MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION FACT SHEET

We understand that there may be circumstances out of your control that make it difficult for you to meet the Medicare Promoting Interoperability Program requirements. We provide the opportunity to apply for Hardship Exceptions for the Medicare Promoting Interoperability Program.

What Exceptions Can I Apply For?

Eligible hospitals and critical access hospitals (CAHs) can apply for the Medicare Promoting Interoperability Program Hardship Exception.

Medicare Promoting Interoperability Program Hardship Exception Overview

For calendar year (CY) 2023, the 2015 Edition Cures Update certified electronic health record technology (CEHRT) criteria were required for the Medicare Promoting Interoperability Program. Eligible hospitals and CAHs may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful EHR user would result in a significant hardship. Simply lacking CEHRT does not qualify an eligible hospital or CAH for a Hardship Exception.

To be considered for an exception (to avoid a downward payment adjustment), eligible hospitals and CAHs must complete and submit a Hardship Exception application. If approved, the Hardship Exception is valid for only one payment adjustment year. Eligible hospitals and CAHs would need to submit a new application for subsequent years and *no eligible hospital or CAH can be granted more than five exceptions.*

Eligible hospitals and CAHs may submit a Medicare Promoting Interoperability Program Hardship Exception application citing one of the following specified reasons for review and approval:

- Using decertified EHR technology
- Insufficient internet connectivity
- Extreme and uncontrollable circumstances

The application period for program year 2023 closes on August 31, 2024 for eligible hospitals and November 30, 2024 for CAHs.

How Do I Apply?

We have gone paperless for the Medicare Promoting Interoperability Program Hardship Exception application, and you may now electronically submit hardship applications here.

If an electronic submission is not possible, you may contact the CCSQ Help Desk and work with a representative to verbally submit an application at 1 (866) 288-8912.

For general questions regarding the Medicare Promoting Interoperability Program, you can submit your questions directly to the CMS Questions & Answers Tool at: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.

Frequently Asked Questions

How does a hospital demonstrate meaningful use in order to avoid a payment adjustment?

An eligible hospital or CAH demonstrates meaningful use by successfully reporting their Medicare Promoting Interoperability Program data through the Hospital Quality Reporting (HQR) system.

Does CMS require the submission of supporting documentation along with the Hardship Exception application?

CMS does not require an eligible hospital or CAH to submit documentation with the Hardship Exception application. CMS will review the application to record the category selected and use the identifying information for each eligible hospital and CAH listed on the application. Eligible hospitals and CAHs should retain documentation of their circumstances supporting their application for their own records in the event CMS requests an audit.

Can an eligible hospital or CAH that switched CEHRT vendors apply for a Hardship Exception and avoid a negative payment adjustment?

Yes, if an eligible hospital or CAH switches CEHRT vendors during the reporting period and is unable to demonstrate meaningful use, the eligible hospital or CAH may submit a Hardship Exception application.

What if my electronic health record product is decertified?

If your EHR product is decertified, you can still use that product to submit your measures if the reporting period ended before the decertification occurred. If your reporting period ended after the decertification occurred, you can apply for a Medicare Promoting Interoperability Program Hardship Exception.