



MEDICARE EHR INCENTIVE PROGRAM HARDSHIP EXCEPTION APPLICATION

- First-time Eligible Professionals (EPs) transitioning to the Merit-Based Incentive Payment System (MIPS) in 2017

OR

- Exception application for decertified EHR technology for EPs

The submission deadline is October 1, 2017

SECTION 1: APPLICANT INFORMATION

Section 1.1 - Provide the information below for the person working on behalf of the providers to apply for the hardship exception. (Fields marked with * are required.) Provide required information for each provider in Section 3.

First Name*	Last Name*	Suffix
Company or Organization Name		
Email Address (This is how we will communicate with you.)*		
Business Telephone Number (Include Area Code)*	Extension	
Address (Street Name and Number – <u>Not</u> a Post Office Box)*		
City/Town*	State* (2 character code)	Zip Code (5 digits)*



SECTION 2: NEW ELIGIBLE PROFESSIONAL TRANSITIONING TO MIPS 2017

Eligible Professional Transitioning to MIPS 2017. The EP has never participated in the EHR Incentive Program prior to 2017 and is transitioning to MIPS and intends to report on the advancing care information performance category in 2017.

I, (print name of Eligible Professional) _____, am requesting this Medicare EHR Incentive Program one time significant Hardship Exception and attest to and can demonstrate (the practice indicated on the Application), based on my/our particular circumstances, that I/we are intend to report on measures specified for the advancing care information performance category under the MIPS in 2017.

* EPs should retain all relevant documentation for this hardship for 6-years post attestation.

SECTION 3: ELIGIBLE PROFESSIONAL'S CEHRT DECERTIFIED

Exception for decertified EHR Technology. The EP's certified EHR technology was decertified under ONC's Health IT Certification Program during the 12-month preceding the applicable EHR reporting period for the CY 2018 payment adjustment year, or during the applicable EHR reporting for the CY 2018 payment adjustment year, and that the EP intended to attest to meaningful use for a certain EHR reporting period and made a good faith effort to adopt and implement another certified EHR technology in advance of that EHR reporting period.

I, (print name of Eligible Professional) _____, am requesting this Medicare EHR Incentive Program Exception for the CY 2018 payment adjustment year and attest that I intended to attest to meaningful use for a certain EHR reporting period and have made a good faith effort to adopt and implement another certified EHR technology in advance of that EHR Reporting Period, based on my/our particular circumstances.



SECTION 4: ELIGIBLE PROFESSIONAL (EP) IDENTIFICATION INFORMATION

Please complete this section for the providers applying for a hardship exception using this form. This application is for EPs only. Please provide the individual NPI for each EP below. ***Please note, an electronic file (xls, csv, txt) of NPI information may be submitted.***

	Total Number of EPs on this application:		
	Individual NPI (10 digits)	Provider First Name	Provider Last Name
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SECTION 4: ELIGIBLE PROFESSIONAL IDENTIFICATION INFORMATION – CONTINUED

	Individual NPI (10 digits)	Provider First Name	Provider Last Name
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SECTION 4: ELIGIBLE PROFESSIONAL IDENTIFICATION INFORMATION - CONTINUED

	Individual NPI (10 digits)	Provider First Name	Provider Last Name
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SECTION 4: ELIGIBLE PROFESSIONAL IDENTIFICATION INFORMATION - CONTINUED

	Individual NPI (10 digits)	Provider First Name	Provider Last Name
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SECTION 5: 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 PROVIDER REPRESENTATIVE

I certify that the information contained herein is true, accurate, and complete. I understand that the Medicare EHR Incentive Program Hardship Exception I requested may result in a change in the amount the Eligible Professional will be paid from Federal funds, and that by filling this application for a hardship exception 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 PROVIDER(S): I certify that I am submitting this application for a payment adjustment on behalf of the provider(s) that has (have) given me authority to act as agent. I understand that both the provider(s) and I can be held personally responsible for all information entered.

I hereby agree to keep such records as are necessary to support the application submitted for a hardship exception of the Medicare EHR Incentive Program 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 application for hardship exception and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, 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 in relation to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: While submission of information for this program is voluntary, failure to provide necessary information for provider identification will result in delay in processing the hardship exception application or may result in a denial.

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 must be attached to an email and sent to ehrhardship@provider-resources.com. Please ensure that you have saved the application for your own records prior to submission.
- This application can be submitted via fax to **814-456-7132**
- **The submission deadline for first-time EPs transitioning to MIPS in 2017 hardship exception is October 1, 2017.**
- **The submission deadline for the decertification of certified EHR technology exception is October 1, 2017.**