Centers for Medicare and Medicaid Services
2020 Extreme and Uncontrollable Circumstances Reweighting Application

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values
1	"Add New Exception"	Yes	Select Exception Type	Select One	Exception Type 1. Promoting Interoperability Hardship Exception MIPS eligible clinicians, group, and virtual groups may submit Promoting Interoperability Hardship Exception Application citing one of the following specified reasons: • Your're a small practice • You have a decertified EHR technology • You have sufficient internet capability • You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues • You lack control over the availability of CEHRT 2. Extreme and Uncontrollable Circumstances Exception The Extreme and Uncontrollable Circumstances application is reserved for instances where there is indeed an Extreme and Uncontrollable Circumstance, such as a natural disaster, public health emergency or other significant event, that prevents collecting data for an extended period of time, or

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					that could impact performance on cost measures. All other events such as vendor issues, decertification of EHR, etc. should be filed as a Promoting Interoperability Hardship Exception.
2	"Add New Extreme and Uncontrollable Circumstances Application	Yes	Select Application Type	Select One	<u>Application Type</u> 1. Individual If selected, include Clinician NPI# 2. Group If selected, include Group TIN# 3. Virtual Group If selected, include Virtual Group ID#
3	"Submission Information"	Yes	Individual Application Type Details	Select One	<u>Group Practice Name</u> • Select group practice name from drop down
4	"Submitter Details"	Yes	Contact Information	Free Text	<u>Contact Information for further information as needed</u> 1. Phone number 2. Email address
5	"Submitter Details"	Yes	Contact Information	Select One	<u>Submitter/Third Party Intermediary Relationship</u> Select relationship to the party you are submitting the exception application for • Other: describe relationship if not listed
6	"Additional Access"	No	Additional Staff Access Email(s)	Free Text	<u>Additional Staff Access Email(s)</u> Enter email address(es) for additional staff you would like to include for the management of the form and to receive program announcements.

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7	"Event Type"	Yes	Indicate the type of Extreme and Uncontrollable Circumstance	Select One	<u>Event Type</u> 1. COVID-19 2. Natural Disaster • Hurricane • Tropical Storm • Fire • Flood • Tornado • Earthquake • Other 3. Ransomware/Malware 4. Medical Issue 5. Other
8	"Event Date Range"	Yes	Start Date to End Date	Calendar Select	<u>Event Date Range</u> Indicate the start and end dates for the period of time for which the clinician(s) were unable to collect or submit data.
9	"Event Description"	Yes	Description of the Extreme and Uncontrollable Circumstance	Free Text	<u>Event Description</u> Describe the event that impacted the clinician(s) ability to collect or submit data.
10	"Performance Category(ies) Affected"	Yes	Performance Category(ies) Impacted by the Extreme and Uncontrollable Circumstance	Multi Select	<u>Performance Category(ies) Affected</u> 1. Quality 2. Promoting Interoperability 3. Improvement Activities 4. Cost

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11	"Submit for Review"	Yes	Certify and Submit for Review	Select One	<u>Review Submission Summary and Certification Information, Certify & Submit</u> 1. Review submission information selected or included • Individual, Group, or Virtual Group application details • Submitter details • Additional Access 2. Review Extreme and Uncontrollable Circumstances Details • Event type • Event date range • Event Description • Performance Category(ies) Affected 3. Review General Application Notice • Disclosures, notices and certification of the clinician(s) or submitter working on behalf of the clinician(s) • By submitting this Extreme and Uncontrollable Circumstances Exception Application, I am certifying that the details entered are correct to the best of my knowledge. Furthermore, I am submitting this request as if a physically signed and submitted a hard copy of this form.
12	"Application Submitted"	N/A	"Application Submitted Successfully and Pending Review"	N/A	Automatic notification indicating application was submitted successfully and is now pending review.