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MIPS Extreme and Uncontrollable circumstances Application for Program Year 2019 for Payment Year 2021

Quality Payment
PROGRAM MIPS-eligible clinicians who are impacted by extreme and uncontrollable circumstances may submit a request for reweighting of the Quality, Cost, Promoting Interoperability and Improvement Activities performance categories. "Extreme and uncontrollable circumstances" are defined as rare events (highly unlikely to occur in a given year) entirely outside your control and the facility in which you practice.

Group, Individual, or Virtual Group Application

-- None -- ▼

Submit

Individual:

Group, Individual, or Virtual Group Application

Individual ▼

* Clinician NPI

* Clinician First Name

* Clinician Last Name

* Group Practice Name

-- None -- ▼

Individual- 'Group Not Listed' selected:

Group, Individual, or Virtual Group Application

Individual ▼

* Clinician NPI

* Clinician First Name

* Clinician Last Name

* Group Practice Name

Group NOT Listed ▼

* Group TIN

Group:

Group, Individual, or Virtual Group Application

Group	▾

✶ Group TIN

[   ]

Virtual Group:

Group, Individual, or Virtual Group Application

Virtual Group	▾

✶ Virtual Group ID

[   ]

Submitter/Third Party Intermediary:

Section 1: Submitter/Third Party Intermediary Information

▼ More information

Provide the information below for the person working on behalf of the clinicians.

All return correspondence will be sent to the contact listed in section 1 (Fields marked with * are required.)

✶ Submitter/Third Party Intermediary First Name

[   ]

✶ Submitter/Third Party Intermediary Last Name

[   ]

Company or Organization Name

[   ]

✶ Submitter/Third Party Intermediary Email (This is how we will communicate with you.)

[   ]

✶ Submitter/Third Party Intermediary Business Telephone Number (Include Area Code)

[   ]

Extension

[   ]

✶ Submitter/Third Party Intermediary Relationship

-- None --	▾

✶ ☐ I certify that I am authorized by the clinician or group identified above to submit this application on behalf of the clinician or group

Form:

Extreme and Uncontrollable Circumstances

▼ More information

☐ Disaster

Start Date

[   ] 📅

End Date

[   ] 📅

Please describe the type of event and other pertinent details that impacted the availability and applicability of measures for impacted performance categories

[   ]

Performance Categories

▼ More information

Please select all performance categories impacted by an extreme and uncontrollable event

☐ Quality

☐ Improvement Activities

☐ Promoting Interoperability

☐ Cost

CERTIFICATION STATEMENT FOR QPP APPLICATION

▼ GENERAL NOTICE

✳ ☐ Certify

Date

[02/28/2019] 📅

✳ Name of individual completing form

[   ]

Submit

PRA Disclosure Statement