



DATE: March 27, 2020

TO: MLN Connects Newsletter and Other Program-Specific Listserv Recipients

FROM: [Program-Specific Listservs, Partner Listservs (e.g., NHSN), ESRD Networks, CMS Emergency web page]

SUBJECT: Exceptions and Extensions for Quality Reporting Requirements for Acute Care Hospitals, PPS-Exempt Cancer Hospitals, Inpatient Psychiatric Facilities, 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 COVID-19

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions¹ under certain Medicare quality reporting and value-based purchasing programs for acute care hospitals, Prospective Payment System (PPS)-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, long-term care hospitals, ambulatory surgical centers, renal dialysis facilities, and Merit-based Incentive Payment System (MIPS) eligible clinicians for all providers and suppliers participating in the programs described below across the United States and its territories in response to the 2019 Novel Coronavirus (COVID-19) pandemic.

On March 22, 2020, CMS [announced](#) relief for clinicians, providers, hospitals and facilities participating in quality reporting programs in response to COVID-19.² This memorandum supplements and provides additional guidance to health care providers with regard to the announcement. The scope and duration of the exceptions under each Medicare quality reporting program and value-based purchasing program are described below. CMS is granting exceptions and extensions for certain deadlines to assist these health care providers while they direct their resources toward caring for their patients and ensuring the health and safety of patients and staff. In some instances, these exceptions and extensions are granted because the data collected may be greatly impacted by the response to COVID-19 and therefore should not be considered in the quality reporting program. CMS is closely monitoring the situation for potential adjustments and will update exception lists, exempted reporting periods, and submission deadlines accordingly as events occur.

CMS is starting the exceptions with March and April 2020 reporting deadlines that for some programs are associated with Q4 2019 (October 1–December 31, 2019) data.

¹ 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.

² CMS press release available at: <https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>

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 the Quality Reporting Program (QRP) reporting requirements for all HHAs, Hospices, IRFs, LTCHs and SNFs. In accordance with 42 C.F.R. 412.560(c), 412.634(c), 413.360(c), 484.245(c), these providers are excepted from the reporting of data on measures, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and standardized patient assessment data required under these programs for the post-acute care (PAC) quality reporting programs for calendar years (CYs) 2019 and 2020 for the following quarters specific to each program:

- HHAs–Home Health QRP
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)
- IRFs–Inpatient Rehabilitation Facility QRP
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)
- LTCHs–Long-Term Care Hospital QRP
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)
- SNFs–Skilled Nursing Facility QRP
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

CMS is granting an exemption to the Hospice Quality Reporting Program (QRP) reporting requirements. Medicare-certified Hospices are exempt from the reporting of data on measures, Hospice Item Set (HIS) data and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, required under Hospice QRP for calendar years (CYs) 2019 and 2020 for the following quarters.

For HIS, the quarters are based on submission of HIS admission or discharge assessments. For CAHPS, the quarters are based on patient deaths in 2019 and 2020.

- Hospice QRP:
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

CMS finalized the SNF VBP Program’s Extraordinary Circumstances Exception (ECE) Policy in the [FY 2019 SNF PPS final rule \(83 FR 39280 through 39281\)](#). In accordance with § 413.338(d)(4)(iv) for the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program, CMS will exclude qualifying claims from the claims-based SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510) calculation for the following periods:

- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

For the Home Health Value-Based Purchasing (HHVBP) Model, CMS is waiving enforcement of the following reporting requirements under the Model:

- April 2020 new measures submission period (data collection period October 1, 2019 – March 31, 2020)
- July 2020 new measures submission period (data collection period April 1, 2020 – June 30, 2020)

The exceptions to the HH QRP and HH CAHPS reporting requirements will impact the calculation of performance measures under the HHVBP Model. CMS will address this issue with HHVBP Model participants at a later date.

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
- [Hospice Quality Reporting Extensions and Exemption Requests](#) or email questions to HospiceQRPreconsiderations@cms.hhs.gov
- [IRF Quality Reporting Reconsideration and Exception & Extension](#) or email questions to IRFORPreconsiderations@cms.hhs.gov
- [LTCH Quality Reporting Reconsideration and Exception & Extension](#) or email questions to LTCHQRPreconsiderations@cms.hhs.gov
- [SNF Quality Reporting Reconsideration and Exception & Extension](#) or email questions to SNFORPreconsiderations@cms.hhs.gov

Hospitals - Inpatient Services

CMS is granting an exception to subsection (d) hospitals for the following reporting requirements. Exceptions and extensions under the Hospital Inpatient Quality Reporting (IQR) Program are in accordance with policy finalized in the FY 2011 IPPS/LTCH final rule (75 FR 50225). Exceptions under the Hospital-Acquired Condition (HAC) Reduction Program are in accordance with policy finalized in the FY 2016 IPPS/LTCH PPS final rule (80 FR 49579 through 49581). Exceptions under the Hospital Value-Based Purchasing (VBP) Program are in accordance with policy finalized in the FY 2014 IPPS/LTCH PPS final rule (78 FR 50704 through 50706). Exceptions under the Hospital Readmissions Reduction Program are in accordance with finalized policy in the FY 2016 IPPS/LTCH PPS final rule (80 FR 49542 through 49543). These rules establish that CMS is able to grant waivers or extensions to hospitals that have not requested them when we determine that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. We have stated that if CMS makes the determination to grant a waiver or extension to hospitals in a region or locale, we will communicate this decision through routine communication channels to hospitals, vendors, and Quality Improvement Organizations, including but not limited to issuing memos, emails, and notices on CMS websites.

For the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, these providers are excepted from the reporting of data for April, July, and October 2020 submission deadlines for the following discharge periods:

- October 1, 2019–December 31, 2019 (Q4 2019)
- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

For all Hospital IQR Program and HAC Reduction Program chart-abstracted measures, providers are excepted from the reporting of measure data for May, August, and November 2020 submission deadlines for the following discharge periods:

- October 1, 2019–December 31, 2019 (Q4 2019)
- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

This exception applies to the following measures, including clinical population and sampling and National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures:

- 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

For the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure, providers are excepted from the reporting of data during the May 18th submission deadline for the following discharge period:

- October 1, 2019–March 31, 2020 discharge period (Q4 2019–Q1 2020)

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. Medical record submission requirements for validation are exempt from reporting as follows:

- CDAC record requests for discharge periods:
 - July 1, 2019–September 30, 2019 (Q3 2019)
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

For Hospital IQR Program chart-abstracted data validation, HAI Validation Templates are normally due to the Validation Support Contractor based on the submission dates established upon the hospital selection notification, and as outlined within the Hospital IQR Important Dates and Deadlines document. For HAI Validation Template submission requirements are exempt from reporting as follows:

- May 4, 2020 submission deadline for discharge period:
 - October 1, 2019–December 31, 2019 (Q4 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. Medical record submission requirements for eCQM validation are exempt as follows:

- CDAC record requests for CY 2019 discharges:
 - January 1, 2019–December 31, 2019 (CY 2019)

For the Data Accuracy and Completeness Acknowledgement (DACA) for hospitals participating in the Hospital IQR Program, providers are excepted from submitting the DACA during the April 1 through May 15 submission deadline for the reporting period of January 1, 2019 through December 31, 2019.

For the Hospital IQR Program Phase 1 APU Reconsideration Request deadline that was scheduled to be April 9, 2020, CMS is extending the deadline until May 11, 2020.

Hospitals participating in the Hospital IQR Program that were unable to successfully report CY 2019 eCQM data by the March 2, 2020 submission deadline have an extension to submit their Extraordinary Circumstances Exception (ECE) [request form](#) by May 1, 2020.

The following updates pertain to hospitals participating in the Medicare Promoting Interoperability Program that were unable to successfully report CY 2019 data by the March 2, 2020 deadline:

- The Eligible Hospital hardship request deadline has been extended to September 1, 2020.
- The Critical Access Hospital hardship request deadline continues as November 30, 2020.

For the Hospital IQR Program, Hospital VBP Program, HAC Reduction Program, and Hospital Readmissions Reduction Program, qualifying claims will be excluded from the measure calculations for January 1, 2020–March 31, 2020 (Q1 2020) and April 1, 2020–June 30, 2020 (Q2 2020) from the following measures:

- Claims-Based Complication
- Excess Days in Acute Care (EDAC)
- Medicare Spending per Beneficiary
- Mortality
- Patient Safety Indicators (PSIs)
- Payment measures
- Readmission measures

NOTE: Hospitals should be aware of the potential subsequent impact to the Hospital VBP Program, HAC Reduction Program, and HRRP minimum case threshold counts for inclusion in these programs. Data from the impacted quarters for the HCAHPS survey and HAI measures for

the quarters identified above will be used in the Hospital VBP and HAC Reduction Programs if submitted, but data submission is optional as described above.

Hospitals that submitted or plan to submit HCAHPS survey or HAI measure data that include a performance adversely impacted by this extraordinary circumstance have the opportunity to submit an Extraordinary Circumstances Exception (ECE) request to CMS for the Hospital VBP Program and HAC Reduction Program within 90 days of the date of the extraordinary circumstance.

- A granted ECE in the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted. An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year.
- A granted ECE in the HAC Reduction Program would exclude the hospital from having to report data from the affected time periods to NHSN. However, if submitted, the data will be used in the HAC Reduction Program. This ECE does not exempt any hospital from the program or waive the penalty. By minimizing the data excluded from the program, the policy is intended to enable affected hospitals to participate in the HAC Reduction Program if they otherwise continue to meet applicable measure minimum threshold requirements.

To access the ECE request form and instructions for submitting the form, reference these links:

- [Hospital VBP Program](#)
- [HAC Reduction Program](#)

Hospitals - Outpatient Services

CMS is granting an exception for reporting requirements under the Hospital Outpatient Quality Reporting (OQR) Program per 42 CFR 419.46(d)(2):

For all chart-abstracted measures, data will not be required for:

- May 2020, August 2020, and November 2020 submission deadlines for the following encounter periods:
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

For all web-based data submissions:

- Data collection and submission requirements that apply to CY 2019 encounters that relate to CY 2021 payment determinations are exempt. These exceptions apply to all data submitted via the *QualityNet Secure Portal* for the May 15, 2020 deadline.

For all claims-based measures, data from encounters occurring during the following period will not be used:

- January 1, 2020–June 30, 2020

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. Medical record submission requirements for validation are exempt from reporting as follows:

- CDAC record requests for encounter periods:
 - July 1, 2019–September 30, 2019 (Q3 2019)
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

Ambulatory Surgical Centers (ASCs)

CMS is granting an exception to ASCs for the following reporting requirements under the Ambulatory Surgical Center Quality Reporting (ASCQR) Program per 42 CFR 416.310(d)(2):

For ASC web-based data submissions:

- Data collection and submission requirements for CY 2019 data that relate to CY 2021 payment determinations are exempt. These exceptions apply to all data submitted via the *QualityNet Secure Portal* for the May 15, 2020 deadline.

For all claims-based measures, data from encounters during the following period will not be used:

- January 1, 2020–June 30, 2020

PPS-Exempt Cancer Hospitals

CMS is granting an exception to PPS-exempt Cancer Hospitals for the following reporting requirements under the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program in accordance with policy finalized in the FY 2014 IPPS/LTCH PPS final rule (78 FR 50848).

For the HCP and CDC infection measures, data will not be required for:

- May 2020 submission deadlines for discharge periods:
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)

For the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, data will not be required for:

- April, July, and October 2020 HCAHPS submission deadlines for discharge periods:
 - October 1, 2019–December 31, 2019 (Q4 2019)
 - January 1, 2020–March 31, 2020 (Q1 2020)
 - April 1, 2020–June 30, 2020 (Q2 2020)

For claims-based measures, qualifying claims will be excluded from measure calculation for the following reporting periods:

- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

Inpatient Psychiatric Facilities

CMS is granting an exception to inpatient psychiatric facilities (IPFs) for the following reporting requirements under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program in accordance with policy finalized in the FY 2013 IPPS/LTCH PPS final rule (77 FR 53659 through 53660).

For chart-abstracted measures, providers are excepted from reporting data collected during:

- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

NOTE: As IPF data are reported on an annual basis, not quarterly, IPFs are required to submit measure and non-measure data collected for January 1, 2019 through December 31, 2019 discharges to CMS for the IPFQR Program during the summer 2020 data submission period. Since the Influenza Immunization (IMM-2 measure) data are based on discharges during the influenza season (October 1, 2019 through March 31, 2020), IPFs will only be required to submit IMM-2 data collected for discharges October 1, 2019 through December 31, 2019 to CMS during the summer 2020 submission period. Measure and non-measure data collected for July 1, 2020 through December 31, 2020 discharges (with the exception of the IMM-2 measure) will be submitted to CMS during the summer 2021 data submission period.

For claims-based measures, qualifying claims will be excluded from measure calculation for the following reporting periods:

- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

Merit-based Incentive Payment System (MIPS) Eligible Clinicians

For the 2019 performance period, CMS is reweighting the MIPS performance categories for MIPS eligible clinicians who do not submit their 2019 MIPS data by the extended deadline of April 30, 2020. MIPS eligible clinicians who may be eligible for this reweighting will be automatically identified by CMS.

MIPS eligible clinicians who are automatically identified will have all 4 performance categories weighted at 0 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 submit data on 2 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.

If no MIPS eligible clinicians in an Alternative Payment Model (APM) Entity submit data for the Promoting Interoperability or Quality performance categories due to extreme and uncontrollable circumstances, the Cost performance category will be weighted at zero percent as usual and the Improvement Activities performance category will be scored as usual, but the APM Entity will be eligible to have the Promoting Interoperability and Quality performance categories reweighted to zero percent in accordance with §§ 414.1370 and 414.1375. If only one performance category (Improvement Activities) is scored, this would result in a neutral MIPS payment adjustment for MIPS eligible clinicians in the APM Entity.

The data submission period for the 2019 performance period is January 2, 2020–April 30, 2020. The deadline was extended from March 31, 2020.

MIPS Extreme and Uncontrollable Circumstances Policy Information

For more information, please reference the [2019 Quality Payment Program COVID-19 Response factsheet](#). You can also contact the Quality Payment Program Service Center at (866) 288-8292, Monday through Friday, 8:00 a.m.–8:00 p.m. Eastern Time or by email at gpp@cms.hhs.gov. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

ESRD QIP

CMS is granting an exception for the dialysis End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) facilities in accordance with policy finalized in the CY 2015 ESRD PPS final rule (79 FR 66190) for the following reporting requirements under ESRD QIP:

For the NHSN blood stream infection (BSI) measure and NHSN reporting measure:

- March 31, 2020, June 30, 2020, September 30, 2020 reporting deadlines for encounters during the following periods:
 - October 1, 2019 to December 31, 2019 (Q4 2019)*
 - January 1, 2020 to March 30, 2020 (Q1 2020)
 - April 1, 2020 to June 30, 2020 (Q2 2020)

*Data from the 4th quarter 2019 will be utilized if submitted.

For ESRD QIP CROWNWeb reporting deadlines and applicable clinical months:

- March 31, 2020 (January 2020 clinical month)
- April 30, 2020 (February 2020 clinical month)
- June 1, 2020 (March 2020 clinical month)
- June 30, 2020 (April 2020 clinical month)
- August 3, 2020 (May 2020 clinical month)
- August 31, 2020 (June 2020 clinical month)

For the Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis (ICH-CAHPS) Survey:

- The data collected to fulfill the July 2020 data submission deadline for the Spring 2020 Survey
- Data collected May 1, 2020–July 10, 2020

For ESRD QIP claims-based measures, claims data during the following times will be excluded from measure calculations:

- March 1, 2020–June 30, 2020

These data exemptions will impact payment year (PY) 2022 performance results and PY 2024 baseline results.

For the ESRD QIP data validation studies (CROWNWeb and NHSN), medical records are normally due within 60 days of the date identified on the written request letter. Medical record submission requirements for validation are exempt as follows:

- NHSN and CROWNWeb record requests for discharge periods:
 - January 1, 2019–March 31, 2019 (Q1 2019)
 - April 1, 2019–June 31, 2019 (Q2 2019)

Dialysis facilities should be aware of the potential subsequent impact to a facility's total performance score (TPS) when data are excluded from score calculations. Facilities impacted by COVID-19 may elect to opt out of the CMS granted exception by emailing the request to the ESRD QIP at esrdqip@cms.hhs.gov. The email must be sent by the dialysis facility's chief executive officer (CEO) or designee. We are requesting that a dialysis facility make this request **within 90 days of March 22, 2020**.

For further assistance regarding the ESRD QIP information contained in this message, please contact the ESRD QIP at esrdqip@cms.hhs.gov.