

2020 Quality Payment Program (QPP) Exception Applications Fact Sheet

We understand that there may be circumstances out of your control that make it difficult for you to meet program requirements. To reduce this burden, we provide an opportunity for qualifying clinicians and groups to apply for exceptions to meeting the Merit-based Incentive Payment System (MIPS) program requirements.

In certain circumstances, these exceptions may be applied automatically.

- **Extreme and Uncontrollable Circumstances Exception Application**
This application allows you to request reweighting for any or all performance categories if you encounter an extreme and uncontrollable circumstance or public health emergency, such as COVID-19, that is outside of your control.
 - [Overview](#)
 - [Helpful Hints and Answers to Frequently Asked Questions](#)
- **Promoting Interoperability Performance Category Hardship Exception Application**
This application allows you to request reweighting specifically for the Promoting Interoperability performance category if you qualify for one of the listed exceptions.
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New for the 2020 performance year: You must have a HCQIS Access Roles and Profile (HARP) account to complete and submit an exception application on behalf of yourself, or another MIPS eligible clinician, group or virtual group. For more information on HARP accounts, please refer to the **Register for a HARP Account** document in the [QPP Access User Guide](#).



MIPS Extreme and Uncontrollable Circumstances Exception Application Overview

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| What | <p>MIPS Extreme and Uncontrollable Circumstances Exception Application allow you to request one or more performance categories be reweighted to 0%.</p> <ul style="list-style-type: none"> • See Appendix A for more information about how performance category weights are redistributed |
| Who | <p>Individual Clinicians, Groups, and Virtual Groups</p> <ul style="list-style-type: none"> • Third Party Intermediaries can submit an application with permission from the clinician or practice. |
| Why | <p>You can submit an application to have your MIPS Quality, Cost, Improvement Activities, and/or Promoting Interoperability performance categories reweighted to 0% if:</p> <ul style="list-style-type: none"> • You experience an extreme and uncontrollable circumstance outside of your control, such as a natural disaster or public health emergency (e.g. COVID-19 pandemic), that prevents you from collecting data for an extended period of time, or that could impact your performance on cost measures. |
| When | <p>Now through December 31, 2020 8 p.m. ET</p> |
| Where | <p>New for 2020: Sign in to qpp.cms.gov with your HCQIS Access and Roles Profile (HARP) account</p> <ul style="list-style-type: none"> • For more information on HARP accounts, please refer to the Register for a HARP Account document in the QPP Access User Guide. |
| How | <ol style="list-style-type: none"> 1. Register for a HARP account 2. Sign in to qpp.cms.gov 3. Select 'Exceptions Applications' on the left-hand navigation 4. Select 'Add New Exception' 5. Select 'Extreme and Uncontrollable Circumstances Exception' 6. Complete the application for individual, group or virtual group participation |

What Else Do I Need to Know About the Extreme and Uncontrollable Circumstances Exception Application?

You may qualify for our automatic extreme and uncontrollable circumstances policy

- If you are an individual MIPS eligible clinician located in a CMS-designated area affected by an extreme and uncontrollable event during the 2020 MIPS performance year, you don't need to submit an application.
- These clinicians qualify for automatic reweighting of all MIPS performance categories and will receive a neutral payment adjustment.
- The automatic extreme and uncontrollable circumstances policy does not apply to groups or virtual groups.
- **At this time, no qualifying events have been identified for the 2020 MIPS performance year.** Sign up for [QPP Updates](#) for announcements about events that trigger the automatic extreme and uncontrollable circumstances policy.

You can submit an application to have your MIPS Quality, Cost, Improvement Activities, and/or Promoting Interoperability performance categories reweighted to 0% due to the 2019 Novel Coronavirus (COVID-19).

- If the COVID-19 pandemic prevents you, your practice or your virtual group from collecting 2020 MIPS performance period data for an extended period of time, or could impact your performance on cost measures, you can submit an extreme and uncontrollable circumstances application through December 31.
- We are exploring similar flexibilities for Alternative Payment Model (APM) Entities and will share more information soon.

You are not 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 are selected by CMS for data validation or audit.

You can still submit data for the MIPS performance categories selected for reweighting in the application.

- Data submission overrides the performance category reweighting approved through your application on a category-by-category basis.
- Groups and virtual groups will not be scored on the All-Cause Hospital Readmission measure if the extreme and uncontrollable circumstances request is approved for the Quality performance category and no Quality data is submitted.
- If you were approved for reweighting of the Cost performance category, you will never be scored on Cost measures because there are no data submission requirements associated with the Cost performance category.

For example: You, a MIPS eligible clinician, submit an application to have all four performance categories reweighted, but later determine you are able to collect and submit data for the Improvement Activities and Promoting Interoperability performance categories.

- You will receive a MIPS final score based on the data submitted; the Improvement Activities performance category will be weighted to 15% and Promoting Interoperability performance category will be weighted to 85% of your final score.
 - The Quality performance category will retain a 0% weight because you didn't submit Quality data.
 - The Cost the performance category will retain a 0% weight because there are no data submission requirements associated with the Cost performance category.

An individual clinician, group, or virtual group must be scored on at least two performance categories to earn a MIPS final score greater than the performance threshold.

- While you can complete an application for three performance categories, the approved performance categories would be weighted at zero percent of the final score.
- When fewer than two performance categories can be scored, the final score for the 2020 MIPS performance period would be equal to the performance threshold and you would receive a neutral payment adjustment in 2022.

We consider the length of time you were impacted by an extreme and uncontrollable circumstance when reviewing your application.

- We will review both the event circumstances and timing to assess the ability of a MIPS eligible clinician to submit data for each performance category selected in the application.
 - For example, the performance period for an improvement activity is a continuous 90-day period (or as specified in the activity description) whereas the performance period for the Quality performance category is 12 months, so an issue lasting 3 months may have more impact on the availability of measures for the Quality performance category than your ability to perform and attest to improvement activities.

You can identify additional people to access or receive notifications about the status of the application you're submitting.

In the Additional Access section of the application, you can provide the email address(es) of additional staff or representatives who should receive notifications about the status of the application.

- When you enter an email address that's associated with a HARP account, that person will also be able to access the application when they sign in to gpp.cms.gov with their HARP credentials.
- If you are submitting an application on behalf of an individual, group or virtual group, users with access to the practice or virtual group on gpp.cms.gov will only be able to access the application if you add the email associated with their HARP account

Promoting Interoperability Performance Category Hardship Exception Application Overview

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| What | <p>MIPS Promoting Interoperability Hardship Exception Applications allow you to request that your MIPS Promoting Interoperability performance category be reweighted to 0%</p> <ul style="list-style-type: none"> • See Appendix B for information about the clinicians, groups and virtual groups that automatically qualify for reweighting of this performance category |
| Who | <p>Individual Clinicians, Groups, Virtual Groups</p> <ul style="list-style-type: none"> • Third Party Intermediaries can submit an application with permission from the clinician or practice. |
| Why | <p>You can submit an application to have your MIPS Promoting Interoperability performance category reweighted to 0% if:</p> <ul style="list-style-type: none"> • You're a small practice • 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 <p>Lacking 2015 Edition CEHRT does not qualify as a reason to submit an application.</p> |
| When | <p>Now through December 31, 2020 8 p.m. ET</p> |
| Where | <p>New for 2020: Sign in to qpp.cms.gov with your HCQIS Access and Roles Profile (HARP) account.</p> <ul style="list-style-type: none"> • For more information on HARP accounts, please refer to the Register for a HARP Account document in the QPP Access User Guide. |
| How | <ol style="list-style-type: none"> 1. Register for a HARP account 2. Sign in to qpp.cms.gov 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 |

What Else Do I Need to Know About the MIPS Promoting Interoperability Performance Category Hardship Exception Application?

You may automatically qualify for reweighting in this performance category.

- See [Appendix B](#)
- If you automatically qualify for reweighting, you don't need to submit an exception application.

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

- If your circumstances change and you're able to collect and submit your Promoting Interoperability data, we will disregard your hardship exception and you will be scored in this performance category.
- You will also be scored in this performance category if you attest to any data, such as selecting performance period dates or responding to attestation statements, during the submission period.

You are not 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 are selected by CMS for data validation or audit.

Every office location/practice site within the Taxpayer Identification Number (TIN) must experience the hardship for the group to qualify for the Promoting Interoperability performance category 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 performance category hardship and must report for those clinicians for whom they have data.

Every TIN within the virtual group must experience the hardship for the virtual group to qualify for the Promoting Interoperability performance category 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 performance category hardship and must report for those clinicians for whom they have data.

You can apply for a MIPS Promoting Interoperability performance category 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 qualify as extreme and uncontrollable circumstances for a MIPS Promoting Interoperability performance category hardship exception:

- A natural disaster resulting in damage to or destruction of your CEHRT
- Practice or hospital 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 electronic health record (EHR) product is decertified during the 2020 Performance Year.

- You can still 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 performance category hardship exception and select decertified EHR technology.

If you are in a MIPS Alternative Payment Model (APM) and will be scored under the APM Scoring Standard, you do not need to submit Promoting Interoperability data if you have an approved MIPS Promoting Interoperability hardship exception at the individual or group level.

- You cannot submit an application on behalf of the APM Entity, but you can submit an application on behalf of an individual or group within the APM Entity.
- You will still receive the APM Entity score for Promoting Interoperability as determined by the APM Scoring Standard unless the performance category is reweighted for the entire entity.
- Please note, however, that the MIPS Promoting Interoperability performance category hardship exception does not exempt you from reporting on any certified EHR technology (CEHRT) activities required for participation in your APM.

You can identify additional people to access or receive notifications about the status of the application you're submitting.

In the Additional Access section of the application, you can provide the email address(es) of additional staff or representatives who should receive notifications about the status of the application.

- When you enter an email address that's associated with a HARP account, that person will also be able to access the application when they sign in to qpp.cms.gov with their HARP credentials.
- If you are submitting an application on behalf of an individual, group or virtual group, users with access to the practice or virtual group on qpp.cms.gov will only be able to access the application if you add the email associated with their HARP account

Where You Can Go for Help

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: QPP@cms.hhs.gov.
 - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.
- 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](#).

Additional Resources

The [QPP Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

| Resource | Description |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality Payment Program Access User Guide | The 'Register for a HCQIS Access Roles and Profile (HARP) Account' in this zip file will guide you through the process of obtaining a User ID and password to sign in to the QPP and complete an exception application. |

Version History

| Date | Change Description |
|-----------|--------------------|
| 6/24/2020 | Original version |

Appendix A. Performance Category Weight Redistribution Policies Finalized for the 2020 Performance Year

The table below illustrates the 2020 performance category weights and reweighting policies that CMS will apply to clinicians under MIPS.¹

As a reminder, 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 2022 payment year.

| Performance Category Reweighting Scenario | Quality Category Weight | Cost Category Weight | Improvement Activities Category Weight | Promoting Interoperability Category Weight |
|--------------------------------------------------------------------|-------------------------|----------------------|----------------------------------------|--------------------------------------------|
| No Reweighting Applies | 45% | 15% | 15% | 25% |
| Reweight 1 Performance Category | | | | |
| No Cost | 55% | 0% | 15% | 30% |
| No Promoting Interoperability | 70% | 15% | 15% | 0% |
| No Quality | 0% | 15% | 15% | 70% |
| No Improvement Activities | 60% | 15% | 0% | 25% |
| Reweight 2 Performance Categories | | | | |
| No Cost and No Promoting Interoperability | 85% | 0% | 15% | 0% |
| No Cost and No Quality | 0% | 0% | 15% | 85% |
| No Cost and No Improvement Activities | 70% | 0% | 0% | 30% |
| No Promoting Interoperability and No Quality | 0% | 50% | 50% | 0% |
| No Promoting Interoperability and No Improvement Activities | 85% | 15% | 0% | 0% |
| No Quality and No Improvement Activities | 0% | 15% | 0% | 85% |

¹ This table does not represent performance category weight redistribution for eligible clinicians scored under the APM Scoring Standard.

Appendix B. Automatic Reweighting in the Promoting Interoperability Performance Category

| Reason for Reweighting (Individual Clinicians) | Action Needed by the Individual |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>You have one of these Special Statuses:</p> <ul style="list-style-type: none"> • Ambulatory Surgical Center (ASC)-based; • Hospital-based; or • Non-patient facing | <p>None – You are automatically excepted from having to submit data for this performance category as an individual, though you may still choose to do so.</p> <p>You will be scored in this performance category if your practice is participating as a group or virtual group and does not qualify for reweighting.</p> |
| <p>You are one of these clinician types:</p> <ul style="list-style-type: none"> • Physician assistant • Nurse practitioner • Clinical nurse specialist • Certified registered nurse anesthetist • Physical therapist • Occupational therapist • Qualified speech-language pathologist • Qualified audiologist • Clinical psychologist • Registered dietitian or nutrition professional | <p>None – You are automatically excepted from having to submit data for this performance category as an individual, though you may still choose to do so.</p> <p>You will be scored in this performance category if your practice is participating as a group or virtual group and does not qualify for reweighting.</p> |
| Reason for Reweighting (Groups and Virtual Groups) | Action Needed by the Group or Virtual Group |
| <p>You have one of these Special Statuses:</p> <ul style="list-style-type: none"> • Ambulatory Surgical Center (ASC)-based; • Hospital-based; or • Non-patient facing <p>Note: Groups and virtual groups are considered hospital-based (and non-patient facing) when more than 75% of the MIPS eligible clinicians in the group are hospital-based (or non-patient facing) as individuals.</p> | <p>You will be scored in this performance category if your practice is participating as a group or virtual group and does not qualify for reweighting.</p> |
| <p>All of the MIPS eligible clinicians in your group or virtual group qualify for reweighting as individuals (through any combination of special statuses, clinician type, and approved hardship exceptions).</p> | <p>You will be scored in this performance category if your practice is participating as a group or virtual group and does not qualify for reweighting.</p> |