Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS)

2025 MIPS Promoting Interoperability Performance Category Hardship Exception Application Guide

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Purpose: This guide will provide general information about the MIPS Promoting Interoperability Performance Category Hardship Exception application and provide step-by-step instructions on how to complete the application.

Already know what MIPS is? Skip ahead by clicking the links in the Table of Contents.

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How to Use This
Guide

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How to Use This Guide

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

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Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

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MIPS Promoting
Interoperability
Performance Category
Hardship Exception
Application Overview

Overview

What	The Merit-based Incentive Payment System (MIPS) Promoting Interoperability Hardship Exception application allows you to request your MIPS Promoting Interoperability performance category be reweighted to 0%.
Who	Individual clinicians, groups, and virtual groups reporting via traditional MIPS, MIPS Value Pathways (MVPs), or the Alternative Payment Model (APM) Performance Pathway (APP) can submit a MIPS Promoting Interoperability Hardship Exception application. • Third party intermediaries can submit an application with permission from the clinician or practice. • APM Entities can't submit an application at the APM Entity level. If you qualify for automatic reweighting, you don't need to apply for a MIPS Promoting Interoperability Hardship Exception. • See Appendix A for information about the clinicians, groups, and virtual groups that automatically qualify for reweighting of this performance category.

Why	You can submit an application to have your MIPS Promoting Interoperability performance category reweighted to 0% if:
	• You have insufficient Internet connectivity.
	• You have decertified electronic health record (EHR) technology (decertified under the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) Health IT Certification Program).
	• You lack control over the availability of certified EHR technology (CEHRT).
	   o Simply lacking CEHRT functionality that meets ASTP/ONC Health IT certification criteria in 45 CFR 170.315 **doesn't** qualify as a reason to submit an exception application.
	• You face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress or vendor issues.
	   o If you experience an extreme and uncontrollable circumstance that impacts multiple performance categories, the Extreme and Uncontrollable Circumstances Exception application may be more suitable for your given circumstance.

Note: We automatically reweight Promoting Interoperability for small practices. See page 9 for more information.

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Overview (Continued)

When	The MIPS Promoting Interoperability Hardship Exception application will close **on December 31, 2025, at 8 p.m. ET** .
Where	Sign in to the Quality Payment Program (QPP) website with your HCQIS Access and Roles Profile (HARP) account. • For more information on HARP accounts, please refer to the **Register for a HARP Account** document in the QPP Access User Guide (ZIP, 4MB). • **Representatives of Medicare Shared Savings Program ACOs with a QPP Security Official or QPP Staff User role in the ACO Management System (ACO-MS) can access the QPP website using their ACO-MS Username and Password.**
How	1. Register for a HARP account. 2. Sign in to the QPP website. 3. Select 'Exceptions Application' on the left-hand navigation.	4. Select 'Add New Exception.' 5. Select 'Promoting Interoperability Hardship Exception.' 6. Complete the application for individual, group, or virtual group participation.

See Appendix B (traditional MIPS) and Appendix C (APP) for more information on performance category reweighting.

MIPS Promoting
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Overview

You may automatically qualify for reweighting in this performance category.

- See Appendix A.
- If you automatically quality for reweighting, you don't need to submit a MIPS Promoting Interoperability Hardship Exception application.

You'll complete the MIPS Promoting Interoperability Hardship Exception application at the level for which you'll report data to MIPS for other performance categories.

- If you're reporting data at the individual level, complete the Hardship Exception application at the individual level.
- If you're reporting data at the group level, complete the Hardship Exception application at the group level.
- Note, a group Hardship Exception application will **only** apply at the group level.
  - If clinicians in your practice participate in MIPS at the individual level, don't complete the Hardship Exception application at the group level. You'll complete the Hardship Exception application at the individual level for each clinician (who doesn't automatically qualify for reweighting) to be considered for reweighting.
  - If you're reporting an MVP as a subgroup, an approved group level MIPS Promoting Interoperability Hardship Exception will apply to the subgroup participants.

> **Did You Know?** Subgroups can't submit a MIPS Promoting Interoperability Hardship Exception application at the subgroup level, but a subgroup will inherit any reweighting approved for their affiliated group.

You can still submit data for the MIPS Promoting Interoperability performance category.

- If your circumstances change and you're able to collect and submit Promoting Interoperability data, we'll disregard your Hardship Exception application and you'll be scored in this performance category.
- A qualifying data submission will void a hardship exception and cancel automatic reweighting, and you'll be scored in this performance category. A qualifying data submission includes all required performance data, required attestation statements, CEHRT ID, and the start and end date for the performance period.

Reminder: Small practices qualify for automatic reweighting of the Promoting Interoperability performance category.

Overview (Continued)

You aren't required to submit documentation with your application.

- However, clinicians, groups, and virtual groups should retain documentation of their circumstances supporting their application for their own records in the event they're selected by CMS for data validation or audit. See the 2025 MIPS Data Validation Criteria (ZIP, 2MB) for details on the data validation process.

You can apply for a MIPS Promoting Interoperability Hardship Exception if you switch CEHRT vendors during the performance period.

- You would indicate an extreme and uncontrollable circumstances hardship exception and select vendor issues within the application.

The following circumstances qualify as extreme and uncontrollable circumstances for a MIPS Promoting Interoperability Hardship Exception:

- A natural disaster resulting in damage to or destruction of your CEHRT.

- Practice closure.

- Severe financial distress resulting in bankruptcy or debt restructuring.

- Vendor issues (such as a change in vendors during the performance period or errors with your CEHRT that your vendor is unable to address).

You may still be able to report if your EHR product is decertified under the ASTP/ONC Health IT Certification Program during the 2025 performance year.

- You can submit your Promoting Interoperability performance category measures collected in your now-decertified EHR product if your performance period ended before the decertification occurred.

- If your performance period ended after the EHR decertification occurred, you can apply for a MIPS Promoting Interoperability Hardship Exception and select decertified EHR technology.

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Groups and Virtual Groups

To submit an application on behalf of a group, every office location/practice site within the taxpayer identification number (TIN) must experience the hardship for the group to qualify for the MIPS Promoting Interoperability Hardship Exception.

- For example, if one office location is within a broadband availability area but the other office(s) for the practice is not, the office with broadband availability would not qualify for the MIPS Promoting Interoperability Hardship Exception and must report for those clinicians for whom they have data.

To submit an application on behalf of a virtual group, every office location/practice site for each TIN within the virtual group must experience the hardship for the virtual group to qualify for the MIPS Promoting Interoperability Hardship Exception.

- For example, if one TIN is within a broadband availability area but the other TIN(s) in the virtual group is not, the TIN with broadband availability would not qualify for the MIPS Promoting Interoperability Hardship Exception and must report for those clinicians for whom they have data.

MIPS APM Participants

MIPS eligible clinicians and groups participating in a MIPS APM can apply for a MIPS Promoting Interoperability Hardship Exception and qualify for automatic reweighting.

If you're participating in MIPS at the APM Entity level (either reporting traditional MIPS or the APP), you can complete the MIPS Promoting Interoperability Hardship Exception application as an individual or group.

- APM Entities reporting the APP or traditional MIPS can't submit a MIPS Promoting Interoperability Hardship Exception application on behalf of the entire APM Entity.

- If approved, the MIPS eligible clinician will receive the APM Entity's score but will be excluded from the calculation when we create an average Promoting Interoperability performance category score for the APM Entity.

A MIPS Promoting Interoperability Hardship Exception doesn't exempt you from reporting on any CEHRT activities as may be required by your APM Entity.

Reminder: The Promoting Interoperability Performance Category Hardship Exception application isn't available to APM Entities.

Medicare Shared Savings Program

Unless excluded, for performance years beginning on or after January 1, 2025, an ACO participant, ACO provider/supplier, and ACO professional that is a MIPS eligible clinician, Qualifying APM Participant (QP), or Partial Qualifying APM Participant (Partial QP) must:

- Report the MIPS Promoting Interoperability performance category measures and requirements to MIPS at the individual, group, virtual group, or APM Entity level (i.e., ACO reports on behalf of its clinicians); and

- Earn a performance category score for the MIPS Promoting Interoperability performance category at the individual, group, virtual group, or APM Entity level.

This requirement applies regardless of the Shared Savings Program track in which the ACO participant, ACO provider/supplier, or ACO professional participates. For more information, please refer to the *Frequently Asked Questions on the Shared Savings Program Requirement to Report Objectives and Measures for the MIPS Promoting Interoperability Performance Category*.

These ACO participants, ACO providers/suppliers, and ACO professionals can apply for hardship exceptions and qualify for automatic reweighting just like other MIPS eligible clinicians.

Note: APM Entities, including ACOs, can't submit an application at the APM Entity level. You can complete the MIPS Promoting Interoperability Hardship Exception application as an individual or group. If approved, the MIPS eligible clinician will receive the APM Entity's score.

Medicare Shared Savings Program (Continued)

An ACO participant, ACO provider/supplier, or ACO professional that meets any of an exclusion DOES NOT need to submit a MIPS Promoting Interoperability Hardship Exception application. ACOs, including their ACO participants, ACO providers/suppliers, and ACO professionals that are MIPS eligible clinicians, QPs, or Partial QPs should know their status before submitting a hardship exception application, which cannot be granted because they are already excluded from reporting the MIPS Promoting Interoperability performance category. Applicable exclusions include:

- Not exceeding the low volume threshold as set forth in 42 CFR 414.1310(b)(1)(iii).

- An eligible clinician (as defined in 42 CFR 414.1305) who is not a MIPS eligible clinician as set forth in 42 CFR 414.1310(b)(2).

- Reweighting of the MIPS Promoting Interoperability performance category in accordance with 42 CFR 414.1380(c)(2)(i)(C) granted by CMS based on a significant hardship or other type of exception for a specific performance year. Bases for reweighting include being, as defined in 42 CFR 414.1305:
  - A non-patient facing clinician;
  - A hospital-based clinician;
  - An Ambulatory Surgery Center (ASC)-based clinician; or
  - In a small practice.

Note: An ACO participant, ACO provider/supplier, or ACO professional cannot be excluded from the Shared Savings Program's requirement to report the MIPS Promoting Interoperability performance category solely based on being a QP or Partial QP. If a QP or Partial QP meets an exclusion noted above, or is not an eligible clinician, the QP or Partial QP would not be required to report.

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MIPS Promoting
Interoperability
Performance Category
Hardship Exception:
Frequently Asked
Questions

Frequently Asked Questions

Question	Answer
Where can I look for a status update on my MIPS Promoting Interoperability Hardship Exception Application?	You can monitor your application status in your QPP Account on the QPP website.
Can additional staff members access/receive notifications about the status of the MIPS Promoting Interoperability Hardship Exception Application?	Yes, you can add additional staff or representatives who should receive notifications about the status of the application. In the Additional Access section of the application, provide the email address(es) of additional staff or representatives who you would like to receive email notifications. **Please note:** the additional staff or representatives must have HARP credentials to see the application on the QPP website.
How can I correct a mistake made on our MIPS Promoting Interoperability Hardship Exception Application?	If you identify an error with your application, please contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).

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MIPS Promoting
Interoperability
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Hardship Exception:
Application Steps

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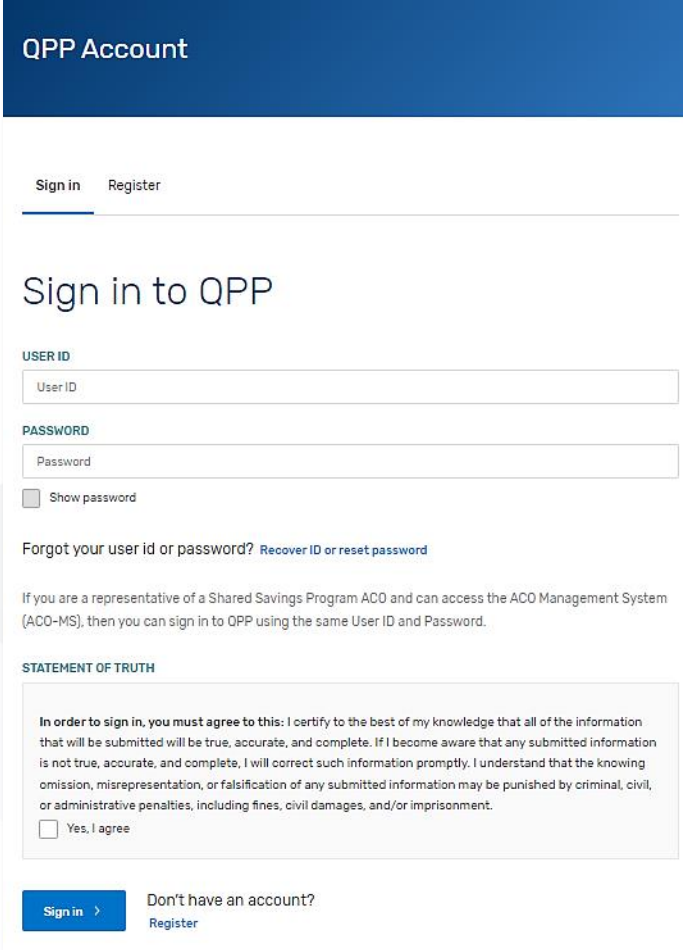# Step 1: Sign in to Your QPP Account

With your HARP credentials, sign in to your QPP Account on the QPP website.

Representatives of Medicare Shared Savings Program ACOs with a QPP Security Official or QPP Staff User role in the ACO Management System (ACO-MS) can access the QPP website using their ACO-MS Username and Password.

If you haven't signed in on the QPP website before, you must register for an account to obtain your HARP credentials. See the QPP Account Access Guide (ZIP, 4MB) for information on creating an account.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

QPP Account

Sign in   Register

Sign in to QPP

USER ID

User ID

PASSWORD

Password

☐ Show password

Forgot your user id or password? **Recover ID or reset password**

If you are a representative of a Shared Savings Program ACO and can access the ACO Management System (ACO-MS), then you can sign in to QPP using the same User ID and Password.

STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
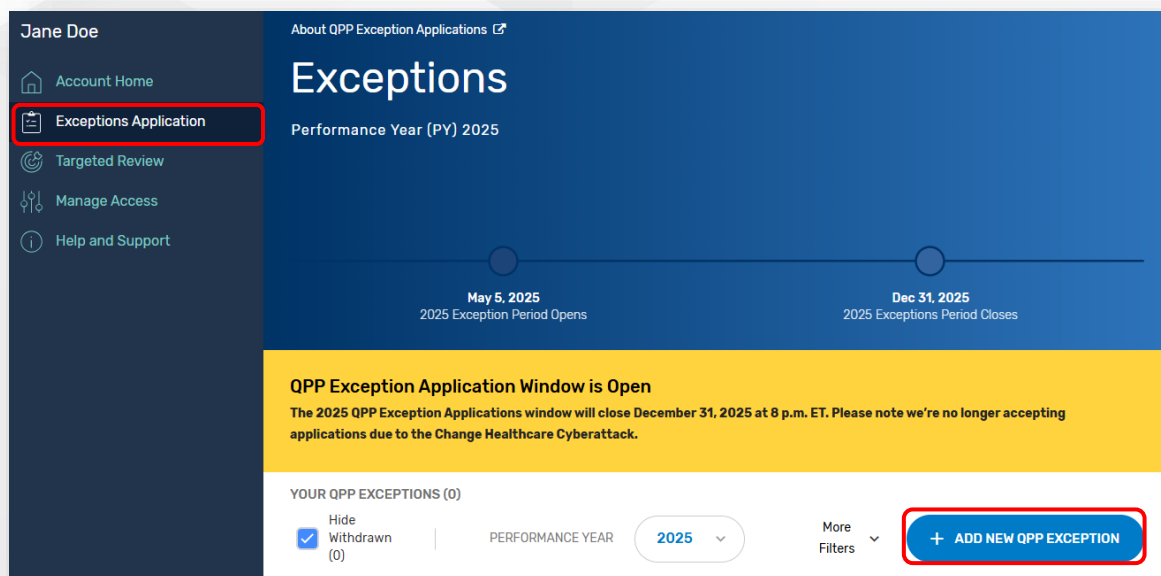
☐ Yes, I agree

Sign in ›   Don't have an account?
Register

Step 2: Navigate to Exceptions Application

Once you're signed into your account, select:

- The **Exceptions Application** tab in the left-hand navigation menu, then click **+ Add New QPP Exception**

    OR

- The **Start an Application** quick link on the home page.

> You can create and submit a new exception request until **December 31, 2025, 8 p.m. ET**.

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Step 3: Select Exception Type

Select the **MIPS Promoting Interoperability Performance Category Hardship Exception**, then click **Continue**.

Add New Exception

Exception Type *

◉ MIPS Promoting Interoperability Performance Category Hardship Exception
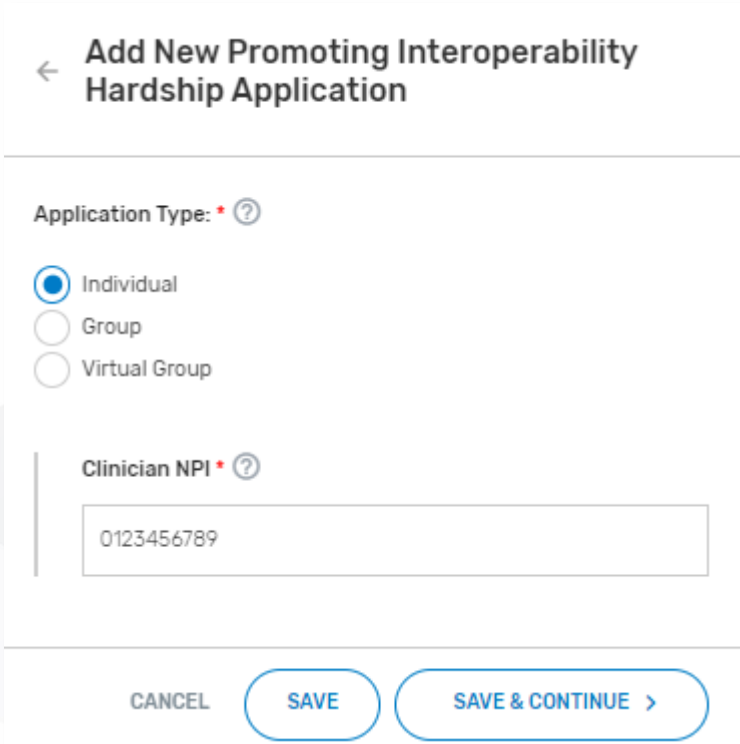
The MIPS Promoting Interoperability Performance Category Hardship Exception applications allows you to request reweighting specifically for the Promoting Interoperability performance category if you qualify for one of the reasons identified below.

- You have decertified EHR technology
- You have insufficient internet connectivity
- 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

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

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Step 4: Select Application Type

Select the **participation level** at which you intend (or intended) to participate in MIPS, then select **Save & Continue**.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.
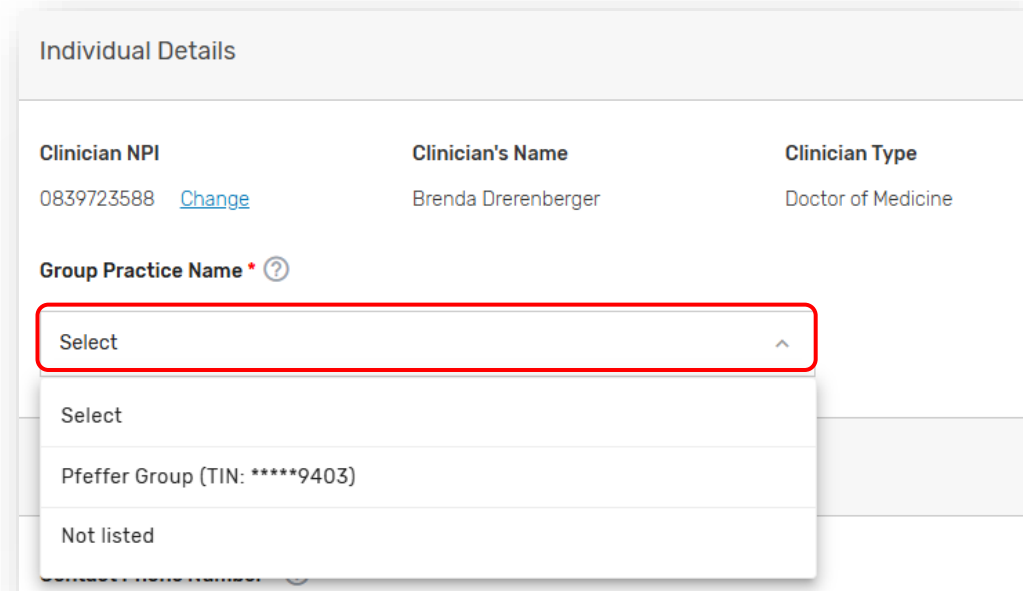
(Image features application at the individual level)

Step 5: Enter Participation Level Information

Enter the required participation level information.

The required information for each participation level is as follows:

Participation Level	Required Information
Individual Clinician	• National Provider Identifier (NPI) • Practice Affiliation
Group	• Taxpayer Identification Number (TIN)
Virtual Group	• Virtual Group Identifier

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

Individual Details

Clinician NPI	Clinician's Name	Clinician Type
0839723588 Change	Brenda Drerenberger	Doctor of Medicine

Group Practice Name * ⓘ

Select ▲

Select

Pfeffer Group (TIN: *****9403)

Not listed

(Image features application at the individual level)

Step 6: Enter Submitter Details

Enter your **contact information** (as the submitter) and identify your **relationship to the party** identified in the application.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

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Step 7: Enter Additional Staff in Additional Access Section

You can identify additional users to receive notifications about the application in the **Additional Access** section.

If there's a HARP account associated with the email address(es) you provide, the person will be able to sign in to their own account on the QPP website and access the application.

Additional Access

Additional Staff Access Email(s) ⓘ

| johndoe@pfgroup.com ✕ | Jackdoe@pfgroup.com ✕ |

|Enter email address(es)

Hit enter/comma after each entry to add multiple

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

Step 8: Select the Reason for the MIPS Promoting Interoperability Hardship

Select the option that aligns with your reason for submitting a MIPS Promoting Interoperability Hardship Exception application.

Promoting Interoperability Hardship Details

Reason for Promoting Interoperability Hardship * ⓘ

○ **Insufficient Internet Connectivity**

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).

○ **Extreme and Uncontrollable Circumstances**

In order to be approved for this hardship exception, the clinician(s) must attest to facing Extreme and Uncontrollable Circumstances that prevented the clinician(s) from meeting the requirements of the promoting interoperability (PI) performance category.

○ **Lack of Control over the Availability of CEHRT**

In order to be approved for this hardship application, the eligible clinician (s) must attest to a lack of control over the availability of CEHRT in 1 or more practice locations where more than 50 percent of the patient encounters occurred.

○ **EHR Decertification**

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 decertification.

You don't need to submit supporting documentation with your application. However, you should retain documentation of the circumstances supporting your application for your own records in case you are selected by CMS for data validation or an audit. See our 2025 MIPS Data Validation Criteria (ZIP, 2MB) for details on the data validation process.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

Step 9: Complete Attestation and Provide Event Description

Before submitting your application, you must **complete the attestation** (differs for each reason option).

- Insufficient Internet Connectivity

- Extreme and Uncontrollable Circumstances

- Lack of Control Over the Availability of CEHRT

- EHR Decertification

You also can provide an optional **brief description** on the hardship you experienced and how performance data is impacted.

Event Description (Optional) ⊘

Description of event that caused this hardship

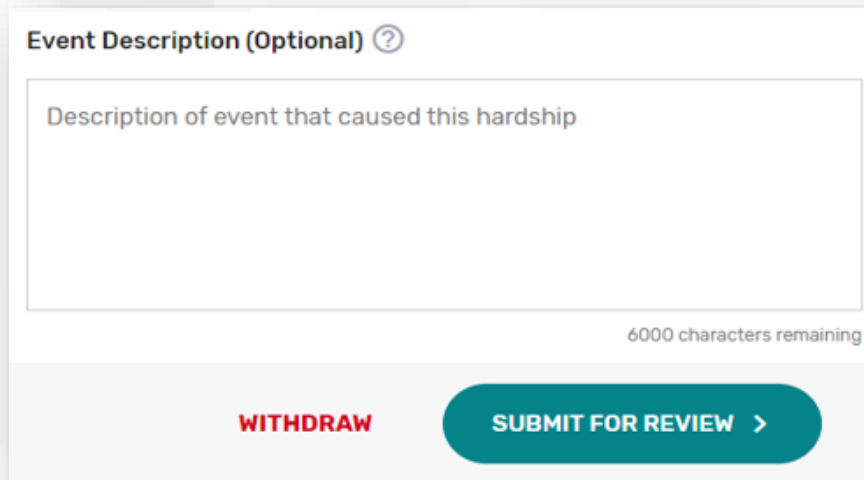6000 characters remaining

WITHDRAW   **SUBMIT FOR REVIEW >**

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

Step 9: Complete Attestation and Provide Event Description (Continued)

Reason Option 1: Insufficient Internet Connectivity

Review the attestation statement and select "I attest."

You can provide an optional description of the hardship event.

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Insufficient Internet Connectivity Details

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).

☑ **I attest that:** *

On behalf of the clinician(s) listed in this application, I am requesting this hardship exception and attest that the clinician(s) was(were) located in an area without sufficient Internet access to comply with the promoting interoperability (PI) performance category objectives requiring internet connectivity, and faced insurmountable barriers to obtaining such internet connectivity.

Event Description (Optional) ⑦

Description of event that caused this hardship

6000 characters remaining

Step 9: Complete Attestation and Provide Event Description (Continued)

<u>Reason Option 2</u>: Extreme and Uncontrollable Circumstances

Select the **Extreme and Uncontrollable Circumstances Event Type** that applies to you, enter the event dates, then review the attestation statement and select "I attest."

You can provide an optional description of the hardship event.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

In order to be approved for this hardship exception, the clinician(s) must attest to facing Extreme and Uncontrollable Circumstances as specified below that prevented the clinician(s) from meeting the requirements of the promoting interoperability (PI) performance category.

Extreme and Uncontrollable Circumstances Event Type * ⑦

- ◉ Disaster
- ○ Practice or Hospital Closure
- ○ Severe Financial Distress (bankruptcy or debt restructuring)
- ○ Vendor Issue

Event Date Range * ⑦

| Start Date *
1/1/2023 📅 | To | Present 📅 |

☑ Still persists

☐ **I attest that: ***

On behalf of the clinician(s) listed in this application, I am requesting this hardship exception and attest that the clinician(s) faced extreme and uncontrollable circumstances in the form a natural disaster in which the EHR system was damaged or destroyed.

Event Description (Optional) ⑦

Step 9: Complete Attestation and Provide Event Description (Continued)

<u>Reason Option 3</u>: Lack of Control Over the Availability of CEHRT

Review the attestation statement and select "I attest."

You can provide an optional description of the hardship event.

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Lack of Control over the Availability of CEHRT

In order to be approved for this hardship application, the eligible clinician(s) must attest to a lack of control over the availability of CEHRT in 1 or more practice locations where more than 50 percent of the patient encounters occurred.

☑ I attest that: *

On behalf of the clinician(s) listed in this application, I am requesting this hardship exception and attest that the clinician(s) lacked of control over the availability of CEHRT in 1 or more practice locations where more than 50 percent of the patient encounters occurred.

Event Description (Optional) ⦵

Enter a brief description of the event that caused this hardship

6000 characters remaining

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Step 9: Complete Attestation and Provide Event Description (Continued)

Reason Option 4: EHR Decertification

Enter the date that your EHR was decertified (under ONC's Health IT Certification Program) and your ONC-ACB Certification ID. Then, review the attestation statement and select "I attest."

You can provide an optional description of the hardship event.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

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Step 10: Submit MIPS Promoting Interoperability Hardship Exception Application

Once you're done with your application, review the disclosures, then select **Certify & Submit**.

Certify and Submit for Review

∨ **Submission Summary**   EXPORT (PDF)

General Notice

No Quality Payment Program Promoting Interoperability performance category hardship exception may be granted unless this application is completed. If the clinician or group associated with this application reports any data as an individual or a group to the Promoting Interoperability category this application will be dismissed. If this individual or group is a participant in a MIPS Alternative Payment Model (APM) they do not need to report data for the Promoting Interoperability performance category. However, the individual or group will receive the APM entity score for Promoting Interoperability as determined by the APM scoring standard if the performance category is not reweighted for the entire APM entity.

Disclosures

Submission of this Promoting Interoperability performance category hardship exception application is voluntary. Failure to provide necessary information to identify the clinician or group will result in processing delays or denial of the Quality Payment Program Promoting Interoperability performance category hardship exception application.

Notice

Any person who knowingly files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable under Federal and state law and

By submitting this Promoting Interoperability Hardship Exception Application, I am certifying that the details entered are correct to the best of my knowledge. Furthermore, I am submitting this request as

CLOSE   CERTIFY & SUBMIT ❯

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

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MIPS Promoting Interoperability Hardship Exception Application Submission Confirmation

After you submit your MIPS Promoting Interoperability Hardship Exception application, you'll receive a message stating that your Hardship Exception application has been successfully submitted and is pending review.

You'll also receive an email notification.

See Appendix D for information on the various application statuses.

NOTE: The screenshots included in this Guide are based on the QPP test environment. Because we are always working to incorporate feedback and improve the user experience, there may be differences between the screenshots and what you see on the QPP website.

The PI Hardship application for **Brenda Drerenberger NPI: 0839723588 / TIN: *****9403** has been approved.

EXPORT APPLICATION (PDF)

Please 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**.

DONE

Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Visit the Small Practices page of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.

Version History

If we need to update this document, changes will be identified here.

DATE	DESCRIPTION
05/06/2025	Original Posting.

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 2/28/2027). This information collection is the tool to request that MIPS Promoting Interoperability Hardship Exception applications allow you to request that your MIPS Promoting Interoperability performance category be reweighted to 0%. The time required to complete this information collection is estimated to average .25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and all information collected will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information.   Pursuant to this regulation, CMS may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutory and regulatory mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.

Under the Privacy Act of 1974 (5 U.S.C. 552a) any personally identifying information obtained will be kept private to the extent of the law.

Appendices

Appendix A. Automatic Reweighting in the MIPS Promoting Interoperability Performance Category

Reason for Reweighting (Individual Clinicians)	Action Needed by the Individual
You have one of these Special Statuses: • Small Practice; • Ambulatory Surgical Center (ASC)-based; • Hospital-based; or • Non-patient facing	**None –** You're automatically excepted from having to submit data for this performance category as an individual, though you may still choose to do so. You'll be scored in this performance category if your practice is participating as a group or virtual group and doesn't qualify for reweighting.
Reason for Reweighting (Groups and Virtual Groups)	**Action Needed by the Group or Virtual Group**
You have one of the following Special Statuses: • ASC-based. • Small Practice • Hospital-based: Group or virtual group must have more than 75% of clinicians designated as hospital-based. • Non-patient facing: Group or virtual group must have more than 75% of clinicians designated as non-patient facing.	You'll be scored in this performance category if your practice is participating as a group or virtual group and doesn't qualify for reweighting.
All of the MIPS eligible clinicians in your group or virtual group qualify for reweighting as individuals (through any combination of special statuses or approved MIPS Promoting Interoperability Hardship Exception).	You'll be scored in this performance category if your practice is participating as a group or virtual group and doesn't qualify for reweighting.

Appendix B. MIPS Performance Category Weight Redistribution Policies Under Traditional MIPS and MVPs Finalized for the 2025 Performance Year: Individual Clinicians, Groups, and Virtual Groups

The table below illustrates the 2025 performance category weights and reweighting policies that CMS will apply to clinicians, groups, and virtual groups reporting via traditional MIPS or MVPs.

Refer to Appendix D for reweighting policies that apply to APM Entities.

Important Reminders:
- Individual Clinicians, Groups, Virtual Groups: If fewer than 2 performance categories can be scored (meaning 1 performance category is weighted at 100%, or all performance categories are weighted at 0%), the clinician, group, or virtual group will receive a final score equal to the performance threshold and the MIPS eligible clinicians will receive a neutral payment adjustment in the 2027 payment year.

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
No Reweighting				
Standard Weighting under traditional MIPS	30%	30%	15%	25%
Reweight 1 Performance Category				
No Cost (Cost → Quality and Promoting Interoperability)	55%	0%	15%	30%
No Improvement Activities (Improvement Activities → Quality)	45%	30%	0%	25%
No Promoting Interoperability (Promoting Interoperability → Quality)	55%	30%	15%	0%
No Quality (Quality → Promoting Interoperability)	0%	30%	15%	55%

Note: Small practices have a different performance category weight redistribution policy than individual clinicians, larger groups, and virtual groups (see Appendix C).

Appendix B. MIPS Performance Category Weight Redistribution Policies Under Traditional MIPS and MVPs Finalized for the 2025 Performance Year: Individual Clinicians, Groups, and Virtual Groups (Continued)

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
Reweight 2 Performance Categories				
No Cost + No Promoting Interoperability (Cost + Promoting Interoperability → Quality)	85%	0%	15%	0%
No Cost + No Quality (Cost + Quality → Promoting Interoperability)	0%	0%	15%	85%
No Cost + No Improvement Activities (Cost + Improvement Activities → Promoting Interoperability + Quality)	70%	0%	0%	30%
No Promoting Interoperability + No Quality (Promoting Interoperability + Quality → Cost + Improvement Activities)	0%	50%	50%	0%
No Promoting Interoperability + No Improvement Activities (Promoting Interoperability + Improvement Activities → Quality)	70%	30%	0%	0%
No Quality + No Improvement Activities (Quality + Improvement Activities → Promoting Interoperability)	0%	30%	0%	70%

Note: If you have multiple performance categories reweighted to 0% so that a single performance category is weighted at 100% of your final score, you'll receive a score equal to the performance threshold. See next slide for additional information.

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Appendix B. MIPS Performance Category Weight Redistribution Policies Under Traditional MIPS and MVPs Finalized for the 2025 Performance Year: Individual Clinicians, Groups, and Virtual Groups (Continued)

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
Reweight 3 Performance Categories				
If you have multiple performance categories reweighted to 0% so that a single performance category is weighted at 100% of your final score, you'll receive a score equal to the performance threshold and you'll receive a neutral payment adjustment.				
Reweight 4 Performance Categories				
If all performance categories are reweighted to 0%, you'll receive a score equal to the performance threshold and you'll receive a neutral payment adjustment.				

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Appendix C. MIPS Performance Category Weight Redistribution Policies Under Traditional MIPS Finalized for the 2025 Performance Year: Small Practices

The table below illustrates the 2025 performance category weights and reweighting policies that CMS will apply to small practices.

Refer to Appendix D for reweighting policies that apply to APM Entities reporting the APP. APM Entities reporting traditional MIPS or MVPs can **only** request reweighting for **all** performance categories.

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
No Reweighting				
Standard Weighting under traditional MIPS	30%	30%	15%	25%
Reweight 1 Performance Category				
No Cost (Cost → Quality and Promoting Interoperability)	55%	0%	15%	30%
No Improvement Activities (Improvement Activities → Quality)	45%	30%	0%	25%
No Promoting Interoperability (Promoting Interoperability → Quality and Improvement Activities)	40%	30%	30%	0%
No Quality (Quality → Promoting Interoperability)	0%	30%	15%	55%

Table continues on next slide.

Appendix C. MIPS Performance Category Weight Redistribution Policies Under Traditional MIPS Finalized for the 2025 Performance Year: Small Practices (Continued)

MIPS Performance Category Reweighting Scenario	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
Reweight 2 Performance Categories				
No Cost + No Promoting Interoperability (Cost + Promoting Interoperability → Quality and Improvement Activities)	50%	0%	50%	0%
No Cost + No Quality (Cost + Quality → Promoting Interoperability)	0%	0%	15%	85%
No Cost + No Improvement Activities (Cost + Improvement Activities → Promoting Interoperability + Quality)	70%	0%	0%	30%
No Promoting Interoperability + No Quality (Promoting Interoperability + Quality → Cost + Improvement Activities)	0%	50%	50%	0%
No Promoting Interoperability + No Improvement Activities (Promoting Interoperability + Improvement Activities → Quality)	70%	30%	0%	0%
No Quality + No Improvement Activities (Quality + Improvement Activities → Promoting Interoperability)	0%	30%	0%	70%

Note: If you have multiple performance categories reweighted to 0% so that a single performance category is weighted at 100% of your final score, you'll receive a score equal to the performance threshold and you'll receive a neutral payment adjustment.

APPENDICES

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Appendix D. MIPS Performance Category Weight Redistribution Policies for APM Entities and the APP Finalized for the 2025 Performance Year

The table below illustrates the 2025 performance category weights and reweighting policies that apply to individual clinicians, groups, and APM Entities reporting via the APP.

Reminders:

- The cost performance category weight is zero percent for clinicians scored through the APP.

- There are no reporting requirements for the improvement activities performance category under the APP for the 2025 performance year. Participants reporting via the APP will automatically receive full credit for the improvement activities performance category for the 2025 performance year.

- MIPS participants reporting via the APP will follow the same reporting requirements as traditional MIPS for the Promoting Interoperability performance category.

MIPS Performance Category Reweighting Scenario under the APP	Quality Category Weight	Cost Category Weight	Improvement Activities Category Weight	Promoting Interoperability Category Weight
No Reweighting				
Standard Weighting under the APP	50%	0%	20%	30%
Reweight 1 Performance Category				
No Promoting Interoperability (Promoting Interoperability → Quality)	75%	0%	25%	0%
No Quality (Quality → Promoting Interoperability)	0%	0%	25%	75%
Reweight 2 + Performance Categories				
If you have multiple performance categories reweighted to 0% so that a single performance category is weighted at 100% of your final score, you'll receive a score equal to the performance threshold and you'll receive a neutral payment adjustment.				

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Appendix E. MIPS Promoting Interoperability Hardship Exception Application Status Descriptions

The table below provides a description of each application status in the order of which they occur.

Draft in Progress	Submitted – Pending Approval	Approved / Denied	Withdrawn
◐ Draft in Progress	🕐 Submitted – Pending Approval	✅ Approved	⊘ Withdrawn
You're currently working on your application and haven't submitted it yet. Select Manage to continue working on your application.	You've successfully completed and submitted your application. Applications are reviewed in the order of which they're received.	We completed our review of your application and approved your request. ❌ Denied We completed our review of your application and denied your request.	You've withdrawn your application. You can withdraw your application at any point in the process. An application can't be reopened after being withdrawn. You'll need to complete a new application.