

Coronavirus Update

March 22, 2020

CMS Grants Blanket Exceptions and Extensions Across Its Quality Measurement Programs

In response to the novel coronavirus (COVID-19) outbreak, the Centers for Medicare & Medicaid Services (CMS) <u>announced</u> today it is granting a range of data reporting exceptions and extensions across its quality reporting and value-based payment programs for hospitals, post-acute care facilities and clinicians. Specifically:

- CMS is making it optional to submit data from the 4th quarter of 2019 (October through December), as well as the first two quarters of 2020 (January through March, and April through June); and
- CMS will not use data from Jan. 1, 2020 through June 30, 2020 to calculate performance in its quality reporting and value-based purchasing programs.

CMS indicates these policy changes are intended to relieve provider data reporting burden during this emergency, and to ensure it does not tie provider performance or payment to a time period that does not represent their true quality performance. CMS says it will continue to monitor the impact of the situation and assess additional options for providing relief.

CMS's specific quality measurement program exception and extension policies are outlined in the tables below.

If you have further questions, please contact Akin Demehin, AHA director of policy, at <u>ademehin@aha.org</u>.

Programs	2019 Data Submission	2020 Data Submission
Hospital-Acquired	Deadlines for October 1, 2019 –	CMS will not count data from January 1,
Condition Reduction	December 31, 2019 (Q4) data	2020 through June 30, 2020 (Q1-Q2) for
Program	submission optional.	performance or payment programs. Data
Hospital Inpatient		does not need to be submitted to CMS
Quality Reporting	If Q4 is submitted, it will be used to	for this time period.
Program	calculate the 2019 performance and	
Hospital Outpatient	payment (where appropriate). If data	* For the Hospital-Acquired Condition
Quality Reporting	for Q4 is unable to be submitted, the	Reduction Program and the Hospital
Program		

Hospital and Other Facility Quality Reporting / Payment Programs

Hospital	2019 performance will be calculated	
Readmissions		data from January 1, 2020 – March 31,
Reduction Program	- September 30, 2019 (Q1-Q3) and	2020 (Q1) is submitted, it will be used for
Hospital Value-Based	available data.	scoring in the program (where
Purchasing Program		appropriate).
Inpatient Psychiatric		
Facility Quality		
Reporting Program		
PPS-Exempt Cancer		
Hospital Quality		
Reporting Program		
Promoting		
Interoperability		
Program for Eligible		
Hospitals and Critical		
Access Hospitals		
Ambulatory Surgical		
Center Quality		
Reporting Program		
CrownWeb National		
ESRD Patient		
Registry and Quality		
Measure Reporting		
System		
End-Stage Renal		
Disease (ESRD)		
Quality Incentive		
Program		

Post-Acute Care Quality Reporting / Payment Programs

Programs	2019 Data Submission	2020 Data Submission
Home Health Quality		Data from January 1, 2020 through
Reporting Program		June 30, 2020 (Q1-Q2) <u>does not</u>
Hospice Quality	Deadlines for October 1, 2019 –	need to be submitted to CMS for
Reporting Program	December 31, 2019 (Q4) data	purposes of complying with quality
Inpatient	submission optional.	reporting program requirements.
Rehabilitation Facility		
Quality Reporting		Home Health and Hospice
Program	-	Consumer Assessment of
Long Term Care	If Q4 is submitted, it will be used to	Healthcare Providers and Systems
Hospital Quality	calculate the 2019 performance and	(CAHPS) survey data from January
Reporting Program	payment (where appropriate).	1, 2020 through September 30, 2020
Skilled Nursing Facility		(Q1-Q3) does not need to be submitted to CMS.
Quality Reporting		submitted to CMS.
Program		For the Skilled Nursing Facility (SNF)
Skilled Nursing Facility Value-Based		For the Skilled Nursing Facility (SNF)
Purchasing Program		Value-Based Purchasing Program, qualifying claims will be excluded
Fulchasing Flogram		from the claims-based SNF 30-Day
		All-Cause Readmission Measure
		(SNFRM; NQF #2510) calculation for
		Q1-Q2.

Clinician Quality Payment Program and Medicare Shared Savings Program

Program	2019 Data Submission	2020 Data Submission
Quality Payment		CMS is evaluating options for
Program –		providing relief around participation and data submission for 2020.
Merit-based Incentive		
Payment System		
(MIPS)	MIPS eligible clinicians who have not	
	submitted any MIPS data by April 30,	
	2020 will qualify for the automatic	
Medicare Shared	extreme and uncontrollable	
Savings Program	circumstances policy and will receive a	
Accountable Care	neutral payment adjustment for the	
Organizations (ACOs)	2021 MIPS payment year.	