Remove Existing). If a contact type is not applicable to your facility (e.g., IPFQR or PCHQR contacts), you may leave the section blank or indicate not applicable (N/A).

Email the [Hospital Contact Change Form](#) with your changes to: QRFormsSubmission@hsag.com
If you previously submitted updates to us, or there are no updates to be made since your hospital's contact information was provided during our last outreach (May 2025), it is not necessary to submit the [Hospital Contact Change Form](#).

Please do not respond directly to this email.

For questions regarding this correspondence, please contact the Inpatient VIQR Outreach and Education Support Contract Team by email at QRFormsSubmission@hsag.com or by phone at (844) 472-4477.