



**2016 ELIGIBLE PROFESSIONAL (EP)
 MEDICARE EHR INCENTIVE PROGRAM
 HARDSHIP EXCEPTION APPLICATION – MULTIPLE EPs**

Please use this application if you are applying for a hardship for more than one (1) individual EP

SECTION 1: EP INFORMATION

The EP submission deadline for a 2016 Medicare EHR Incentive Program hardship exception is 11:59 PM EDT July 1, 2015.

Provide the following information regarding the first EP that is applying for the hardship exception to the payment adjustment for the Medicare EHR Incentive Program. All required fields are indicated with an asterisk.*

Please complete Section 3 for all other EPs applying for this hardship exception. Note that the multiple EPs must be from the same group practice and meet all requirements for the same hardship exemption. Only a maximum of 100 EPs may apply under any one hardship application.

| | | | |
|---|---------------------------|----------------------|----------------------------|
| First Name* | Middle Initial | Last Name* | Credentials (MD, DO, etc.) |
| Individual National Provider Identifier (NPI) (10 digits)* (Do <u>not</u> include a Group NPI; only provide the EP's Individual NPI) | | | |
| Practice Address Line 1 (Street Name and Number – <u>not</u> a Post Office Box or Practice Name)* | | | |
| Practice Address Line 2 (Suite, Room, etc.) | | | |
| City/Town* | State (2 character code)* | Zip Code (5 digits)* | |
| Email Address* (This is how we will communicate with you.) | | | |
| Business Telephone Number (include Area Code) | | Extension | |



SECTION 2: HARDSHIP EXCEPTION REASON FOR APPLICATION

Choose the **ONE** reason that best applies to the circumstance preventing you from demonstrating meaningful use, and complete the required sections of this application as outlined below.

| REASON FOR APPLICATION | REQUIRED SECTIONS |
|--|--------------------------------|
| Lack of Infrastructure | Complete Sections 1, 2.1 and 3 |
| Unforeseen and/or Uncontrollable Circumstances | Complete Sections 1, 2.2 and 3 |
| Lack of Control over the Availability of Certified EHR Technology | Complete Sections 1, 2.3 and 3 |
| Lack of Face-to-Face Interaction | Complete Sections 1, 2.4 and 3 |

Section 2.1 – Lack of Internet Infrastructure Available

In order to be approved for this hardship exception, EPs must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g. lack of broadband).

What is the size of the practice? (Check one of the following*)

- | | |
|--|---|
| <input type="checkbox"/> Single Physician Practice | <input type="checkbox"/> Rural Health Clinic (up to 5 physicians) |
| <input type="checkbox"/> Small Practice (2-4 physicians) | <input type="checkbox"/> Clinic/Large Practice (5-25 physicians) |

Is internet connectivity available at the practice location by any means?*

- Yes
 No

If internet connectivity is available, what is the barrier preventing the EP from obtaining sufficient internet connectivity? (Please provide all applicable cost information.)

Monthly internet service fee (provide cost):

Infrastructure build-out required (provide cost):



Other infrastructure Issue: (Please describe the Infrastructure Issue and any associated costs preventing the EP from demonstrating meaningful use.)

Items to include with the application (*required if internet access is available)

- Infrastructure build-out cost quote from Internet Service Provider
- Proof of other infrastructure Issue

Section 2.2 Unforeseen and/or Uncontrollable Circumstances – Please complete only the section that applies to your hardship

In order to be approved for this hardship exception, during the past 1 or 2 calendar years (2014 or 2015) preceding the payment adjustment year (2016), the EP must have faced unforeseen and/or uncontrollable circumstances as listed below that prevented the EP from becoming a meaningful user.

Disaster

Date of Disaster (MM/DD/YYYY)*:

Indicate the county in which the practice is located:

Indicate the type of disaster below*:

- | | |
|---|---|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Disaster declared by FEMA or HHS |
| <input type="checkbox"/> Tornado | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Hurricane/Tropical Storm | <input type="checkbox"/> Explosion |
| <input type="checkbox"/> Other (provide brief description): | |

Items to include with the application (*required unless declared disaster area by FEMA or HHS)

- Proof of Disaster (examples: insurance verification, newspaper article with source, etc.)



Practice Closure

Date of Closure (MM/DD/YYYY)*:

Items to include with the application*

- Proof of Closure/Dissolution of practice - official documentation is required*

Bankruptcy or Debt Restructuring

Date of Bankruptcy/Debt Restructuring Filing (MM/DD/YYYY)*:

Is the EP still associated with the organization that filed for Bankruptcy/Debt Restructuring*?

- Yes
 No

Date of expected emergence from Bankruptcy/Debt Restructuring (MM/DD/YYYY)*:

In order to qualify for this hardship, the date of emergence from bankruptcy or debt restructuring must be during or after the EHR reporting period.

Items to include with the Application (At least one is required* and that item MUST be associated with a court system)

- Voluntary Petition - submit a signed and dated Voluntary Petition/Official Form 1 (B1) that was filed with the bankruptcy court (do not include exhibits A, B, C or D or any attached schedules).
- Involuntary Petition - submit a signed and dated Involuntary Petition/Official Form 5 (B5) that was filed with the bankruptcy court.
- In the alternative, a copy of the bankruptcy judge's order or judgment issued will be accepted. The document submitted must contain the debtor's name, the docket number and date of the court order.

EHR Certification/Vendor Issues

- Loss of EHR Certification
 Closure of EHR Vendor
 2014 Edition EHR Vendor Certification Issues and Delays, which includes 2014 product is installed but not yet fully implemented



Indicate name of EHR product, version number, and CEHRT (if available) in box below:

Note: CMS EHR Certification ID is provided by the Office of the National Coordinator (ONC) via <http://onc-chpl.force.com/ehrcert>. If product no longer has a Certification ID, please provide prior Certification ID.*

Section 2.3 Lack of Control over the Availability of Certified EHR Technology

In order to be approved for this hardship exception, during the past 1 or 2 calendar years (2014 and 2015) preceding the payment adjustment year (2016), the EP:

- Must have practiced in 1 or more locations;
- Been unable to control the availability of Certified EHR Technology in that location(s); and,
- More than 50 percent of their outpatient encounters must have occurred in that location(s).

(Check one of the following*)

At one such practice location **OR** At a combination of practice locations

Please list all applicable practice locations:

At the location(s) indicated above, check all boxes below that apply:

Note: The EP must be able to answer yes to each statement below or provide justification to be considered for this hardship exception.

- 1 I have no managerial or executive role.
- 2 I have no partnership or ownership stake.
- 3 I do not participate in decisions regarding the medical record keeping.
- 4 I do not reassign payments for my services to the ownership or management.

I, (print name of Eligible Professional) _____, am requesting this Medicare EHR Incentive Program Hardship Exception and attest that I am unable to control the availability of Certified EHR Technology (CEHRT) at a location or locations constituting more than 50 percent of my outpatient encounters. By attesting to this inability to control the availability of CEHRT at one or more of my practice locations, I understand that I may be eligible for a Medicare EHR Incentive Program Hardship Exception if this difficulty in meeting meaningful use conforms to the criteria under Regulatory Citation: 42 CFR 495.102 (d)(4)(iv).



Section 2.4 Lack of Face-to-Face Patient Interaction

In order to be approved for this hardship exception, during the past 1 or 2 calendar years (2014 and 2015) preceding the payment adjustment year (2016), the EP's practice must have involved a complete lack of face-to-face patient interaction and follow-up or that the cases of face-to-face interaction and follow-up were extremely rare and not part of the EP's normal scope of business.

The EP has complete lack of or extremely rare cases of face-to-face patient interaction and follow-up.

I, (print name of Eligible Professional) _____, am requesting this Medicare EHR Incentive Program Hardship Exception and attest to and can demonstrate (the practice indicated on the Application) a complete lack of face-to-face patient interaction and follow-up or that the cases of face-to face interaction and follow-up are extremely rare and not a part of my normal scope of practice. By attesting to a complete lack of face-to-face patient interaction and follow-up or to extremely rare cases of face-to-face patient interaction and follow-up that are not a part of my normal scope of practice, I understand that I may be eligible for a Medicare EHR Incentive Program Hardship Exception if this difficulty in meeting meaningful use conforms to the criteria under Regulatory Citation: 42 CFR 495.102 (d)(4)(iv).



SECTION 4: CERTIFICATION STATEMENT FOR HARDSHIP EXCEPTION APPLICATION

GENERAL NOTICE

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

SIGNATURE OF ELIGIBLE PROFESSIONAL

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program Hardship Exception I requested will result in a change in the amount I will be paid from Federal funds, and that by filling this application I am submitting a claim for Federal funds, and the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program Hardship Exception, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

SUBMITTER WORKING ON BEHALF OF A PROVIDER: I certify that I am submitting this Application for a Medicare EHR Incentive Program Hardship Exception on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered.

I hereby agree to keep such records as are necessary to support this Application submitted for a Medicare EHR Incentive Program Hardship Exception and to furnish those records both in the Application and at a future time upon request from the Department of Health and Human Services, or a contractor acting on their behalf.

No Medicare EHR Incentive Program Hardship Exception may be granted unless this Application is completed and approved as required by existing law and regulations (42 CFR §495.102).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this Application may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program Hardship Exception Application and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other



federal, state, local and foreign government agencies, private business entities and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation relation to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in processing the Hardship Exception Application or may result in a denial of a Hardship Exception for the Medicare EHR Incentive Program. Failure to furnish subsequently requested information or documents to support this attestation may result in overpayments and the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

By confirming this certification statement, I agree, and it is my intent, to sign this Application and affirmation by including my name and the date below. I understand that completing the information below is the legal equivalent of having placed my handwritten signature on the submitted Application and this affirmation.

Confirm*

*Date (MM/DD/YYYY):

*Type name of individual completing form:

- This completed application and all supporting documentation must be attached to an email and sent to ehrhardship@provider-resources.com. Please ensure that you have saved the application on your computer and have attached it and any supporting documentation to the body of the email prior to submission.
- As a last resort, this application and all supporting documentation can be submitted via fax to **814-456-7132**
- **The EP submission deadline for a 2016 hardship exception is 11:59 PM EDT July 1, 2015.**