

Reference #: **2022-41-IPF**
 From: Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor
 Sent: August 16, 2022
 To: MLN Connects Newsletter and Other Program-Specific ListServe Recipients Lists
 Subject: Reporting Exception Granted Due to Kentucky Severe Storms, Flooding, Landslides and Mudslides ([DR-4663-KY](#))

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 Kentucky severe storms, flooding, landslides, and mudslides 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 Kentucky Severe Storms, Flooding, Landslides, and Mudslides ([DR-4663-KY](#)) disaster declarations are located at [Designated Areas: Disaster 4663](#) 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), home health agencies (HHAs), hospices, inpatient psychiatric facilities (IPFs), inpatient rehabilitation facilities (IRFs), and skilled nursing facilities (SNFs) 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 Kentucky Severe Storms, Flooding, Landslides, and Mudslide’s disaster. Please note, however, that in no case may a hospital be granted an exemption for more than 5 years (Social Security Act section 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)	Q1 2022 (Submission Deadline 8/1/22)
	OP-38 COVID-19 HCP	Q1 2022 (Submission Deadline 8/15/2022)
Ambulatory Surgical Centers Quality Reporting (ASCQR) Program	ASC-20 COVID-19 HCP	Q1 2022 (Submission deadline 8/15/22)

Hospital Inpatient Quality Reporting (IQR) Program	Patient-level, chart-abstracted clinical data SEP-1 and PC-01, COVID-19 HCP	Q1 2022 (Submission deadline 8/15/22)
	Population and Sampling	Q1 2022 (Submission deadline 8/1/22)
HAC Reduction Program	HAI measure data: CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI	Q1 2022 (Submission deadline 8/15/22)
Data Validation/Healthcare-Associated Infection (HAI) Validation Templates	Hospital-Acquired Condition (HAC) Reduction Program – HAI measures	Q1 2022 (Random 8/15/22)
Data Validation/Clinical Data Abstraction Center (CDAC) Record Requests	<ul style="list-style-type: none"> • Hospital IQR Program • Hospital-Acquired Condition (HAC) Reduction Program – HAI measures 	Q3 2021 Q4 2021 Q1 2022 Q2 2022
Data Validation/Clinical Data Abstraction Center (CDAC) Record Requests	<ul style="list-style-type: none"> • Hospital OQR Program 	Q1 2022 Q2 2022

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	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 ; Influenza Immunization (IMM-2); and non-measure data	Q4 2021 (Submission deadline 8/15/22)
	COVID-19 HCP	Q1 2022 (Submission deadline 8/15/22)
Post-Acute Care Quality Reporting Programs: HHAs, Hospices, IRFs, LTCHs, and 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	<p>HHAs-Q1 2022 (Submission deadline 8/15/22)</p> <p>Hospices- Q1 2022 (Submission deadline 8/15/22)</p> <p>IRFs – Q1 2022 (Submission deadline 8/15/22)</p> <p>LTCs – Q1 2022 (Submission deadline 8/15/22)</p> <p>SNFs - Q1 2022 (Submission deadline 8/15/22)</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 Kentucky Severe Storms, Flooding, Landslides, and Mudslides. 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 Kentucky Severe Storms, Flooding, Landslides, and Mudslides ([DR-4663-KY](#)) disaster. For these clinicians, we aim to reduce reporting burden by eliminating the need to submit an application to request reweighting of all 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 (eQMs), 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 Kentucky Severe Storms, Flooding, Landslides, and Mudslides disaster. Please note, however, that in no case may a hospital be granted an exemption for more than 5 years (Social Security Act section 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	QRFormsSubmission@hsag.com	HQR ECE Information

Program (HRRP, Validation)		
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) Hardship Exception 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.