HealthCare
Kentucky Regional Extension Center

Quality Payment Program: RHCs & FQHCs

Since in the inception of the Quality Payment Program, Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) have questioned if these organizations are subject to the QPP policies. The answer is complex. Eligibility for the QPP is based on Medicare Part B Billing, attributed beneficiaries and covered professional services regardless of clinic designations.

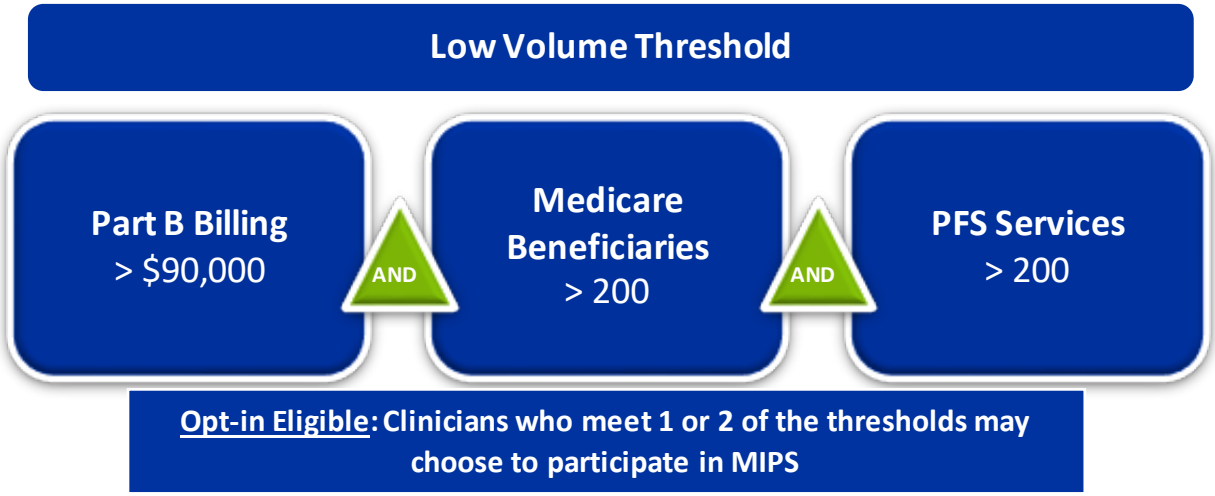
If you bill for Medicare Part B services exclusively through the RHC or FQHC payment methods, then you are not eligible for payment adjustments under MIPS. ***However, if you are a part of an RHC or FQHC and bill for Medicare Part B services under the Physician Fee Schedule (PFS), then payment for those services could be eligible for MIPS payment adjustments. ****

https://qpp.cms.gov/resources/small-underserved-rural-practices

How can an FQHC or RHC become eligible for the QPP?

Not all FQHCs or RHCs will be required to participate in the Quality Payment Program. Clinics must look at how much traditional **Medicare Part B is billed using a 1500 claim form** versus the **Medicare Part A services billed on a UB-04 claim form**. Clinics should review the annual amount billed under Medicare Part B billable procedures/technical components which may include: certain office procedure elements, immunizations, lab services, EKGs, pulmonary function tests, Holter monitors and radiology services.

Participation in QPP is based on a Low Volume Threshold calculated based on the proportion of Medicare Part B Billing under an NPI or NPI/TIN Combo. These criteria include the number of covered professional services rendered, attributed beneficiaries to Medicare, and total Part B charges billed during the look-back period for the performance year. The look-back period covers a 2-year timeframe beginning October 1st - September 30th across previous and current performance years.



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QPP Reporting Options for RHCs & FQHCs

Option 1	Option 2		Option 3
If no NPI meets the LVT for the whole group/TIN, then no participation is required from any NPI or the TIN.	If any clinician exceeds 1-2 LV criteria, you will have the ability to Opt-In.	The decision to Opt-In must be done w/in the submission timeframe & is irrevocable.	If any clinician exceeds all three criteria, the clinician would be required to submit to the QPP.

If FQHC or RHC clinicians are not exempt from MIPS and choose not to participate, then a **9% negative payment adjustment** would apply to future Part B claims payments for those clinician NPIs under the affiliated TIN. Organizations must examine whether the penalty for non-participation will harm the organizations' overall financial health and reputational impacts related to public reporting. Positive incentive adjustments can potentially offset resourcing expenditures. Clinicians and practices must evaluate if participation is advantageous to the organization and out-weighs financial risks associated with non-participation.

If organizations are eligible to opt-in to submit for the QPP, those same considerations apply. If the Medicare Part B revenue is substantial to off-set costs, it may be beneficial to opt-in to participate in the QPP. Opting in is non-revocable, so consideration should be given to performance and meeting final score requirements before electing to Opt-in.

RHC or FQHC Participation in Alternative Payment Models

Certain FQHCs or RHCs may have "qualifying participants" (QPs) in Advanced Alternative Payment Models (AAPMs) such as a Medicare Shared Savings Program Tracks E and the Enhanced Track for Accountable Care Organizations. These QPs may be required to submit data as part of the APM Track of the QPP and be eligible for additional incentives.

If a practice or provider is participating in a MIPS APM, providers may be required to submit on some of the categories under the APP Track of MIPS, **regardless of clinic or provider eligibility**. Make sure to check with your APM representative regarding your requirements and expectations as part of the APM.

More questions? Contact the Kentucky REC @ 859-323-3090