

Reference #: **2018-189-IP**

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

Sent: November 30, 2018

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

Subject: **UPDATE:** Applicability of Quality Reporting Requirements for Acute Care 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 Florence

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, as well as Merit-Based Incentive Payment System (MIPS) eligible clinicians, located in areas affected by Hurricane Florence 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 North Carolina, South Carolina, or Virginia counties listed below, all of which have been designated by the Federal Emergency Management Agency (FEMA) as a major disaster county.

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 North Carolina Hurricane Florence ([DR-4393](#)), South Carolina Hurricane Florence ([DR-4394](#)), and Virginia Hurricane Florence ([DR-4401](#)) Major Disaster Declarations, as of the date of this communication, are as follows:

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<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.

North Carolina	South Carolina	Virginia
<ul style="list-style-type: none"> <li>• Alamance</li> <li>• Alleghany</li> <li>• Anson</li> <li>• Ashe</li> <li>• Beaufort</li> <li>• Bertie</li> <li>• Bladen</li> <li>• Brunswick</li> <li>• Cabarrus</li> <li>• Carteret</li> <li>• Chatham</li> <li>• Columbus</li> <li>• Craven</li> <li>• Cumberland</li> <li>• Dare</li> <li>• Davidson</li> <li>• Duplin</li> <li>• Granville</li> <li>• Greene</li> <li>• Guilford</li> <li>• Harnett</li> <li>• Hoke</li> <li>• Hyde</li> <li>• Johnston</li> <li>• Jones</li> <li>• Lee</li> </ul>	<ul style="list-style-type: none"> <li>• Lenoir</li> <li>• Madison</li> <li>• McDowell</li> <li>• Montgomery</li> <li>• Moore</li> <li>• New Hanover</li> <li>• Onslow</li> <li>• Orange</li> <li>• Pamlico</li> <li>• Pender</li> <li>• Person</li> <li>• Pitt</li> <li>• Polk</li> <li>• Randolph</li> <li>• Richmond</li> <li>• Robeson</li> <li>• Rowan</li> <li>• Sampson</li> <li>• Scotland</li> <li>• Stanly</li> <li>• Tyrrell</li> <li>• Union</li> <li>• Wayne</li> <li>• Wilson</li> <li>• Yancey</li> </ul>	<ul style="list-style-type: none"> <li>• Berkeley</li> <li>• Calhoun</li> <li>• Charleston</li> <li>• Chesterfield</li> <li>• Clarendon</li> <li>• Colleton</li> <li>• Darlington</li> <li>• Dillon</li> <li>• Dorchester</li> <li>• Florence</li> <li>• Georgetown</li> <li>• Horry</li> <li>• Jasper</li> <li>• Lancaster</li> <li>• Marion</li> <li>• Marlboro</li> <li>• Orangeburg</li> <li>• Sumter</li> <li>• Williamsburg</li> </ul>

The healthcare providers located outside of the counties listed above are not covered by this communication, but may request an exception to the reporting requirements under one or more Medicare quality reporting or value-based purchasing programs it participates 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 Florence to include additional counties, CMS will update this communication to reflect the expanded list of applicable 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 2018 quarters 3 and 4 (July 1 to December 31, 2018):

- HHAs – Home Health QRP
- Hospices – Hospice QRP
- IRFs – Inpatient Rehabilitation Facility QRP
- LTCHs – Long-Term Care Hospital QRP
- SNFs – Skilled Nursing Facility QRP

### ***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 [IRFORPreconsiderations@cms.hhs.gov](mailto:IRFORPreconsiderations@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 [SNFORPreconsiderations@cms.hhs.gov](mailto:SNFORPreconsiderations@cms.hhs.gov)

## **Hospitals - Inpatient Services**

CMS is granting an exception to subsection (d) hospitals located in designated 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:

- October 2018 and January 2019 HCAHPS submission deadlines for discharge periods:
  - April 1, 2018 – June 30, 2018 (2<sup>nd</sup> Quarter 2018)
  - July 1, 2018 – September 30, 2018 (3<sup>rd</sup> Quarter 2018)

For the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure:

- May 15, 2019 submission deadline for the 2018 – 2019 flu season:
  - October 1, 2018 – March 31, 2019 (4<sup>th</sup> Quarter 2018 through 1<sup>st</sup> Quarter 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:

- Median Time from ED Arrival to ED Departure for Admitted ED Patients (ED-1)
- Admit Decision Time to ED Departure Time for Admitted Patients (ED-2)
- Influenza Immunization (IMM-2)
- Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) (SEP-1)

- Incidence of Potentially Preventable Venous Thromboembolism (VTE-6)
- 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 2018 and February 2019 submission deadlines for discharge periods:
    - April 1, 2018 – June 30, 2018 (2<sup>nd</sup> Quarter 2018)
    - July 1, 2018 – September 30, 2018 (3<sup>rd</sup> Quarter 2018)

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 counties, medical record submission requirements for validation are exempt as follows:

- CDAC record requests for discharge periods:
  - October 1, 2017 – December 31, 2017 (4<sup>th</sup> Quarter 2017)
  - January 1, 2018 – March 31, 2018 (1<sup>st</sup> Quarter 2018)

For HAI Validation Template submission:

- November 1, 2018 submission deadline for discharge period:
  - April 1, 2018 – June 30, 2018 (2<sup>nd</sup> Quarter 2018)

**NOTE:** Hospitals located within the designated counties listed above should be aware of the potential subsequent impact to the Hospital Value-Based Purchasing (VBP) Program, Hospital Readmissions Reduction Program, and Hospital-Acquired Condition (HAC) Reduction Program Fiscal Year (FY) 2020 minimum case threshold counts for inclusion in these programs.

### **Hospitals - Outpatient Services**

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

For the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure:

- May 15, 2019 submission deadline for the 2018 – 2019 flu season:
  - October 1, 2018 – March 31, 2019 (4<sup>th</sup> Quarter 2018 through 1<sup>st</sup> Quarter 2019)

For all Hospital OQR Program chart-abstracted measures:

- November 2018 and February 2019 submission deadlines for encounter periods:
  - April 1, 2018 – June 30, 2018 (2<sup>nd</sup> Quarter 2018)
  - July 1, 2018 – September 30, 2018 (3<sup>rd</sup> Quarter 2018)

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 counties are exempt from these validation medical record submission requirements as follows:

- CDAC record requests for encounter periods:
  - January 1, 2018 – March 31, 2018 (1<sup>st</sup> Quarter 2018)
  - April 1, 2018 – June 30, 2018 (2<sup>nd</sup> Quarter 2018)

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

CMS is granting an exception to ASCs located in the 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 Calendar Year (CY) 2018 and the 2018/2019 Influenza Season that relate to CY 2020 payment determinations are exempt. These exceptions apply to all data submitted via the *QualityNet Secure Portal* and the NHSN web-based measure collection tools that are due May 15, 2019, including claims-based measures calculated from submitted Quality Data Codes (QDCs). This exception does not apply to claims-based measures that do not utilize QDCs for calculation purposes.

### ***Hospital IQR, OQR, and ASCQR ECE Request Process***

Hospitals and ASCs in counties and states 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 Program” from the **[Hospitals – Inpatient]** tab drop-down list, followed by selecting the “Extraordinary Circumstances Form” link in the left side navigation bar:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228762258913>.
  - 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) Program” from the **[Ambulatory Surgical Centers]** tab drop-down list, followed by selecting the “Extraordinary Circumstances Form” link in the left side navigation bar:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772757396>. 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 Program” from the [**Hospitals – Outpatient**] tab drop-down list, followed by selecting the “Extraordinary Circumstances Form” link in the left side navigation bar:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1192804531069>.
- 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: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

### **MIPS Eligible Clinicians**

On November 2, 2017, CMS released the CY 2018 Quality Payment Program final rule and interim final rule with comment period (82 FR 53568, November 16, 2017), which established an automatic extreme and uncontrollable circumstance policy, which applies to MIPS eligible clinicians affected by triggering events that affect an entire region or locale, including Hurricane Florence. Given the Hurricane Florence FEMA designation, we consider Hurricane Florence to be such a triggering event, and the automatic extreme and uncontrollable circumstance policy therefore applies to the North Carolina, South Carolina, and Virginia counties listed above as well. Please note that the policy does not apply to MIPS eligible clinicians in MIPS Alternative Payment Models (MIPS APMs) in 2018. (82 FR 53895 through 53900)

The data submission period for the 2018 performance period is January 1, 2019–March 31, 2019. MIPS eligible clinicians in FEMA designated areas affected by Hurricane Florence will be automatically identified, and no action is required. However, if you are automatically identified, but still choose to submit data on two or more MIPS performance categories (either as an individual or group), you’ll be scored on those performance categories, and your 2020 MIPS payment adjustment will be based on your 2018 MIPS final score.

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

For more information, please reference the Extreme and Uncontrollable Circumstances Overview section on the [MIPS > About Exception Applications 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 Florence 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 Value-Based Purchasing (VBP) Program, Hospital-Acquired Condition (HAC) Reduction Program, Hospital Readmissions Reduction Program, and Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP). 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.

***Skilled Nursing Facility Value-Based Purchasing Program ECE Request Process***

SNFs may submit ECE requests based on individual circumstances by emailing the following information to the [snfvbpinquiries@cms.hhs.gov](mailto:snfvbpinquiries@cms.hhs.gov) 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

***End-Stage Renal Disease Quality Incentive Program (ESRD QIP) ECE Request Process***

Facilities impacted by Hurricane Florence may submit ECE requests based on individual circumstances with all required documentation completed. Organizations responsible for multiple renal dialysis facilities may also submit one (1) formal request that includes all of the impacted CCNs. Please refer to the ECE request process and ECE request form located on *QualityNet* for additional information. This form must be submitted **within 90 days of the extraordinary circumstances event.**

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).