

CMS.GOV NEWSROOM

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	CMS is evaluating
Program –	April 30, 2020.	options for providing
		relief around
Merit-based Incentive		participation and data
Payment System		submission for 2020.
(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	
 Medicare Shared 	2021 MIPS payment 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	December 31, 2019 (Q4) data	January 1, 2020 through June 30,
Quality Reporting	submission optional.	2020 (Q1-Q2) for performance or
Program	-	payment programs. Data <u>does</u>
- CrownWeb		not need to be submitted to CMS
National ESRD Patient		for this time period.
Registry and Quality	If Q4 is submitted, it will be used to	·
Measure Reporting	calculate the 2019 performance and	
System	payment (where appropriate). If data	
,	for Q4 is unable to be submitted, the	* For the <i>Hospital-Acquired</i>
Disease (ESRD)	2019 performance will be calculated	Condition Reduction Program and
Quality Incentive	based on data from January 1, 2019	the Hospital Value-Based
Program	- September 30, 2019 (Q1-Q3) and	Purchasing Program, if data from
 Hospital-Acquired 	available data	January 1, 2020 – March 31,
Condition Reduction	avaliable data.	2020 (Q1) is submitted, it will be
Program		used for scoring in the program
 Hospital Inpatient 		(where appropriate).
Quality Reporting		
Program		
· Hospital		
Outpatient Quality		
Reporting Program		
· Hospital		
Readmissions		
Reduction Program		
Hospital Value-		
Based Purchasing		
Program		
Inpatient		
Psychiatric Facility		
Quality Reporting		
Program PDS Event		
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	Deadlines for October 1, 2019 – December 31, 2019 (Q4) data submission optional.	Data from January 1, 2020 through June 30, 2020 (Q1-Q2) does not need to be submitted to CMS for purposes of complying with quality reporting program requirements.
 Hospice Quality Reporting Program 		
 Inpatient Rehabilitation Facility 	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.
 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 reduce 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 www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

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Centers for Medicare & Medicaid Services