

# Maryland Hospital Extraordinary Circumstances Quality Reporting Exceptions (MECE) Policy

Updated April 2022

Maryland hospitals do not participate in the Medicare national Inpatient Prospective Payment System (IPPS) or Outpatient Prospective Payment System (OPPS), but instead the hospitals' rates are set for all payers by the Maryland Health Services Cost Review Commission (HSCRC) through the Total Cost of Care agreement the State has with the Centers for Medicare and Medicaid Services (CMS). Maryland hospitals are, however, required by CMS Total Cost of Care contract and State regulations to comply with all inpatient and outpatient hospital quality reporting requirements.

The Maryland HSCRC has implemented several pay-for-performance initiatives that provide incentives for hospitals to improve patient care and value over time that rely on data submitted by hospitals to the State or to CMS. The HSCRC has prioritized aligning the National and State pay for performance programs to the extent possible. Consistent with CMS for hospitals nationally, Maryland hospitals must comply with CMS Inpatient Quality Reporting (IQR) and Outpatient Quality Report (OQR) requirements.

Maryland hospitals may request an exception with respect to the reporting of required quality data—including electronic Clinical Quality Measure (eCQM) data—when there are extraordinary circumstances beyond the control of the hospital. As detailed below, the process for Maryland hospitals to submit these requests aligns with the CMS process for Extraordinary Circumstances Exceptions (ECE) requests for IPPS hospitals outside of Maryland, but the requests will be submitted via the HSCRC for initial review. The HSCRC will coordinate with CMS on guidelines for granting these requests and provide CMS with any approval recommendations.

## COVID-19 Resources

For CMS updates related to Covid-19 and hospital reporting programs, CMS has posted responses to frequently asked questions in a PDF document [here](#).

The HSCRC is aligning with CMS' national COVID- adjustment policy to the extent possible;; the HSCRC web page with such information may be found [here](#).

## Non-eCQM Related ECEs

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data.

For non-eCQM related ECEs, hospitals must submit the CMS Extraordinary Circumstances Exceptions (ECE) Request Form, with **all** required sections completed **within 90 calendar days of the extraordinary circumstance**. The hospital

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may request consideration for an exception of the requirement to submit quality data for one or more quarters.

## eCQM Related ECEs

Hospitals may utilize the ECE form to request an exception from the Hospital IQR Program's eCQM reporting requirement for the applicable program reporting period, based on hardships preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (a hospital is in an area without sufficient Internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification). For further information, reference the ECE Policy Clarification Questions and Answers.

In the event of such circumstances:

- **For CMS eCQM ECEs:** hospitals must submit an Extraordinary Circumstances Exceptions (ECE) Request Form with all required sections completed by April 1 following the end of the reporting period calendar year (CY)\*. As an example, for data collection for the CY 2019 reporting period (through December 31, 2019), hospitals would have until April 1, 2020, to submit an ECE request.
- **For HSCRC eCQM ECEs:** Beginning in July, 2022, hospitals must submit eCQM data quarterly to HSCRC, and must submit an ECE Request for with all required sections completed by 14 days prior to the data submission window. (see link below for HSCRC eCQM Reporting Information and Timeline)

## ECE Forms and Resources

File Name	File Type	Action
CMS ECE Policy Clarification Questions and Answers	PDF	<a href="#">Download</a> - Opens in new browser tab
Maryland Extraordinary Circumstances Exceptions (ECE) Request Form	GOOGLE SURVEY Form	Click <a href="#">here</a> for form.
CMS Extraordinary Circumstances Exceptions (ECE) Quick Reference	PDF	<a href="#">Download</a> - Opens in new browser tab
HSCRC eCQM Reporting Information and Timeline	PDF	Click <a href="#">for</a> web page.

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## ECE Request Form Submission Instructions

The form must be signed (typing name constitutes signature) by the hospital's chief executive officer (CEO) or designee, and submitted by clicking the "submit" button at the completion of the form. Supporting documentation must be provided through email: [hscrc.quality@maryland.gov](mailto:hscrc.quality@maryland.gov), Subject line: ECE Request

If the request seeks exemption from submitting or reporting CMS IQR, OQR or eCQM data, HSCRC will forward the ECE request to CMS after its review and determination that the request should be approved. HSCRC is the final arbiter for requests related to an exemption of reporting or use of HSCRC Case Mix data in the quality programs.

**Note:** This process does not preclude CMS from granting exceptions to hospitals when it is determined that an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS may also grant an exception if it is determined that a systemic problem with one of its data collection systems directly affected the ability of the hospitals to submit data. If CMS makes the determination to grant a blanket exception, CMS will communicate this decision to hospitals, vendors, HSCRC, and Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) through routine communication channels, including memos, emails, and notices on QualityNet.