



Meaningful Use Hardship Exception

Are you an Eligible Professional (EP) who did not successfully participate in the Medicare EHR Incentive Programs in 2014?

Avoid the 2016 negative payment adjustment: apply for a **2016 Hardship Exception** before **11:59 pm ET** on **July 1, 2015**.

The hardship exception applications and [instructions](#) for an [individual](#) and for [multiple](#) Medicare eligible professionals are available on the [EHR Incentive Programs website](#), and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

To file a hardship exception, you must:

- Show proof of a circumstance beyond your control.
- Explicitly outline how the circumstance significantly impaired your ability to meet meaningful use.

Supporting documentation must also be provided for certain hardship exception categories. CMS will review applications to determine whether or not a hardship exception should be granted.

You do not need to submit a hardship application if you:

- are a newly practicing eligible professional
- are hospital-based: a provider is considered hospital-based if he or she provides more than 90% of their covered professional services in either an inpatient (Place of Service 21) or emergency department (Place of Service 23), and certain observation services using Place of Service 22 ; or
- Eligible professionals with certain PECOS specialties (05-Anesthesiology, 22-Pathology, 30-Diagnostic Radiology, 36-Nuclear Medicine, 94-Interventional Radiology)

CMS will use Medicare data to determine your eligibility to be automatically granted a hardship exception.

As a reminder, the application must be submitted electronically or postmarked no later than **11:59 p.m. ET on July 1, 2015** to be considered.

If approved, the exception is valid for the 2016 payment adjustment only. If you intend to claim a hardship exception for a subsequent payment adjustment year, a new application must be submitted for the appropriate year.

In addition, providers who are not considered eligible professionals under the Medicare program are not subject to payment adjustments and do not need to submit an application. Those types of providers include:

- Medicaid only
- No claims to Medicare
- Hospital-based