

Extraordinary Circumstance Exceptions (ECE) Quick Reference

Purpose

The Centers for Medicare & Medicaid Services (CMS) understands that circumstances out of your control may prevent you from meeting program reporting requirements. We offer a process for you to request an exception from certain quality reporting and value-based purchasing program requirements due to extraordinary circumstances beyond your 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 affect your ability to submit data. Refer to the Help and Support section below and [QualityNet](#) for additional information.

CMS Determinations

We strive to provide you with a response within 90 days of receipt of your request. We will send you a letter via email to the contact listed on the ECE request form that contains our decision. Here is the relief corresponding with each program:

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 you from specific program requirements. If you meet the other required non-excepted requirements of the program, you can still receive your 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, you should submit your ECE no later than 90 days from the last date of the quarter requested.	An approved ECE would make your 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	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s). At the latest, you should submit your ECE no later than 90 days from the last date of the quarter requested.	Any data submitted 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.
Hospital Outpatient Quality Reporting (OQR) Program Ambulatory Surgical Center Quality Reporting (ASCQR) 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.	We would except you from meeting the specific requirement that you requested for the impacted period(s).
Skilled Nursing Facility Value-Based Purchasing (SNF 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.	Your data from the impacted period would be excluded from the baseline or performance period. We would use the remaining months during the baseline or performance period to calculate the measure results and determine achievement, improvement, and subsequent payment adjustment. An approved ECE does not except your SNF from the SNF VBP Program or payment adjustment.

Program(s)	ECE Submission Timeframes	Relief Provided by a Granted Exception
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)	<p>Non-Data Collection System Related Issue: Within 90 calendar days from when you determined that the extraordinary event occurred.</p>	<p>A granted exception for ESRD QIP would result in your data being excluded from program calculations during the selected months. An approved ECE does not except your facility from any applicable payment adjustments.</p>
	<p>CMS Data Collection System Issue: We will proactively issue an ECE if an issue identified with the system impacts your facility's ability to submit data or the reliability of the data submitted.</p>	<p>If the issue is found prior to data submission deadlines, we will grant an extension of the required data submission deadlines. If the issue is found after data has been submitted, we may make adjustments to any data found to have been impacted by the data collection system issue.</p>

General Guidelines for Completing the ECE Form

- Complete all *required fields* indicated with an asterisk (*). You must complete all sections.
- For healthcare systems requesting an ECE for multiple facilities, please submit one form. Provide a list of the applicable CMS Certification Numbers (CCNs).
- 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; therefore, 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 HAC Reduction Program and/or the Hospital VBP Program.

Facility Contact Information

- List your facility's full name and 6-digit CCN.
- 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 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 2023](#) 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.
 - 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.
 - For example: Q2 2021 (4/1/2021 to 6/30/2021)
- 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 us 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 payment determination/payment adjustment:
 - For hospitals that choose not to submit validation-related requests for excepted quarters, we will evaluate the final confidence interval (CI) without penalizing your hospital for choosing not to submit data.
 - For hospitals that choose to submit validation-related requests despite the exception, we will evaluate the final CI both with and without the submitted data and apply the method that is most favorable to your hospital.
 - If the higher of the two CI upper bound values meets or exceeds 75 percent, your hospital will pass the validation requirement.
 - If both calculated CI upper bound values are below 75 percent, your 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 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 your 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 the reason you feel you will be able to restart data submission on this date. As an example, 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, your hospital noted the circumstance affected your 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, Influenza Vaccination Coverage Among Healthcare Personnel and/or the COVID-19 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.
 - 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 an attachment of any supporting documentation that may assist in making a determination.
 - Examples: Provide a document showing an increase in HAI rates in your hospital over previous quarters. Provide news articles or web links that may support your request.
- Do not include Protected Health Information (PHI) or Personally Identifiable Information (PII) in your request.

Submission of Form

- Please submit your ECE form as follows:
 - *Hospital Quality Reporting Secure Portal*, Managed File Transfer (also referred to as *QualityNet Secure Portal*)
 - Email 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 for those programs:
 - ESRDQIP@cms.hhs.gov
 - 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, you should send a follow-up email to 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 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 with questions regarding [End Stage Renal Disease Facilities](#)
- Email SNFVBP@rti.org with questions regarding [SNF Value-Based Purchasing](#)
- Email validation@telligen.com with questions regarding validation
- Email qnetsupport@hcqis.org with questions regarding [Promoting Interoperability Program for Hospitals](#)
- [QualityNet](#)
- [Quality Reporting Center](#)

For additional information, 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_ga.