

**Critical Access Hospitals: Billing Practices, the Quality Payment Program, and Quality Measurement
and Policy Resources for Critical Access Hospitals
Question and Answers
August 21, 2018**

1. How does a rural health clinic attached to a CAH participate in MIPS if they don't bill Part B services separately but in the all-inclusive method?

Answer: You can only participate in MIPS, if you bill Medicare Part B.

2. Under method II, would there be separate billing for the pro fee and the facility or all of this can be billed onto one UB04?

Answer: Addressed over the phone.

3. We are method II. We are using the 1500 to bill the pro fee. According to the slides, are we to bill using UB04 now?

Answer: It could be on the UB04 or the 1450.

4. Doesn't the MAC regional carrier that the facility is enrolled into Medicare identify your billing process and payment process?

Answer: Yes, the MAC can advise/identify a CAHs billing process if they should have any questions.

5. I thought for inpatient, pro fees needed to be billed on a HCFA even if you were method II.

Answer: Yes, you are correct. For inpatient professional services no matter what method, the services are billed by the physician for those services. Professional services rendered inpatient (type of bill 11X) should not be submitted on a UB04/1450.

6. If the CAH / providers are using Method II billing, who is responsible for submitting data to CMS for QPP reporting? Do they report individually or as a group?

Answer: The clinicians would be responsible for submitting their own claims unless they've reassigned their billing rights to the CAH.

7. When a provider NPI comes up on QPP site with two locations, and one of them is in a MSSP ACO, how does the NPI report?

Answer: Under MIPS, clinicians are assessed at the TIN/NPI level. If a clinician practiced at different locations, but most importantly under different TINs, there is a possibility that he/she will need to submit data for both, if they are considered eligible to participate. If a clinician believes they are an ACO, they should contact their ACO administrator for next steps.

8. If the CAH and RHC are under one TIN and several of the RHC providers have been identified as ECs for MIPS, how do they submit their quality measure data through the claims submission process?

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Answer: They can continue to append the Quality Data Codes (QDC) codes to the claims for processing similar to what was provided for under PQRS. The MIPS claim submission fact sheet is available [here](#).

9. Does the payment adjustment for clinicians who have assigned their billing rights to the CAH under method II affect the professional fees and the facility fees or only the professional fees?

Answer: Professional fees only.

10. Are we to report for ALL payers?

Answer: MIPS allows all-payer encounters to provide greater opportunity for a clinician to perform to their best extent, except for the claims and Web Interface submissions mechanisms. Since CAH Method II clinicians participate via claims, only Medicare Part B encounters are required.

11. Can an ineligible clinician who voluntarily reports data receive a score?

Answer: Voluntary participants will receive performance feedback that may include a score.

12. For CAH Method II can we register under our group TIN?

Answer: Registration is not required except for groups choosing to participate via The CMS Web interface or CAHPS for MIPS. Since CAH II participants would participate individually by claims or through a registry as a group, registration is not required.

13. Are you saying if the group is eligible but none of the individual NPIs were eligible the TIN will see penalties if they don't participate as a group??

Answer: No. If your group is eligible but decides that everyone will participate individually, the group is not impacted (at the TIN level). In this case, clinicians within this group should check their eligibility. If, individually, they are eligible and do not participate, they will receive the negative payment adjustment. If, individually, they are not considered eligible (i.e. Because of their clinician type or because they don't meet the Low-volume threshold), no action is required and neither the group (TIN-level) nor the individual clinicians (TPI/NPI level) will be impacted by the payment adjustment.

14. I thought that payment adjustments are assessed at the TIN/NPI level and not at the TIN level. Therefore, if clinicians are excluded individually, they do not have to participate.

Answer: Payment adjustments are assessed at the TIN/NPI level. Each eligible clinician participating in MIPS via a group will receive a payment adjustment based on the group's performance. If participating in MIPS as an individual eligible clinician, you will receive a payment adjustment based on your own performance.

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15. Want to confirm that if we were deemed exempt (less than 100 members) will we be penalized by take backs in 2019?

Answer: You are excluded from the program if you see fewer than 100 Medicare Part B Beneficiaries or bill less than \$30,000 in Medicare Part B allowable charges. In this case, you do not need to take any action and will not be impacted by payment adjustment (neither positive nor negative).

16. Megan, do I understand correctly from this conversation that if a CAH bills method II and we exceed the low-volume threshold as a TIN but each individual is below then it is essentially mandatory that we report as a group?

Answer: No (see #13).

17. The best way to check eligibility is one if you've received an eligibility letter, two use the NPI look up tool on cms.qpp.gov, and three to call the Service Center for the Quality Payment Program. What if I notice a discrepancy between the NPI look-up tool and PECOS?

Answer: The address on the MIPS Participation Look-Up Tool is from data pulled on December 16, 2016. If your address is wrong, the best way to fix it is for you to go onto the PECOS website (pecos.cms.hhs.gov) and update it with the correct information. The next time we capture data, which will be at the end of this year, you should see the updated information.