



## **Inpatient Hospital Quality Programs**

### **Frequently Asked Questions: COVID-19 Extraordinary Circumstances Exception for Inpatient Acute Care Hospitals**

**September 24, 2020**



## Table of Contents

|  |          |
|--|----------|
| <b>GENERAL QUESTIONS .....</b>   | <b>1</b> |
| 1. What type of relief has CMS provided for inpatient acute care hospitals under the inpatient quality programs? .....   | 1        |
| 2. What is the ECE policy? .....   | 1        |
| 3. Does the COVID-19 exception indicate that hospitals do not need to submit data for the measures included in the March 27, 2020 Guidance Memo? .....   | 1        |
| 4. Should we inform CMS if we do not intend to submit data for the months covered under the COVID-19 exception? .....  | 2        |
| 5. Do we need to request an individual ECE for the data submission exceptions listed in the Guidance Memo - Quality Reporting and Value-Based Purchasing Programs? .....   | 2        |
| 6. Our facility has continued to treat patients and would like to continue to report data. Is this acceptable? Is it also acceptable to submit data for some of the months covered under the COVID-19 exception? .....           | 2        |
| 7. Will hospitals be required to submit data at a later date for measures covered under the exception? .....   | 2        |
| 8. Does our hospital have the option of withdrawing data that were already submitted? .....  | 3        |
| 9. Do hospitals have the option of submitting an individual ECE for Q3 and Q4 2020? .....  | 3        |
| 10. Will hospital leadership receive emails or phone calls notifying them of non-submitted data for the measures and submission periods covered under the exception? .....   | 3        |
| 11. What if COVID-19 continues to impact our facilities beyond the time periods stated in the memo? .....  | 3        |
| 12. How can I find additional information? .....   | 3        |
| <b>MEASURE-SPECIFIC GUIDANCE .....</b>   | <b>4</b> |
| 13. Will CMS use Q1 and Q2 2020 data as the look back period for risk adjustment and cohort determination calculations? .....  | 4        |
| 14. For measures with a prospective period after patient discharge that occurred in 2019, such as death within 30 days of discharge, and the 30 days falls within Q1 2020, what is CMS doing for that measure calculation? ..... | 4        |
| <b>HOSPITAL INPATIENT QUALITY REPORTING (IQR) PROGRAM .....</b>  | <b>4</b> |
| 15. Which Hospital IQR Program requirements are covered in the ECE? .....  | 4        |
| <b>DATA VALIDATION .....</b>   | <b>6</b> |
| 16. What data validation deadlines are covered under the exception for the Hospital Inpatient Quality Reporting? .....   | 6        |



|  |   |
|--|---|
| 17. We were unable to meet a validation deadline due to COVID-19. What can we do? .....  | 6 |
| 18. I was selected for the Hospital IQR Program as a targeted hospital for FY 2022 validation. Do I receive the same quarterly exceptions related to COVID-19 as the hospitals selected randomly for FY 2022 earlier in the year?.....   | 7 |
| 19. Why are the Q3 2019 HAI Validation Templates not exempt in the memo? .....   | 7 |
| 20. Why are Q1 2020 and Q2 2020 HAI Validation Templates not excepted in the memo? .....   | 8 |
| 21. What if my hospital already submitted some of our data for excepted quarters and now we have decided not to continue to voluntarily participate in submitting validation-related requests? ....  | 8 |
| 22. My hospital chose not to optionally submit requested data for quarters covered by the COVID-19 memo, but I received an email stating my validation results were available to run on <i>QualityNet</i> . Those results show that we didn't submit records and we received "'0" scores. I thought we were exempt. .... | 8 |

**HOSPITAL VALUE-BASED PURCHASING (VBP) PROGRAM ..... 8**

|   |    |
|---|----|
| 23. What did CMS include in the exception for the Hospital VBP Program? .....   | 8  |
| 24. Can I optionally submit data for the HCAHPS survey and NHSN HAI Measures to be used in the Hospital VBP Program? .....  | 10 |
| 25. Can data from the covered discharge periods be used in the claims-based measures in the Hospital VBP Program? .....   | 11 |
| 26. If we do not submit NHSN HAI measure data or HCAHPS survey data for Q4 2019, will our Hospital VBP Program scores and eligibility be impacted? .....                  | 11 |
| 27. Do we need to request an individual ECE for the data submission exceptions listed in the Guidance Memo - Quality Reporting and Value-Based Purchasing Programs? ..... | 11 |
| 28. Do hospitals have the option of submitting an individual ECE for Q3 and Q4 2020 for the VBP Program?.....   | 12 |
| 29. How will a granted individual ECE for Q3 and Q4 2020 in the Hospital VBP Program impact my hospital's payments? .....   | 12 |
| 30. Can you clarify what "performance adversely impacted" means for the Hospital VBP Program individual ECE request?.....   | 12 |
| 31. When are individual ECE requests due for the Hospital VBP Program?.....   | 13 |
| 32. How should we determine the start date if submitting an individual ECE request for the Hospital VBP Program for Q3 and Q4 2020? .....                                 | 13 |
| 33. Will CMS include Q4 2019 HAI and HCAHPS optionally submitted data in the FY 2023 performance standards?.....  | 13 |
| 34. Will CMS include Q1 and Q2 2020 HAI and HCAHPS optionally submitted data in the FY 2024 Performance Standards? .....  | 13 |



**HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM ..... 13**

- 35. What did CMS include in the exceptions for the HAC Reduction Program? ..... 13
- 36. Can I optionally submit data for the HAI measures to be used in the HAC Reduction Program? . 14
- 37. Will data from the excepted periods be used to calculate the claims-based CMS PSI 90 measure for the HAC Reduction Program?..... 15
- 38. How do the exceptions impact the HAC Reduction Program scoring methodology and results? 15
- 39. Do hospitals need to submit an ECE request for Q4 2019, Q1 2020, or Q2 2020 for the HAC Reduction Program? ..... 15
- 40. Do hospitals have the option of submitting an individual ECE for Q3 and Q4 2020 for the HAC Reduction Program? ..... 15

**HOSPITAL READMISSIONS REDUCTION PROGRAM (HRRP) ..... 15**

- 41. What is the CMS response to COVID-19 for the HRRP? ..... 15
- 42. Does a hospital have to submit an ECE request to have Q1 and Q2 2020 claims data excluded from the Hospital Readmissions Reduction Program? ..... 16
- 43. Which HRRP performance period(s) will the removal of Q1 2020 and Q2 2020 claims data affect? ..... 16
- 44. Do hospitals have the option of submitting an individual ECE request for Q3 or Q4 2020 for HRRP?..... 16

**INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING (IPFQR) PROGRAM ..... 16**

- 45. How does the COVID-19 ECE affect Inpatient Psychiatric Facilities (IPFs) that participate in the IPFQR Program? ..... 16
- 46. Are IPFs required to change their current practices for data collection in calendar year (CY) 2020 due to COVID-19? ..... 16
- 47. Does our IPF need to contact CMS if we elect to not collect data during the first half of 2020? . 17
- 48. How does the exception affect claims-based measures for the IPFQR Program? ..... 17

**PPS-EXEMPT CANCER HOSPITAL QUALITY REPORTING PROGRAM ..... 17**

- 49. What data submission deadlines and/or reporting periods are covered under the exception for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program? ..... 17

**PREVIEW PERIOD AND PUBLIC REPORTING ..... 18**

- 50. Will COVID-19 delay the Hospital Quality Reporting (HQR) payment year preview period?..... 18
- 51. How does the exception affect data displayed on *Hospital Compare*? ..... 18
- 52. Will there be any changes in the timeline for issuing hospital-specific reports? ..... 18



**STAR RATINGS..... 18**

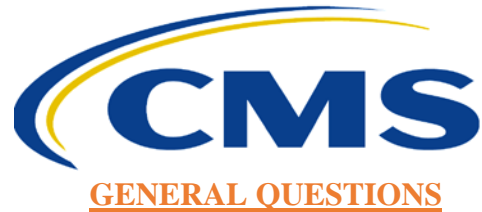
53. How is COVID-19 going to impact the Overall Hospital Quality Star Ratings? ..... 18

**ALTERNATE CARE SITES (ACS)..... 18**

54. What are the expectations for operators of Alternate Care Sites (ACS) to report under the Quality Reporting Requirements? What about for Maryland hospitals? ..... 18

**SYSTEM IMPACT..... 19**

55. Will the *QualityNet Secure Portal* remain open for data submission? ..... 19



**1. What type of relief has CMS provided for inpatient acute care hospitals under the inpatient quality programs?**

The Centers for Medicare & Medicaid Services (CMS) has granted exceptions and extensions for certain deadlines under its Extraordinary Circumstances Exceptions (ECE) policy to assist health care providers who are directing their resources toward caring for patients and ensuring the health and safety of staff. In some instances, CMS granted the exceptions and extensions because the provider's response to COVID-19 may greatly impact collected data and that data should not be considered in a CMS quality reporting or pay-for-performance program. In other instances, the deadlines for data from clinical months and discharges prior to the COVID-19 public health emergency declaration fall during March, April, and May 2020. More information can be found in the March 22<sup>nd</sup> CMS Press Release, March 27<sup>th</sup> [Guidance Memo - Quality Reporting and Value-based Purchasing Programs](#) and the [September 2<sup>nd</sup> Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency](#) interim final rule with comment period (IFC).

**2. What is the ECE policy?**

CMS's ECE policy offers a process for hospitals to request an exception to quality data reporting when there are extraordinary circumstances beyond the control of the hospital. CMS is also able to grant waivers or extensions to hospitals that have not requested them when we determine that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS can grant exceptions and extensions to subsection (d) hospitals under the Hospital Inpatient Quality Reporting (IQR) Program in accordance with policy finalized in the [Fiscal Year \(FY\) 2011 IPPS/LTCH Final Rule](#) (75 FR 50225). Exceptions under the Hospital-Acquired Condition (HAC) Reduction Program are in accordance with policy finalized in the [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49579–49581). Exceptions under the Hospital Value-Based Purchasing (VBP) Program are in accordance with policy finalized in the [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50704–50706) and the [Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program interim final rule with comment period](#) (85 FR 27597–27598). Exceptions under the Hospital Readmissions Reduction Program are in accordance with finalized policy in the [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49542–49543).

**3. Does the COVID-19 exception indicate that hospitals do not need to submit data for the measures included in the March 27, 2020 Guidance Memo?**

Yes. Data submission for chart-abstracted measures (such as the NHSN healthcare-associated infection measures and the HCAHPS measure) was made optional for Q4 2019, Q1 2020 and Q2 2020. While hospitals will continue to submit claims for reimbursement, we will not use data from discharges from Q1 or Q2 2020 for measure calculations. We will use Q4 2019 claims for measure calculations.



**4. Should we inform CMS if we do not intend to submit data for the months covered under the COVID-19 exception?**

Hospitals are not required to notify CMS if they intend or do not intend to submit data covered under the exception.

**5. Do we need to request an individual ECE for the data submission exceptions listed in the Guidance Memo - Quality Reporting and Value-Based Purchasing Programs?**

Hospitals do not need to request an individual ECE for measures and submissions covered under the COVID-19 exception. CMS is granting an exception for all hospitals for the measures and submissions covered under the COVID-19 exception.

**6. Our facility has continued to treat patients and would like to continue to report data. Is this acceptable? Is it also acceptable to submit data for some of the months covered under the COVID-19 exception?**

For the hospital reporting programs, hospitals may elect to submit some or all of the excepted data, and we encourage hospitals to do so as part of monitoring quality of care on key metrics. For the HAC Reduction Program and Hospital VBP Program, optionally submitted Q4 2019 data—healthcare-associated infection (HAI) measure data for both programs and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data for the Hospital VBP Program will be used for measure calculations and program scoring as the data reflect a time period before the COVID-19 Public Health Emergency. Optionally submitted Q1 and Q2 2020 HCAHPS and HAI measure data will **not** be used in measure calculations for program scoring. However, the data will be included in confidential hospital reporting feedback reports (e.g., Provider Participation; Facility, State and National; and Submission Detail reports) through the Hospital Quality Reporting system, for quality improvement purposes.

**7. Will hospitals be required to submit data at a later date for measures covered under the exception?**

No. Hospitals that want to submit the optional measure data covered under the exception must have submissions completed by the applicable submission deadlines. CMS is not requesting data be submitted after the submission deadlines.

**Note:** Data for the HAI measures can be submitted into the Centers of Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) system after the submission deadline; however, the data submitted after the deadline will not be provided to CMS or available in CMS' Hospital Quality Reporting system.



**8. Does our hospital have the option of withdrawing data that were already submitted?**

Hospitals can withdraw or delete data that were submitted to the CMS Clinical Data Warehouse via the QualityNet Secure Portal if it has been done prior to the submission deadline. Once the submission deadline has passed, data cannot be deleted.

Modifications, including deletions, to data within the NHSN after CMS' submission deadline will not be reflected in the data sent to CMS and will not be available in CMS' Hospital Quality Reporting system.

**9. Do hospitals have the option of submitting an individual ECE for Q3 and Q4 2020?**

The nationwide ECE granted by CMS automatically excepts Q1 and Q2 2020 data for all hospitals. Hospitals do not need to send an additional individual ECE for Q1 and Q2 2020 data. If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance through Q3 and/or Q4 2020, they have the opportunity to submit an individual ECE request to CMS for any of the applicable programs within 90 days of the date of the extraordinary circumstance.

**10. Will hospital leadership receive emails or phone calls notifying them of non-submitted data for the measures and submission periods covered under the exception?**

No, we will not be contacting individual hospitals that did not submit measures and periods covered under the exception. However, we will continue to send out 30- and 15-day listserv reminders of upcoming reporting deadlines.

**11. What if COVID-19 continues to impact our facilities beyond the time periods stated in the memo?**

CMS will continue to monitor the situation for potential adjustments and will update exception lists, excepted reporting periods, and submission deadlines accordingly as events occur. For notifications regarding CMS inpatient quality programs, sign up for the [QualityNet Program Notifications Groups](#).

**12. How can I find additional information?**

Please visit the following web pages:

- <https://www.cms.gov/newsroom>
- <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>
- <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>





- <https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>

**MEASURE-SPECIFIC GUIDANCE**

**13. Will CMS use Q1 and Q2 2020 data as the look back period for risk adjustment and cohort determination calculations?**

CMS is currently evaluating the impact of the look back period on measure calculations for payment and public reporting. Further information will be provided at a later date. To keep informed about this evolving issue, be sure to subscribe to the *QualityNet* Listserve for each program.

**14. For measures with a prospective period after patient discharge that occurred in 2019, such as death within 30 days of discharge, and the 30 days falls within Q1 2020, what is CMS doing for that measure calculation?**

CMS is currently evaluating all the different scenarios where the excepted quarters impacts measure calculation. Further information will be provided at a later date.

**HOSPITAL INPATIENT QUALITY REPORTING (IQR) PROGRAM**

**15. Which Hospital IQR Program requirements are covered in the ECE?**

CMS is granting an exception for the data reporting requirements and submission deadlines as follows:

| Hospital IQR Requirement                                     | Excepted | Excepted Period  | Submission Deadline   |
|--|----------|--|---|
| HCAHPS Survey  | Yes      | <b>Q4 2019:</b> October 1, 2019–December 31, 2019<br><b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 | <b>Q4 2019:</b> April 1, 2020<br><b>Q1 2020:</b> July 1, 2020<br><b>Q2 2020:</b> October 7, 2020  |
| Chart-Abstracted Clinical Population and Sampling<br>• SEP-1 | Yes      | <b>Q4 2019:</b> October 1, 2019–December 31, 2019<br><b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 | <b>Q4 2019:</b> May 4, 2020<br><b>Q1 2020:</b> August 3, 2020<br><b>Q2 2020:</b> November 2, 2020 |
| Chart-Abstracted Clinical Measures:<br>• SEP-1               | Yes      | <b>Q4 2019:</b> October 1, 2019–December 31, 2019  | <b>Q4 2019:</b> May 18, 2020<br><b>Q1 2020:</b> August 17, 2020                                   |



| Hospital IQR Requirement   | Excepted | Excepted Period   | Submission Deadline                  |
|--|----------|---|--------------------------------------|
| <ul style="list-style-type: none"> <li>PC-01</li> </ul>  |          | <b>Q1 2020:</b> January 1, 2020–<br>March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–<br>June 30, 2020 | <b>Q2 2020:</b><br>November 17, 2020 |
| Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Measure  | Yes      | <b>Q4 2019–Q1 2020:</b><br>October 1, 2019–<br>March 21, 2020   | May 18, 2020                         |
| Electronic Clinical Quality Measures (eCQMs)   | No       | N/A   | N/A                                  |
| Hospital IQR Program Data Accuracy and Completeness Acknowledgement (DACA)   | Yes      | January 1, 2019–<br>December 31, 2019   | April 1, 2020–<br>May 18, 2020       |
| Maintain <i>QualityNet</i> Security Administrator/ Security Official   | No       | N/A   | N/A                                  |
| Complete Notice of Participation (new hospitals)   | No       | N/A   | N/A                                  |
| Claims-Based Measures: <ul style="list-style-type: none"> <li>Complication               <ul style="list-style-type: none"> <li>COMP-HIP-KNEE</li> </ul> </li> <li>EDAC               <ul style="list-style-type: none"> <li>AMI, HF, PN, THA/TKA</li> </ul> </li> <li>Mortality               <ul style="list-style-type: none"> <li>MORT-30-STK</li> </ul> </li> <li>PSIs               <ul style="list-style-type: none"> <li>CMS PSI 04</li> </ul> </li> <li>Payment               <ul style="list-style-type: none"> <li>AMI, HF, PN, THA/TKA</li> </ul> </li> <li>Readmission               <ul style="list-style-type: none"> <li>READM-30-HWR</li> </ul> </li> </ul> | Yes      | <b>Q1 2020:</b> January 1, 2020–<br>March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–<br>June 30, 2020 | Not applicable                       |



**DATA VALIDATION**

**16. What data validation deadlines are covered under the exception for the Hospital Inpatient Quality Reporting?**

CMS is granting an exception for the data validation deadlines as follows:

For Hospital IQR Program chart-abstracted data validation, medical records are normally due to the Clinical Data Abstraction Center (CDAC) within 30 days of the date identified on the written request letter. Medical record submission requirements for validation are exempt from reporting as follows:

| <b>Discharge Periods</b>                    |
|---|
| Q3 2019: July 1, 2019–September 30, 2019    |
| Q4: 2019: October 1, 2019–December 31, 2019 |
| Q1 2020: January 1, 2020–March 31, 2020     |
| Q2 2020: April 1, 2020–June 30, 2020        |

For Hospital IQR Program chart-abstracted data validation, HAI Validation Templates are normally due to the Validation Support Contractor based on the submission dates established upon the hospital selection notification, and as outlined within the [Hospital IQR Important Dates and Deadlines](#) document. For HAI Validation Template submission requirements are exempt from reporting as follows:

| <b>Submission Deadline</b> | <b>Discharge Period</b>                    |
|----------------------------|--|
| May 4, 2020                | Q4 2019: October 1, 2019–December 31, 2019 |

For Hospital IQR Program electronic clinical quality measure (eCQM) data validation, medical records are normally due to the CDAC within 30 days of the date identified on the written request letter. Medical record submission requirements for eCQM validation are exempt as follows:

| <b>Discharge Period</b>                    |
|--|
| CY 2019: January 1, 2019–December 31, 2019 |

**17. We were unable to meet a validation deadline due to COVID-19. What can we do?**

CMS understands and appreciates that the submission of data for validation is not an easy task; however, it can be rewarding in terms of getting key case-level feedback. Under the Hospital IQR Program and the Hospital Outpatient Quality Reporting (OQR) Program, CMS has granted exceptions in response to COVID-19 to assist health care providers while they direct their resources toward caring for their patients and ensuring the health and safety of patients and staff. Specific details regarding these exceptions have been communicated in the Guidance Memo released by CMS on March 27, 2020:



<https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>.

Hospitals have been granted exceptions without having to submit an ECE request form and are not required to submit data for quarters that are covered by the exception; however, CMS understands that some hospitals that have been granted an ECE for one or more quarters of data validation may voluntarily choose to submit data for periods covered by the exception.

To ensure these hospitals receive key feedback based on the medical records data they have submitted, CMS will evaluate all submitted data per the normal validation process.

- For those hospitals that choose ***not*** to submit requested data, for the purposes of final Annual Payment Update (APU) determination, CMS will evaluate the final confidence interval (CI) ***without*** penalizing hospitals for choosing not to submit data.
- For those hospitals that choose to submit requested data despite the exception, for the purposes of final APU determination, CMS will evaluate the final CI both ***with*** and ***without*** the submitted data, ultimately applying whichever method is in the hospital's favor.

In summary, selected hospitals may choose to comply with requests for HAI Validation Templates and medical records and subsequently receive detailed individual case feedback per the normal validation process, or hospitals may choose to ignore these requests entirely. Neither option will negatively affect your end-of-year confidence interval score.

**Note:** Hospitals may still receive additional requests and email reminders up until the deadlines.

If you have any questions or concerns regarding how the exceptions affect data validation, please reach out to the Value Incentives and Quality Reporting Center (VIQRC): Validation Support Contractor at [validation@telligen.com](mailto:validation@telligen.com).

**18. I was selected for the Hospital IQR Program as a targeted hospital for FY 2022 validation. Do I receive the same quarterly exceptions related to COVID-19 as the hospitals selected randomly for FY 2022 earlier in the year?**

Yes, the same quarterly exceptions apply for both random and targeted validation.

**19. Why are the Q3 2019 HAI Validation Templates not exempt in the memo?**

When the [COVID-19 memo](#) was initially released, the hospitals randomly selected for validation for FY 2022 had already begun their submission efforts and the Q3 2019 HAI Validation Template deadline had already passed, so that deadline was not listed. However, all hospitals selected for validation have an exception from submitting medical records for Q3 2019, which is a subsequent process to the submission of HAI Validation Templates, so hospitals are, by default, not required to meet the HAI Validation Template submission



requirement. In other words, hospitals may choose to ignore the Q3 2019 HAI Validation Template and medical records requests entirely, without risk of validation failure.

**20. Why are Q1 2020 and Q2 2020 HAI Validation Templates not excepted in the memo?**

Unrelated to COVID-19, CMS HAI Validation Templates will not be requested through the Hospital IQR Program for Q1 2020 or Q2 2020; HAI Validation Templates will be requested through the recently adopted HAC Reduction Program validation process beginning with Q3 2020 discharges as noted in the FY 2020 IPPS/LTCH PPS Final Rule (84 FR 41483). In other words, there are no HAI Validation Templates that hospitals are required, or even able, to submit for Q1 and Q2 2020.

**21. What if my hospital already submitted some of our data for excepted quarters and now we have decided not to continue to voluntarily participate in submitting validation-related requests?**

No further action is required on your part. Selected hospitals may choose to comply with requests for HAI Validation Templates and medical records and subsequently receive detailed individual case feedback per the normal validation process, or hospitals may choose to ignore these requests entirely. Neither option will negatively affect your end-of-year confidence interval score. Please note that hospitals may still receive additional requests and email reminders up until the deadlines and the validation process will continue as normal, including the release of non-public, hospital-specific reports on the *QualityNet Secure Portal*, which may indicate that hospitals did not submit data.

**22. My hospital chose not to optionally submit requested data for quarters covered by the COVID-19 memo, but I received an email stating my validation results were available to run on *QualityNet*. Those results show that we didn't submit records and we received "0" scores. I thought we were exempt.**

Selected hospitals may choose to comply with requests for HAI Validation Templates and medical records and subsequently receive detailed individual case feedback per the normal validation process, or hospitals may choose to ignore these requests entirely. Neither option will negatively affect your end-of-year confidence interval score. Please note that hospitals may still receive additional requests and email reminders up until the deadlines and the validation process will continue as normal, including the release of non-public, hospital-specific reports on the *QualityNet Secure Portal*, which may indicate that hospitals did not submit data.

**HOSPITAL VALUE-BASED PURCHASING (VBP) PROGRAM**

**23. What did CMS include in the exception for the Hospital VBP Program?**

CMS is granting an exception for the following program requirements that are used in the Hospital VBP Program:



| Domain                          | Measure Name   | FY 2021 Excepted Period                           | FY 2022 Excepted Period   |
|---------------------------------|--|---|---|
| Clinical Outcomes               | Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) 30-Day Mortality Rate | None  | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
|                                 | Heart Failure (HF) 30-Day Mortality Rate   | None  | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
|                                 | Pneumonia (PN) 30-Day Mortality Rate (Updated Cohort)  | None  | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
| Clinical Outcomes               | Total Hip Arthroplasty (THA)/Total Knee Arthroplasty Complication Rate (TKA)   | None  | <b>Q1 2020:</b> January 1, 2020–March 31, 2020  |
|                                 | Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate   | None  | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
|                                 | Coronary Artery Bypass Grafting (CABG) 30-Day Mortality Rate   | Not Applicable                                    | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
| Person and Community Engagement | HCAHPS   | <b>Q4 2019:</b> October 1, 2019–December 31, 2019 | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
| Safety                          | Catheter-Associated Urinary Tract Infection  | <b>Q4 2019:</b> October 1, 2019–December 31, 2019 | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
|                                 | Central Line-Associated Blood Stream Infection   | <b>Q4 2019:</b> October 1, 2019–December 31, 2019 | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |
|                                 | Clostridium <i>difficile</i> Infection   | <b>Q4 2019:</b> October 1, 2019–December 31, 2019 | <b>Q1 2020:</b> January 1, 2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–June 30, 2020 |



| Domain                        | Measure Name   | FY 2021 Excepted Period                                     | FY 2022 Excepted Period  |
|-------------------------------|--|---|--|
|                               | Methicillin-Resistant Staphylococcus aureus            | <b>Q4 2019:</b><br>October 1, 2019–<br>December 31,<br>2019 | <b>Q1 2020:</b> January 1,<br>2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–<br>June 30, 2020 |
|                               | SSI - Colon Surgery<br>SSI - Abdominal<br>Hysterectomy | <b>Q4 2019:</b><br>October 1, 2019–<br>December 31,<br>2019 | <b>Q1 2020:</b> January 1,<br>2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–<br>June 30, 2020 |
| Efficiency and Cost Reduction | Medicare Spending Per Beneficiary                      | None  | <b>Q1 2020:</b> January 1,<br>2020–March 31, 2020<br><b>Q2 2020:</b> April 1, 2020–<br>June 30, 2020 |

We note that on March 22, 2020, in response to the COVID-19 Public Health Emergency (PHE), we announced relief for clinicians, providers, hospitals, and facilities participating in Medicare QRPs and VBP programs. In addition, on March 27, 2020, we published a supplemental guidance memorandum that described in more detail the scope and duration of the nationwide ECEs we were granting under each Medicare QRP and VBP program. In the September 2, 2020 IFC, we announced that no claims data or chart-abstracted data reflecting services provided January 1, 2020 - June 30, 2020 will be used in calculations for the Hospital VBP Program due to the COVID-19 PH due to concerns about the national comparability of the data we updated the nationwide

For the Hospital VBP Program, optionally submitted Q4 2019 HCAHPS and HAI measure data will be used for measure calculations and scoring. Optionally submitted Q1 and Q2 2020 HCAHPS and HAI measure data will not be used in measure calculations and scoring. CMS made this distinction to use optionally submitted Q4 2019 HCAHPS and HAI measure data in measure because the data itself represents a time period prior to the COVID-19 PHE. We made it optional to submit because the deadline to submit since the deadline to report the Q4 2019 fell during the start of the COVID-19 public health emergency.

**24. Can I optionally submit data for the HCAHPS survey and NHSN HAI Measures to be used in the Hospital VBP Program?**

Chart-abstracted data for HAI and survey data for HCAHPS that was optionally submitted for Q4 2019 will be used in measure scoring for the FY 2021 program year. Chart-abstracted data that was optionally submitted for Q1 and Q2 2020 will not be used in measure scoring for the FY 2022 program year.



**25. Can data from the covered discharge periods be used in the claims-based measures in the Hospital VBP Program?**

No. CMS will automatically exclude claims from measure calculation and scoring from the excepted time period. Hospitals should continue to submit claims for reimbursement.

**26. If we do not submit NHSN HAI measure data or HCAHPS survey data for Q4 2019, will our Hospital VBP Program scores and eligibility be impacted?**

Maybe. In the guidance memo dated March 27, 2020, CMS announced that it was excepting all hospitals from CMS's requirements for submission of HAI measure data to the NHSN and HCAHPS survey measure data for Q4 2019 discharges. This memo also stated that data from the impacted quarters for the HAI and HCAHPS survey measures will be used in the Hospital VBP Program if submitted, but that data submission is optional. If hospitals did not submit data for Q4 2019, the FY 2021 Hospital VBP Program measure results for the HAI and HCAHPS survey measures rely on a performance period of Q1 2019 through Q3 2019 (that is, January 1, 2019, through September 30, 2019).

For a hospital to be scored in a measure, the hospital must have at least the minimum number of completed surveys or predicted infections as finalized by CMS in the final rules. The minimum required data for measure scores, domain scores, and the Total Performance Score are listed on the Hospital VBP Program – Minimum Cases and Measures [QualityNet](#) page. For a hospital to be eligible to have a Total Performance Score calculated, the hospital must have been able to be scored in three out of the four domains in FY 2021. For example, if a hospital does not submit Q4 2019 HCAHPS surveys and the hospital does not have at least the minimum of 100 completed surveys reported from Q1 2019 and Q3 2019, the hospital will not receive a Person and Community Engagement Domain Score. If the hospital was able to receive domain scores in the other three domains, the hospital would still be eligible in the Hospital VBP Program; however, the Person and Community Engagement Domain weight of 25 percent would be redistributed to the other domains. In this scenario, the remaining three domains would be weighted at 33.3 percent in FY 2022. If the hospital is not scored in at least three of the four domains, the hospital will be excluded from the Hospital VBP Program. Excluded hospitals are not subject to the 2 percent withhold but are also not eligible to receive value-based incentive payments. Excluded hospitals will also not have their Hospital VBP Program results publicly reported on the *Hospital Compare* or successor website for the fiscal year.

**27. Do we need to request an individual ECE for the data submission exceptions listed in the Guidance Memo - Quality Reporting and Value-Based Purchasing Programs?**

Hospitals do not need to request an individual ECE for measures and submissions covered under the COVID-19 exception. CMS is granting an exception for all hospitals for the measures and submissions covered under the COVID-19 exception.





**28. Do hospitals have the option of submitting an individual ECE for Q3 and Q4 2020 for the VBP Program?**

The nation-wide ECE granted by CMS automatically excepts Q1 and Q2 2020 data for all hospitals. Data that is optionally submitted for Q1 and Q2 2020 will not be used in the Hospital VBP Program. Hospitals do not need to send an additional individual ECE for Q1 and Q2 2020. If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance through Q3 and Q4 2020, they have the opportunity to submit an individual ECE request to CMS for the Hospital VBP Program within 90 days of the date of the extraordinary circumstance. A granted individual ECE in the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted. An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year.

**29. How will a granted individual ECE for Q3 and Q4 2020 in the Hospital VBP Program impact my hospital's payments?**

A granted individual ECE in the Hospital VBP Program would exclude the hospital from the Hospital VBP Program in the fiscal year in which performance was impacted. An excluded hospital will not incur the 2 percent reduction in payments, but it would also not receive incentive payments for the fiscal year.

**30. Can you clarify what “performance adversely impacted” means for the Hospital VBP Program individual ECE request?**

CMS adopted the Hospital VBP Program extraordinary circumstance policy in the [FY 2014 IPPS/LTCH PPS Final Rule](#) (78 FR 50704–50706). It provides an example of “performance adversely impacted.” In the rule, CMS provides the following example, “...a hospital might be able to demonstrate that its performance on the HCAHPS survey was adversely impacted as a direct result of remaining open during or after a natural disaster if the hospital became overcrowded due to a neighboring hospital’s closure, or understaffed due to the inability of staff to get to work. We believe that these types of unforeseen extraordinary circumstances could substantially affect the ability of the hospital to perform at the same level at which it might otherwise have performed if the natural disaster or extraordinary circumstance had not occurred, and we are concerned that using cases and claims from this period to generate the TPS might negatively, and unfairly, impact the value-based incentive payment amount that the hospital would otherwise receive.”

Adverse performance is not limited to the example above. If submitting an ECE to request exclusion from the Hospital VBP Program, CMS requests you provide a brief summary of how the extraordinary circumstance adversely impacted performance at your hospital.



**31. When are individual ECE requests due for the Hospital VBP Program?**

Individual ECEs for the Hospital VBP Program will be considered if submitted within 90 days from the date of the extraordinary circumstance. At the latest, ECEs should be submitted no later than 90 days from the last date of the quarter requested. For example, the last day of Q3 2020 is September 30, 2020. The ECE should be submitted no later than 90 days after the end of Q3, which would be December 29, 2020.

**32. How should we determine the start date if submitting an individual ECE request for the Hospital VBP Program for Q3 and Q4 2020?**

The start date should be the date in which your specific hospital began to be impacted by the COVID-19 that adversely impacted your performance.

**33. Will CMS include Q4 2019 HAI and HCAHPS optionally submitted data in the FY 2023 performance standards?**

Yes. CMS will include Q4 2019 data for the HAI measures and HCAHPS survey that were optionally submitted by hospitals in the FY 2023 performance standards (i.e. benchmark, achievement threshold, and floor).

**34. Will CMS include Q1 and Q2 2020 HAI and HCAHPS optionally submitted data in the FY 2024 Performance Standards?**

CMS has not announced any expected changes to the performance standards calculations for the HCAHPS survey and HAI measures for FY 2024. CMS will continue to monitor the optional hospital submissions for the HAI measures and HCAHPS survey in Q1 2020 and Q2 2020. For notifications regarding CMS inpatient quality programs, sign up for the [QualityNet Program Notifications Groups](#).

**HOSPITAL-ACQUIRED CONDITION (HAC) REDUCTION PROGRAM**

**35. What did CMS include in the exceptions for the HAC Reduction Program?**

Through the March guidance and the September 2, 2020 IFC, CMS granted exceptions for Q4 2019, Q1 2020, and Q2 2020. The impact of the guidance depended on the measure:

- Claims data representing Q1 2020 and Q2 2020 discharges would be automatically excluded from the CMS PSI 90 performance period in future program years;
- CMS excepted hospitals from the requirements for submission of chart-abstracted HAI data to the NHSN for Q4 2019, Q1 2020, and Q2 2020;
  - Optionally submitted HAI data for Q4 2019 will still be used in program scoring calculations;



- Optionally submitted HAI data for Q1 2020 and Q2 2020 will not be included in program scoring calculations.

The following table shows the excepted quarters for each of the HAC Reduction Program measures for the FY 2021, FY 2022, and FY 2023 program years:

| Measure Name  | FY 2021 Excepted Period                                      | FY 2022 Excepted Period   | FY 2023 Excepted Period   | Submission Deadline  |
|---|--|---|---|--|
| CMS PSI 90  | None   | <b>Q1 2020**:</b><br>January 1, 2020-<br>March 31, 2020<br><b>Q2 2020**:</b><br>April 1, 2020-<br>June 30, 2020   | <b>Q1 2020**:</b><br>January 1, 2020-<br>March 31, 2020<br><b>Q2 2020**:</b><br>April 1, 2020-<br>June 30, 2020 | Not Applicable   |
| HAI <ul style="list-style-type: none"> <li>• CLABSI</li> <li>• CAUTI</li> <li>• SSI</li> <li>• MRSA</li> <li>• CDI</li> </ul> | <b>Q4 2019*:</b><br>October 1, 2019-<br>December 31,<br>2019 | <b>Q4 2019*:</b><br>October 1, 2019-<br>December 31,<br>2019<br><b>Q1 2020**:</b><br>January 1, 2020-<br>March 31, 2020<br><b>Q2 2020**:</b><br>April 1, 2020-<br>June 30, 2020 | <b>Q1 2020**:</b><br>January 1, 2020-<br>March 31, 2020<br><b>Q2 2020**:</b><br>April 1, 2020-<br>June 30, 2020 | <b>Q4 2019:</b><br>May 18, 2020<br><b>Q1 2020:</b><br>August 17, 2020<br><b>Q2 2020:</b><br>November 16,<br>2020 |

\* Optionally submitted Q4 2019 HAI data will continue to be used in program scoring calculations because the data represent a time period prior to the COVID-19 PHE.

\*\* Optionally submitted Q1 2020 and Q2 2020 data will not be used in program scoring calculations

### 36. Can I optionally submit data for the HAI measures to be used in the HAC Reduction Program?

All hospitals were excepted from CMS’s data submission requirements for the HAI measures for Q4 2019, Q1 2020, and Q2 2020. Chart-abstracted HAI data representing Q4 2019 discharges that were optionally submitted to the NHSN will be used in HAC Reduction Program measure and scoring calculations. Chart-abstracted HAI data representing Q1 2020 and Q2 2020 discharges that are optionally submitted to the NHSN **will not** be used in HAC Reduction Program measure and scoring calculations.

CMS encourages hospitals to continue to submit Q1 2020 and Q2 2020 HAI data to the NHSN in the interest of data continuity, as well as for surveillance and monitoring purposes.



**37. Will data from the excepted periods be used to calculate the claims-based CMS PSI 90 measure for the HAC Reduction Program?**

No. CMS will automatically exclude claims from Q1 and Q2 2020 from CMS PSI 90 measure calculations for the HAC Reduction Program.

**38. How do the exceptions impact the HAC Reduction Program scoring methodology and results?**

The HAC Reduction Program scoring methodology will remain the same for all hospitals. CMS will automatically exclude data for Q1 and Q2 2020 in future performance periods. This includes claims data used in CMS PSI 90 calculation and chart-abstracted and laboratory-identified surveillance data submitted by hospitals to the NHSN for the HAI measures.

We cannot say the extent to which having fewer quarters of reported data can or will impact hospitals' likelihood of receiving a payment reduction under the HAC Reduction Program.

**39. Do hospitals need to submit an ECE request for Q4 2019, Q1 2020, or Q2 2020 for the HAC Reduction Program?**

No. This exception has already been granted to all hospitals in the guidance issued on [March 22, 2020](#) and [March 27, 2020](#). Granted ECEs under the HAC Reduction Program **do not** exclude hospitals from participation in the program.

**40. Do hospitals have the option of submitting an individual ECE for Q3 and Q4 2020 for the HAC Reduction Program?**

Yes. If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance through Q3 and Q4 2020, they have the opportunity to submit an individual ECE request to CMS for the HAC Reduction Program within 90 days of the date of the extraordinary circumstance. CMS will continue to monitor the optional hospital submissions for the HAI measures and HCAHPS survey in Q1 2020 and Q2 2020. For notifications regarding CMS inpatient quality programs, sign up for the [QualityNet Program Notifications Groups](#).

**HOSPITAL READMISSIONS REDUCTION PROGRAM (HRRP)**

**41. What is the CMS response to COVID-19 for the HRRP?**

In the guidance issued on March 22, 2020 and the [Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency](#) interim rule with comment period (IFC) published on September 2, 2020, CMS announced that no claims data



reflecting services provided January 1, 2020–June 30, 2020 (Q1 and Q2 2020) will be used in CMS calculations for the Medicare quality reporting and value-based purchasing programs, including HRRP. CMS will exclude claims for Q1 and Q2 2020 from the HRRP calculations, including excess readmission ratios and dual proportions.

**42. Does a hospital have to submit an ECE request to have Q1 and Q2 2020 claims data excluded from the Hospital Readmissions Reduction Program?**

No. Q1 2020 and Q2 2020 claims will automatically be excluded from HRRP. Hospitals **do not** need to complete an ECE request to have these data excluded.

**43. Which HRRP performance period(s) will the removal of Q1 2020 and Q2 2020 claims data affect?**

CMS will automatically exclude claims data from Q1 2020 and Q2 2020 from the program for the FY 2022, FY 2023, and FY 2024 HRRP program years.

**44. Do hospitals have the option of submitting an individual ECE request for Q3 or Q4 2020 for HRRP?**

Yes. If a hospital believes that their performance continues to be adversely impacted by this extraordinary circumstance through Q3 and Q4 2020, they have the opportunity to submit an individual ECE request to CMS for the HRRP within 90 days of the date of the extraordinary circumstance.

**INPATIENT PSYCHIATRIC FACILITY QUALITY REPORTING (IPFQR) PROGRAM**

**45. How does the COVID-19 ECE affect Inpatient Psychiatric Facilities (IPFs) that participate in the IPFQR Program?**

Under the ECE, at their discretion, IPFs are excepted from reporting to CMS **all chart-abstracted measure and non-measure data** collected for discharges that occur during the following time periods, to be reported during the summer 2021 reporting period, for FY 2022 payment determination: January 1, 2020–March 31, 2020 (Q1 2020), and April 1, 2020–June 30, 2020 (Q2 2020).

**46. Are IPFs required to change their current practices for data collection in calendar year (CY) 2020 due to COVID-19?**

No, the ECE is optional. Facilities are not required to change any of their current practices if they do not wish to do so.



**47. Does our IPF need to contact CMS if we elect to not collect data during the first half of 2020?**

No. If a facility elects to modify its data collection in response to the ECE, it does not need to notify CMS.

**48. How does the exception affect claims-based measures for the IPFQR Program?**

CMS will exclude claims from the period of January 1–June 30, 2020, when the claims-based measures are calculated.

**PPS-EXEMPT CANCER HOSPITAL QUALITY REPORTING PROGRAM**

**49. What data submission deadlines and/or reporting periods are covered under the exception for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program?**

CMS is granting an exception for the data reporting requirements for PPS-Exempt Cancer Hospitals (PCHs) as follows:

**HCP and CDC Infection Measures**

| Submission Deadline | Discharge Period                           |
|---------------------|--|
| May 18, 2020        | Q4 2019: October 1, 2019–December 31, 2019 |
| August 17, 2020     | Q1 2020: January 1, 2020–March 31, 2020    |
| November 16, 2020   | Q2 2020: April 1, 2020–June 30, 2020       |

**HCAHPS Survey**

| Submission Deadline | Discharge Period                           |
|---------------------|--|
| April 1, 2020       | Q4 2019: October 1, 2019–December 31, 2019 |
| July 1, 2020        | Q1 2020: January 1, 2020–March 31, 2020    |
| October 7, 2020     | Q2 2020: April 1, 2020–June 30, 2020       |

**Web-Based Data Submissions**

| Encounter Date                          |
|---|
| Q1 2020: January 1, 2020–March 31, 2020 |

**Claims-Based Measures**

| Claim Exclusion Period                  |
|---|
| Q1 2020: January 1, 2020–March 31, 2020 |
| Q2 2020: April 1, 2020–June 30, 2020    |



## **PREVIEW PERIOD AND PUBLIC REPORTING**

### **50. Will COVID-19 delay the Hospital Quality Reporting (HQR) payment year preview period?**

CMS is currently evaluating the COVID-19 impact on public reporting. Further information will be provided at a later date. To keep informed about this evolving issue, be sure to subscribe to the *QualityNet* Listserve, for each respective program.

### **51. How does the exception affect data displayed on *Hospital Compare*?**

CMS is currently evaluating the COVID-19 impact on public reporting. Further information will be provided at a later date. To keep informed about this evolving issue, be sure to subscribe to the IQR *QualityNet* Listserve.

### **52. Will there be any changes in the timeline for issuing hospital-specific reports?**

At this time, we do not anticipate any changes in the timeline for issuing hospital-specific reports. If that changes, we will communicate it via the *QualityNet* Listserves.

## **STAR RATINGS**

### **53. How is COVID-19 going to impact the Overall Hospital Quality Star Ratings?**

CMS is currently evaluating the COVID-19 impact on the Overall Hospital Quality Star Ratings. Further information to come at a later date.

## **ALTERNATE CARE SITES (ACS)**

### **54. What are the expectations for operators of Alternate Care Sites (ACS) to report under the Quality Reporting Requirements? What about for Maryland hospitals?**

Participation in CMS' Hospital Inpatient Quality Reporting and Hospital Value-based Payment Programs is expected by alternative care sites (ACS). Hospitals participating in these programs who are billing for care delivered at the ACS under the hospital's acute CMS Certification Number (CCN), will report to CMS, under that CCN, on behalf of the ACS. An ACS independent of a hospital participating in CMS programs, that has an applicable CCN, would need to register as its own hospital.

Participation information for new hospitals is available at [QualityNet](#). More information related to quality reporting programs exceptions and extensions can be found in the [Guidance Memo - Quality Reporting and Value-based Purchasing Programs](#) and the [CMS Press Release](#). Please refer to the [Fact Sheet for State and Local Governments CMS Programs & Payment for Care in](#)



[Hospital Alternate Care Sites](#) and [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#) for more information about ACS.

Although the Maryland hospitals are acute care hospitals, they are exempt and not eligible for CMS' hospital quality reporting and payment programs as they are part of the Maryland All-Payer Model. As a condition of participation in the model, however, Maryland hospitals are required to submit the same quality measure data as acute care hospitals. ACSs in Maryland are expected to submit quality measure data as a condition of participation under the CCN of the hospital overseeing the ACS. If an ACS in Maryland is registered as a new hospital in Maryland and not part of the Maryland model, they would be subject to the requirements for new hospitals as described above. Information regarding Maryland's All-Payer Model can be found [here](#).

### **SYSTEM IMPACT**

#### **55. Will the *QualityNet Secure Portal* remain open for data submission?**

Yes. Hospitals that want to submit the optional measure data covered under the exception must have submissions completed by the applicable submission deadline.

*As of this date, information contained in this document is consistent with Hospital Reporting Program policies finalized through the Inpatient Prospective Payment System (IPPS) Calendar Year 2020 rulemaking cycle and subsequent Interim Final Rules and is current at the time of publication. In the event of any conflict between the information provided in this document and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. As the situation evolves, additional changes and updates may be required.*