

Reference #: **2019-141-IP**

From: Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

Sent: November 7, 2019

To: MLN Connects Newsletter and Other Program-Specific ListServe Recipients

Subject: Applicability of Quality Reporting Requirements for Hospitals, Skilled Nursing Facilities, Home Health Agencies, Hospices, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Ambulatory Surgical Centers, Renal Dialysis Facilities, and MIPS Eligible Clinicians Affected by Hurricane Dorian

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions<sup>1</sup> under certain Medicare quality reporting and value-based purchasing programs to hospitals, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, renal dialysis facilities, long-term care hospitals, and ambulatory surgical centers, and Merit-Based Incentive Payment System (MIPS) eligible clinicians located in areas affected by Hurricane Dorian due to the devastating impact of the storm. These healthcare providers and suppliers will be granted exceptions if they are located in one of the states/counties listed below, all of which have been designated by the Federal Emergency Management Agency (FEMA) as an emergency disaster area.

The scope and duration of the exception under each Medicare quality reporting program and value-based purchasing program is described below. CMS is granting exceptions to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

CMS is closely monitoring the situation for future potential widespread catastrophic events and will update exception lists soon after any events occur in the future.

The affected counties designated by FEMA under the Hurricane Dorian Disaster Declarations for the state of South Carolina ([DR-4464](#)), the state of North Carolina ([DR-4465](#)), and the state of Florida ([DR-4468](#)), as of the date of this communication, are as follows:

<b>South Carolina – DR-4464</b>			
<ul style="list-style-type: none"><li>• Beaufort</li><li>• Berkeley</li><li>• Charleston</li></ul>	<ul style="list-style-type: none"><li>• Colleton</li><li>• Dillon</li><li>• Dorchester</li></ul>	<ul style="list-style-type: none"><li>• Georgetown</li><li>• Horry</li><li>• Jasper</li></ul>	<ul style="list-style-type: none"><li>• Marion</li><li>• Williamsburg</li></ul>

<b>North Carolina – DR-4465</b>			
<ul style="list-style-type: none"><li>• Brunswick</li><li>• Carteret</li><li>• Craven</li><li>• Currituck</li></ul>	<ul style="list-style-type: none"><li>• Dare</li><li>• Duplin</li><li>• Hyde</li><li>• Jones</li></ul>	<ul style="list-style-type: none"><li>• New Hanover</li><li>• Pamlico</li><li>• Pender</li><li>• Sampson</li></ul>	<ul style="list-style-type: none"><li>• Tyrrell</li><li>• Washington</li></ul>

<sup>1</sup> The terminology “exception” is used as a general term intended for ease of reference, to collectively refer to policies established under separate programs, and may not be consistent with the specific terminology established under each individual program.

### Florida – DR-4468

<ul style="list-style-type: none"><li>• Brevard</li><li>• Duval</li><li>• Flagler</li></ul>	<ul style="list-style-type: none"><li>• Indian River</li><li>• Martin</li><li>• Nassau</li></ul>	<ul style="list-style-type: none"><li>• Osceola</li><li>• Palm Beach</li><li>• Putman</li></ul>	<ul style="list-style-type: none"><li>• Seminole</li><li>• St. Johns</li><li>• St. Lucie</li></ul>
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The healthcare providers located outside of the states/counties listed above are not covered by this communication, but they may request an exception to the reporting requirements under one or more Medicare quality reporting or value-based purchasing programs they participate in using the applicable extraordinary circumstances exception procedure for the respective program(s). CMS will assess and decide upon each extraordinary circumstances exception request on a case-by-case basis.

If FEMA expands the current disaster declaration for Hurricane Dorian to include additional states/counties, CMS will update this communication to reflect the expanded list of applicable states/counties for which healthcare providers would be eligible to receive an exception without submitting a request. In addition, CMS will continue to monitor the situation and adjust exempted reporting periods and submission deadlines accordingly.

#### **Home Health Agencies (HHAs), Hospices, Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs)**

CMS is granting an exception to all Quality Reporting Program (QRP) reporting requirements, including the reporting of data on measures and any other data requested by CMS for the post-acute care (PAC) quality reporting programs for calendar year 2019 for the following quarters specific to each program:

- HHAs – Home Health QRP Q3, (July 1, 2019–September 30, 2019)
- Hospices – Hospice QRP Q3, (July 1, 2019–September 30, 2019)
- IRFs – Inpatient Rehabilitation Facility QRP Q2 (April 1, 2019–June 30, 2019) and Q3 (July 1, 2019–September 30, 2019)
- LTCHs – Long-Term Care Hospital QRP Q2 (April 1, 2019–June 30, 2019) and Q3 (July 1, 2019–September 30, 2019)
- SNFs – Skilled Nursing Facility QRP Q2 (April 1, 2019–June 30, 2019) and Q3 (July 1, 2019–September 30, 2019)

#### **PAC QRP Extraordinary Circumstances Exception Request Information**

For further information about exceptions, view the program-specific web pages:

- [Home Health Quality Reporting Reconsideration and Exception & Extension](#) or email questions to [HHAPURReconsiderations@CMS.hhs.gov](mailto:HHAPURReconsiderations@CMS.hhs.gov)
- [Hospice Quality Reporting Extensions and Exemption Requests](#) or email questions to [HospiceQRPreconsiderations@cms.hhs.gov](mailto:HospiceQRPreconsiderations@cms.hhs.gov)
- [IRF Quality Reporting Reconsideration and Exception & Extension](#) or email questions to [IRFQRPreconsiderations@cms.hhs.gov](mailto:IRFQRPreconsiderations@cms.hhs.gov)
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#) or email questions to [LTCHQRPreconsiderations@cms.hhs.gov](mailto:LTCHQRPreconsiderations@cms.hhs.gov)

- [SNF Quality Reporting Reconsideration and Exception & Extension](#) or email questions to [SNFQRPreconsiderations@cms.hhs.gov](mailto:SNFQRPreconsiderations@cms.hhs.gov)

## Hospitals - Inpatient Services

CMS is granting an exception to subsection (d) hospitals located in designated states/counties for the following reporting requirements under the Hospital Inpatient Quality Reporting (IQR) Program.

For the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey:

- January 2020 HCAHPS submission deadlines for discharge periods:
  - July 1, 2019–September 30, 2019 (Q3 2019)

For all Hospital IQR Program chart-abstracted measures, including clinical population and sampling data and National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures:

- Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)
- Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) (SEP-1)
- Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)
- Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure
- Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
- American College of Surgeons-Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
- Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure
- Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure:
  - November 2019 and February 2020 submission deadlines for discharge periods:
    - April 1, 2019–June 30, 2019 (Q2 2019)
    - July 1, 2019–September 30, 2019 (Q3 2019)

For Hospital IQR Program chart-abstracted data validation, medical records are normally due to the Clinical Data Abstraction Center (CDAC) within 30 days of the date identified on the written request letter. For hospitals in designated states/counties, medical record submission requirements for validation are exempt as follows:

- CDAC record requests for discharge periods:
  - October 1, 2018–December 31, 2018 (Q4 2018)
  - January 1, 2019–March 31, 2019 (Q1 2019)
  - April 1, 2019–June 30, 2019 (Q2 2019)

For HAI Validation Template submission:

- July 2019 and August 2019 submission deadlines for discharge periods:
  - October 1, 2018–December 31, 2018 (Q4 2018)
  - January 1, 2019–March 31, 2019 (Q1 2019)
  - April 1, 2019–June 30, 2019 (Q2 2019)

For Hospital IQR Program electronic clinical quality measure (eCQM) data validation, medical records are normally due to the CDAC within 30 days of the date identified on the written request letter. For hospitals in designated states/counties, medical record submission requirements for eCQM validation are exempt as follows:

- CDAC record requests for Calendar Year (CY) 2018 discharges:
  - January 1, 2018–December 31, 2018 (CY 2018)

**NOTE:** Hospitals located within the designated states/counties listed above should be aware of the potential subsequent impact to the Hospital Value-Based Purchasing (VBP) Program, Hospital Readmissions Reduction Program (HRRP), and Hospital-Acquired Condition (HAC) Reduction Program Fiscal Year (FY) 2021 and FY 2022 minimum case threshold counts for inclusion in these programs.

### **Hospitals - Outpatient Services**

CMS is granting an exception to subsection (d) hospitals located in the states/counties described above for the following reporting requirements under the Hospital Outpatient Quality Reporting (OQR) Program:

For all Hospital OQR Program chart-abstracted measures:

- November 2019, February 2020 and May 2020 submission deadlines for encounter periods:
  - April 1, 2019–June 30, 2019 (Q2 2019)
  - July 1, 2019–September 30, 2019 (Q3 2019)
  - October 1, 2019–December 31, 2019 (Q4 2019)

For Hospital OQR Program chart-abstracted data validation, medical records are normally due to the CDAC within 45 days of the date identified on the written request letter. Hospitals in designated states/counties are exempt from these validation medical record submission requirements as follows:

- CDAC record requests for encounter periods:
  - April 1, 2019–June 30, 2019 (Q2 2019)
  - July 1, 2019–September 30, 2019 (Q3 2019)
  - October 1, 2019–December 31, 2019 (Q4 2019)

### **Ambulatory Surgical Centers (ASCs)**

CMS is granting an exception to ASCs located in the states/counties described above for the following reporting requirements under the Ambulatory Surgical Center Quality Reporting (ASCQR) Program:

- Data collection and submission requirements that apply for the remainder of CY 2019 that relate to CY 2021 payment determinations are exempt. These exceptions apply to all data submitted via the *QualityNet Secure Portal*.

### **Hospital IQR, OQR, and ASCQR Extraordinary Circumstances Exceptions (ECE)**

#### **Request Process**

Hospitals and ASCs in states/counties outside of the designated areas may submit ECE requests based on individual circumstances by one of the following methods:

- Secure File Transfer via *QualityNet Secure Portal*, “WAIVER EXCEPTION WITHHOLDING” group
- E-mail to [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org)
- Secure fax to (877) 789-4443
- Mail to HSAG, Attention: Quality Reporting Support Contractor, 3000 Bayport Drive, Suite 300, Tampa, FL 33607

Please refer to the ECE Request process and form specific to the program of interest located on [QualityNet](#) for additional information.

- Hospital IQR Program: Select **Hospital Inpatient Quality Reporting (IQR)** from the **Quality Programs** drop-down list. Then, select **Participation**. Then, select **Extraordinary Circumstances**. The direct link to the ECE page on *QualityNet* is <https://www.qualitynet.org/inpatient/iqr/participation#tab3>.
  - The National Support Team for the Hospital IQR Program is available to answer questions or supply any additional information you may need. Please contact the team at [inpatientsupport@viqrc1.hcqis.org](mailto:inpatientsupport@viqrc1.hcqis.org) or call toll-free at (844) 472-4477.
- ASCQR Program: Select **Ambulatory Surgical Center (ASC) Quality Reporting** from the **Quality Programs** drop-down list. Then, select **Extraordinary Circumstances**. The direct link to the ECE page on *QualityNet* is <https://www.qualitynet.org/asc/ascqr/participation#tab2>. See the next section under the Hospital OQR Program for contact information for ASCQR Program-related issues.
- Hospital OQR Program: Select **Hospital Outpatient Quality Reporting (OQR)** from the **Quality Programs** drop-down list. Then, select **Participation**. Then, select **Extraordinary Circumstances**. The direct link to the ECE page on *QualityNet* is <https://www.qualitynet.org/outpatient/oqr/participation#tab3>.
  - The National Support Team for both the Hospital OQR and ASCQR Programs is available to answer questions or supply any additional information you may need. Please contact the team at [qrsupport@hsag.com](mailto:qrsupport@hsag.com) or [qrsupport@hcqis.org](mailto:qrsupport@hcqis.org) or call toll-free at (866) 800-8756.

For questions regarding technical issues, contact the *QualityNet* Help Desk at the following email address: [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org).

### **MIPS Eligible Clinicians**

For the 2019 performance period, CMS is reweighting the MIPS performance categories for MIPS eligible clinicians located in the states/counties listed above. MIPS eligible clinicians who are located in the affected areas will be automatically identified by CMS.

MIPS eligible clinicians who are automatically identified will have all four performance categories weighted at zero percent and will receive a MIPS final score equal to the performance threshold, resulting in a neutral payment adjustment for the 2021 MIPS payment year. However, if automatically identified MIPS eligible clinicians choose to submit data on two or more MIPS performance categories (Quality, Improvement Activities, and/or Promoting Interoperability) as an individual or they are part of a group or virtual group that submits data on behalf of its clinicians, they will be scored on those performance categories and receive a 2021 MIPS payment adjustment based on their 2019 MIPS final score.

The data submission period for the 2019 performance period is January 2, 2020–March 31, 2020. Please note that this reweighting policy does not apply to MIPS eligible clinicians in MIPS Alternative Payment Models (MIPS APMs) who are subject to the APM scoring standard for the 2019 performance period.

### **MIPS Extreme and Uncontrollable Circumstances Information**

For more information, please reference the Extreme and Uncontrollable Circumstances Overview section on the [About QPP Exceptions page](#). You can also contact the Quality Payment Program Service Center at (866) 288-8292/TTY (877) 715-6222, Monday through Friday, 8:00 a.m.–8:00 p.m. Eastern Time or by email at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov).

### **Circumstances Under Which an Exception Due to Hurricane Dorian Must Be Requested in Order to be Considered by CMS**

#### **Hospital Value-Based Purchasing (VBP) Program, Hospital-Acquired Condition (HAC) Reduction Program, End-Stage Renal Disease Quality Incentive Program (ESRD QIP), Hospital Readmissions Reduction Program, and Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)**

Hospitals, renal dialysis facilities, and SNFs, regardless of location, may request an exception to reporting requirements under the Hospital VBP Program, HAC Reduction Program, HRRP, and SNF VBP Program. Unlike reporting programs, CMS must also assess measure performance of affected providers to assess any systemic impact on performance, such as a possible increase in affected hospital readmission rates due to patients evacuated from flooded facilities.

#### **SNF VBP Program ECE Request Process**

SNFs may submit ECE requests based on individual circumstances by emailing the following information to the [SNFVBP@rti.org](mailto:SNFVBP@rti.org) mailbox **within 90 calendar days of the extraordinary circumstance:**

- Facility Name and CMS Certification Number (CCN)
- Date of the extraordinary circumstance
- Justification/rationale for requesting ECE
- Supporting documentation of the extraordinary circumstance

#### **ESRD QIP ECE Request Process**

Facilities impacted by Hurricane Dorian may request consideration for an exception for the ESRD QIP using the [Extraordinary Circumstances Exceptions \(ECE\) Request](#) form. The form must be signed by the dialysis facility's chief executive officer (CEO) or designee and submitted via email to the ESRD QIP Mailbox at [esrdqip@cms.hhs.gov](mailto:esrdqip@cms.hhs.gov). This form and corresponding evidence must be submitted **within 90 days of the extraordinary circumstances event** for the ESRD QIP.

For further assistance regarding the ESRD QIP information contained in this message, please contact the ESRD QIP at [esrdqip@cms.hhs.gov](mailto:esrdqip@cms.hhs.gov).