Extraordinary Circumstances Extension / Exception (ECE) due to California and Oregon Wildfires

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions[1] 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 the California and Oregon Wildfires 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 California or Oregon counties listed below, all of which have been designated as emergency disaster areas by the Federal Emergency Management Agency (FEMA).

The scope and duration of the exception under each Medicare quality reporting program is described below; however, all of the exceptions are being granted 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.

The affected counties designated by FEMA under the California wildfire (DR-4558-CA) and Oregon wildfire (DR-4562-OR) disaster declarations, as of the date of this communication, are as follows:

California Counties

California - DR-4558-CA		
• Butte • Lake • Lassen • Mendocino • Monterey • Napa • Nevada	• Plumas • San Mateo • Santa Clara • Santa Cruz • Sierra • Solano • Sonoma	• Stanislaus • Trinity • Tulare • Tuolumne • Yolo • Yuba

Oregon Counties

Oregon – DR-4562-OR		
• Benton • Clackamas • Columbia • Coos • Deschutes • Douglas • Jackson	• Jefferson • Josephine • Klamath • Lake • Lane • Lincoln • Linn	• Marion • Multnomah • Tillamook • Wasco • Washington • Yamhill

The healthcare providers located <u>outside</u> of the counties listed in the above noted disaster declarations 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

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[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.

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.

Affected counties designated by FEMA under the California Wildfire (DR-4558-CA) and the Oregon Wildfires (DR-4562-OR) are listed on the FEMA Website under sections Public Assistance PA-A and PA-B for each of the disaster declarations noted above. If FEMA expands the current emergency disaster declarations noted above to include additional counties, CMS may 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 excepted reporting periods and submission deadlines accordingly.

Hospitals should be aware of potential impact to program eligibility when deciding whether or not to report data included in the exceptions below.

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 2020 for the following quarters specific to each program:

- HHAs – Home Health QRP Q3 (July 1, 2020-September 30, 2020) and Q4 (October 1, 2020-December 31, 2020)
- Hospices – Hospice QRP Q3 (July 1, 2020-September 30, 2020) and Q4 (October 1, 2020-December 31, 2020)
- IRFs – Inpatient Rehabilitation Facility QRP Q3 (July 1, 2020-September 30, 2020) and Q4 (October 1, 2020-December 31, 2020)
- LTCHs – Long-Term Care Hospital QRP Q3 (July 1, 2020-September 30, 2020) and Q4 (October 1, 2020-December 31, 2020)
- SNFs – Skilled Nursing Facility QRP Q3 (July 1, 2020-September 30, 2020) and Q4 (October 1,2020-December 31, 2020)

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 HHAPUReconsiderations@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 IRFQRPReconsiderations@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 SNFQRPReconsiderations@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), Hospital Value-Based Purchasing (VBP) and Hospital Acquired-Condition (HAC) Reduction Programs.

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

- January 2021 HCAHPS submission deadlines for discharge periods:

- July 1, 2020–September 30, 2020 (3rd Quarter 2020)

For all Hospital IQR Program chart-abstracted measures, including clinical population and sampling data. and the HAC Reduction Program National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures for the February 16, 2021 submission deadline for the July 1, 2020–September 30, 2020 (3rd Qurater 2020) discharge period:

- 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 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:
  - July 1, 2019–September 30, 2019 (3rd Quarter 2019)
  - October 1, 2019–December 31, 2019 (4th Quarter 2019)
  - January 1, 2020–March 31, 2020 (1st Quarter 2020)

Note: Hospitals located within the designated counties listed under this disaster declaration should be aware of the potential subsequent impact to the Hospital VBP Program and HAC Reduction Program fiscal year (FY) 2022 minimum case threshold counts for inclusion in these programs. For example, hospitals might be scored solely on the HAC Reduction Program's claims-based CMS Patient Safety and Adverse Events Composite (CMS PSI 90) measure due to non-submissions resulting in not meeting the minimum number of CDC HAI measures with sufficient cases. For the HAC Reduction Program and Hospital VBP Program, if data for the excepted period are submitted, they will be used for scoring in the program.

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 OQR Program:

For all Hospital OQR Program chart-abstracted measures:

- February 2021 submission deadlines for encounter periods:
  - July 1, 2020–September 30, 2020 (3rd Quarter 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. Hospitals in designated counties are exempt from these validation medical record submission requirements as follows:

- CDAC record requests for encounter periods:
  - January 1, 2020–March 31, 2020 (1st Quarter 2020)

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

- Data collection and submission requirements that apply for the remainder of Calendar Year (CY) 2020 that relate to CY 2022 payment determinations are exempt. These exceptions apply to all data submitted via the *Hospital Quality Reporting* File Upload tool.

Inpatient Psychiatric Facilities (IPFs)

CMS is granting an exception to inpatient psychiatric facilities located in the counties described under this disaster declaration for the following reporting requirements under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.

- Data collection requirements that apply for July 1, 2020 through September 30, 2020 (3rd Quarter 2020) that relate to FY 2022 payment determinations are exempt. These exceptions apply to all data that will be submitted during the summer 2021 data submission period for the IPFQR Program.

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 for MIPS eligible clinicians affected by triggering events that affect an entire region or locale, including the California and Oregon Wildfires. Given the FEMA designation, we consider the California and Oregon Wildfires to be such a triggering event, and the automatic extreme and uncontrollable circumstance policy therefore applies to clinicians within the 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 2019 (82 FR 53895 through 53900).

The data submission period for the 2020 performance period opens on January 4, 2021 and closes on March 31, 2021. MIPS eligible clinicians in FEMA designated areas affected by the California and Oregon Wildfires will be automatically identified. MIPS eligible clinicians who are automatically identified and subject to MIPS will have all four performance categories weighted at 0 percent and will automatically receive a score equal to the performance threshold, resulting in a neutral payment adjustment for the 2022 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 their 2022 MIPS payment adjustment will be based on their 2020 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 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 [qpp@cms.hhs.gov]().

Circumstances Under Which an Exception Due to the California and Oregon Wildfires 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 (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 affected facilities.

Skilled Nursing Facility Value-Based Purchasing Program Extraordinary Circumstances Exceptions (ECE) Request Process

SNFs may submit ECE requests for the SNF VBP Program based on individual circumstances by emailing the following information to the 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

End-Stage Renal Disease Quality Incentive Program (ESRD QIP) ECE Request Process
Dialysis facilities impacted by the California and Oregon Wildfires may submit an ECE request based on individual circumstances 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. This form and corresponding evidence must be submitted **within 90 days of the extraordinary circumstances event** for the ESRD QIP. Please refer to the ECE request process located on *QualityNet* for additional information.

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

Hospital IQR, OQR, and ASCQR ECE Request Process
Hospitals, facilities, and ASCs in counties outside of the designated areas may submit ECE requests based on individual circumstances by one of the following methods:

- File Upload tool via the Hospital Quality Reporting, "WAIVER EXCEPTION WITHHOLDING" group
- Email to QRFormsSubmission@hsag.com
- 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: From the *QualitNet* home page select Hospital-Inpatient, then Learn More under Hospital Inpatient Quality Reporting (IQR) Program. Select Participation, and then Extraordinary Circumstances: 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 https://cmsqualitysupport.servicenowservices.com/qnet_qa, or call toll-free at (844) 472-4477.
- ASCQR Program: From the *QualityNet* home page select Ambulatory Surgical Centers, then Learn More under Ambulatory Surgical Center Quality Reporting (ASCQR) Program. Select Participation, and then Extraordinary Circumstances: 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: From the *QualityNet* home page select Hospital-Outpatient, then Learn More under Hospital Outpatient Quality Reporting (OQR) Program. Select, Participation, and then Extraordinary Circumstances: 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 oqrsupport@hsag.com 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.