

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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## Guidance on the Physician Quality Reporting System (PQRS) 2014 Reporting Year and 2016 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)

### Provider Types Affected

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This article is intended for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs) who submit claims to Medicare Administrative Contractors (MACs) for services furnished to Medicare beneficiaries.

### What You Need to Know

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In this informational article the Centers for Medicare & Medicaid Services (CMS) provides answers to some frequently asked questions raised by staff at RHCs, FQHCs, and CAHs.

### Frequently Asked Questions - RHCs and FQHCs

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**Question:**

If I furnish professional Medicare Part B services **only** at an RHC or an FQHC, are the services eligible for PQRS?

**Answer:**

If you bill professional services paid under or based on the Part B Medicare Physician Fee Schedule (PFS) submitted via CMS-1500 or CMS-1450 claim form or the electronic equivalents 837P and 837I, you are considered a PQRS Eligible Professional (EP) and you **are** subject to PQRS analysis. Technical services, which are covered under Part B Medicare PFS, are **not** eligible for PQRS.

Additionally, services rendered under billing methodologies other than Part B Medicare PFS will **not** be included in PQRS analysis (that is, an EP who bills under an organization that is registered as a

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Federally Qualified Health Center [FQHC], yet he or she renders services that are not covered by the FQHC methodology).

The “[2015 Physician Quality Reporting System List of Eligible Professionals](#)” is available on the CMS website.

**Question:**

I’m an EP and I furnish professional Medicare Part B services at an RHC/FQHC and also furnish services at a non-RHC/FQHC setting. Are the non-RHC/FQHC services eligible for the 2016 PQRS negative payment adjustment?

**Answer:**

If an eligible PQRS EP renders services under the Medicare PFS in addition to services under other billing schedules or methodologies, he or she must meet the PQRS reporting requirements for those services that fall under the Medicare PFS to avoid future payment adjustments regardless of the organization’s participation in other fee schedules or methodologies.

**Question:**

Under what circumstances are professional Part B Medicare PFS services furnished by an EP at a setting outside an RHC/FQHC subject to the 2016 PQRS 2.0 percent negative payment adjustment?

**Answer:**

An EP is subject to the 2016 PQRS 2.0 percent negative payment adjustment if he or she has not satisfactorily reported 2014 PQRS quality measures as required by the EP’s selected reporting mechanism (that is, as an individual EP or as an EP who is a part of a PQRS group practice).

For more information about the 2016 PQRS 2.0 percent negative payment adjustment, visit [Physician Quality Reporting System Payment Adjustment Information](#) on the CMS website.

To find timeline information, refer to the “[2015 – 2017 Physician Quality Reporting System \(PQRS\) Timeline](#)” on the CMS website.

To find general PQRS information, including information about payment adjustments, visit [Physician Quality Reporting System](#) on the CMS website.

For additional questions, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org). The Help Desk is available from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.

## Frequently Asked Questions - CAHs

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**Question:**

I’m an EP who furnishes professional Medicare Part B services at a CAH and the CAH is paid under the Optional Payment Method (Method II). Are my services eligible for PQRS?

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**Answer:**

Yes, beginning in 2014, EPs at CAHs who bill Medicare Part B using Method II can participate in PQRS (and the Electronic Health Record [EHR] Incentive Program) if they add their Individual National Provider Identifier (NPI) on the CMS-1450 Institutional Claim form (**not** the CMS-1500 form). For the 5010 version of the 837 I, Fiscal Intermediary Shared System (FISS) shall accept rendering physician/practitioner information at the line level (loop 2420A) or at the claim level if the rendering physician/practitioner is different from the attending physician/practitioner (loop 2310D).

For the 2014 PQRS program year, EPs who bill using CAH Method II will **not** be able to report via the claims-based reporting mechanism as the claims system needed to be updated to pull PQRS Quality-Data Codes (QDCs) off the 1450 claim form and only pulled off of the CMS 1500 claim form in 2014. However, EPs who bill using CAH Method II **will** be able to report PQRS via Registry, EHR, Qualified Clinical Data Registry (QCDR), and Group Practice Reporting Option (GPRO).

If you need assistance determining whether or not your provided services are included in PQRS measures, please contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org). The QualityNet Help Desk is available from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.

**Question:**

I'm a CAH provider paid under Method II. Am I required to report line-item rendering NPI information?

**Answer:**

Yes, a CAH provider paid under Method II is required to report the rendering NPI at the line level **if** it is different from the rendering NPI at the claim level. For more information about this billing standard requirement, refer to "[Fiscal Intermediary Shared System \(FISS\) and Common Working File \(CWF\) System Enhancement for Storing Line Level Rendering Physicians/Practitioners National Provider Identifier \(NPI\) Information](#)" on the CMS website.

## Additional Information

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For additional information about PQRS, visit [Physician Quality Reporting System](#).

For more information about EPs under CAH II participating in PQRS, refer to the "CAH-II Reporting for PQRS" toolkit at [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/2016\\_Physician\\_Quality\\_Reporting\\_System.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/2016_Physician_Quality_Reporting_System.html).

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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