

Quality Payment PROGRAM



Dear Qualifying APM Participant,

This letter is to inform you that under the Medicare Access and CHIP Reauthorization Act of 2015, and as a result of your participation in an Advanced Alternative Payment Model (APM), you were determined to be a Qualifying APM Participant (QP) for the 2022 QP Performance Period and are eligible to receive an APM Incentive Payment in 2024.

On July 1, 2024, we published the list of unpaid QPs to whom we have been unable to disburse payments. To reduce processing time, please locate your name in the excel spreadsheet available in the 2024 QP Notice for APM Incentive Payment zip file. Once you locate your name, please complete the 2024 Billing Information Collection Form and submit it to the Quality Payment Program (QPP) Help Desk at QualityPaymentProgramAPMHelpdesk@cms.hhs.gov no later than September 1, 2024.

After that time, any claims by a QP to an APM Incentive Payment will be forfeited for the 2024 payment year. All submissions received by September 1, 2024 will be held and processed simultaneously after the deadline. If there was a change in your banking information within the last year, we recommend submitting a voided check along with CMS Form 588 to help with payment processing. Please note, in the event that payment processing fails, notification will not be provided to the submitter.

In the downloaded zip file, you will find the following key documents:

- 2024 APM Incentive Payment Notice and IP Form – 2024 Billing Information Collection Form (copy)
- QP Public Notice File for Payment Year 2024 Excel Spreadsheet

If you have any questions concerning submission requirements, please call the QPP Help Desk at 1-866-288-8292.

Note: Completed forms are only accepted through the QPP Help Desk at QualityPaymentProgramAPMHelpdesk@cms.hhs.gov.

If you require assistance identifying the information to be provided, please use the CMS Internet based Medicare Provider Enrollment, Chain, and Ownership (PECOS)¹ or contact your Medicare Administrative Contractor (MAC).²

Thank you,
The Centers for Medicare & Medicaid Services

¹ <https://pecos.cms.hhs.gov>

² <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List>

Instructions

All information on the 2024 INCENTIVE PAYMENT BILLING INFORMATION COLLECTION FORM is required. Incomplete forms **WILL NOT** be accepted for payment processing. You should provide information based upon your current Medicare payment identified below.

- If you are no longer enrolled in Medicare, please contact the QPP helpdesk for further instructions.
- If you have **reassigned your billing rights** (e.g., 855R) to another individual or organization, you must provide the billing information of the individual or organization to which you have reassigned your benefits, the billing information of the Receiving Entity.

If you previously reassigned your billing rights and the reassignment of benefits arrangement is no longer active from the CY 2022 performance period, you should:

1. Identify another active reassignment of benefits arrangement associated with the same enrollment as the reassignment of benefits arrangement that was in place during the CY 2022 performance period.

If your enrollment has been deactivated or no other reassignment of benefits arrangements exist, you should:

2. Identify an active reassignment of benefits arrangement associated with a different approved enrollment.
- If you perform services as an **employee** of another provider, you must provide the billing information of your employer. Chances are you are no longer employed by the provider with whom you were employed during the CY 2022 performance period. In this case, you should:
 1. Determine whether your employer was acquired or otherwise changed their Employee Identification Number (EIN) and consequently, now has billing information that differs from the billing information on file during the CY 2022 performance period.

If you are no longer employed by the same provider as you were during the CY 2022 performance period, you should:

2. Identify the billing information for your current employer.
- If you have enrolled in Medicare as a **sole proprietor**, you must provide your individual billing information. Specifically, your Social Security Number (SSN) or EIN based upon how you chose to be paid Medicare payments.

Definitions

QP Provider Information

- **Name:** Your name as submitted on your 855I or Medicare Enrollment as an Individual.
- **Individual NPI:** Your 10-digit identifier assigned by the National Plan and Provider Enumeration System (NPPES) and furnished on your 855I or Medicare Enrollment as an Individual.

Billing Entry Information

- **Name:** The name of the Individual or Organizational Health Care Provider to whom you have reassigned your benefits or who is your employer. If you are a Sole Proprietor, this name would be the same as your QP Provider Name.
- **NPI:** The 10-digit identifier assigned by NPPES to the Individual or Organizational Health Care Provider to whom you have reassigned your benefits or who is your employer. If you are a Sole Proprietor, this NPI would be the same as your Individual NPI.
- **TIN:** The 9-digit Federal Taxpayer Identification Number (TIN) for the Individual or Organizational Health Care Provider to whom you have reassigned benefits or who is your employer. If you are a Sole Proprietor, this would be either your SSN or EIN depending upon which identifier you indicated Medicare payments should be paid to on your Medicare enrollment. ****Note: Please be sure to include any leading zeros.**
- **PTAN:** The Provider Transaction Access Number is one type of a Medicare Identifier (PN or PIN) and assigned by a Medicare Administrative Contractor (MAC) upon the approval of the Medicare Enrollment for the Individual or Organizational Health Care Provider to whom you have reassigned benefits, who is your employer, or, in the case of a Sole Proprietor, assigned directly to you.
- **MAC ID:** The MAC's 5-digit identifier typically aligned to the state where the Individual or Organizational Health Care Provider to whom you have reassigned benefits, who is your employer, or you as a Sole Proprietor perform Medicare services. ****Note: Please be sure to include any leading zeros.** If you are unsure of the specific data elements required please contact your MAC, you may try the following link: <https://www.cms.gov/medicare-coverage-database/indexes/contacts-part-ab-medicare-administrative-contractor-index.aspx>.

2024 APM Incentive Payment Billing Information Collection Form

To be completed by QPP Help Desk

Case Number: _____

To be completed by QP Provider or Designee

QP PROVIDER INFORMATION

Name: _____ Individual NPI: _____

* If multiple QP Providers bill under a single Billing Entity, enter "MULTIPLE" as the name and provide an Excel list of all QP Providers' Names and Individual NPIs along with this form.

BILLING ENTITY INFORMATION

Name: _____ NPI: _____

TIN: _____ PTAN: _____ MAC ID: _____

SIGNATURE

I certify that I am the security official for the Billing Entity or an individual Qualifying APM Participant (QP) listed on the Public Notice and authorized to provide this information and that the information is true and correct to the best of my knowledge.

Signature: _____ Print Name: _____

Title: _____ Date: _____