

Reference #: **2024-106-IP**  
 From: Inpatient and Outpatient Healthcare Quality Systems Development and Program Support  
 Sent: August 2, 2024  
 To: MLN Connects Newsletter and Other Program-Specific ListServ Recipients Lists  
 Subject: Reporting Exception Granted Due to Hurricane Beryl

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 and facilities located in areas affected by *Hurricane Beryl*, as identified by both a Department of Health and Human Services (HHS) Public Health Emergency (PHE) declaration (<https://aspr.hhs.gov/legal/PHE/Pages/Beryl-July2024.aspx>) and the Federal Emergency Management Agency (FEMA) disaster declaration ([DR-4798-TX](#)) to assist these providers and facilities while they direct their resources toward caring for their patients and addressing potential infrastructural challenges affecting their healthcare operations.

Affected areas covered by these exceptions are detailed on the [Designated Areas: Disaster 4798](#) pages, under the section Public Assistance, designations PA-A and PA-B, of the FEMA website. If FEMA expands the emergency disaster declaration to include additional affected areas at a later date, 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 explicitly for the reporting requirements and deadlines as detailed in the table below.

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period
Ambulatory Surgical Centers Quality Reporting (ASCQR) Program	COVID-19 Vaccination of Health Care Personnel (HCP) (COVID-19 HCP)	Quarter (Q)1 2024 (submission deadline 08/15/2024)
Hospital-Acquired Condition (HAC) Reduction Program	<u>Chart-abstracted Healthcare-associated infection (HAI) measure data:</u> Central line-associated bloodstream infection (CLABSI); Catheter-associated urinary tract infection (CAUTI); Surgical site infection (SSI) for Colon and Abdominal Hysterectomy procedures; Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia; and <i>Clostridium difficile</i> infection (CDI)	Q1 2024 (submission deadline 8/15/24)
Hospital Inpatient Quality Reporting (IQR) Program	Population and Sampling	Q1 2024 (submission deadline 8/1/2024)
	COVID-19 HCP	Q1 2024

<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.

		(submission deadline 8/15/24)
	Severe Sepsis and Septic Shock Management	
Hospital Outpatient Quality Reporting (OQR) Program	Patient-level, chart-abstracted clinical data	Q1 2024 (submission deadline 8/1/24)
	COVID-19 HCP	Q1 2024 (submission deadline 8/15/24)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	COVID-19 HCP	Q1 2024 (submission deadline 8/15/24)
	Data Accuracy and Completeness Acknowledgement	Annual Submission (submission deadline 8/15/2024)
	Non-measure data	
	Notice of Participation	
Patient-level, chart-abstracted clinical data		
PPS-Exempt Cancer Hospital (PCHQR) Program	COVID-19 HCP	Q1 2024 (submission deadline 8/15/24)
	<u>Chart-abstracted HAI measure data:</u> CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI	
Rural Emergency Health Quality Reporting (REHQR) Program	Patient-level, chart-abstracted clinical data	Q1 2024 (submission deadline 8/1/24)
Validation/ HAI Validation Templates	HAC Reduction Program – HAI measures	Q1 2024 discharges
Validation/Clinical Data Abstraction Center (CDAC) Record Requests	HAC Reduction Program – HAI measures	Q1 2024 discharge records
	Hospital IQR Program	
	Hospital OQR Program	
Post-Acute Care Quality Reporting Programs: 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	Q1 2024 (submission deadline 8/15/24)

Post-Acute Care Quality Reporting Programs: Home Health Agencies (HHAs) and Hospices	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 2024
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**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. If data are voluntarily submitted, they will be publicly reported or used in scoring.

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 Value-Based Purchasing (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.

**OTHER CMS QUALITY PROGRAM EXCEPTION POLICIES**

**Additional Reporting Requirement Exceptions**

Providers and facilities located within a designated area listed in the FEMA disaster declaration who seek an exception for a reporting requirement not covered by this table may request an individual exception using the applicable [Extraordinary Circumstance Exception](#) (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 [2024 MIPS Automatic EUC Factsheet](#).

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period
Merit-based Incentive Payment System (MIPS)	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 2024 (Jan. 1 – Dec. 31)

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. Impacted dialysis facilities should submit ECE requests according to the process and form found on the [ESRD QIP QualityNet ECE Policy Page](#) within 90 days of the event.

**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)).

ADDITIONAL INFORMATION

<b>Program</b>	<b>ECE Email Contact for Inquiries</b>	<b>Additional ECE Information</b>
ESRD QIP	<a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a>	<a href="#">ESRD QIP Information</a>
HH QRP	<a href="mailto:HHAPUreconsiderations@CMS.hhs.gov">HHAPUreconsiderations@CMS.hhs.gov</a>	<a href="#">Home Health Quality Reporting (HHQR) Program ECE Information</a>
Home Health Value-Based Purchasing (HHVBP) Model	<a href="mailto:HHVBPquestions@lewin.com">HHVBPquestions@lewin.com</a>	<a href="#">HHVBP Information</a>
Hospice QRP	<a href="mailto:HospiceQRPreconsiderations@cms.hhs.gov">HospiceQRPreconsiderations@cms.hhs.gov</a>	<a href="#">Hospice QRP ECE Information</a>
Hospital IQR, IPFQR, PCHQR, Hospital VBP, ASCQR, OQR, REHQR, HAC Reduction, and Hospital Readmissions Reduction Programs, Hospital Validation	<a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a>	<a href="#">Hospital and ASC QRPs ECE Information</a>
IRF QRP	<a href="mailto:IRFQRPreconsiderations@cms.hhs.gov">IRFQRPreconsiderations@cms.hhs.gov</a>	<a href="#">IRF QRP ECE Information</a>
LTCH QRP	<a href="mailto:LTCHQRPreconsiderations@cms.hhs.gov">LTCHQRPreconsiderations@cms.hhs.gov</a>	<a href="#">LTCH QRP ECE Information</a>
Medicare Promoting Interoperability Program	<a href="https://cmsqualitysupport.servicenowservices.com/qnet_qa">https://cmsqualitysupport.servicenowservices.com/qnet_qa</a>	<a href="#">Medicare Promoting Interoperability Program Hardship Exception Information</a>
MIPS/QPP	<a href="mailto:gpp@cms.hhs.gov">gpp@cms.hhs.gov</a>	<a href="#">QPP: QPP Resource Center</a>

SNF QRP	<a href="mailto:SNFQRPreconsiderations@cms.hhs.gov">SNFQRPreconsiderations@cms.hhs.gov</a>	<a href="#">SNF QRP ECE Information</a>
SNF VBP Program	<a href="mailto:SNFVBP@rti.org">SNFVBP@rti.org</a>	<a href="#">SNF VBP Program ECE Information</a>

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