

**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	<p><u>Exception Type</u></p> <ol style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>• You're a small practice</li> <li>• You have a decertified EHR technology</li> <li>• You have sufficient internet capability</li> <li>• You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues</li> <li>• You lack control over the availability of CEHRT</li> </ul> </li> <li>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</li> </ol>

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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> <ol style="list-style-type: none"> <li>1. Individual If selected, include Clinician NPI#</li> <li>2. Group If selected, include Group TIN#</li> <li>3. Virtual Group If selected, include Virtual Group ID#</li> </ol>
3	"Submission Information"	Yes	Individual Application Type Details	Select One	<u>Group Practice Name</u> <ul style="list-style-type: none"> <li>• Select group practice name from drop down</li> </ul>
4	"Submitter Details"	Yes	Contact Information	Free Text	<u>Contact Information for further information as needed</u> <ol style="list-style-type: none"> <li>1. Phone number</li> <li>2. Email address</li> </ol>
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 <ul style="list-style-type: none"> <li>• Other: describe relationship if not listed</li> </ul>
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 <ul style="list-style-type: none"> <li>• Hurricane</li> <li>• Tropical Storm</li> <li>• Fire</li> <li>• Flood</li> <li>• Tornado</li> <li>• Earthquake</li> <li>• Other</li> </ul> 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	<p><u>Review Submission Summary and Certification Information, Certify &amp; Submit</u></p> <ol style="list-style-type: none"> <li>1. Review submission information selected or included <ul style="list-style-type: none"> <li>• Individual, Group, or Virtual Group application details</li> <li>• Submitter details</li> <li>• Additional Access</li> </ul> </li> <li>2. Review Extreme and Uncontrollable Circumstances Details <ul style="list-style-type: none"> <li>• Event type</li> <li>• Event date range</li> <li>• Event Description</li> <li>• Performance Category(ies) Affected</li> </ul> </li> <li>3. Review General Application Notice <ul style="list-style-type: none"> <li>• Disclosures, notices and certification of the clinician(s) or submitter working on behalf of the clinician(s)</li> <li>• 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.</li> </ul> </li> </ol>
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.