Extraordinary Circumstance Exceptions (ECE) Quick Reference Guide

Purpose

The Centers for Medicare & Medicaid Services (CMS) understands that circumstances out of a facility's control may prevent a facility from meeting program reporting requirements. We offer a process for facilities to request an exception from certain quality reporting and value-based purchasing program requirements due to extraordinary circumstances beyond a facility's control. Such circumstances may include, but are not limited to, natural disasters (such as a hurricane or flood) or systemic problems with CMS data collection systems that directly affect a facility's ability to submit data. Refer to the Help and Support section below and QualityNet for additional information.

CMS Determinations

We strive to provide a response within 90 days of receipt of your request.
We will email a decision letter to the contact listed on your ECE request form.

Program(s)	ECE Submission Timeframes	Relief Provided by a Granted Exception
• Hospital Inpatient Quality Reporting (IQR) Program • PPS-Cancer Exempt Hospitals (PCH) Program • Inpatient Psychiatric Facility (IPF) Program	**Non-eCQM related requests:** Within 90 calendar days from when you determined that the extraordinary event occurred. The event may occur during the measurement period through the submission or reporting deadline. **IQR only eCQM-related requests**: April 1 following end of reporting period.	An approved ECE will except you from specific program requirements. If you meet the other required non-excepted program requirements, you can still receive your full APU update.
Hospital Value-Based Purchasing (VBP) Program	Within 90 days of the date of the extraordinary circumstance impacting your hospital performance on the measure(s).	An approved ECE would make your hospital ineligible for payment adjustments for the fiscal year associated with the request. Ineligible hospitals do not incur the 2% withhold of payments and are not eligible to receive incentive payments or penalties.
Hospital-Acquired Condition (HAC) Reduction Program	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s).	Any data submitted would be excluded from program calculations for the selected quarter(s). An approved ECE does not except your hospital from the HAC Reduction Program or possible payment reductions.
Hospital Readmissions Reduction Program (HRRP)	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s).	Data would be excluded from program calculations for the selected quarter(s). An approved ECE does not except your hospital from the HRRP program or possible payment reductions.
• Hospital Outpatient Quality Reporting (OQR) Program • Ambulatory Surgical Center Quality Reporting (ASCQR) Program	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s).	An approved ECE will except you from meeting the specific requirement that you requested for the impacted period(s).
Rural Emergency Hospital Quality Reporting (REHQR)	Within 90 days of the date of the extraordinary circumstance impacting your hospital's performance on the measure(s).	An approved ECE will except you from meeting the specific requirement that you requested for the impacted period(s).

General Guidelines for Completing ECE Forms

- Complete all *required fields* indicated with an asterisk (*). You must complete all sections.
- For healthcare systems requesting an ECE for multiple facilities, please submit one form. Provide a list of the applicable CMS Certification Numbers (CCNs).
- As critical access hospitals (CAHs) are exempt from the Hospital Quality Reporting programs and value-based purchasing programs listed in this Quick Reference Guide, submission of data is voluntary; therefore, an ECE is not applicable and should not be submitted.

Facility Contact Information

- List your facility's full name and 6-digit CCN.
- The National Provider Identifier Number (NPI) is required for Ambulatory Surgical Centers (ASCs). If you have more than one NPI, list those in the Additional Comments section.

Dates

- The Date of Request is the **date your facility is submitting the request form**.
- The Date of the Extraordinary Circumstance is the date your facility **determined the extraordinary event occurred.**
  - For isolated events with a known start and end date, complete the field with the specific date of the event.
  As the COVID-19 PHE has no known exact start or end date, refer to the appropriate Listserves and/specific program guidance on the *QualityNet Sign Up for Email Updates* webpage.

Program(s) and Program Requirement(s)

- Under each program, indicate which measure(s) and/or program requirement(s) and quarter(s) which were affected by the extraordinary circumstance.
- Verify your selection of programs is appropriate based on the measures or requirements that you would like to request. Only list the programs that use the measures you are requesting. For a list of measures included in each of the programs, refer to the Acute Care Hospital Quality Improvement Program Measures document for the applicable fiscal year For example:
  - If you are requesting an ECE for the National Healthcare Safety Network (NHSN) healthcare- associated infection (HAI) measures, confirm if you would like CMS to consider the request for the HAC Reduction Program and/or the Hospital VBP Program.
  - If you are requesting an ECE only for HRRP, only claims-based measures would be applicable to your request. Measures such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey would not be applicable since they are not included in HRRP.
- If you are requesting an exception for the non-measure related requirements (for example, Data Accuracy and Completeness Acknowledgement), verify that you have selected the non-measure related requirements and list the specific requirement(s).
- Indicate the submission reporting periods, quarter(s) or dates you are requesting to be exempted.
  - For example: Q2 2025
  - For example: 7/1/2025 – 6/30/2026
- More than one reporting period or quarter may be indicated in this field; however, you must meet the ECE request deadline for the earliest time-period for that quarter to be considered.
  - For example, if you are submitting an ECE request for 3rd quarter and 4th quarter for a continuous event, you would need to submit the request within the 3rd quarter request deadline for us to consider that quarter.
- If you are requesting an exception for validation:
  - Verify that you have been selected for validation for those quarter(s) and measures.
    - Verify **inpatient** facilities at https://qualitynet.cms.gov/inpatient/data-management/data-validation
    - Verify **outpatient** facilities at https://qualitynet.cms.gov/outpatient/data-management/data-validation
  - For payment determination/payment adjustment:
    - For hospitals that choose not to submit validation-related requests for excepted quarters, we will evaluate the final confidence interval (CI) without penalizing your hospital for choosing not to submit data.
    - For hospitals that choose to submit validation-related requests despite the exception, we will evaluate the final CI with **and** without the submitted data and apply the method that is most favorable to your hospital.
      - If the higher of the two CI upper bound values meets or exceeds 75%, your hospital will pass the requirement.
      - If both calculated CI upper bound values are below 75%, your hospital will fail the validation requirement.

Exception or Extension Request Information

- List the date your facility can restart data submission based on your current understanding of the event's impact. For events adversely impacting your performance in the measure(s), list the date when your performance will no longer be adversely affected.
- Verify that the date that the facility will restart data submission is relevant to the submission quarter(s)/dates affected. Example: If the date you will restart submission is Q1 2025, then affected quarters/dates should include up to Q1 2025.

Justification for ECE End Date

Provide the reason you feel you will be able to restart data submission on this date. As an example, specify how the event that prevented your facility from submitting data will be resolved at that time. For events adversely impacting your hospital's performance in the measure(s), indicate why your performance will no longer be adversely impacted at that time.

Reason(s) for Requesting Exception

- Verify that all measure set(s) or requirement(s) that are included within your justification or reason(s) for requesting the exception are accounted for in the "Program(s) and Program(s) Requirement(s)" section.
- For example, within the reasons for requesting an exception, your hospital noted circumstance affected your ability to submit all the measures, but only chart-abstracted measures(s) were selected in the "Program(s) and Program(s) Requirements" section. Verify if other measures (web-based, structural, HCAHPS survey, Influence Vaccination Coverage Among Healthcare Personnel and/or the COVID-19 Vaccination Coverage Among Healthcare Personnel measures) should also be selected.

- Provide specific reasons for requesting the exception.
  - If the event prevented your facility from submitting measure data or completing other program requirements, indicate that your facility is unable to complete program requirements or submit data for <insert measure(s)> and how the reporting and or submissions were impacted.
  - If the event adversely impacted your facility's performance in the measure, indicate that your facility's performance was adversely impacted in <insert measure(s)> and how the extraordinary circumstance negatively impacted performance on those measure(s).

Evidence of the Impact

- Provide any evidence your facility has documented for submitting the request, including, but not limited to, photographs, web links, news articles, and other media.
  - For example, provide a copy or web link for a local newspaper article with a story about the fire or natural disaster that directly impacted your facility.

Additional Comments and Supplemental Documentation

- Include an attachment of any supporting documentation that may assist in making a determination.
  - Examples: Provide a document showing an increase in HAI rates in your hospital over previous quarters. Provide news articles or web links that may support your request.
- Do not include Protected Health Information (PHI) or Personally Identifiable Information (PII) in your request.

Submission of Form

- Please submit your ECE form by one of the following methods:
  - *Hospital Quality Reporting Secure Portal*, Managed File Transfer https://harp.cms.gov/login/login?ADO=MFT
    - Open the "Mail" dropdown, then select "Compose."
    - Enter the email address QRFormsSubmission@hsag.com in the "To" field.
    - Attach your document(s) and *uncheck* the "Require Registered Users" box.
    - Select "Send."
  - Email QRFormsSubmission@hsag.com
  - Secure Fax (877) 789-4443
  - Mail (3133 East Camelback Road, Suite 140, Phoenix, AZ 85016-4545)
- You will receive an email acknowledgement noting your request has been received generally within 24 business hours. If you do not receive an email, you should send a follow-up email to QRFormsSubmission@hsag.com or call (844) 472-4477 to ensure your request was received. You may also receive communications requesting additional information.

Help and Support

- Program Deadlines
  - IQR and HACRP HAI Important Dates and Deadlines
  - PCHQR Submission Deadlines
  - IPFQR Program Manuals
  - OQR Data Submission Deadlines
  - ASC Data Submission Deadlines
- Email QRFormsSubmission@hsag.com with questions regarding the following programs:
  - Ambulatory Surgical Centers
  - HAC Reduction Program
  - HRRP
  - IPFQR Program
  - Hospital IQR Program
  - Hospital VBP Program
  - Hospital OQR Program
  - PCHQR Program
  - ESRD Program
- Email SNFVBP@rti.org with questions regarding SNF Value-Based Purchasing Program
- Email validation@telligen.com with questions regarding validation.
- Use the QualityNet Q&A Tool for questions regarding Promoting Interoperability Program for Hospitals
- QualityNet
- Quality Reporting Center
  For additional information, contact the CMS Support Contractor at (844) 472-4477, (866) 800-8765, or via the Hospital Inpatient Questions and Answers Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa.