



CCSQ/QMVIG/DCPAC

DATE: 5/27/2026
TO: COUNTRY CLUB RET CENTER I I I, 365642
FROM: SNF VBP/QRP Data Validation Team
SUBJECT: SNF VBP/QRP Data Validation Process – Selection Notification

IMPORTANT: This Selection Notification contains Protected Health Information (PHI) and Personally Identifiable Information (PII). It must be handled in accordance with all applicable privacy and security requirements. Do not forward, email, or share the notifications with others unless it is through an approved secure method.

ACTION REQUIRED: Please submit points of contact by 6/3/2026. Requested medical record documentation is due by 7/11/2026.

The Centers for Medicare and Medicaid Services (CMS) has identified COUNTRY CLUB RET CENTER I I I for participation in the Skilled Nursing Facility (SNF) Value-Based Purchasing (VBP) and Quality Reporting Program (QRP) Fiscal Year (FY) 2026 Data Validation Process. Per the SNF Prospective Payment System (PPS) FY2024 final rule (CMS-1779-F) and FY2025 final rule (CMS-1802-F), CMS has implemented this validation process for Minimum Data Set (MDS)-based measures to ensure accurate quality data for performance scoring for the SNF VBP and QRP. This validation process aims to verify the validity of MDS data elements by comparison to resident medical records. Additional information regarding the SNF Data Validation Process may be found at the following link:
<https://www.cms.gov/medicare/quality/value-based-programs/value-based-purchasing-snf-vbp-program/data-validation-process>

CMS has selected Healthcare Management Solutions, LLC (HMS) to perform the SNF data validation. They will be your main point of contact throughout the process.

Detailed information, including instructions on submitting medical records and your facility's MDS Assessment record sample are included below. Importantly, requested documentation must be submitted within forty-five (45) calendar days from the date of this notification and must be received by 11:59 p.m. on the 45th calendar day. Please note that noncompliance may result in a 2% reduction to your Annual Payment Update in accordance with Section 1888(e)(6)(A) of the Act.

HMS is requesting that you provide contact information for the main point-of-contact (POC) and a secondary POC that will be used as the primary mechanism for communication with your facility throughout the process. Please prioritize the completion of the POC survey at the link below **within five (5) business days** of receipt of this notification.

https://forms.office.com/Pages/ResponsePage.aspx?id=we3c-6lwS0G_pcMGP8M5Xu8KfQzBwQJJrma9vNRcNxlURTJHMUo0SFExUTM3NDVXOEc3WDhBTzFPNS4u

For any queries or concerns, please contact the Data Validation Help Desk at snfvalidation@hcmsllc.com. Please be sure to include your six (6)-digit CMS Certification Number (CCN) in any communications.

We appreciate your cooperation and understanding during this data validation process.

Thank you,

SNF VBP/QRP Data Validation Team



SNF Validation Process Instructions

COUNTRY CLUB RET CENTER I I I has been selected to participate in the SNF Data Validation Process. The documentation below provides important information about the validation process, and how to ensure your facility complies with the validation process requirements.

1. Using the POC link provided above, submit SNF POC information within five (5) business days of this notification. It is important that your facility submit this information for communication throughout the process. When entering POC information, enter your facility's six (6)-digit CCN as numbers only. Do not include hyphens or dashes.
2. Follow the Medical Record Submission Instructions below to prepare and submit medical record documentation for the ten (10) sampled MDS assessment records requested. The requested records are included as the last page in this document. Documentation is required within forty-five (45) calendar days from the date of this notification and must be received by 11:59 p.m. on the day of the submission deadline.
3. Once the requested documentation is submitted, an automated confirmation email will be sent to the email addresses listed in your POC information, confirming receipt and acceptance. All documentation submitted by your facility will be securely transmitted and stored within the CMS-approved Medical Review Management System (MRMS) application.
4. During the validation process, you may be contacted by a member of the Data Validation Team if there are any questions or issues regarding your documentation.
5. Once the validation process concludes, you will receive a Summary Scoring Report that will display your facility's results.
6. If you experience any barriers to submitting the requested documentation, please contact the SNF Data Validation Help Desk at snfvalidation@hcmsllc.com for assistance. Be sure to include your six (6)-digit CCN in any communications.



Medical Record Submission Instructions:

Step 1: Access the MDS Record Sample

Refer to the MDS Record Sample below. The sample is provided in table format listing the 10 MDS assessment records selected for validation. The Validation ID is a unique number used for referencing each medical record requested. To assist you in gathering the medical records for submission, the table also includes the resident's name, date of birth, Medicare Beneficiary ID, MDS Assessment ID, MDS Assessment Type, Assessment Reference Date, admission date, entry date, and discharge date (if applicable).

Step 2: Gather the Medical Record Documentation for Submission

As part of this process, our team will require the documentation listed here for each selected record. Once you have reviewed this list, gather the appropriate documentation and follow Step 3 below for naming conventions.

For records in the MDS Record Sample that indicate the MDS Assessment Type is **Admission**, gather the following documentation:

1. Skin Assessments from Admission (if different than Entry) to entry date
2. Skin Assessment at Entry
3. Wound Care Notes – Entry to Assessment Reference Date (ARD)
4. Wound Consultation Visit Notes – Entry to ARD
5. Nurses Notes – Entry date to ARD
6. Progress Notes – Entry date to ARD
7. Nursing Facility Transfer to Hospital Documentation Form – Entry to ARD
8. CNA Notes – Entry date through 2 days following entry
9. Event/Incident Reports – Entry date through ARD
10. PT and OT Therapy Evaluations and Progress Notes – Entry date through ARD
11. Functional Assessments – Entry date through 2 days following entry
12. Treatment Notes – Entry date through ARD

For records in the MDS Record Sample that indicate the MDS Assessment Type is **Discharge**, gather the following documentation:

1. Skin Assessments from Admission (if different than Entry) to entry date
2. Skin Assessment at Entry
3. Skin Assessments – Last 7 days of stay
4. Wound Care Notes – Last 7 days of stay
5. Wound Consultation Visit Notes – Last 7 days of stay
6. Nurses Notes – From first day after prior MDS Assessment ARD to current ARD
7. Progress Notes – From first day after prior MDS Assessment ARD to current ARD
8. Nursing Facility Transfer to Hospital Documentation Form – From first day after prior MDS Assessment ARD to current ARD



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9. Event/Incident Reports – From first day after prior MDS Assessment ARD to current ARD
10. CNA Notes – Last 3 days of stay
11. PT and OT Discharge Summary and Progress Notes – Last 3 days of stay
12. Functional Assessments – Last 3 days of stay
13. Treatment Notes – Last 7 days of stay

Additional information about the requested documentation

- Treatment Notes refers to Nursing Treatment Flowsheets or Treatment Administration Records (TAR). If your facility does not maintain this type of documentation, you do not need to submit anything.
- Nursing Facility Transfer to Hospital Documentation Form refers to any document that was provided by the nursing facility to the hospital when a resident was transferred from the facility to the hospital. If the resident was not transferred to the hospital during the assessment period, or your facility does not maintain this type of documentation, you do not need to submit anything.

Please ensure that medical records **DO NOT** contain any resident social security numbers and redact where necessary. **DO NOT** include any resident face sheets.

Step 3: Prepare Medical Records for Submission

Medical record documentation should be bundled by resident. This will result in a total of 10 files to be submitted for the data validation process.

- Documentation from your facility’s electronic health records must be converted to PDF; no other formats will be accepted.
- Combine documentation related to each individual medical record into one PDF file (one file for each resident).
- Organize the medical record documentation in the numbered order provided in Step 2.
- Bookmark each section using the documentation section labels provided in Step 2. Refer to the [How to Create Bookmarks in a PDF](#) section of this document for instructions.
- Name each PDF file using the following naming convention: “CCN_Validation ID.” For example, if your SNF’s CCN is 111111 and the Validation ID for sampled record is 8888, the PDF file would be named 111111_8888.pdf.

Contact your Medical Records and IT departments (if necessary) to assist with obtaining the required medical record documentation from your facility’s Electronic Medical Records (EMR) and for preparing PDF files for submission.

****Prior to submission, please review your documentation and ensure that it is complete and includes everything requested. DO NOT submit the entire resident record. Submit only the applicable documentation requested above.**

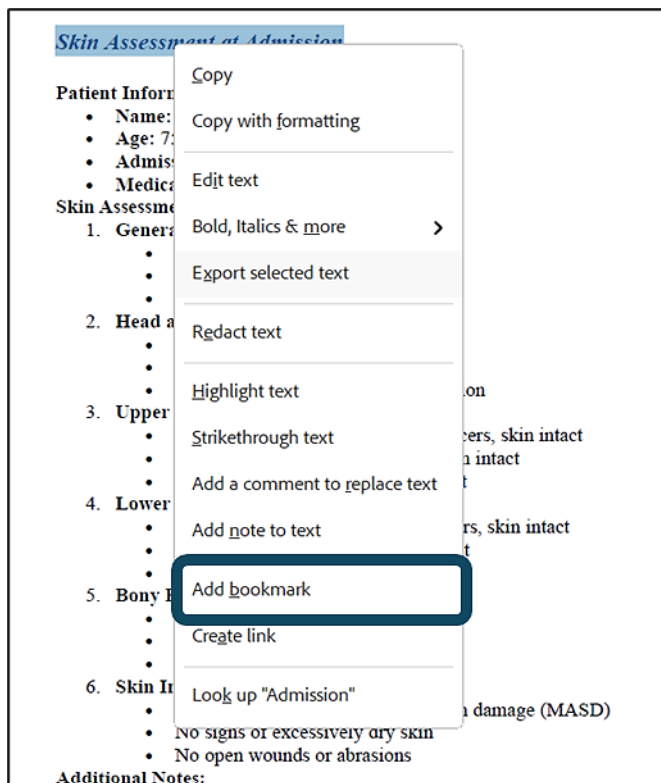
Step 4: Upload Documentation to Secure Portal

Upload the 10 medical record files directly to the secure portal link located on the last page of this document.

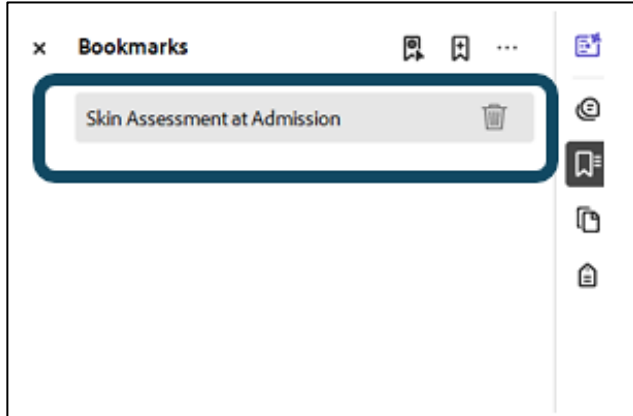
How to Create Bookmarks in a PDF:

Please follow these steps to create bookmarks within your PDF document using either Adobe Acrobat Pro DC, Acrobat Standard DC, or Acrobat Standard 2017.

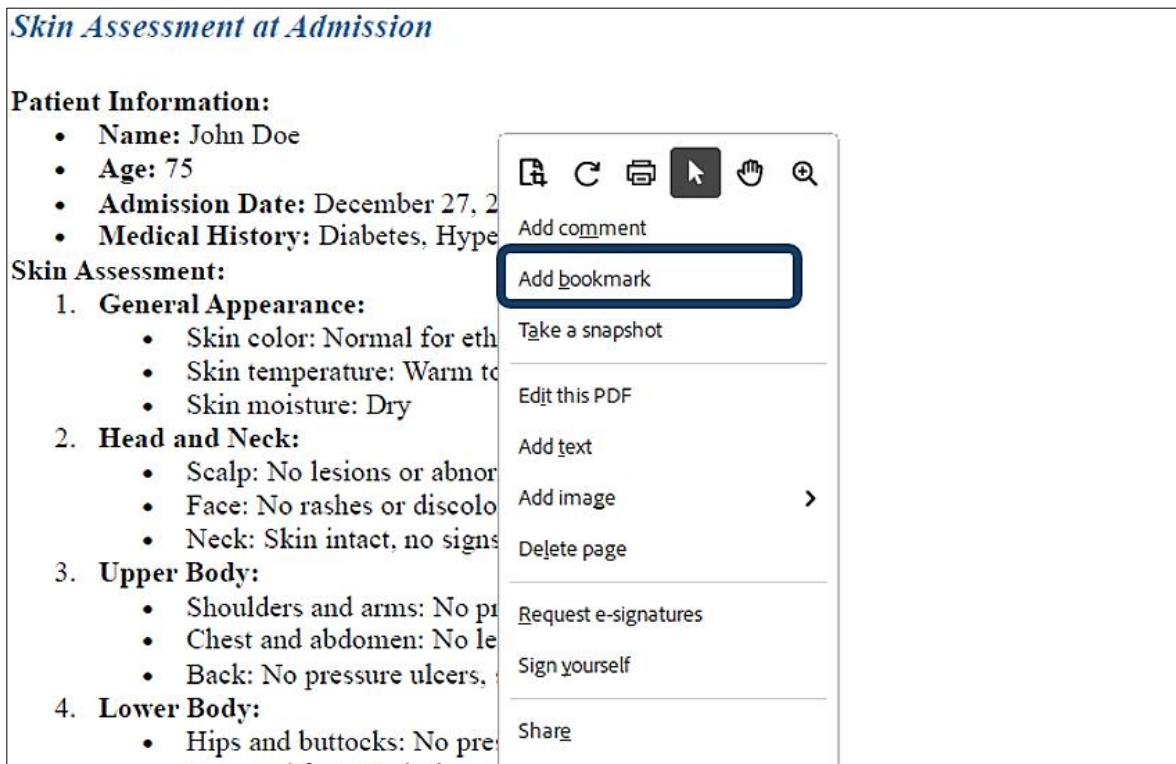
1. Open your PDF and go to the page you want to bookmark.
Highlight the text with your mouse and right click.
2. Choose Add bookmark.



3. The bookmark window will appear in the panel labeled with the same name as the text you highlighted. Note, you can right click the bookmark and rename it if needed.



- Alternatively, you can right click anywhere within a page you want to bookmark and add a bookmark which you will have to name accordingly.



Skin Assessment at Admission

Patient Information:

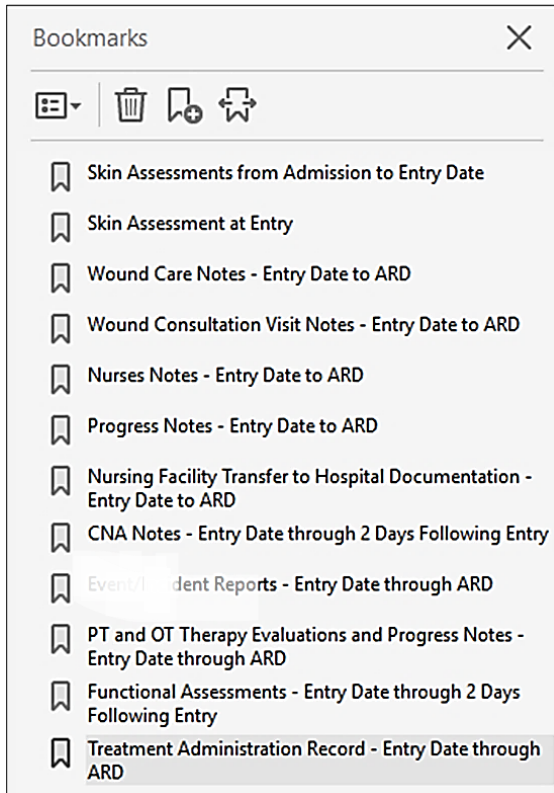
- **Name:** John Doe
- **Age:** 75
- **Admission Date:** December 27, 2020
- **Medical History:** Diabetes, Hypertension

Skin Assessment:

- 1. General Appearance:**
 - Skin color: Normal for ethnicity
 - Skin temperature: Warm to touch
 - Skin moisture: Dry
- 2. Head and Neck:**
 - Scalp: No lesions or abnormalities
 - Face: No rashes or discolorations
 - Neck: Skin intact, no signs of infection
- 3. Upper Body:**
 - Shoulders and arms: No pressure ulcers, rashes, or lesions
 - Chest and abdomen: No lesions or abnormalities
 - Back: No pressure ulcers, rashes, or lesions
- 4. Lower Body:**
 - Hips and buttocks: No pressure ulcers, rashes, or lesions

The screenshot shows a right-click context menu with the following options: Add comment, Add bookmark (highlighted with a red box), Take a snapshot, Edit this PDF, Add text, Add image, Delete page, Request e-signatures, Sign yourself, and Share. The menu also includes icons for back, refresh, print, mouse cursor, hand, and zoom.

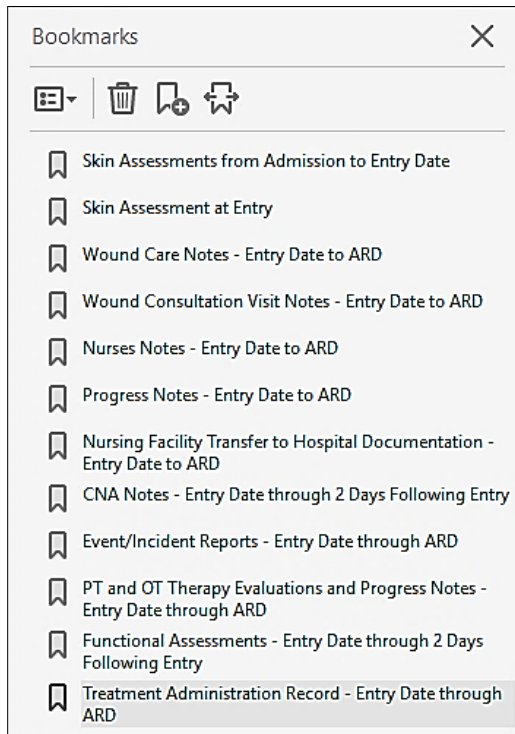
5. If there are any bookmarks that are not needed, you can easily delete them by clicking on the trash can icon.



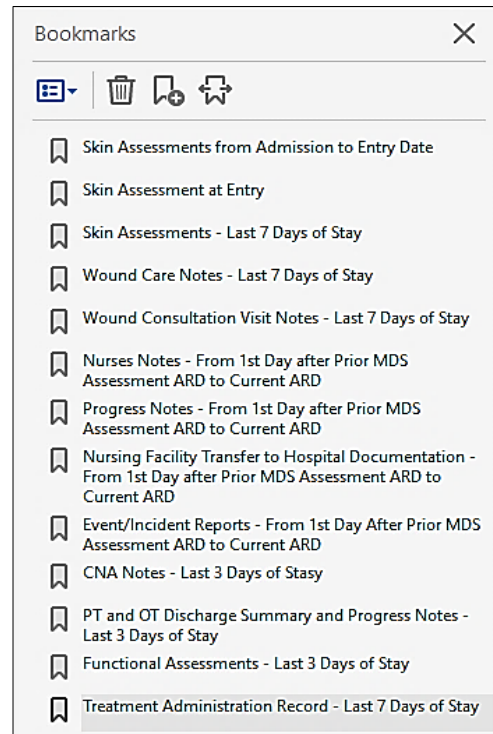


6. Once you have bookmarked all of the required sections by the MDS assessment type, your bookmarks should look like one of the examples below.

MDS Assessment Type for Admission



MDS Assessment Type for Discharge



If you are unable to bookmark your contents, please reach out to the Data Validation Help Desk at snfvalidation@hcmsllc.com for information on alternative solutions to this time-sensitive matter.



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Please use the following link to submit your documentation:

<https://cmsgovonline.sharepoint.com/:f/s/MRMS/IgA8lpWznF6tSY5QIL7CJ9k9AQFjjotttPJ2OZCR5mE4aio>

Validation ID (To protect PII, use this ID in communications regarding medical records)	MDS Assessment ID	MDS Assessment Type	Assessment Reference Date	Resident Name	Date of Birth	Medicare Beneficiary ID	Admission Date	Entry Date	Discharge Date/End date of most recent Medicare stay (If Applicable)
6279	350742095	Admission	10/18/2025	LEON RUSSELL	4/15/1940	5YE8M38AA32	8/7/2025	10/16/2025	
6953	352466373	Admission	12/10/2025	DAVID GOODIEL	4/13/1948	9WX8CW1KY36	12/8/2025	12/8/2025	
6954	352466387	Admission	12/12/2025	ALTON BURT	3/11/1963	4EY6XM4FT72	12/10/2025	12/10/2025	
7235	353107026	Admission	12/24/2025	MARYKAY BAYLOR	12/16/1941	5HJ7X25WR59	12/22/2025	12/22/2025	
7465	354744787	Admission	11/13/2025	DONALD BERG	2/22/1936	8VX2NN9YA87	11/11/2025	11/11/2025	
8267	351087018	Discharge	11/14/2025	RICHARD DOWNING	6/18/1942	5UD6RA2RJ88	10/24/2025	10/24/2025	11/14/2025
8626	352112701	Discharge	11/25/2025	DONNA DIANGELO	10/28/1941	3YA9KN6PM10	10/31/2025	10/31/2025	11/25/2025
8755	352466393	Discharge	12/15/2025	JANE O'CONNELL	4/19/1945	1K16RP6QJ67	8/29/2025	10/18/2025	12/15/2025

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 00-00-00
Baltimore, Maryland 21244-1850



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8985	353106966	Discharge	12/19/2025	SHIRLEY MOCHOSKAY	9/11/1939	7V58DY5GX52	11/29/2025	12/3/2025	12/19/2025
8999	353151015	Discharge	12/24/2025	KAREN LINDAHL	4/13/1958	8C24VD5JP62	12/20/2025	12/20/2025	12/24/2025