

## Extraordinary Circumstance Exceptions (ECE) Quick Reference

### Purpose

The Centers for Medicare & Medicaid Services (CMS) understands that there may be circumstances out of a hospital or facility's control that prevent them from meeting program reporting requirements. CMS offers a process for hospitals and other providers to request an exception from certain quality reporting and value-based purchasing program requirements due to extraordinary circumstances beyond their control. Such circumstances may include, but are not limited to, natural disasters (such as a hurricane or flood) or systemic problems with CMS' data collection systems that directly affected the ability of facilities to submit data. Refer to the Help and Support section below and [QualityNet](#) for additional information.

### CMS Determinations

- CMS will strive to provide the response within 90 days of receipt of the facility's request.
  - When the CMS decision has been made, your facility will receive a letter containing the CMS decision. Currently the letters are sent via email to the contacts listed on the ECE request form.
- CMS programs may provide ECE relief in the following ways when considering approval of an ECE request:

Program(s)	ECE Submission Timeframes	Relief Provided by a Granted Exception
Hospital Inpatient Quality Reporting (IQR) Program PPS-Cancer Exempt Hospitals (PCH) Program Inpatient Psychiatric Facility (IPF) Program	Non-eCQM related requests: Within 90 calendar days from when you determined that the extraordinary event occurred. The event may occur during the measurement period through the submission or reporting deadline. eCQM-related requests: April 1 following the end of the reporting period.	An approved ECE will except a hospital from specific program requirements. If a hospital meets the other required non-excepted requirements of the program, they can still receive their full APU update.
Hospital Value-Based Purchasing (VBP) Program	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s). At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested.	An approved ECE would make a hospital ineligible for payment adjustments for the fiscal year (FY) associated with the request. Ineligible hospitals do not incur the 2% withhold of payments but are also not eligible to receive incentive payments or penalties.
Hospital-Acquired Condition (HAC) Reduction Program	<u>Data Submission Event</u> : Within 90 calendar days from when you determined that the extraordinary event occurred impacting your hospital's ability to submit measure data. The event may occur during the measurement period through the submission or reporting deadline.	The requirement for the submission of the NHSN HAI measure data to CMS would be excepted for the selected quarter(s). Any data submitted would not be used for program calculations.
	<u>Adverse Performance Event</u> : Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s). At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested.	If the circumstance adversely impacted performance, any submitted data would be excluded from program calculations for the selected quarter(s). An approved ECE does not except your hospital from the HAC Reduction Program or possible payment reductions.
Hospital Readmissions Reduction Program (HRRP)	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s). At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested.	Data would be excluded from program calculations for the selected quarter(s). An approved ECE does not except your hospital from the HRRP program or possible payment reductions.

Outpatient Quality Reporting Program Ambulatory Surgical Center Quality Reporting Program	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s). At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested.	CMS would except the hospital from meeting the specific requirement that they requested for the impacted period(s).
Skilled Nursing Facility (SNF) VBP	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s). At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested.	The SNF's data from the impacted period would be excluded from the baseline or performance period. CMS would use the remaining months during the baseline or performance period to calculate the measure results and determine achievement, improvement, and the subsequent payment adjustment. An approved ECE does not except the SNF from the SNF VBP Program or payment adjustment.
End Stage Renal Disease Quality Incentive Program (ESRD QIP)	<b>Non-Data Collection System Related Issue:</b> Within 90 calendar days from when you determined that the extraordinary event occurred.	A granted exception for ESRD QIP would result in data being excluded from program calculations during the selected months. An approved ECE does not except the facility from any applicable payment adjustments.
	<b>CMS Data Collection System Issue:</b> CMS will proactively issue an ECE if an issue identified with the system impacts a facility's ability to submit data or the reliability of the data submitted.	If the issue is found prior to data submission deadlines, CMS will grant an extension of the required data submission deadlines. If the issue is found after data has been submitted, CMS may make adjustments to any data found to have been impacted by the data collection systems issue.

### General Guidelines for Completing the ECE Form

- Complete all *required fields* indicated with an asterisk (\*). All sections **must** be complete with specific information for CMS to consider the request.
- For healthcare systems requesting an ECE for multiple facilities, one form can be submitted. Provide a list of the applicable CMS Certification Numbers (CCNs) included in the request.
- As Critical Access Hospitals (CAHs) are exempt from the Hospital Quality Reporting programs and value-based purchasing programs listed in this Quick Reference, and submission of data is voluntary, an ECE is not applicable and should not be submitted.

### Date of Request/Date of Extraordinary Circumstance

- The Date of Request is the **date your facility is submitting the request form**.
- The Date of the Extraordinary Circumstance is the date your facility **determined the extraordinary event occurred**.
  - For isolated events with a known start and end date, complete the field with the specific date of the event.
  - As the COVID-19 PHE has no known exact start or end date, refer to the appropriate Listserves and/specific program guidance on the [QualityNet Hospital Inpatient Notifications](#) webpage.

### Program(s) for Which Your Facility is Requesting Exception

- Select the program(s) for which you would like CMS to consider your request.
- Verify your selection of programs is appropriate based on the measures or requirements that you would like to request. Only list the programs that use the measures you are requesting. For a list of measures included in each of the programs, refer to the [Acute Care Hospital Quality Improvement Program Measures - FY 2022](#) document.
  - For example, if you are requesting an ECE for the National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) measures, confirm if you would like CMS to consider the request for the Hospital-Acquired Condition (HAC) Reduction Program and/or the Hospital Value-Based Purchasing (VBP) Program.

### Facility Contact Information

- List the facility's full name and CCN (6-digit number).

- The National Provider Identifier Number (NPI) is required for Ambulatory Surgical Centers (ASCs). If you have more than one NPI, list those in the Additional Comments section.

#### CEO/Designee & Additional Contact Information

- Include the CEO or their designee's title and contact information. Include an additional contact person (usually the person completing the form) to help ensure receipt of communication(s). All communications and/or decisions will be sent to these contacts.

#### Data Submission Requirement(s) Affected

- Select the measure set(s) or requirement(s) for which you would like CMS to consider your request. For a list of measures included in each of the programs, refer to the [Acute Care Hospital Quality Improvement Program Measures - FY 2022](#) document on *QualityNet*.
- Verify you have not selected measures/requirements not included in the programs you selected in the "Program(s) for Which Your Facility is Requesting Exception" section.
  - There are no structural measures. Do not select this measure type.
  - If you are requesting an ECE only for HRRP, only claims-based measures would be applicable to your request. Measures such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey would not be applicable since they are not included in HRRP.
- If you are requesting an exception for the non-measure related requirements (for example, aggregate population and sampling or Data Accuracy and Completeness Acknowledgement), verify that you have selected the non-measure related requirements and list the specific requirement(s).

#### Submission Quarter(s)/Dates Affected

- Indicate the submission quarter(s) or dates you are requesting to be exempted
- An example is Q4 2020 (10/1/2020 to 12/31/2020).
- More than one quarter may be indicated in this field; however, you must meet the ECE request deadline for the earliest time period for that quarter to be considered.
  - For example, if you are submitting an ECE request for 3rd quarter and 4th quarter for a continuous event, you would need to submit the request within the 3rd quarter request deadline for CMS to consider that quarter.

#### Validation Quarter(s)/Dates Affected

- If you are considering requesting an exception for validation:
  - Verify that you have been selected for validation for those quarter(s) and measures.
    - Verify **inpatient** facilities at: <https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation>
    - Verify **outpatient** facilities at: <https://qualitynet.cms.gov/outpatient/data-management/data-validation>
- For the purposes of payment determination/payment adjustment:
  - For hospitals that choose not to submit validation-related requests for excepted quarters, CMS will evaluate the final confidence interval (CI) without penalizing hospitals for choosing not to submit data.
  - For hospitals that choose to submit validation-related requests despite the exception, CMS will evaluate the final CI both with and without the submitted data and apply the method that is most favorable to the hospital.
    - If the higher of the two CI upper bound values meets or exceeds 75 percent, the hospital will pass the validation requirement.
    - If both calculated CI upper bound values are below 75 percent, the hospital will fail the validation requirement.
- This section is not applicable to ESRD QIP.

#### Date Facility Will Restart Data Submission

- List the date your facility will be able to restart data submission based on your current understanding of the event's impact. For events adversely impacting your hospital's performance in the measure(s), list the date when your performance will no longer be adversely affected.
- Verify that the date that the facility will restart data submission is relevant to the submission quarter(s)/dates affected.
  - As an example, if the date that the facility will restart data submission is Q2 2021, then the submission quarters/dates affected should include up to Q1 2021.

#### Justification for Submission Restart Date

- Provide specific reason(s) why you feel you will be able to restart data submission on this date. As an example, you would specify how the event that prevented your facility from submitting data will be resolved at that time. For events adversely impacting your hospital's performance in the measure(s), indicate why your performance will no longer be adversely impacted at that time.

#### Reason(s) for Requesting Exception

- Verify that all measure set(s) or requirement(s) that are included within your justification or reason(s) for requesting the exception are accounted for in the "Data Submission Requirement(s) Affected" section.

- For example, within the reasons for requesting an exception, the hospital noted the circumstance affected their ability to submit all the measures; however, only chart-abstracted measure(s) were selected in the “Data Submission Requirement(s) Affected” section. Verify if other measures (web-based, NHSN HAI, HCAHPS survey, and/or the Influenza Vaccination Coverage Among Healthcare Personnel measures) should also be selected.
- Provide specific reasons for requesting the exception.
  - If the event prevented your facility from submitting measure data or completing other program requirements, indicate that your facility is unable to complete program requirements or submit data for <insert measure(s)> and how the reporting and or submissions were impacted.
  - If the event adversely impacted your facility’s performance in the measure, indicate that your facility’s performance was adversely impacted in <insert measure(s)> and how the extraordinary circumstance negatively impacted performance on those measure(s).

### Evidence of the Impact

- Provide any evidence your facility has documented for submitting the request, including but not limited to photographs, web links, news articles, and other media articles.
  - For example, provide a copy or web link for a local newspaper article with a story about the fire or natural disaster that directly impacted your facility.

### Additional Comments and Supplemental Documentation

- Include any supporting documentation that may assist in making a determination.
  - Include supporting documentation as an attachment if additional space is needed.
  - For example, provide a document showing an increase in HAI rates in your hospital over previous quarters, news articles or web links that may provide additional support to your request.
- Do not include Protected Health Information (PHI) or Personally Identifiable Information (PII) in your request.

### Submission of Form

- The ECE form can be submitted via the following:
  - *Hospital Quality Reporting Secure Portal*, Managed File Transfer (also referred to as *QualityNet Secure Portal*)
  - Email [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com)
  - Secure Fax (877) 789-4443
  - Mail (3000 Bayport Dr., Suite 300, Tampa, FL 33607)
- If your ECE request also includes ESRD QIP or SNF VBP, submit the form to the mailbox addresses for those programs.
  - [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov)
  - [SNFVBP@rti.org](mailto:SNFVBP@rti.org)
- You will receive an email acknowledgement noting your request has been received generally within 24 business hours. If you do not receive an email acknowledgement, you should send a follow-up email to [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com) to ensure your request was received.
  - You may also receive communications requesting additional information or clarification.

### Help and Support

- Program Deadlines
  - [IQR and HACRP HAI Important Dates and Deadlines](#)
  - [PCHQR Submission Deadlines](#)
  - [IPFQR Program Manuals](#)
  - [OQR Measures/Timelines](#)
  - [ASC Data Submission Deadlines](#)
- Email [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com) with questions regarding the following programs:
  - [Ambulatory Surgical Centers](#)
  - [HAC Reduction Program](#)
  - [HRRP](#)
  - [IPFQR Program](#)
  - [Hospital IQR Program](#)
  - [Hospital VBP Program](#)
  - [Hospital OQR Program](#)
  - [PCHQR Program](#)
- Email [ESRDQIP@cms.hhs.gov](mailto:ESRDQIP@cms.hhs.gov) with questions regarding [End Stage Renal Disease Facilities](#)
- Email [SNFVBP@rti.org](mailto:SNFVBP@rti.org) with questions regarding [SNF Value-Based Purchasing](#)
- Email [validation@telligen.com](mailto:validation@telligen.com) with questions regarding validation
- Email [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) with questions regarding [Promoting Interoperability Program for Hospitals](#)
- [QualityNet](#)

For additional information on this content, contact the CMS Support Contractor at (844) 472-4477, (866) 800-8765, or via the Hospital Inpatient Questions and Answers tool at [https://cmsqualitysupport.servicenow.com/qnet\\_qa](https://cmsqualitysupport.servicenow.com/qnet_qa).