

Hardship Application Open for MIPS' Advancing Care Information

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“Extreme and uncontrollable” circumstances provide a way out of a key component of the Merit-based Incentive Payment System (MIPS) of the Quality Payment Program (QPP). The [QPP Hardship Exception Application for the MIPS program year 2017 just opened on August 2, with circumstances](#) such as natural disasters, practice closures, and severe financial distress topping the list. Electronic health record vendor “issues” also qualify, which is consistent with the hardship applications of the recent past. According to the Centers for Medicare & Medicaid Services (CMS), which administers the program, the agency doesn’t require any documentation be submitted in conjunction with the application. CMS even purports to accept verbal applications via its customer service center. The government advises that the agency will send a confirmation email that an application was submitted – and that it is pending, approved, or dismissed. Further, CMS counsels participants: “Clinicians and groups should retain documentation of their circumstances supporting their application for their own records in the event CMS requests data validation or audit.”

In addition to “extreme and uncontrollable” circumstances, CMS is accepting applications on the basis of insufficient Internet connectivity and/or lack of control over the availability of certified electronic health record technology (CEHRT).

There may be no reason, however, to submit this application. First, the category of “advancing care information” (ACI) – the new name for meaningful use under the QPP’s MIPS – offers automatic exemptions for certain clinicians. These so-called “special status clinicians” receive automatic exemption from this category of MIPS in 2017. These include hospital-based clinicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, as well as non-patient facing and hospital-based MIPS-eligible clinicians. According to CMS, there is no need to submit an application, but you may want to double check if there are any doubts about your qualifications.

Second, this particular exemption will not relieve you from the penalties associated with program year 2017. In fact, the hardship application will simply provide a way out of the

ACI *category*, not the program. The weight associated with ACI – 25% - gets transferred to the other categories. For most, that makes Quality measures worth 80% and Improvement Activities worth the remaining 20%.

Next, recognize that it's simple to comply with program year 2017. There's not even a requirement to have an EHR system to participate. Indeed, without an EHR system, you can even potentially gain a bonus by submitting quality measures via claims, and confirm your completion of improvement activities. If you want to take your foot off the brake – and just perform the absolute minimum, you can relieve yourself of any penalties by submitting confirmation that you performed one of 92 different improvement activities. [Read more about the “pick your pace” option](#) available for program year 2017 only.

Finally, recognize that CMS has exempted any clinician who sees less than 100 Medicare patients a year – or receives less than \$30,000 in total allowed Part B charges - from the QPP. (Confirm [your exempt status at this link](#) by keying your NPI into the “Check NPI” field.) The agency has proposed raising this minimum to 300 patients or \$90,000 for program year 2018, emphasizing that this exemption would be the entire program, not just a single category. If you fit this new threshold, you may not want to invest a tremendous amount of resources into compliance with the new program. However, CMS won't announce its decision about the new exemption threshold until November.

Check out [the program's website](#) for more information.

Please see [the March edition of the SVMIC Sentinel](#) for more information on participation.

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