CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

Today, the Centers for Medicare & Medicaid Services (CMS) announced unprecedented relief for the clinicians, providers, and facilities participating in Medicare quality reporting programs including the 1.2 million clinicians in the Quality Payment Program and on the front lines of America's fight against the 2019 Novel Coronavirus (COVID-19).

Specifically, CMS announced it is granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission for those programs. The action comes as part of the Trump Administration's response to 2019 Novel Coronavirus (COVID-19).

"In granting these exceptions and extensions, CMS is supporting clinicians fighting Coronavirus on the front lines," said CMS Administrator Seema Verma. "The Trump Administration is cutting bureaucratic red tape so the healthcare delivery system can direct its time and resources toward caring for patients."

Specifically, CMS is implementing additional extreme and uncontrollable circumstances policy exceptions and extensions for upcoming measure reporting and data submission deadlines for the following CMS programs:

Provider Programs	2019 Data Submission	2020 Data Submission
 Quality Payment 	Deadline extended from March 31, 2020 to April	CMS is evaluating
Program –	30, 2020.	options for providing relief
		around participation and
Merit-based Incentive		data submission for 2020.
Payment System		
(MIPS)	MIPS eligible clinicians who have not submitted	
	any MIPS data by April 30, 2020 will qualify for	
	the automatic extreme and uncontrollable	
	circumstances policy and will receive a neutral	
	payment adjustment for the 2021 MIPS payment	
 Medicare Shared 	year.	
Savings Program		
Accountable Care		
Organizations (ACOs)		

Hospital Programs	2019 Data Submission	2020 Data Submission
 Ambulatory 	Deadlines for October 1, 2019 –	CMS will not count data from
Surgical Center Quality	December 31, 2019 (Q4) data	January 1, 2020 through June 30,
Reporting Program	submission optional.	2020 (Q1-Q2) for performance or
CrownWeb		payment programs. Data <u>does not</u>
National ESRD Patient		need to be submitted to CMS for
Registry and Quality		this time period.
Measure Reporting	If Q4 is submitted, it will be used to	-
	calculate the 2019 performance and	
	payment (where appropriate). If data for	
Disease (ESRD)		

Quality Incentive	Q4 is unable to be submitted, the 2019	* For the Hospital-Acquired
Program	performance will be calculated based	Condition Reduction Program and
Hospital-Acquired	on data from January 1, 2019 –	the Hospital Value-Based
Condition Reduction	September 30, 2019 (Q1-Q3) and	Purchasing Program, if data from
Program	available data.	January 1, 2020 – March 31, 2020
 Hospital Inpatient 		(Q1) is submitted, it will be used for
Quality Reporting		scoring in the program (where
Program		appropriate).
 Hospital 		
Outpatient Quality		
Reporting Program		
 Hospital 		
Readmissions		
Reduction Program		
 Hospital Value- 		
Based Purchasing		
Program		
 Inpatient 		
Psychiatric Facility		
Quality Reporting		
Program		
 PPS-Exempt 		
Cancer Hospital Quality		
Reporting Program		
 Promoting 		
Interoperability		
Program for Eligible		
Hospitals and Critical		
Access Hospitals		

Post-Acute Care (PAC) Programs	2019 Data Submission	2020 Data Submission
 Home Health Quality Reporting Program 		Data from January 1, 2020 through June 30, 2020 (Q1-Q2) <u>does not</u> need to be submitted to CMS for purposes of complying with quality reporting program requirements.
Hospice Quality <u>Reporting Program</u> Inpatient Rehabilitation Facility Quality Reporting Program	If Q4 is submitted, it will be used to calculate the 2019 performance and payment (where appropriate).	* Home Health and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data from January 1, 2020 through September 30, 2020 (Q1-Q3) does not need to be submitted to CMS.
Program		

 Long Term Care Hospital Quality Reporting Program 	* For the Skilled Nursing Facility (SNF) Value- Based Purchasing Program, qualifying claims will be excluded from the claims-based SNF 30-Day All-Cause Readmission Measure (SNFRM; NQF #2510) calculation for Q1-Q2.
 Skilled Nursing Facility Quality Reporting Program 	
 Skilled Nursing Facility Value-Based Purchasing Program 	

For those programs with data submission deadlines in April and May 2020, submission of those data will be optional, based on the facility's choice to report. In addition, no data reflecting services provided January 1, 2020 through June 30, 2020 will be used in CMS's calculations for the Medicare quality reporting and value-based purchasing programs. This is being done to r educe the data collection and reporting burden on providers responding to the COVID-19 pandemic.

CMS recognizes that quality measure data collection and reporting for services furnished during this time period may not be reflective of their true level of performance on measures such as cost, readmissions and patient experience during this time of emergency and seeks to hold organizations harmless for not submitting data during this period.

CMS will continue monitoring the developing COVID-19 situation and assess options to bring additional relief to clinicians, facilities, and their staff so they can focus on caring for patients.

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, please visit <u>www.coronavirus.gov</u>. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the <u>Current Emergencies Website</u>.

###

Get CMS news at <u>cms.gov/newsroom</u>, sign up for CMS news <u>via email</u> and follow CMS on Twitter CMS Administrator @SeemaCMS, @CMSgov, and