



Reimagining Hospice &  
Palliative Care Software

ONC CHPL, MIPS & CMS Incentives FAQ

## ONC CHPL, MIPS & CMS Incentives

### What hospice and palliative care organizations need to know.

Choosing a certified EMR is important. It supports interoperability, strengthens data exchange, and may help eligible clinicians meet certain CMS reporting requirements. But there is often confusion around what ONC certification actually means. The most important thing to know is this: using an ONC CHPL-listed EMR does not automatically qualify a hospice agency or palliative care organization for CMS incentive payments. Eligibility depends on the type of provider, how services are billed, and whether clinicians meet specific CMS program requirements.

Curantis Solutions is listed on the ONC Certified Health IT Product List. That certification matters. It just does not mean the same thing for every organization.

### The short answer...

An ONC CHPL-listed EMR can help eligible clinicians meet certain CMS reporting requirements, especially under MIPS. However, CHPL listing alone does not create eligibility for CMS incentive payments.

For most hospice agencies and many standalone palliative care organizations, the value of a certified platform is not a direct payment from CMS. The value is interoperability, compliance readiness, protection from potential MIPS penalties for eligible Part B-billing clinicians, and preparation for future value-based care models.

### The Curantis Perspective

At Curantis, we believe this conversation should be clear, accurate, and grounded in how CMS programs actually work. Our hospice software solution and palliative care software solution are built to support the realities of end-of-life care, including clinical workflows, billing complexity, interoperability needs, and evolving value-based care expectations. ONC CHPL listing is an important part of that picture. It reflects our commitment to certified technology and connected care. But we will not overstate what certification does or promise incentive payments where eligibility does not exist. The real value is helping your organization operate with clarity, confidence, and readiness for what comes next.

## **Does switching to an ONC CHPL-listed EMR qualify my organization for CMS incentive payments?**

Not automatically. CMS incentive and reporting programs have specific eligibility rules. Those rules are based on provider type, billing structure, clinician participation, and program requirements. They are not based only on the software a provider uses. In other words, using certified technology may be required for certain eligible clinicians or organizations, but the software itself does not make an otherwise ineligible organization eligible for incentive payments.

## **Are hospice agencies eligible for CMS incentive payments because they use certified EHR technology?**

Hospice services billed under the Medicare Part A hospice benefit are outside of MIPS. That means hospice volume does not create MIPS eligibility, and an ONC CHPL-listed EMR does not create a CMS incentive payment opportunity for hospice agencies. For hospice organizations, the value of certified technology is more closely tied to interoperability, data exchange, referral relationships, compliance readiness, and future value-based care opportunities.

## **Are palliative care organizations eligible for CMS incentive payments?**

It depends. Some palliative care organizations may have clinicians who bill Medicare Part B professional services. In those cases, MIPS may apply if the clinicians meet CMS eligibility requirements. To be subject to MIPS, clinicians generally must exceed all three low-volume threshold criteria:

- More than \$90,000 in Medicare Part B allowed charges
- More than 200 Medicare Part B patients
- More than 200 covered professional services

If clinicians do not exceed all three thresholds, they are typically excluded from MIPS. If they are excluded, there is no direct MIPS payment adjustment tied to certified EHR technology.

## **What is MIPS?**

MIPS stands for the Merit-based Incentive Payment System. It is part of the CMS Quality Payment Program and applies to certain clinicians who bill Medicare Part B. MIPS evaluates eligible clinicians across performance categories such as quality, cost, improvement activities, and promoting interoperability. The promoting interoperability category is where certified EHR technology can become relevant. For eligible clinicians, certified EHR technology may be required to fully participate in the promoting interoperability category.

## **Does MIPS apply to all palliative care clinicians?**

No. MIPS eligibility depends on how services are billed, whether the clinician is an eligible clinician type, whether low-volume thresholds are exceeded, and whether the clinician is excluded or reweighted under CMS rules. For example, many nurse practitioners and physician assistants have the promoting interoperability category automatically reweighted to 0%. That means certified EHR technology may not carry the same MIPS scoring impact for those clinicians as it would for physician-led groups. This is why it is important to confirm the organization's billing structure and clinician mix before making assumptions about MIPS exposure.

## **How can an ONC CHPL-listed EMR help with MIPS?**

For eligible clinicians who are required to participate in MIPS, certified EHR technology can help support the promoting interoperability category. This matters because MIPS scores can affect future Medicare Part B payment adjustments. For clinicians who are eligible for MIPS and at risk of a negative adjustment, using certified technology can help protect Part B revenue by supporting the reporting requirements tied to the promoting interoperability category. The key point is that this is best understood as downside protection, not a guaranteed bonus payment.

## **Can using certified EHR technology create a 9% Medicare bonus?**

That is not the right way to frame it. MIPS includes potential positive and negative payment adjustments, but positive adjustments are subject to program rules and budget neutrality. In practice, the more meaningful financial conversation is often about avoiding negative payment adjustments. For eligible clinicians, the potential downside can be significant. That is why certified EHR technology may matter. It helps protect against risk; it should not be presented as a guaranteed bonus.

## **What happened to the old EHR incentive programs?**

The earlier Medicaid EHR Incentive Program ended on December 31, 2021. Those payments are no longer available, regardless of which software an organization uses. Today, the remaining CMS programs have more specific eligibility rules. For many hospice and palliative care organizations, the relevant question is not, "Will this EMR get us incentive payments?" The better question is, "Do our clinicians have MIPS exposure, and does certified technology help us meet the requirements?"

## **Why should we care about ONC certification if there is no direct incentive?**

There are several reasons ONC certification still matters. First, it supports interoperability and data exchange with hospitals, health systems, referral partners, and other care settings. Second, it may help eligible Part B-billing clinicians meet MIPS reporting requirements and protect against potential payment penalties. Third, it positions organizations for future value-based care models, advanced payment models, and interoperability expectations as hospice and palliative care continue to evolve. Certification may not always create a direct payment opportunity, but it does support readiness, credibility, and long-term flexibility.

## **Another vendor told us we could receive CMS incentive payments by switching to their ONC-certified software. Is that accurate?**

That claim may be incomplete or misleading. Certified software can be a requirement for certain CMS programs, but software certification alone does not determine eligibility. Eligibility depends on the organization, provider type, billing model, clinician mix, and specific CMS program rules. If your organization is not eligible for a particular program, switching to an ONC-certified EMR will not change that eligibility. A more accurate conversation starts with your billing structure, your clinician mix, and whether your clinicians are currently subject to MIPS.

## **How do we know whether this applies to our organization?**

The best place to start is with a few practical questions:

- Do your palliative care clinicians bill Medicare Part B professional services?
- Are those services billed independently, or through a hospital or health system?
- Do your clinicians exceed the MIPS low-volume thresholds?
- Are your visit-delivering clinicians primarily physicians, nurse practitioners, physician assistants, or a mix?
- Are you currently participating in MIPS?
- Do you know your current MIPS score or payment adjustment status?

The answers to these questions determine whether certified EHR technology has a direct MIPS-related financial impact for your organization.

## **Is Curantis listed on the ONC CHPL?**

Yes. Curantis is listed on the ONC Certified Health IT Product List, also known as the CHPL. This means Curantis meets applicable ONC certification standards for certified health IT. For organizations evaluating hospice software or palliative care software, this is an important credential because it reflects a commitment to interoperability, data exchange, and certified technology standards.

*Important Note: CMS program rules can change over time. Organizations should confirm current eligibility, thresholds, and reporting requirements through the CMS Quality Payment Program or with their compliance, billing, or regulatory advisor.*

The future of hospice and palliative care requires more than software. It requires a partner who understands your work, your challenges, and the responsibility of getting the details right.

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