Reference #: **2026-38-PCH**
From: Inpatient and Outpatient Healthcare Quality Systems Development and Program Support
Sent: November 16, 2026
To: MLN Connects Newsletter and Other Program-Specific Listserv Recipients
Subject: Reporting Exception Granted Due to Florida Hurricane Isaias

The Centers for Medicare & Medicaid Services (CMS) is granting extraordinary circumstance exceptions[1] under certain Medicare quality reporting and value-based purchasing programs to providers and facilities located in areas affected in the state of Florida by ***Hurricane Isaias***, identified by both a Department of Health and Human Services (HHS) Public Health Emergency (PHE) declaration (PHE | Hurricane Isaias) and a Federal Emergency Management Agency (FEMA) major disaster declaration (FEMA | Florida Hurricane Isaias Major Disaster Declaration (4955-FL)) to support these providers and facilities which may need to focus or redirect resources toward accommodating care needs of their patients and addressing potential infrastructure challenges affecting their healthcare operations.

Affected areas covered by these exceptions are detailed on the Designated Areas Disaster 4955, under the section Public Assistance, designations PA-A and PA-B, of the FEMA website. If FEMA expands the major disaster declaration to include additional affected areas at a later date and it is operationally feasible, CMS will likewise extend reporting requirement exceptions to accommodate these areas but will not necessarily publish updated communications.

At the time of this communication, the exceptions being granted are for the reporting requirements and deadlines as detailed in the table below:

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period(s)
Ambulatory Surgical Center Quality Reporting (ASCQR) Program	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)	Q2 2026 (Submission deadline 10/14/2026)
Hospital-Acquired Condition (HAC) Reduction Program	Chart-Abstracted Measures: Healthcare-Associated Infections (HAI) Measures	Q2 2026 (submission deadline 11/16/2026)
Hospital Inpatient Quality Reporting (IQR) Program	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Q2 2026 (Submission deadline 10/14/2026)
	Population & Sampling	Q2 2026 (submission deadline 11/2/2026)

[1] The terminology "exception" is used as a general term intended for ease of reference to collectively refer to extraordinary circumstance exception (ECE) policies established under separate programs and may not be consistent with the specific terminology established under each individual program.

	Chart-Abstracted Measure: Severe Sepsis and Septic Shock Management Bundle	Q2 2026 (submission deadline 11/16/2026)
Hospital Outpatient Quality Reporting (OQR) Program	OAS CAHPS	Q2 2026 (Submission deadline 10/14/2026)
	Chart-Abstracted Measures	Q2 2026 (submission deadline 11/2/2026)
Rural Emergency Hospital Quality Reporting (REHQR) Program	Chart-Abstracted Measures	Q2 2026 (submission deadline 11/2/2026)
PPS-Exempt Cancer Hospital (PCH) Quality Reporting Program	HCAHPS	Q2 2026 (Submission deadline 10/14/2026)
	Chart-abstracted HAI measure data: CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI	Q2 2026 (submission deadline 11/16/2026)
Hospital Validation/ HAI Validation Templates	HAC Reduction Program	Q2 2026 discharges
Hospitals Validation/Clinical Data Abstraction Center (CDAC) Record Requests	HAC Reduction Program – HAI measures	Q2 2026 discharges
	Hospital IQR Program	Chart-abstracted: Q2 2026 discharge records
	Hospital OQR Program	Q2 2026 encounter records
Post-Acute Care Quality Reporting Programs: Home Health Agencies (HHAs), Hospices, Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (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 quality reporting programs	Q2 2026 (submission deadline 11/16/2026)

Additional Reporting Requirement Exceptions

Providers and facilities located within a designated area listed in the FEMA major disaster declaration who seek an exception for a reporting requirement not covered by this table may request an individual exception using the applicable ECE request

process for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

Merit-based Incentive Payment System (MIPS)

In addition to the above table, the MIPS Automatic Extreme and Uncontrollable Circumstances (EUC) policy will be applied at the individual level to MIPS eligible clinicians identified as located in the aforementioned affected areas. Additional information on this policy can be found in the 2026 MIPS Automatic EUC Factsheet.

Program	Affected MIPS Performance Categories	Performance Year (PY) and Submission Deadline
MIPS	Quality Performance Category	PY 2026 (submission deadline 3/31/2027)
	Cost Performance Category	
	Promoting Interoperability Performance Category	
	Improvement Activities Performance Category	

CONSIDERATIONS FOR AFFECTED PROVIDERS AND FACILITIES THAT CHOOSE TO REPORT DATA UNDER AN EXTRAORDINARY CIRCUMSTANCE EXCEPTION (ECE)

Providers and facilities 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. **A provider or facility may still choose to submit complete and accurate data they have collected which are covered under these exceptions.** In such cases, the exception will be considered unneeded and the data processed and publicly reported in accordance with normal operations.

In particular, hospitals located within the designated affected areas listed under this disaster declaration should be aware of the potential subsequent impact to the Hospital VBP Program and HAC Reduction Program minimum case threshold counts for inclusion in these programs and which measures have enough data for scoring. 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 Centers for Disease Control and Prevention's HAI measures with sufficient cases. For the HAC Reduction Program, if data for the excepted period are submitted, they will be used for scoring in the program.

CASES OF NON-EXCEPTION

Program Participants in Non-Designated Areas

Providers and facilities located outside the FEMA-designated areas are not covered by these exceptions, 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 request process for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

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

The ESRD QIP does not participate in these exceptions. In the event of an extraordinary circumstance preventing a dialysis facility from submitting data or accessing medical records, the facility may submit an ECE request and review the status of requests in the ESRD QIP User Interface (UI) in ESRD Quality Reporting System (EQRS). For detailed instructions on utilizing the ECE application in EQRS, please refer to the ESRD QIP ECE UI Guide.

Facilities are not required to submit ECE requests in EQRS. Requests may also be submitted by accessing the online form. To request an ECE using the online form, a facility needs to download, complete, and submit the ECE Form from QualityNet. In addition to completing the form, the facility should submit any supporting documentation within 90 days of the extraordinary circumstance. These documents must be submitted to the ESRD QIP Team by sending an email to ESRDQPS-Admin@arborresearch.org.

Medicare Promoting Interoperability Program

Under the Medicare Promoting Interoperability Program, a Hardship Exception Application may be available for eligible hospitals and critical access hospitals affected by the aforementioned disaster, as long as the requesting eligible hospital or critical access hospital has not met the 5-hardship maximum (as set forth in Social Security Act section 1886(b)(3)(B)(ix)(II)). Please note that the Medicare Promoting Interoperability Program has a separate hardship exception process from the Hospital IQR Program. An exception or hardship under one program will not ensure an exception or hardship under the other program.

ADDITIONAL INFORMATION

Program	ECE Email Contact for Inquiries	Additional ECE Information
ESRD QIP	esrdqps-admin@arborresearch.org	ESRD QIP User Interface (UI) in EQRS ESRD QIP ECE UI Guide
HH QRP	HHAPUreconsiderations@CMS.hhs.gov	Home Health Quality Reporting (HHQR) Program ECE Information
Home Health Value-Based Purchasing (HHVBP) Model	HHVBPquestions@cms.hhs.gov	HHVBP Information
Hospice QRP	HospiceQRPReconsiderations@cms.hhs.gov	Hospice QRP ECE Information
Hospital IQR, IPFQR, PCHQuality Reporting, Hospital VBP, ASCQR, OQR, REHQR, HAC	QRFormsSubmission@hsag.com	Hospital and ASC QRPs ECE Information

Reduction, and Hospital Readmissions Reduction Programs, Hospital Validation		
IRF QRP	IRFQRPReconsiderations@cms.hhs.gov	IRF QRP ECE Information
LTCH QRP	LTCHQRPReconsiderations@cms.hhs.gov	LTCH QRP ECE Information
Medicare Promoting Interoperability Program	https://cmsqualitysupport.servicenowservices.com/qnet_qa	Medicare Promoting Interoperability Program Hardship Exception Information
Quality Payment Program/MIPS	qpp@cms.hhs.gov	QPP Website; QPP Resource Library
SNF QRP	SNFQRPReconsiderations@cms.hhs.gov	SNF QRP ECE Information
SNF VBP Program	SNFVBP@rti.org	SNF VBP Program ECE Information

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