The Centers for Medicare & Medicaid Services (CMS) is granting exceptions[1] under certain Medicare quality reporting and value-based purchasing programs to providers and facilities located in areas affected by the *Mississippi Severe Storms, Straight-Line Winds, and Tornadoes* disaster, as identified by both a Health and Human Services (HHS) Public Health Emergency (PHE) declaration (https://aspr.hhs.gov/legal/PHE/Pages/ms-severe-storms-mar2023.aspx) and a Federal Emergency Management Agency (FEMA) disaster declaration (DR-4697-MS), to assist these providers and facilities while they direct their resources toward caring for their patients and addressing potential infrastructural challenges affecting their healthcare operations.

Affected areas covered by these exceptions are detailed on the Designated Areas: Disaster 4697 page, under section Public Assistance, designations PA-A and PA-B, of the FEMA website. If either the PHE declaration is extended or FEMA expands the emergency disaster declaration to include additional affected areas at a later date, CMS will likewise extend reporting requirement exceptions to accommodate these longer timeframes or areas but will not necessarily publish updated communications.

At the time of this communication, the exceptions being granted are explicitly for the reporting requirements and deadlines as detailed in the table below.

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period
Ambulatory Surgical Centers Quality Reporting (ASCQR) Program	ASC-20: COVID-19 Vaccination of Health Care Personnel (HCP)	Q4 2022 (Submission deadline 05/15/2023)
Hospital Outpatient Quality Reporting (OQR) Program	Clinical Data (Chart-Abstracted Measures)	Q4 2022 (Submission deadline 05/01/2023)
	Population and Sampling Data	
	OP-38: COVID-19 HCP	Q4 2022 (Submission deadline 05/15/23)
	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Q4 2022 (Submission deadline

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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.

		04/05/23
Hospital Inpatient Quality Reporting (IQR) Program	Population and Sampling for Chart-Abstracted measures	Q4 2022 (Submission Deadline 05/01/2023)
	Patient-level, chart-abstracted clinical data Severe Sepsis and Septic Shock Management (SEP-1) and Elective Delivery (PC-01), COVID-19 HCP, Structural Measures, and DACA	Q4 2022 (Submission Deadline 05/15/23)
Validation/Healthcare-Associated Infection (HAI) Validation Templates	Hospital-Acquired Condition (HAC) Reduction Program – Healthcare-associated infection (HAI) measures	Q1 2022 Q2 2022 Q3 2022 Q4 2022
Validation/Clinical Data Abstraction Center (CDAC) Record Requests	Hospital-Acquired Condition (HAC) Reduction Program – HAI measures	Q1 2022 Q2 2022 Q3 2022 Q4 2022
	Hospital IQR Program	
	Hospital OQR Program	Q4 2022
	Hospital IQR Program – Electronic Clinical Quality Measures (eCQMs)	FY 2025 (CY 2022)
Hospital Acquired Condition (HAC) Reduction Program	Chart-abstracted HAI measure data: Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) for Colon and Abdominal Hysterectomy procedures, Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia, and *Clostridium difficile* Infection (CDI)	Q4 2022 (Submission deadline 05/15/2023)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	COVID-19 HCP	Q4 2022 (Submission deadline 05/15/2023)

Post-Acute Care Quality Reporting Programs: Home Health Agencies (HHAs), Hospices, Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs)	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	HHAs - Q4 2022 (October-December) Hospices - Q4 2022 (October-December) IRFs - Q4 2022 (October-December) LTCHs - Q4 2022 (October-December) SNFs - Q4 2022 (October-December)

CONSIDERATIONS FOR AFFECTED PROVIDERS AND FACILITIES THAT CHOOSE TO REPORT DATA UNDER AN EXTRAORDINARY CIRCUMSTANCE EXCEPTION (ECE)

Providers and facilities should be aware of the potential impact to reporting requirements and payment programs when deciding whether or not to report data included in the exceptions. If data are voluntarily submitted, they will be publicly reported or used in scoring.

In particular, hospitals located within the designated affected areas listed under this disaster declaration should be aware of the potential subsequent impact to the **Hospital Value-Based Purchasing (VBP) Program** and **Hospital-Acquired Condition (HAC) Reduction Program** 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 Centers for Disease Control and Prevention's HAI measures with sufficient cases. For the HAC Reduction Program, if data for the excepted period are submitted, they will be used for scoring in the program.

OTHER CMS QUALITY PROGRAM EXCEPTION POLICIES

Additional Reporting Requirement Exceptions
Providers and facilities located within a designated area listed in the FEMA disaster declaration who seek an exception for a reporting requirement not covered by this table may request an individual exception using the applicable Extraordinary Circumstance Exception (ECE) request process for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

Merit-based Incentive Payment System (MIPS)
In addition to the above table, the MIPS automatic Extreme and Uncontrollable Circumstances (EUC) policy will be applied at the individual level to MIPS eligible clinicians identified as located in the aforementioned affected areas. Additional information on this policy can be found in the 2023 MIPS Automatic EUC Factsheet.

Program	Affected Measure/Requirement(s)	Reporting Period(s)/

		Performance Period
Merit-based Incentive Payment System (MIPS)	Electronic Clinical Quality Measures (eCQMs), MIPS Clinical Quality Measures (CQMs), Qualified Clinical Data Registry (QCDR) Measures, Medicare Part B claims measures, and; Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey.	Performance Period 2023 (Jan. 1 – Dec. 31)

CASES OF NON-EXCEPTION

Program Participants in Non-Designated Areas
Providers and facilities located outside the designated areas are not covered by these exceptions, 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 ECE request process for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
The ESRD QIP does not participate in these exceptions. Impacted dialysis facilities should submit ECE requests according to the process and form found on the ESRD QIP QualityNet ECE Policy Page within 90 days of the event.

Medicare Promoting Interoperability Program
Under the Medicare Promoting Interoperability Program, a Hardship Exception Application may be available for eligible hospitals and critical access hospitals affected by the aforementioned disaster, if the requesting eligible hospital or critical access hospital has not been granted a hardship for more than 5 years (as set forth in Social Security Act section 1886(b)(3)(B)(ix)(II)).

ADDITONAL INFORMATION

Program	ECE Email Contact for Inquiries	Additional ECE Information
ESRD QIP	QRFormsSubmission@hsag.com	End Stage Renal Disease Facilities / ESRD Quality Incentive Program (QIP) / Information
Home Health (HH QRP)	HHAPUreconsiderations@ CMS.hhs.gov	Home Health Quality Reporting (HHQR) Program ECE Information
Home Health Value-Based Purchasing (HHVBP) Model	HHVBPquestions@lewin.com	Home Health VBP Information
Hospice	HospiceQRPReconsiderations @cms.hhs.gov	Hospice Quality Reporting Program ECE Information
Hospital Quality Reporting (HQR) Programs (Hospital IQR, IPFQR, PPS-Exempt Cancer Hospital Quality Reporting, Hospital VBP, ASCQR, OQR, HAC	QRFormsSubmission@hsag.com	HQR ECE Information

Reduction, Hospital Readmissions Reduction Program, Validation)		
Inpatient Rehabilitation Facility (IRF)	IRFQRPReconsiderations@cms.hhs.gov	IRF Quality Reporting Program (QRP) ECE Information
Long-Term Care Hospitals (LTCHs)	LTCHQRPReconsiderations@cms.hhs.gov	LTCH QRP ECE Information
Medicare Promoting Interoperability Program	qnetsupport@hcqis.org	Medicare Promoting Interoperability Program Hardship Exception Information
MIPS/Quality Payment Program (QPP)	qpp@cms.hhs.gov	Quality Payment Program (QPP); Quality Payment Program (QPP) Resource Center
Skilled Nursing Facilities (SNF QRP)	SNFQRPReconsiderations@cms.hhs.gov	SNF QRP ECE Information
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	SNFVBPinquires@cms.hhs.gov	Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program ECE Information

Please do not respond directly to this email. For assistance regarding the information contained in this message, please contact the *Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Team* at https://cmsqualitysupport.servicenowservices.com/qnet_qa, or **844.472.4477** weekdays from 8 a.m. to 8 p.m. ET. For questions regarding technical issues, contact the *CCSQ Support Center* at QNetSupport@cms.hhs.gov, or by calling, toll-free **866.288.8912** (TTY: 877.715.6222), weekdays from 8 a.m. to 8 p.m. ET.