

Reference #: **2022-47-PCH**  
 From: Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor  
 Sent: October 24, 2022  
 To: MLN Connects Newsletter and Other Program-Specific ListServe Recipients Lists  
 Subject: Reporting Exception Granted Due to Florida Hurricane Ian ([DR-4673-FL](#))

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions<sup>1</sup> under certain Medicare quality reporting and value-based purchasing programs to providers located in areas affected by the Florida Hurricane Ian disaster 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 Florida Hurricane Ian ([DR-4673-FL](#)) disaster declaration are located at [Designated Areas: Disaster 4673](#) 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 hospital inpatient, inpatient psychiatric facilities (IPFs), PPS-exempt cancer hospitals, home health agencies (HHAs), hospices, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), skilled nursing facilities (SNFs), post-acute care hospitals, hospital outpatient, and ambulatory surgical centers (ASCs), and affects the following programs and deadlines noted in the table below.

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period*
Hospital Outpatient Quality Reporting (OQR) Program	Clinical Data (Chart-Abstracted Measures), Population and Sampling Data	Q2 2022 (Submission deadline 11/1/2022)
	OP-38: COVID-19 Vaccination of Health Care Personnel (HCP)	Q2 2022 (Submission Deadline 11/15/22)
Ambulatory Surgical Centers Quality Reporting (ASCQR) Program	ASC-20: COVID-19 HCP	Q2 2022 (Deadline 11/15/2022)
Hospital Inpatient Quality Reporting (IQR) Program	Population & Sampling	Q2 2022 (Submission deadline 11/1/22)
	Patient-level, chart-abstracted clinical data Severe Sepsis and Septic Shock Management (SEP-1) and Elective Delivery (PC-01), COVID-19 HCP	Q2 2022 (Submission deadline 11/15/22)
	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Q2 2022 (Submission deadline 10/5/22)

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	Healthcare-Associated Infection (HAI) data: (CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI, and COVID – 19 HCP	Q2 2022 (Submission deadline 11/15/22)
	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Q2 2022 (Submission deadline 10/5/22)
Data Validation/ Healthcare-Associated Infection (HAI) Validation Templates	Hospital-Acquired Condition (HAC) Reduction Program – HAI measures	Q2 2022
Data Validation/ Clinical Data Abstraction Center (CDAC) Record Requests	Hospital IQR Program – Chart-abstracted measures Hospital-Acquired Condition (HAC) Reduction Program – HAI measures	Q2 2022
Data Validation/ Clinical Data Abstraction Center (CDAC) Record Requests	Hospital IQR Program – Electronic Clinical Quality Measures (eCQMs)	FY 2024 (CY 2021)
Data Validation/ Clinical Data Abstraction Center (CDAC) Record Requests	Hospital OQR Program	Q1 2022 Q2 2022
HAC Reduction Program	HAI measure data: CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI	Q2 2022
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	COVID-19 HCP	Q2 2022 (Submission deadline 11/15/2022)

<p>Post-Acute Care Quality Reporting Programs: HHAs, Hospices, IRFs, LTCHs, and SNFs</p>	<p>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>	<p>HHAs - Q3 2022 (July-September) and Q4 2022 (October-December)</p> <p>Hospices - Q3 2022 (July-September) and Q4 2022 (October-December)</p> <p>IRFs - Q2 2022 (April-June) Q3 2022 (July-September) and Q4 2022 (October-December)</p> <p>LTCHs - Q2 2022 (April-June) Q3 2022 (July-September) and Q4 2022 (October-December)</p> <p>SNFs - Q2 2022 (April-June) Q3 2022 (July-September) and Q4 2022 (October-December)</p>
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Hospitals located within the designated counties listed under this disaster declaration should be aware of the potential subsequent impact to the Hospital VBP Program and HAC Reduction Program fiscal year (FY) 2022 minimum case threshold counts for inclusion in these programs. For example, hospitals might be scored solely on the HAC Reduction Program’s claims-based CMS Patient Safety and Adverse Events Composite (CMS PSI 90) measure due to non-submissions resulting in not meeting the minimum number of CDC HAI measures with sufficient cases. For the HAC Reduction Program and Hospital VBP Program, if data for the excepted period are submitted, they will be used for scoring in the program.

For the Medicare Promoting Interoperability Program, a Hardship Exception Application is available for eligible hospitals and CAHs affected by the Hurricane Ian 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)).

**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 Hurricane Ian. Impacted dialysis facilities should submit Extraordinary Circumstances Exceptions (ECE) requests according to the process and form found on [www.QualityNet.cms.gov](http://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](mailto: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 Hurricane Ian disaster ([Designated Areas: Disaster 4673](#)). 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.

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)	<a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a>	<a href="#">HQR ECE Information</a>
ESRD QIP	<a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a>	<a href="#">End Stage Renal Disease Facilities / ESRD Quality Incentive Program (QIP) / Information</a>
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	<a href="mailto:SNFVBPinquires@cms.hhs.gov">SNFVBPinquires@cms.hhs.gov</a>	<a href="#">Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program ECE Information</a>
Medicare Promoting Interoperability Program for Eligible Hospitals and CAHs	<a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a>	<a href="#">Medicare Promoting Interoperability Program Hardship Exception Information</a>

MIPS/Quality Payment Program (QPP)	<a href="mailto:qpp@cms.hhs.gov">qpp@cms.hhs.gov</a>	<a href="#">Quality Payment Program (QPP) Quality Payment Program (QPP) Resource Center</a>
Inpatient rehabilitation Facility (IRF)	<a href="mailto:IRFQRPreconsiderations@cms.hhs.gov">IRFQRPreconsiderations@cms.hhs.gov</a>	<a href="#">IRF Quality Reporting Program (QRP) ECE Information</a>
Long-Term Care Hospitals (LTCHs)	<a href="mailto:LTCHQRPreconsiderations@cms.hhs.gov">LTCHQRPreconsiderations@cms.hhs.gov</a>	<a href="#">LTCH QRP ECE Information</a>
SNF	<a href="mailto:SNFQRPreconsiderations@cms.hhs.gov">SNFQRPreconsiderations@cms.hhs.gov</a>	<a href="#">SNF ECE Information</a>
Home Health	<a href="mailto:HHAPUreconsiderations@CMS.hhs.gov">HHAPUreconsiderations@CMS.hhs.gov</a>	<a href="#">Home Health Quality Reporting (HHQR) Program ECE Information</a>
Hospice	<a href="mailto:HospiceQRPreconsiderations@cms.hhs.gov">HospiceQRPreconsiderations@cms.hhs.gov</a>	<a href="#">Hospice Quality Reporting Program ECE Information</a>

<sup>1</sup> 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](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](mailto: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.