## 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	Application Type1. 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	<ul> <li>Group Practice Name</li> <li>Select group practice name from drop down</li> </ul>
4	"Submitter Details"	Yes	Contact Information	Free Text	Contact Information for further information as needed1. Phone number 2. Email address
5	"Submitter Details"	Yes	Contact Information	Select One	Submitter/Third Party Intermediary RelationshipSelect relationship to the party you aresubmitting the exception application for• Other: describe relationship if not listed
6	"Additional Access"	No	Additional Staff Access Email(s)	Free Text	Additional Staff Access Email(s) 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	Select One	Event Type
			Extreme and		1. COVID-19
			Uncontrollable		2. Natural Disaster
			Circumstance		Hurricane
					Tropical Storm
					• Fire
					Flood
					Tornado
					Earthguake
					Other
					3. Ransomware/Malware
					4. Medical Issue
					5. Other
8	"Event Date Range"	Yes	Start Date to End Date	Calendar Select	Event Date Range
					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	Free Text	Event Description
			Extreme and		Describe the event that impacted the clinician(s)
			Uncontrollable		ability to collect or submit data.
			Circumstance		
10	"Performance	Yes	Performance	Multi Select	Performance Category(ies) Affected
	Category(ies)		Category(ies) Impacted		1. Quality
	Affected"		by the Extreme and		2. Promoting Interoperability
			Uncontrollable		3. Improvement Activities
			Circumstance		4. Cost

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values
Row 11	Field Label "Submit for Review"	Yes	Screen Guidance Certify and Submit for Review	Data Form Select One	Review Submission Summary and Certification Information, Certify & Submit         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
12	"Application Submitted"	N/A	"Application Submitted Successfully and Pending Review"	N/A	hard copy of this form. Automatic notification indicating application was submitted successfully and is now pending review.