



# **IPPS Measure Waivers and Extraordinary Circumstances Exemptions**

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**January 19, 2016**

# Acronyms

- CMS Centers for Medicare & Medicaid Services
- ECE Extraordinary Circumstances Exemptions/Extensions
- FY Fiscal Year
- HAC Hospital-Acquired Condition
- NHSN National Healthcare Safety Network
- HQR Hospital Quality Reporting
- HRP Hospital Reporting Program
- HRRP Hospital Readmissions Reduction Program
- IPFQR Inpatient Psychiatric Facility Quality Reporting
- IPPS Inpatient Prospective Payment System
- IQR Inpatient Quality Reporting
- PCH PPS-Exempt Cancer Hospital Quality Reporting
- Q Quarter
- VBP Value-Based Purchasing

# Purpose

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This presentation will provide insight on when and how to complete the Measure Exception Form and the ECE Request Form for the HQR Programs.

# Objectives

Participants will be able to:

- Identify circumstances and/or events that would require the completion of the Measure Exception Form and/or the ECE Request Form for the HQR Programs
- Accurately complete and submit the Measure Exception Form or the ECE Request Form to CMS

# Measure Exception Form

- Provides a mechanism for hospitals to notify CMS when they do not have any measure-specific locations and/or treat patients related to the specific HRP measures
- May be used by the following programs:
  - Hospital IQR
  - Hospital VBP
  - HAC Reduction

# Measure Exception Form

- May be used for the following measures:
  - Perinatal Care (**PC-01**) starting with **3Q 2015**
  - Emergency Department (**ED-1** and **ED-2**) starting with **3Q 2015**
  - Healthcare-Associated Infection (**HAI**)
    - Surgical Site Infection (**SSI**)
    - Catheter-Associated Urinary Tract Infection (**CAUTI**)
    - Central Line-Associated Bloodstream Infection (**CLABSI**)
- Must be renewed at least annually

# Measure Exception Form: PC-01 and ED

Specify the applicable quarter(s) for the Measure Exception request(s).

## \*IPPS Measure Exception Information (select all that apply)

<input type="checkbox"/>	<b>Perinatal Care (PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation)</b> Hospital has no Obstetrics Department and does not deliver babies. Calendar Year (YYYY) <input type="text"/>		
<input type="checkbox"/>	January 1 through March 31	<input type="checkbox"/>	April 1 through June 30
<input type="checkbox"/>	July 1 through September 30	<input type="checkbox"/>	October 1 through December 31
<input type="checkbox"/>	<b>Emergency Department (ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients and ED-2: Admit Decision Time to ED Departure Time for Admitted Patients)</b> Hospital has no Emergency Department and does not provide emergency care. Calendar Year (YYYY) <input type="text"/>		
<input type="checkbox"/>	January 1 through March 31	<input type="checkbox"/>	April 1 through June 30
<input type="checkbox"/>	July 1 through September 30	<input type="checkbox"/>	October 1 through December 31

# Measure Exception Form: SSI

## Specified Colon and Abdominal Hysterectomy Surgical Procedures

Only hospitals that performed 9 or fewer of any of the specified colon and abdominal hysterectomy combined in the calendar year prior to the reporting year are eligible for the SSI Measure Exception.

**SSI – Colon Surgery (SSI-Colon and SSI-Abdominal Hysterectomy)**

Hospital performed a **combined total of 9 or fewer colon surgeries and abdominal hysterectomies** in the calendar year prior to the reporting year.

Calendar Year prior to reporting year (YYYY)  Number of procedures performed

Exclusion requested for Calendar Year (YYYY)

# CAUTI and CLABSI Requirements

Hospitals are required to report CAUTI and CLABSI data from all patient care locations that are mapped by the NHSN as:

- Adult and Pediatric Medical, Surgical, and Medical/Surgical wards
- Intensive Care Units

# CAUTI and CLABSI Requirements: NHSN Mapping

The ward locations will be limited to those locations that are mapped or defined as:

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_P

# Measure Exception Form: CAUTI/CLABSI

## Catheter-Associated Urinary Tract Infection (CAUTI)

Hospital has no ICU locations or Adult or Pediatric Medical, Surgical, or Medical/Surgical wards.

Calendar Year (YYYY)

January 1 through March 31

July 1 through September 30

April 1 through June 30

October 1 through December 31

## Central Line-Associated Bloodstream Infection (CLABSI)

Hospital has no ICU locations or Adult or Pediatric Medical, Surgical, or Medical/Surgical wards.

Calendar Year (YYYY)

January 1 through March 31

July 1 through September 30

April 1 through June 30

October 1 through December 31

# Measure Exception Form: Facility Contact Information

**\*Facility Contact Information**

\*CMS Certification Number (CCN):

\*Facility Name:

\*CEO/Designee Last Name:

\*CEO/Designee First Name:

\*Title:

\*CEO/Designee Email Address:

\*CEO/Designee Telephone Number: - - ext.

I hereby certify that the facility meets the exception criteria and therefore has no data to submit related to the PC, ED, SSI, CLABSI, and/or CAUTI measures, as indicated on this form.

\*Name:

\*Position:

# Measure Exception Form: Submission Instructions

- Locate the Measure Exception Form at:  
[http://www.qualityreportingcenter.com/wp-content/uploads/2016/01/IPPS\\_MeasureExceptionForm\\_12.17.2015508FF21.pdf-Adobe-Acrobat-Pro1.pdf](http://www.qualityreportingcenter.com/wp-content/uploads/2016/01/IPPS_MeasureExceptionForm_12.17.2015508FF21.pdf-Adobe-Acrobat-Pro1.pdf)
- Complete and Submit form by:
  - Email: [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org)
  - Secure Fax: 877.789.4443
  - *QualityNet Secure Portal*, Secure File Transfer: “WAIVER EXCEPTION WITHHOLDING” group
- Submit form for:
  - 3<sup>rd</sup> and 4<sup>th</sup> Quarter 2015 by February 15, 2016\*
  - Calendar Year 2016 by August 15, 2016\*

\*These are recommended dates.

# ECE Request Form

CMS offers a process for hospitals to request and for CMS to grant extensions or exemptions with respect to the reporting of required quality data when there are extraordinary circumstances beyond the control of the hospital. Examples include:

- Acts of nature (e.g., major hurricane or flood)
- Extensive fire damage
- CMS data collection system issues that directly affect the ability of the hospital to submit data

# ECE Request Form

Examples of events that are unlikely to meet extraordinary circumstances criteria include:

- Security administrator on medical leave and hospital unable to submit clinical data
- Staff member responsible for data submission resigned and unable to submit data
- Water pipe burst affecting data center and resulting in lost data

# ECE Request Form: Submission Requirements

- To request an extension or exemption, the form must be submitted within the specified timeframe for the specific program:
  - 30 days for IQR, IPFQR, and PCHQR
  - 90 days for the Hospital VBP, HAC, and HRRP
  - 45 days for Ambulatory Surgical Centers and Hospital Outpatient Quality Reporting
- All sections must be complete and specific in order for CMS to consider the request

# Electronic Clinical Quality Measures (eCQMs)

Effective for FY 2018 payment determination, hospitals may utilize the ECE form to request an exemption from the Hospital IQR Program's eCQM reporting requirement for the applicable program year based on hardships preventing hospitals from electronically reporting.

# eCQM ECE

- Hardships could include, but are not limited to:
  - Infrastructure challenges
    - No Internet access
  - Vendor Issues
    - Issues outside the hospital's control, including a vendor product losing certification
- Hospitals newly participating in the Hospital IQR Program may also be considered undergoing hardship and can apply for an exemption

# ECE Request Form: Facility Contact Information

\*Date of Request  \*Date of Extraordinary Circumstance   
\*Facility Name   
\*CMS Certification Number (CCN)   
\*National Provider Identifier Number (NPI) (ASC only)  (Place additional NPIs in Additional Comments section.)

## CEO/Designee Contact Information

\*Last Name  \*First Name   
\*Address (must include physical street address)   
\*City  \*State  \*ZIP Code   
\*Telephone Number  Ext.  \*E-Mail Address

## Additional Contact Information

Last Name  First Name   
Address (must include physical street address)   
City  State  ZIP Code   
Telephone Number  Ext.  E-Mail Address

# ECE Request Form: Extension or Exemption Information

## Extension or Exemption Request Information

\*Submission quarter(s) affected (Please state "None" if not applicable)

\*Validation quarter(s) affected (Please state "None" if not applicable)

\*Date facility will restart data submission

# ECE Request Form: Justification for ECE

**\*Provide justification for the submission restart date.**

**\*Enter reason for requesting an extension or exemption. Please include the specific requirements or data that should be extended or exempted. Attach supporting documentation when necessary.**

**\*Provide evidence of the impact of the extraordinary event including (but not limited to) photographs, web links, newspaper, and other media articles. Attach supporting documentation when necessary.**

**Additional Comments (Attach additional documentation/comments if necessary):**

# ECE Request Form: Submission

- The ECE Request Form can be located at:  
<http://www.qualityreportingcenter.com/wp-content/uploads/2016/01/Extraordinary-Circumstances-Form-Final-03.03.2015-fF1.pdf>
- The ECE Request Form may be submitted via:
  - *QualityNet Secure Portal*, Secure File Transfer: “WAIVER EXCEPTION WITHHOLDING” group
  - Email: [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org)
  - Secure Fax: 877.789.4443
  - Mail: 3000 Bayport Drive, Suite 300, Tampa, FL 33607