Reference #: **2025-74-IP**

From: Inpatient and Outpatient Healthcare Quality Systems Development and
               Program Support
Sent: July 29, 2025
To: MLN Connects Newsletter and Other Program-Specific Listserv Recipients Lists
Subject: Reporting Exception Granted Due to Texas Severe Storms, Straight-line Winds,
and Flooding

The Centers for Medicare & Medicaid Services (CMS) is granting exceptions[1] under certain Medicare quality reporting and value-based purchasing programs to providers and facilities located in areas affected in the state Texas by the *Texas Severe Storms, Straight-line Winds, and Flooding*, as identified by both a Department of Health and Human Services (HHS) Public Health Emergency (PHE) declaration (https://aspr.hhs.gov/legal/PHE/Pages/Texas-Floods-8Jul2025.aspx) and the Federal Emergency Management Agency (FEMA) disaster declaration (DR-4879-TX), to assist these providers and facilities while they direct their resources toward caring for their patients and addressing potential infrastructural challenges affecting their healthcare operations.

Affected areas covered by these exceptions are detailed on the Designated Areas: Disaster 4879 page, under the section Public Assistance, designations PA-A and PA-B, of the FEMA website. If FEMA expands the emergency disaster declaration to include additional affected areas at a later date, CMS will likewise extend reporting requirement exceptions to accommodate these areas but will not necessarily publish updated communications.

At the time of this communication, the exceptions being granted are for the reporting requirements and deadlines as detailed in the table below.

Program	Affected Measure/Requirement(s)	Reporting Period(s)/ Performance Period
Ambulatory Surgical Center Quality Reporting (ASCQR) Program	COVID-19 Vaccination Coverage Among Health Care Personnel (COVID-19 HCP)[2]	Quarter (Q)1 2025 (submission deadline 8/15/2025)
	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey	Q1 2025 (submission deadline 7/9/25)

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[1] The terminology "exception" is used as a general term intended for ease of reference to collectively refer to extraordinary circumstance exception (ECE) policies established under separate programs and may not be consistent with the specific terminology established under each individual program.

[2] In the CY 2026 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System proposed rule, CMS proposed the removal of the COVID-19 HCP measure beginning with the CY 2024 reporting period, impacting the CY 2026 payment determination in the ASCQR programs.

Hospital-Acquired Condition Reduction Program (HACRP)	<u>Chart-Abstracted Healthcare-Associated Infection (HAI) Measure Data:</u> • Central line-associated bloodstream infection (CLABSI); • Catheter-associated urinary tract infection (CAUTI); • Surgical site infection (SSI) for Colon and Abdominal Hysterectomy procedures; • Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia; and • *Clostridium difficile* infection (CDI)	Q1 2025 (submission deadline 8/18/25)
Hospital Inpatient Quality Reporting (IQR) Program	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey	Q1 2025 (submission deadline 7/9/25)
	Population and Sampling	Q1 2025 (submission deadline 8/4/25)
	COVID-19 HCP[3]	Q1 2025 (submission deadline 8/18/25)
	Severe Sepsis and Septic Shock Management Bundle	
Hospital Outpatient Quality Reporting (OQR) Program	<u>Chart-Abstracted, Patient-Level Clinical Measure Data:</u> • Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients; and • Head Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients Who Received Head CT for MRI Scan Interpretation Within 45 Minutes of Arrival	Q1 2025 (submission deadline 8/01/25)
	COVID-19 HCP[4]	Q1 2025 (submission deadline 8/15/25)
	OAS CAHPS Survey	Q1 2025 (submission deadline 7/9/25)

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	COVID-19 HCP[5]	Q1 2025 (submission deadline 8/18/25)
	Facility Commitment to Health Equity (FCHE) measure[6]	CY 2024 (submission deadline 8/18/25)
	Chart-Abstracted Clinical Process of Care Measures: • Hours of Physical Restraint Use; • Hours of Seclusion Use; • Screening for Metabolic Disorders • Alcohol Use Brief Intervention Provided or Offered and the subset, Alcohol Use Brief Intervention • Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset, Alcohol and Other Drug Use Disorder Treatment at Discharge • Tobacco Use Treatment Provided or Offered at Discharge and the subset, Tobacco Use Treatment at Discharge • Transition Record with Specified Elements Received by Discharged Patients; and • Influenza Immunization	CY 2024 (submission deadline 8/18/25)
	Data Accuracy and Completeness Acknowledgement (DACA)	CY 2024 (submission deadline 8/18/25)
	Non-Measure Data	CY 2024 (submission deadline 8/18/25)
PPS-Exempt Cancer Hospital (PCHQR) Program	HCAHPS Survey	Q1 2025 (submission deadline 7/9/25)
	COVID-19 HCP Chart-Abstracted HAI Measure Data: • CLABSI; • CAUTI; • SSI; • MRSA; and • CDI	Q1 2025 (submission deadline 8/18/25)

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[5] In the FY 2026 Inpatient Psychiatric Facilities Prospective Payment System-Rate proposed rule, CMS proposed the removal of the COVID-19 HCP measure beginning with the CY 2024 reporting period, impacting the FY 2026 payment determination in the IPFQR Program.

[6] In the FY 2026 Inpatient Psychiatric Facilities Prospective Payment System-Rate proposed rule, CMS proposed the removal of the FCHE measure beginning with the CY 2024 reporting period, impacting the FY 2026 payment determination in the IPFQR Program.

	Hospital Commitment to Health Equity (HCHE) measure[7]	CY 2024 (submission deadline 8/18/25)
	Goals of Care	CY 2024 (submission deadline 8/18/25)
	DACA	FY 2026 (submission deadline 9/2/25)
Rural Emergency Hospital Quality Reporting (REHQR) Program	Chart-Abstracted, Patient-Level Clinical Measure Data: • Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q1 2025 (submission deadline 8/1/2025)
Hospital Validation/HAI Validation Templates	HACRP	Q1 2025 discharges
Hospitals Validation/Clinical Data Abstraction Center (CDAC) Record Requests	HACRP – HAI measures	Q4 2024 and Q1 2025 discharge records
	Hospital IQR Program	
	Hospital OQR Program	Q 1 2025 encounter records
Post-Acute Care Quality Reporting Programs: Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs)	All Quality Reporting Program (QRP) reporting requirements, including the reporting of data on measures and any other data requested by CMS for the post-acute care quality reporting programs	Q1 2025 (submission deadline 8/18/2025)
Post-Acute Care Quality Reporting Programs: Hospices	All QRP reporting requirements, including the reporting of data on measures and any other data requested by CMS for the post-acute care quality reporting programs	Q3 2025

CONSIDERATIONS FOR AFFECTED PROVIDERS AND FACILITIES THAT CHOOSE TO REPORT DATA UNDER AN EXTRAORDINARY CIRCUMSTANCE EXCEPTION (ECE)

Providers and facilities should be aware of the potential impact to reporting requirements and payment programs when deciding whether or not to report data included in the exceptions. If data are voluntarily submitted, they will be publicly reported or used in scoring.

In particular, hospitals located within the designated affected areas listed under this disaster declaration should be aware of the potential subsequent impact to the Hospital VBP Program and HACRP minimum case threshold counts for inclusion in these programs and which measures have enough data for scoring. For

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[7] In the FY 2026 IPPS/ LTCH PPS, CMS proposed the removal of the HCHE measure beginning with the CY 2024 reporting period, impacting the FY 2026 payment determination in the PCHQR Program.

example, hospitals might be scored solely on the HACRP's claims-based *CMS Patient Safety* and *Adverse Events Composite* (CMS PSI- 90) measure due to non-submissions resulting in not meeting the minimum number of Centers for Disease Control and Prevention's HAI measures with sufficient cases. For the HACRP, if data for the excepted period are submitted, they will be used for scoring in the program.

OTHER CMS QUALITY PROGRAM EXCEPTION POLICIES

Additional Reporting Requirement Exceptions

Providers and facilities located within a designated area listed in the FEMA disaster declaration who seek an exception for a reporting requirement not covered by this table may request an individual exception using the applicable Extraordinary Circumstances Exception (ECE) request process for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

Merit-based Incentive Payment System (MIPS)

In addition to the above table, the MIPS Automatic Extreme and Uncontrollable Circumstances (EUC) policy will be applied at the individual level to MIPS eligible clinicians identified as located in the aforementioned affected areas. Additional information on this policy can be found in the 2025 MIPS Automatic EUC Factsheet.

Program	Affected MIPS Performance Categories	Performance Period and Submission Deadline
Merit-based Incentive Payment System (MIPS)	Quality Performance Category	CY 2025 (submission deadline March 31st, 2026)
	Cost Performance Category	
	Promoting Interoperability Performance Category	
	Improvement Activities Performance Category	

CASES OF NON-EXCEPTION

Program Participants in Non-Designated Areas

Providers and facilities located <u>outside</u> the FEMA-designated areas are not covered by these exceptions, but they may request an exception to the reporting requirements under one or more Medicare quality reporting or value-based purchasing programs they participate in using the applicable ECE request process for the respective program(s). CMS will assess and decide upon each ECE request on a case-by-case basis.

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

The ESRD QIP does not participate in these exceptions. Impacted dialysis facilities should submit ECE requests according to the process and form found on the ESRD QIP QualityNet ECE Policy Page within 90 days of the event.

Medicare Promoting Interoperability Program

Under the Medicare Promoting Interoperability Program, a Hardship Exception Application may be available for eligible hospitals and critical access hospitals affected by the aforementioned disaster, as long as the requesting eligible hospital or critical access hospital has not met the 5 hardship maximum (as set forth in Social Security Act section 1886(b)(3)(B)(ix)(II)). Please note that the Medicare Promoting Interoperability Program has a separate hardship exception process from the Hospital IQR Program. An exception or hardship under one program will not ensure an exception or hardship under the other program.

ADDITIONAL INFORMATION

Program	ECE Email Contact for Inquiries	Additional ECE Information
ESRD QIP	esrdqps-admin@arborresearch.org	ESRD QIP Information
HH QRP	HHAPUreconsiderations@ CMS.hhs.gov	Home Health Quality Reporting (HHQR) Program ECE Information
Home Health Value-Based Purchasing (HHVBP) Model	HHVBPquestions@cms.hhs.gov	HHVBP Information
Hospice QRP	HospiceQRPReconsiderations @cms.hhs.gov	Hospice QRP ECE Information
Hospital IQR, IPFQR, PCHQR, Hospital VBP, ASCQR, OQR, REHQR, HAC Reduction, and Hospital Readmissions Reduction Programs, Hospital Validation	QRFormsSubmission@hsag.com	Hospital and ASC QRPs ECE Information
IRF QRP	IRFQRPReconsiderations@ cms.hhs.gov	IRF QRP ECE Information
LTCH QRP	LTCHQRPReconsiderations@ cms.hhs.gov	LTCH QRP ECE Information
Medicare Promoting Interoperability Program	https://cmsqualitysupport.servicenowservices.com/qnet_qa	Medicare Promoting Interoperability Program Hardship Exception Information
Quality Payment Program/MIPS	qpp@cms.hhs.gov	QPP Website; QPP Resource Library
SNF QRP	SNFQRPReconsiderations@ cms.hhs.gov	SNF QRP ECE Information
SNF VBP Program	SNFVBP@rti.org	SNF VBP Program ECE Information

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