

Reference #: 2022-23-IPF**From:** Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor**Sent:** May 24, 2022**To:** MLN Connects Newsletter and Other Program-Specific ListServe Recipients Lists**Subject:** Reporting Exception Granted Due to New Mexico Wildfires and Straight-Line Winds ([DR-4652-NM](#))

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions¹ under certain Medicare quality reporting and value-based purchasing programs to providers located in areas affected by the New Mexico Wildfires and Straight-Line Winds to assist these providers while they direct their resources toward caring for their patients and repairing structural damages to facilities.

Affected counties designated by the Federal Emergency Management Agency (FEMA) under the New Mexico Wildfires and Straight-Line Winds ([DR-4652-NM](#)) disaster declarations are located at [Designated Areas: Disaster 4652](#) under sections Public Assistance PA-A and PA-B of the FEMA website. If FEMA expands the current emergency disaster declarations to include additional counties, sections PA-A and PA-B will be updated to reflect the newly designated counties.

This exception is for acute care hospitals, ambulatory surgical centers (ASCs), inpatient psychiatric facilities (IPFs), and affects the following programs and deadlines noted in the table below.

For the Medicare Promoting Interoperability Program, a Hardship Exception Application is available for eligible hospitals and critical access hospitals (CAHs) affected by the New Mexico Wildfires and Straight-Line Winds disaster. Please note, however, that in no case may a hospital be granted an exemption for more than 5 years (1886(b)(3)(B)(ix)(II)).

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period*
Hospital Outpatient Quality Reporting (OQR) Program	Clinical Data (Chart-Abstracted Measures)	Q4 2021 (Submission deadline 5/2/22) Q2 2022 (Submission Deadline 11/1/22)
	Web-Based Measures	Q4 2021 (Submission Deadline 5/16/22)
	OP-38 COVID-19 HCP	Q2 2022 (Submission Deadline 11/15/22)

<p>Ambulatory Surgical Centers Quality Reporting (ASCQR) Program</p>	<p>ASC-9 Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients ASC-11 Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary) ASC-13 Normothermia ASC-14 Unplanned Anterior Vitrectomy ASC-20 COVID-19 HCP</p>	<p>Q4 2021 (Submission deadline 5/16/22)</p>
<p>Hospital Inpatient Quality Reporting (IQR) Program</p>	<p>Patient-level, chart-abstracted clinical data SEP-1 and PC-01, COVID-19 HCP, Flu HCP, Maternal Morbidity Structural Measure, and the annual administrative requirements for the Data Accuracy and Completeness Acknowledgement (DACA), Notice of Participation (NOP), and Security Administrator</p>	<p>Q4 2021 (Submission deadline 5/16/22)</p>
<p>Data Validation/Healthcare-Associated Infection (HAI) Validation Templates</p>	<p>Hospital-Acquired Condition (HAC) Reduction Program – HAI measures</p>	<p>Q4 2021</p>
<p>Data Validation/Clinical Data Abstraction Center (CDAC) Record Requests</p>	<ul style="list-style-type: none"> • Hospital IQR Program • Hospital-Acquired Condition (HAC) Reduction Program – HAI measures • Hospital OQR Program 	<p>Q4 2021</p>
<p>HAC Reduction Program</p>	<p>HAI measure data: CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI</p>	<p>Q4 2021</p>
<p>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program</p>	<p>Chart-abstracted measures: Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3, and -5; Screening for Metabolic Disorders; Substance Use (SUB)-2/-2a and -3/-3a; Tobacco Treatment (TOB)-2/-2a and -3/-3a; Transition Record with Specified Elements Received by Discharged Patients; Timely Transmission of Transition Record; COVID Measure, Influenza Immunization (IMM-2); and non-measure data</p>	<p>Q4 2021 (Submission deadline for COVID Measure is 5/16/2022. Submission deadline for all others is 8/15/2022.)</p>

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

Dialysis facilities should note that CMS has not issued exceptions for the ESRD QIP to address the impact of the New Mexico Wildfires and Straight-Line Winds. Impacted dialysis facilities should submit Extraordinary Circumstances Exceptions (ECE) requests according to the process and form found on www.QualityNet.cms.gov. Within 90 days of the event, forms should be submitted via email or managed file transfer (MFT) to QRFormsSubmission@hsag.com, or via secure fax to (877) 789-4443. When sending via MTF, uncheck “Required Registered Users.”

Merit-based Incentive Payment System (MIPS)

The MIPS automatic Extreme and Uncontrollable Circumstances (EUC) policy will be applied at the individual level to MIPS eligible clinicians identified as located in affected counties designated by the FEMA under the New Mexico Wildfires and Straight-Line Winds (([DR-4652-NM](#)) disaster. For these clinicians, we aim to reduce reporting burden by eliminating the need to submit an application to request reweighting of MIPS performance categories to receive a neutral payment adjustment. For more information review the [2022 MIPS Automatic EUC Fact Sheet](#).

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period*
Merit-based Incentive Payment System (MIPS) Eligible Clinicians	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 2022 (Jan. 1 – Dec. 31)

Extraordinary Circumstances Exceptions (ECE)

Providers located outside the counties listed in the FEMA disaster declaration are not covered by this communication, 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 procedure for the respective program(s). In addition, providers located within a county listed in the FEMA disaster declaration who seek an exception for a reporting requirement not covered by this communication may request an individual exception using the applicable ECE procedure for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

Hospitals 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 submitted, they may be publicly reported or used in scoring.

Please refer to the ECE request process and form specific to the program for additional information.

As noted above, for the Medicare Promoting Interoperability Program, a Hardship Exception Application is available for eligible hospitals and CAHs affected by the New Mexico Wildfires and

Straight-Line Winds disaster. Please note, however, that in no case may a hospital be granted an exemption for more than 5 years (1886(b)(3)(B)(ix)(II)).

Program	ECE Email Contact for Inquiries	Link to ECE Information
Hospital Quality Reporting (HQR) Programs (IQR, IPFQR, PCHQR, Hospital VBP, ASCQR, OQR, HAC Reduction, Hospital Readmissions Reduction Program (HRRP), Validation)	QRFormsSubmission@hsag.com	HQR ECE Information
ESRD QIP	QRFormsSubmission@hsag.com	End Stage Renal Disease Facilities / ESRD Quality Incentive Program (QIP) / 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
Medicare Promoting Interoperability Program for Eligible Hospitals and CAHs	qnetsupport@hcqis.org	Promoting Interoperability (PI) ECE Information
MIPS/Quality Payment Program (QPP)	qpp@cms.hhs.gov	Quality Payment Program (QPP) Quality Payment Program (QPP) Resource Center
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
SNF	SNFQRPreconsiderations@cms.hhs.gov	SNF ECE Information
Home Health	HHAPUreconsiderations@CMS.hhs.gov	Home Health Quality Reporting (HHQR) Program ECE Information
Hospice	HospiceQRPreconsiderations@cms.hhs.gov	Hospice Quality Reporting Program ECE Information

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.

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.