

**Centers for Medicare and Medicaid Services  
2020 Promoting Operability Hardship Exception 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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					<p>that could impact performance on cost measures.</p> <p>All other events such as vendor issues, decertification of EHR, etc. should be filed as a Promoting Interoperability Hardship Exception.</p>
2	"Add New Promoting Interoperability Hardship Exception"	Yes	Select Application Type	Select One	<p><u>Application Type</u></p> <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	<p><u>Group Practice Name</u></p> <ul style="list-style-type: none"> <li>• Select group practice name from drop down</li> </ul>
4	"Submitter Details"	Yes	Contact Information	Free Text	<p><u>Contact Information for further information as needed</u></p> <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	<p><u>Submitter/Third Party Intermediary Relationship</u></p> <p>Select relationship to the party you are submitting the exception application for</p> <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	<p><u>Additional Staff Access Email(s)</u></p> <p>Enter email address(es) for additional staff you would like to include for the management of the form and to receive program announcements.</p>

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7	"Promoting Interoperability Hardship Details"	Yes	Indicate the Hardship Exception Reason	Select one	<u>Reason for Promoting Interoperability Hardship</u> <ol style="list-style-type: none"> <li>1. Insufficient Internet Connectivity</li> <li>2. Extreme and Uncontrollable Circumstance</li> <li>3. Lack of Control over the Availability of CEHRT</li> <li>4. EHR Decertification</li> <li>5. Small Practice</li> </ol>
8	"Insufficient Internet Connectivity Details"	Yes, if this reason was selected	Attest to insufficient internet connectivity	Select One	<u>In order to be approved for this hardship exception, the clinician(s) must attest to practicing in an area without sufficient internet access or facing insurmountable barriers to obtaining infrastructure (e.g. lack of broadband).</u> <ul style="list-style-type: none"> <li>• Attest to insufficient internet connectivity</li> <li>• Event description (optional)</li> </ul>
9	"Extreme and Uncontrollable Circumstance Details"	Yes, if this reason was selected	Indicate the type of Extreme and Uncontrollable Circumstance	Select One	<u>Extreme and Uncontrollable Circumstance Event Type:</u> <ol style="list-style-type: none"> <li>1. Event Type <ul style="list-style-type: none"> <li>• Disaster</li> <li>• Practice or Hospital Closure</li> <li>• Severe Financial Distress (bankruptcy or debt restructuring)</li> <li>• Vendor Issue</li> </ul> </li> <li>2. Event Date Range <ul style="list-style-type: none"> <li>• Indicate the start and end dates for the period of time for which the clinician(s) were unable to collect or submit data.</li> </ul> </li> <li>3. EHR Certification ID if applicable</li> <li>4. Attest to extreme and uncontrollable circumstance</li> <li>5. Event description (optional)</li> </ol>

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10	"Lack of Control over the Availability of CEHRT"	Yes, if this reason was selected	Attest to lack of control over the availability of CEHRT	Select One	<p><u>In order to be approved for this hardship exception, the clinician(s) must attest to lack of control over the availability of CEHRT in 1 or more practice locations where more than 50 percent of the patient encounters occurred.</u></p> <ul style="list-style-type: none"> <li>• Attest to lack of control over the availability of CEHRT</li> <li>• Event description (optional)</li> </ul>
11	"EHR Decertification"	Yes, if this reason was selected	Attest to EHR decertification	Select One	<p><u>In order to be approved for this hardship exception, the clinician(s) must attest to experiencing issues with the certification of the EHR product such as certification.</u></p> <ul style="list-style-type: none"> <li>• Event Start Date <ul style="list-style-type: none"> <li>○ Indicate the date of EHR decertification</li> </ul> </li> <li>• Provide ONC-ACB Certification ID</li> <li>• Attest to EHR decertification</li> <li>• Event description (Optional)</li> </ul>

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12	"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 Promoting Interoperability Details <ul style="list-style-type: none"> <li>• Reason for Promoting Interoperability Hardship</li> <li>• Event Description</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 Promoting Interoperability 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>

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values
13	"Application for NPI/TIN is approved"	N/A	The PI Hardship application for NPI/TIN is approved.	N/A	Automatic notification indicating application is approved for the identified NPI/TIN with a note. If the clinician associated with this application reports any data as an individual for the Promoting Interoperability (PI) performance category, the clinician will be scored for the Promoting Interoperability category and this application will be dismissed.