



CMS Grants Post-Hurricane Reporting Exceptions for Providers Impacted by Storms

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Last week, the Centers for Medicare and Medicaid Services (CMS) issued an email alert notifying providers that the agency will grant exceptions under certain Medicare quality reporting and value-based purchasing programs for providers located in areas affected by Hurricane Harvey. Eligible providers include all acute care hospitals, PPS-exempt cancer hospitals, inpatient psychiatric facilities, skilled nursing facilities, home health agencies, hospices, inpatient rehabilitation facilities, outpatient dialysis facilities, long-term care hospitals, and ambulatory surgical centers subject to one of the quality reporting or value-based programs, and located in one of the Texas counties or Louisiana parishes designated as a major disaster county by the Federal Emergency Management Agency (FEMA). Additionally, CMS has approved suspending certain Medicare enrollment screening requirements for healthcare providers and suppliers that are assisting with Hurricane Harvey recovery efforts in Texas and Louisiana.

Affected providers will be granted reporting exceptions without having to submit an extraordinary circumstances exception request. The scope and duration of the various exceptions are detailed in a [corresponding memorandum](#)¹ issued by CMS on August 31. Specifically, the exceptions apply to the following quality reporting and value-based purchasing programs:

- **Post-Acute Care Quality Reporting Programs (QRPs):** CMS is granting exceptions of all 2017 Q2 and Q3 reporting requirements under the Home Health Quality Reporting Program (QRP); the Hospice QRP; the Inpatient Rehabilitation Facility QRP; the Long-Term Care Hospital QRP; and the Skilled Nursing Facility QRP.
- **Hospital Inpatient Quality Reporting (IQR) Program:** CMS is granting an exception to subsection (d) hospitals for various requirements including:
 - Healthcare Consumer Assessment of Healthcare Providers and Systems (HCAHPS) submission deadlines for 2017 Q2 and Q3 discharge periods;
 - Influenza Vaccination Coverage Among Healthcare Personnel submission deadlines for the 2017-2018 flu season (October 1, 2017 through March 31, 2018);
 - Submission deadlines for all Hospital IQR Program chart-abstracted measures, including clinical population and sampling data and National Healthcare Safety Network (NHSN) Healthcare-Associate Infection (HAI) measures, for 2017 Q2 and Q3;
 - Medical record submission requirements for Hospital IQR Program chart-abstracted data validation (normally due to the Clinical Data Abstraction Center (CDAC) within 30 days of the date identified on the written request letter) for all CDAC requests for medical records from 2016 Q4 and 2017 Q1, Q2, and Q3 discharge periods;
 - HAI Validation Template deadline submissions for 2017 Q2 and Q3.

¹ <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/2017-121-IP-Quality-Program-Exemptions-for-FEMA-Texas-Louisiana-Providerpdf.pdf>

- **End-Stage Renal Disease Quality Incentive Program (ESRD QIP):** For all Renal Dialysis Facilities located in one of the FEMA-designated counties or parishes that closed due to Hurricane Harvey, CMS is granting an exemption from all reporting requirements of the ESRD QIP clinical and reporting measures from August 2017 through December 2017. Under the program, facilities have two months from the end of each month to report such measures. Thus, the final exempt reporting deadline (for December 2017) is February 28, 2017.
- **PPS-Exempt Cancer Hospital Reporting Program:** CMS is granting an exception for NHSN HAI data, HCP, and HCAHPS Survey data reporting requirements for durations similar to the exceptions provided under the Hospital IQR.
- **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program:** CMS is granting an exception for the HCP measure submission deadlines for the 2017-2018 flu season (October 1, 2017 through March 31, 2018).
- **Hospital Outpatient Quality Reporting (OQR) Program:** CMS is granting an exception to subsection (d) hospitals under the OQR Program for the following measures:
 - HCP measure submission deadlines for the 2017-2018 flu season (October 1, 2017 through March 31, 2018);
 - Hospital OQR Program chart-abstracted measure reporting deadlines for 2017 Q2 and Q3 encounter periods;
 - Medical record submission requirements for Hospital IQR Program chart-abstracted data validation (normally due to the Clinical Data Abstraction Center (CDAC) within 45 days of the date identified on the written request letter) for all CDAC requests for medical records 2017 Q1 and Q2 encounter periods.
- **Ambulatory Surgical Center Quality Reporting (ASCQR) Program:** CMS is granting an exception for the data collection and submission requirements applicable to the 2017 Calendar Year and the 2017-2018 flu season that relate to Calendar Year 2019 payment determinations. The exemption applies to all data submitted via the *QualityNet* Secure Portal and the NHSN web-based measure collection tools that are due May 15, 2018; however, the exemption does not apply to claims-based measures that do not utilize Quality Data Codes (QDCs) for calculation purposes.

Hospitals, regardless of location, can request an Extraordinary Circumstances Exception to the reporting requirements under the Hospital Value-Based Purchasing Program, Hospital-Acquired Condition (HAC) Reduction Program, and Hospital Readmissions Reduction Program. CMS requests that providers and facilities directly impacted by flood damage submit their requests to the national support contractor through the process described in CMS's memo.

CMS does point out that hospitals should be aware of the potential impact of these exceptions on programs with a minimum case threshold for inclusion. For example, "hospitals might be scored solely on the HAC Reduction Program Domain 1 claims-based measure due to non-submissions resulting in not meeting the minimum number of CDC HAI measures with sufficient cases in HAC Reduction Program Domain 2."²

For providers assisting with the recovery efforts in Texas and Louisiana, CMS has waived certain Medicare enrollment screening requirements.³ To enable providers to initiate these temporary privileges, CMS is waiving payment of the application fee, fingerprint-based criminal background checks, site visits, and in-state licensure requirements, beginning September 11, 2017. CMS is temporarily ceasing revalidation efforts for Medicare providers located in affected areas, and the agency has lifted the temporary enrollment moratorium in Texas on Part B non-emergency ambulance suppliers. The agency will not take administrative action against providers who fail to notify CMS of their temporary practice location via the CMS-855 until the disaster declaration is lifted.

² <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/2017-121-IP-Quality-Program-Exemptions-for-FEMA-Texas-Louisiana-Providerpdf.pdf> (last visited Sept. 11, 2017).

³ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-09-07-2.html> (last visited Sept 11, 2017).

These steps by CMS are notably less expansive than prior exemptions after Hurricane Katrina, when the agency allowed health care providers who “furnish[ed] medical services in good faith” but could not comply with “normal program requirements” because of Hurricane Katrina to be paid for services provided. Per the CMS statement, these providers would be exempt from sanctions for noncompliance, unless the agency discovered that fraud or abuse occurred.

As Hurricane Irma continues to impact Florida, Georgia, and South Carolina, CMS is providing updates to providers, expanding waivers as conditions change. For more information, providers can review the information available from CMS at <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Hurricanes.html>.

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