



Inpatient Quality Reporting (IQR) Program

Clarifying Questions and Answers Regarding Hospital Inpatient Quality Reporting Program Requests for Extraordinary Circumstance Extensions/Exemptions on the Basis of eCQM Reporting Difficulties

(Last Updated on March 1, 2017)

Question 1: What events or circumstances qualify for an Extraordinary Circumstance Extension/Exemption (ECE) in the Hospital Inpatient Quality Reporting (IQR) Program?

An ECE policy was adopted in the Fiscal Year (FY) 2011 Inpatient Prospective System (IPPS) Final Rule for the Hospital IQR Program to avoid penalizing or unduly increasing burden on a hospital for extraordinary circumstances beyond a hospital's control. The ECE policy was initially developed to address situations related to natural disasters, such as a severe hurricane or flooding, that would prevent a hospital from submitting data.

The FY 2016 IPPS Final Rule began requiring reporting of electronic clinical quality measure (eCQM) data in the Hospital IQR Program. At that time, the IQR ECE policy was expanded to include ECE requests related to the submission of eCQM data if a hospital experiences a hardship that prevents it from eCQM reporting. The duration of the ECE request is only applicable for the identified program year. This extension/exemption could include, but is not limited to:

- infrastructure challenges (hospitals must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure)
- unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification)
- hospitals that are newly participating in the Hospital IQR Program, if they are required to begin data submission under Hospital IQR Program procedural requirements stipulated in the Code of Federal Regulations, 42 CFR 412.140(c)(1), which describes submission and validation of Hospital IQR Program data



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Question 2: What qualifies as an unforeseen circumstance related to eCQM reporting and Electronic Health Record (EHR) vendor issues?

For the IQR program, CMS evaluates ECE requests on a case-by-case basis to determine whether circumstances were beyond the hospital's control. ECEs have not typically been granted for issues such as staff members on leave, changes in staff, burst water pipes, or temporary electrical outages; CMS believes these kinds of events are manageable and within the control of the hospital. In previous cases, CMS has considered issues related to performance by a vendor on a case-by-case basis but has not often determined a circumstance beyond a hospital's control because of the ability to mitigate the impact of such issues through the negotiation of contractual terms with the vendor.

With the first year of required eCQM reporting in the Hospital IQR Program occurring in 2016, hospitals have made major strides in implementing eCQM reporting capabilities. However, CMS recognizes that some hospitals continue to face significant challenges to comply with the new eCQM reporting requirements, including the time and financial burdens of switching EHR vendors and upgrading EHR systems and products. During this period of transition, CMS understands the possible need for additional exemptions and will consider granting ECE requests related to EHR vendor transitions and upgrades.

NOTE: CMS encourages providers to refer to the EHR contracting guide *EHR Contracts Untangled: Selecting Wisely, Negotiating Terms, and Understanding the Fine Print* as a resource to help understand and negotiate contract terms, available at https://www.healthit.gov/sites/default/files/EHR_Contracts_Untangled.pdf.

Question 3: Can the ECE request include the transition of any type of third-party vendor that reports on a hospital's behalf? Does it have to be an EHR vendor to be considered?

Any ECE request granted on the basis of EHR vendor issues will apply only to the submission of eCQM data. As in previous years, all ECE requests will continue to be evaluated on a case-by-case basis and will require documentation of the extraordinary circumstance.



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Question 4: Will all ECE requests related to EHR vendor system transitions or upgrades automatically be granted?

All ECE requests will continue to be evaluated on a case-by-case basis at the discretion of CMS. However, CMS understands the potential need for additional exemptions and will consider granting ECE requests related to EHR vendor transitions and upgrades.

Question 5: My hospital is currently undergoing a switch of our EHR system to be able to report eCQM data; however, significant delays to the implementation timeline for the new system will now prevent us from being able to report fourth quarter 2016 eCQM data.

Although ECE requests will be evaluated on a case-by-case basis, CMS will consider granting ECE requests related to implementation issues for a new EHR system or system upgrades.

Question 6: A small number of our QRDA Category I files generated from our EHR for CY 2016 reporting to the IQR and Medicare EHR Incentive Programs are failing QualityNet conformance checks. A number of these errors cannot be remedied before the submission date, including our EHR vendor being unable to generate a "fix" prior to the submission deadline. What can we do so this does not jeopardize my hospital's successful submission status for eCQM reporting?

CMS recommends that affected hospitals submit an ECE request form requesting to waive the requirement to submit 100% of the required Quality Reporting Data Architecture (QRDA) files by the submission deadline. CMS usually considers exceptions or extensions due to circumstances outside of the provider's control in this process, and has the authority to consider granting exceptions under this situation. Please visit the [ECE Request Form Submission Instructions section](#) on the [QualityNet.org](#) website for details.

Question 7: If my hospital previously submitted an ECE request for eCQM reporting and was initially denied earlier in the year, can we request that our situation be reconsidered now that CMS has expanded the criteria?

If hospital administration believes the ECE criteria for eCQM reporting remains applicable to their specific situation, the Chief Executive Officer



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(CEO) or Designee is able to resubmit a new ECE request with the most current supporting documentation. In order to perform a thorough review of the ECE request, all applications must be legible and provide all the supporting documentation at the time the request is submitted. CMS will be unable to review incomplete ECE requests. Please follow the instructions on the QualityNet.org website to ensure timely submission of the ECE request form.

Question 8: If my hospital submits a hardship request for the Medicare EHR Incentive Program, does it also need to submit an ECE request to the Hospital IQR Program?

Hospitals seeking exemption from eCQM reporting requirements for the Hospital IQR Program must submit an ECE request by the deadline indicated. The EHR Incentive Program is established under separate statutory authority from the Hospital IQR Program and provides its own process for requesting hardship exceptions. Visit the [Payment Adjustment and Hardship Information](#) section of the CMS.gov website for additional details.

Question 9: If my hospital is granted a hardship exception under the Medicare EHR Incentive Program, will it also be granted an ECE by the Hospital IQR Program for eCQM reporting during the same reporting period?

The EHR Incentive Program is established under separate statutory authority from the Hospital IQR Program and provides its own process for granting hardship exceptions. This information can be found by visiting the [Payment Adjustment and Hardship Information](#) posted on the CMS.gov website. To be granted an ECE from eCQM data submission for the Hospital IQR Program, hospitals must comply with the ECE request processes outlined on the QualityNet.org website. To the extent feasible, CMS will take into consideration a granted hardship exception for the Medicare EHR Incentive Program when reviewing the same hospital's ECE request for the Hospital IQR Program.

Question 10: How do I submit an ECE request for the Hospital IQR Program?

Please visit the [ECE Request Form Submission Instructions section](#) on the QualityNet.org website for details.



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Question 11: **What is the deadline for requesting an ECE for 2016 eCQM reporting for the Hospital IQR Program?**

A hospital must submit an ECE request form, with all required questions completed and supporting documentation included, by April 1, following the end of the calendar year reporting period. As an example, for the calendar year 2016 reporting period (January 1 through December 31, 2016), hospitals would have until April 1, 2017, to submit an ECE request.

Question 12: **How can I get more information about the ECE request process for the Hospital IQR Program, if I have further questions?**

In addition to visiting the QualityNet.org website, hospitals can submit additional questions regarding the IQR Program and policy questions directly to <https://cms-ip.custhelp.com>. Hospitals can also call (844) 472-4477 or (866) 800-8765, from 8 a.m. to 8 p.m. ET, Monday through Friday.

Question 13: **Where can I get more information about the Medicare EHR Incentive Program's hardship request process?**

Information can be found by visiting the [Payment Adjustment and Hardship Information](#) posted on the CMS.gov website. Additional questions can be addressed by the EHR Information Center (EHRIC): (888)734-6433, 7:30 a.m to 6:30 p.m CT, Monday through Friday.