

Reference #: **2018-27-IP**

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

Sent: February 8, 2018

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

Subject: Applicability of Reporting Requirements for Acute Care Hospitals, Inpatient Psychiatric Facilities, Skilled Nursing Facilities, Home Health Agencies, Hospices, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Renal Dialysis Facilities, Ambulatory Surgical Centers, and MIPS Eligible Clinicians Affected by California Wildfires (FEMA [DR-4353](#))

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions¹ under certain Medicare quality reporting and value-based purchasing programs to acute care hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, renal dialysis facilities, ambulatory surgical centers as well as Merit-Based Incentive Payment System (MIPS) eligible clinicians located in areas affected by the devastating impacts of the California wildfires since December 4, 2017, in designated counties in California. These healthcare providers and suppliers will be granted exceptions without having to submit a request if they are located in one of the California 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 and value-based purchasing program is described below; however, all of the exceptions are being granted to assist these healthcare providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

NOTE: On January 2, 2018, FEMA issued a major disaster declaration ([DR-4353](#)) for two counties, Santa Barbara and Ventura Counties, in the state of California for the Wildfires, with an incident period of December 4, 2017. The healthcare providers and suppliers located in the counties will be exempt from CMS reporting program requirements and reporting periods as indicated. **Please note that the January 2018 and some of the February 2018 submission deadlines, as well as any other deadlines as indicated and/or applicable, have already passed. As a result, the exceptions will be retroactively applied where applicable.** 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 as of the date of this communication are as follows:

California Counties (DR-4353)

- Santa Barbara
- Ventura

The following 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 using the applicable extraordinary circumstances exception procedure: acute care hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation

¹ The terminology “exception and extension” 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.

facilities, long-term care hospitals, renal dialysis facilities, and ambulatory surgical centers, as well as MIPS eligible clinicians. If FEMA expands the current disaster declaration for the California wildfires to include additional counties, CMS will update this communication to expand the list of healthcare providers eligible to receive an exception without submitting a request to include the acute care hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, renal dialysis facilities, and ambulatory surgical centers, as well as MIPS eligible clinicians located in the additional counties. In addition, CMS will continue to monitor the situation and adjust excepted 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 (CY) 2017 quarters 3 and 4:

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

CMS will provide additional information about the extension and exceptions related to the PAC QRP submission requirements in subsequent announcements.

For further information about extensions and exemptions, view the program-specific webpages:

- [Home Health Quality Reporting Requirements](#)
- [Hospice Quality Reporting Extensions and Exemption Requests](#)
- [IRF Quality Reporting Reconsideration and Exception & Extension](#)
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#)
- [SNF Quality Reporting Reconsideration and Exception & Extension](#)

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:

- January* and April 2018 HCAHPS submission deadlines for discharge periods:
 - July 1, 2017 – September 30, 2017 (3rd Quarter 2017)
 - October 1, 2017 – December 31, 2017 (4th Quarter 2017)

***Please note that the January 2018 submission deadline has already passed and the exemption for this deadline will be applied retroactively where applicable.**

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

- May 15, 2018 submission deadline for the 2017 – 2018 flu season:
 - October 1, 2017 – March 31, 2018 (4th Quarter 2017 through 1st Quarter 2018)

For Hospital IQR Program electronic clinical quality measures (eCQMs):

- February 28, 2018 submission deadline for discharge periods:
 - July 1, 2017 – September 30, 2017 (3rd Quarter 2017)

OR

- October 1, 2017 – December 31, 2017 (4th Quarter 2017)

NOTE: The Electronic Health Record (EHR) Incentive Program has its own Hardship Exception application process. Visit the [Payment Adjustment & Hardship Information](#) webpage on the CMS.gov website for additional details.

For Hospital IQR Program structural measures and Data Accuracy and Completeness Acknowledgement (DACA):

- May 15, 2018 submission deadline for reporting period:
 - January 1, 2017 – December 31, 2017 (CY 2017)

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),
- 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 (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure,
- Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure, and
- Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure:

- February 2018* and May 2018 submission deadlines for discharge periods:

- July 1, 2017 – September 30, 2017 (3rd Quarter 2017)
- October 1, 2017 – December 31, 2017 (4th Quarter 2017)

***Please note that the February 1, 2018 Population and Sampling deadline has already passed and the exception for this deadline will be applied retroactively where applicable.**

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:
 - April 1, 2017 – June 30, 2017 (2nd Quarter 2017)*
 - July 1, 2017 – September 30, 2017 (3rd Quarter 2017)

***Please note that the submission deadline has already passed and the exception for this deadline will be applied retroactively where applicable.**

For HAI Validation Template submission:

- February 1, 2018 submission deadline* for discharge period July 1, 2017 – September 30, 2017 (3rd Quarter 2017)
- May 1, 2018 submission deadline for discharge period October 1, 2017 – December 31, 2017 (4th Quarter 2017)

***Please note that the February 1, 2018 deadline has already passed and the exception for this deadline will be applied retroactively where applicable.**

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 (HRRP), and Hospital-Acquired Condition (HAC) Reduction Program Fiscal Year (FY) 2019 minimum case threshold counts for inclusion in these programs. For example, hospitals might be scored solely on the HAC Reduction Program Domain 1 claims-based measure due to non-submissions resulting in not meeting the minimum number of CDC HAI measures with sufficient cases in HAC Reduction Program Domain 2.

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

Renal Dialysis Facilities located in the above designated California counties that were **closed** will be exempt from all reporting requirements of the ESRD QIP clinical and reporting measures from November 2017 through December 2017 clinical months. Facilities that desire an exemption beyond December 2017 may submit an Extraordinary Circumstances Exceptions (ECE) request via the established process.

For ESRD QIP clinical and reporting measures, facilities will be exempt as shown in the following table:

Exempt Clinical Month	Reporting Deadline
November 2017	January 31, 2018*
December 2017	February 28, 2018

***Please note that the January 31, 2018 submission deadline has already passed and the exception for this deadline will be applied retroactively where applicable.**

For the NHSN Measure topic, facilities will not be scored for Payment Year (PY) 2019 since facilities will be unable to submit 12 months of data in the NHSN in order to receive the maximum number of points on this measure topic.

Closed facilities covered under this waiver will not be required to participate in the CROWNWeb or NHSN validation studies for PY 2019. Facilities in other counties and states that may have been impacted by the California wildfires may submit ECE requests based on individual circumstances with all required documentation completed. Please refer to the ECE request process and form located on *QualityNet* for additional information. The form must be

signed by the Renal Dialysis Facility's chief executive officer (CEO) or designee, and submitted via email to the ESRD QIP Mailbox at esrdqip@cms.hhs.gov. 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.

Inpatient Psychiatric Facilities (IPFs)

CMS is granting an exception to IPFs located in the described above for the following reporting requirements under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.

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

- May 15, 2018 submission deadline for the 2017 – 2018 flu season:
 - October 1, 2017 – March 31, 2018 (4th Quarter 2017 through 1st Quarter 2018)

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, 2018 submission deadline for the 2017 – 2018 flu season:
 - October 1, 2017 – March 31, 2018

For all Hospital OQR Program chart-abstracted measures:

- February 2018* and May 2018 submission deadlines for encounter periods:
 - July 1, 2017 – September 30, 2017 (3rd Quarter 2017)
 - October 1, 2017 – December 31, 2017 (4th Quarter 2017)

***Please note that the February 2018 submission deadline has already passed and the exception for this deadline will be applied retroactively where applicable.**

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:
 - April 1, 2017 – June 30, 2017 (2nd Quarter 2017)
 - July 1, 2017 – September 30, 2017 (3rd Quarter 2017)

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 CY 2017 and the 2017/2018 Influenza Season that relate to CY 2019 payment determinations are exempt. These exemptions apply to all data submitted via the *QualityNet Secure Portal* and the NHSN web-based measure collection tools that are due May 15, 2018, including claims-based measures calculated from submitted Quality Data Codes (QDCs). This exemption does not apply to claims-based measures that do not utilize QDCs for calculation purposes.

MIPS Eligible Clinicians for the 2017 Transition Year*

On November 2, 2017, CMS released the CY 2018 Quality Payment Program final rule and interim final rule with comment period, 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 the California wildfires and Hurricanes Harvey, Irma, Maria, and Nate. Given the FEMA designation regarding Santa Barbara and Ventura Counties, we consider the wildfires affecting those counties to be such a triggering event, and the automatic extreme and uncontrollable circumstance policy therefore applies. Please note that the policy does not apply to MIPS eligible clinicians in MIPS Alternative Payment Models (MIPS APMs) in 2017.

The data submission period for the 2017 transition year of MIPS is January 2, 2018 – March 31, 2018. MIPS eligible clinicians in FEMA-designated areas affected by the California wildfires and Hurricanes Harvey, Irma, Maria, and Nate will be automatically identified. 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 MIPS payment adjustment will be based on your final score.

For more information, the [2017 Extreme & Uncontrollable Circumstances Policy for MIPS fact sheet](#) is available. 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 qpp@cms.hhs.gov.

**Please note that the MIPS Program was not included in the initial memo but will be included moving forward.*

Circumstances Under Which an Exception Due to the California Wildfires Must Be Requested in Order to be Considered by CMS

Hospital Value-Based Purchasing (VBP Program, Hospital-Acquired Condition (HAC) Reduction Program, and Hospital Readmissions Reduction (HRRP) Program

Hospitals, regardless of location, may request an exception to reporting requirements under the Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program. Unlike our reporting programs, we must also assess measure performance of affected healthcare 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. We ask that healthcare providers or facilities directly impacted by flood damage submit individual ECE requests to the national support contractor by the process stated below. CMS will only consider exception requests that comply with these procedures.

Hospital IQR, OQR, and ASCQR ECE Request Process

Hospitals and ASCs in 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
- Email to 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 (direct link): <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 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 (direct link): <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 (direct link): <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 oqrsupport@hsag.com or 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.

For further assistance regarding the information contained in this message, please contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team at <https://cms-ip.custhelp.com> or (844) 472-4477.