

Quality Payment
PROGRAM

Payment Year 2025 Alternative Payment Model (APM) Incentive Payment

Help Desk Questions and Answers



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How to Use This Guide

How to Use This Guide

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.

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Overview

Key Terms to Know

APM Entity

An APM Entity is an entity that participates in an APM through a direct agreement with CMS. An APM Entity is composed of Eligible Clinicians and their associated Taxpayer Identification Number (TIN), who are listed on a participant list, or an affiliated practitioner list associated with an Alternative Payment Model.

Qualifying APM Participant (QP)

A QP is an eligible clinician that receives at least 50% of Medicare Part B covered professional services payments or at least 35% of Medicare fee-for-service patients through an Advanced APM Entity.

Billing National Provider Identifier (NPI)

A unique identification number issued to each healthcare provider and organization to process payment claims and administrative transactions.



Audience and Purpose

This resource is intended for:

- **QPs** who have earned the APM Incentive Payment
- **APM Entities**, as identified by the Taxpayer Identification Number (TIN) associated with QPs, who receive the Incentive Payment

This document aims to help QPs and APM Entities understand:

- Where APM Incentive Payments are paid
- Scenarios to receive the APM Incentive Payment
- Who can access the details about APM Incentive Payments
- What authorized persons can see qpp.cms.gov



APM Incentive Payment

Payment schedule:

- APM Incentive Payments: 2019–2024 for QPs in performance periods 2017–2022
- Originally 5% of estimated Medicare Part B covered professional services from the base period (calendar year preceding payment year)

Recent changes:

- December 2022: reduced to 3.5% for 2023 performance year/2025 payment year
- March 2024: Further reduced to 1.88% for 2024 performance year/2026 payment year
- Additional 0.75% adjustment for QP conversion factor for Medicare payments starting in 2026

Payment calculation:

- Based on paid amounts for Medicare Part B covered professional services
- Calculated across all TIN/NPI combination during the base period (2023 for 2021 QPs)
- Include only Part B covered professional services, not all Part B items and services



Incentive Payment Overview

What is the APM Incentive Payment?

An APM Incentive Payment is the lump sum incentive payment for a year paid to an eligible clinician who is a QP for the year from 2019 through 2024.

The following slides will answer frequently asked questions (FAQs) and provide detailed information about the QPP Portal.

Reminder: For the CY 2019-2022 performance years, Advanced APM participants with QP status were excluded from MIPS and eligible for a 5% APM Incentive Payment. However, in December 2022, Congress announced it included a value-based care incentive in its year-end spending bill and changed the APM Incentive Payment to 3.5% for the 2023 performance year/2025 payment year. In March 2024, Congress announced another update and established a 1.88% APM Incentive Payment for QPs for the 2024 performance year/2026 payment year, as well as a 0.75 percent adjustment to the QP conversion factor that will be applied to Medicare payments for covered professional services beginning in 2026. The thresholds for performance year 2024/payment year 2026 were also frozen at 50% for payment amount and 35% for patient count.



Why Did I Receive These Funds?

- You were an eligible clinician participating in Advanced APM;
- You were on the participation list for an APM Entity;
- APM Entity participated in an Advanced APM;
- You achieved QP status for the CY 2023 performance period;
- In 2024, you billed and received payment for covered professional services; AND

*** Your 2025 APM Incentive Payment is based on your 2024 billed covered professional services.**

I Submitted My Information on the Billing Request Form, but I Still Have Not Received My APM Incentive Payment. Now What?

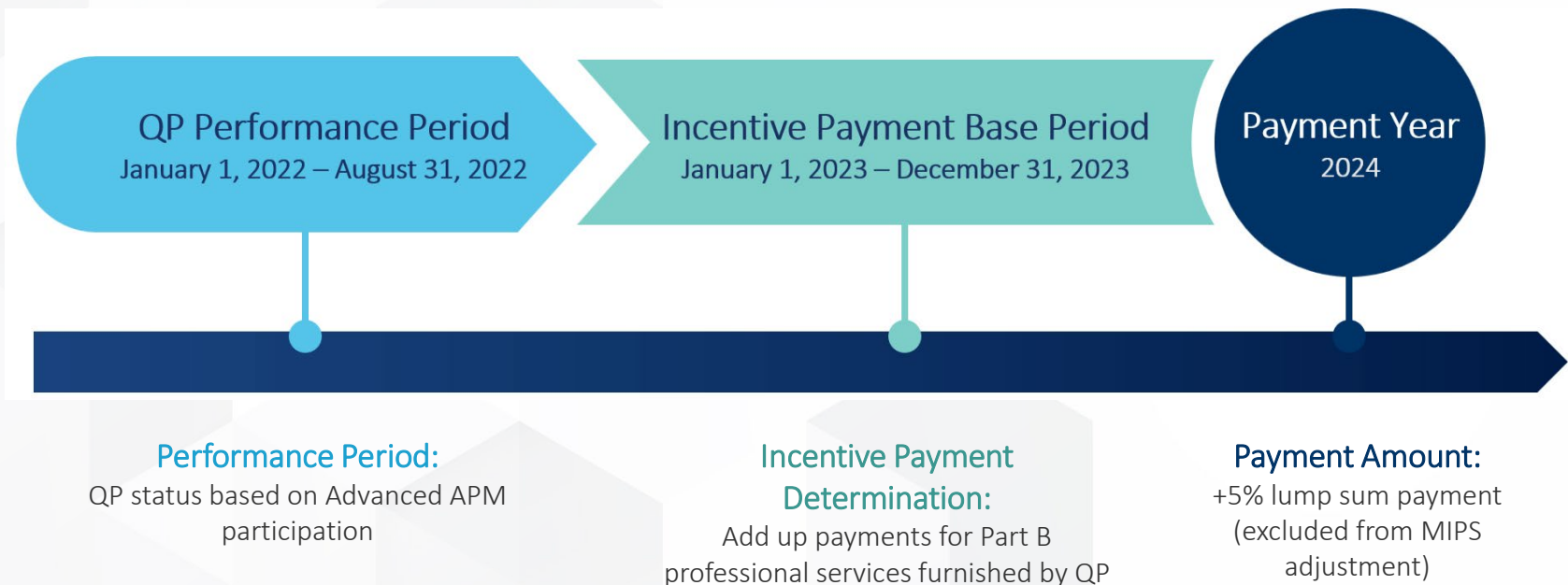
The enrollment information submitted did not match an active billing arrangement. Possible reasons include, but are not limited to:

- The information provided, especially when handwritten, was misinterpreted; a 1 (one) was interpreted as an L or a 0 (zero) was interpreted as the letter O.
- The Medicare ID provided was the individual provider's ID and not the billing organization's ID.



When Did I Earn the APM Incentive Payment?

APM Incentive Payments are issued 2 years after the Qualifying APM Participant status is earned.



Reminder: CY 2022 performance period /payment year 2024 was the last time eligible clinicians could earn a 5% APM Incentive Payment. For the CY 2023 performance period/2025 payment year, QPs are eligible to receive a 3.5% APM Incentive Payment, and for the CY 2024 performance period/2026 payment year, QPs are eligible to receive a 1.88% APM Incentive Payment.



What Happens if I am No Longer Practicing with the TIN I was Associated with When I Achieved QP Status or No Longer Actively Billing Medicare?

- CMS uses billing activity during the base year to identify billing organizations (TINs) to disburse the Incentive Payment.
- If billing relationships present during the base year no longer exist when APM Incentive Payments are determined, CMS looks for current billing relationships.
- For QPs for whom we do not identify an associated TIN, we publish a public notice requesting these QPs to provide current billing information so that we can disburse payments. A QP who fails to respond by the deadline, or does not respond correctly, forfeits their claim to the APM Incentive Payment for the year.

*QPs can submit their information by the specified date that is the later of a 60-day deadline or September 1 of the payment year or forfeit their claim to an APM Incentive Payment for the year.



Why is My Payment Lower than I Expected?

- Possible reasons include, but are not limited to:
 - If you are a **QP**, CMS identified more than one TIN to whom payment should be made, and so the payment was split between them according to the proportion of total Medicare Part B claims billed through more than one.
 - If you are a **TIN**, the QP may no longer be affiliated with your practice, or another TIN or TINs associated with the QP were identified and payments were made through them.
- The payment is calculated on paid amounts for Medicare Part B claims for Covered Professional Services.
 - The amount of the APM Incentive Payment is equal to 5% of the estimated aggregate payments for covered professional services as defined in section 1848(k)(3)(A) of the Act. If you are a QP, CMS identified more than one TIN to whom payment should be made, and so the payment was split between them according to the proportion of total Medicare Part B claims billed through more than one.

Reminder: Performance period 2022/payment year 2024 was the last time eligible clinicians could earn a 5% APM Incentive Payment. For the 2023 performance period/2025 payment year, QPs will receive a 3.5% APM Incentive Payment, and for the 2024 performance period/2026 payment year, QPs will receive a 1.88% APM Incentive Payment.



Why Did It Take So Long to Receive My Incentive Payment?

- The APM Incentive Payments are made two years after the year in which eligible clinicians attained QP status, i.e., those who become QPs based on their participation with Advanced APMs in 2023 receive the APM Incentive Payment in 2025.
- Once we reach the payment year (2025) we calculate the APM Incentive Payment from the previous year (2024). Payments are then scheduled for the next available payment period.
- If CMS attempts to complete a payment but the payment information in CMS's systems, such as PECOS, are not up to date, the payment may be delayed while CMS attempts to identify an alternative payee TIN.

Please Note: According to the Medicare Program Integrity Manual, Chapter 10, Section 1.2, all changes of ownership, location changes or updates to final adverse actions must be reported within 30 days of the change and any other change must be reported to PECOS within 90 days of the change. We rely on information in the PECOS system to validate all Medicare payments, including the APM Incentive Payment. Invalid enrollment information may result in an inability to complete payments. If you have any specific questions regarding updating PECOS information, please visit <https://pecos.cms.hhs.gov/>.



Why Aren't All the Payments Made at the Same Time?

The Incentive Payments are typically disbursed 3 times during the payment year.

1. The first disbursement accounts for QPs who are currently submitting claims through the same billing arrangement in place during the base year. Examples:
 - A Reassignment of Benefits has been active since the base year.
 - A Physician Assistant is still employed by the same practice as in the base year.
2. The second disbursement accounts for QPs who are no longer submitting claims through the same billing arrangement in place during the base year but are actively submitting claims through a new billing arrangement.
 - The Reassignment of Benefits in place during the base year has been terminated but a new Reassignment of Benefits is in place.
 - A Physician Assistant is no longer employed by the Practice during the base year but is employed by a new Practice.
3. The final disbursement accounts for QPs for whom CMS was unable to find a current billing arrangement and has requested billing information to be provided to CMS via the Public Notice.



Why Did My Payment Go to a Different TIN

This is usually the result of multiple reassignments for an NPI found in PECOS.

In APM Entity Group 1 Performance Year

In APM Entity Group 1 Base Year

In APM Entity Group 1 Payment Year

Payment to APM Entity Group 1

In APM Entity Group 1 Performance Year

In APM Entity Group 2 Base Year

In APM Entity Group 2 Payment Year

Payment to APM Entity Group 2 — *Payment Follows NPI*

In APM Entity Group 1 Performance Year

In APM Entity Group 2 Base Year

In APM Entity Group 3 Payment Year

Payment to Current and Active TIN — *Why am I getting this payment?*



Why Did My Payment Go to a Different TIN? (Continued)

- Since Incentive Payments are made 2 years after becoming a QP, it's likely that billing arrangements have changed during that time; different Reassignment of Benefits or changed employers.
- **CMS will pay the billing organization with the closest association to the APM Entity Group under which QP Status was attained.**
- It is also possible that your Incentive Payment was paid to more than one billing organization resulting in a “split payment.” This occurs if there are multiple billing organizations with the same association to the APM Entity.

While it is CMS's goal to make the APM Incentive Payment to a QP through the TIN associated with their Advanced APM participation during the QP Performance Period, it is not always possible to do so.

We make Incentive Payments to the TINs associated with the QP according to the hierarchy codified at § 414.1450 and discussed at 85 FR 84472 in the CY 2021 PFS final rule.

According to this hierarchy, we attempt to identify a current and active TIN relationship at each step of the hierarchy. If a potential payee is identified, we will validate their payment information through PECOS. If no payee TIN is identified at a step, we will continue to the next step in the hierarchy.



Are APM Entities Entitled to the APM Incentive Payments?

- No, the APM Incentive Payment is earned by the QP (the eligible clinician participating in the Advanced APM).
- The APM Entity (Medicare Shared Savings Program, ACO REACH, CKCC, etc.) is not entitled to any portion of this money under QPP.

How do I Identify the APM Incentive Payment on the Remittance?

- The APM Incentive Payment can be identified on the 4th addendum line as “CMMI-BF-QPP”.
- The APM Incentive Payment can be identified on the 5th and/or 6th addendum line as “CMS-CMMI|BF|QPP|QPINCENT”.



Using the QPP Portal

Overview

In this section, you will learn about the Access Roles for APM Entities when logging into the QPP Portal. In addition, you will learn what types of reporting and payment information users at the TIN level are able to see and access. Finally, we provide TIN Level screenshots and NPI Level screenshots to help navigate the QPP portal screens.

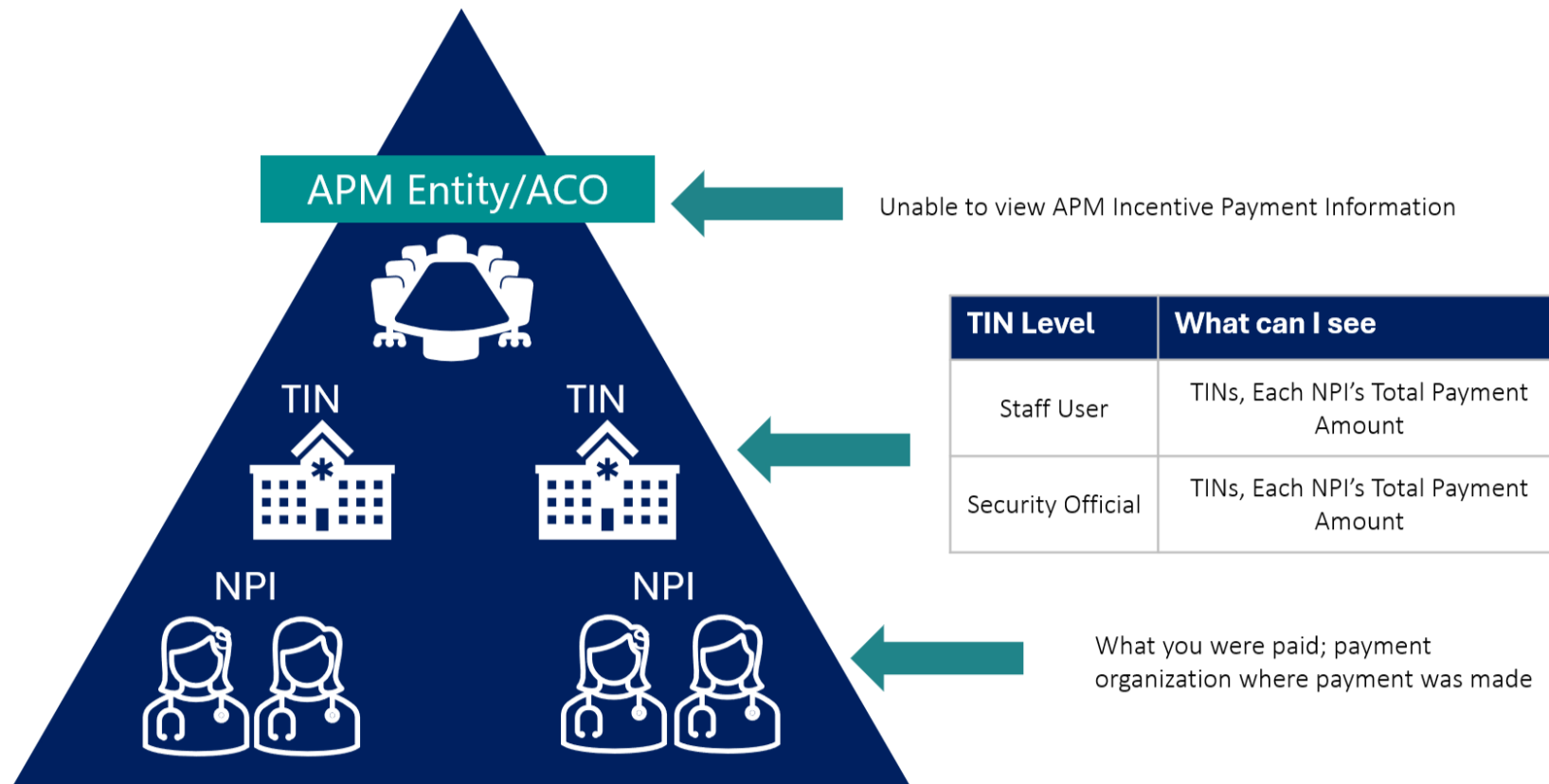


What Are the Access Roles for APM Entities in the QPP Login?

You are a...	You want to...	The role you need is...	From Manage Access, you will...
Representative of an Alternative Payment Model (APM) Entity:	• Submit quality data on behalf of the APM Entity • View a list of participating practices and clinicians in the APM • View MIPS performance feedback • Preview public reporting data for Medicare Care Compare (formerly Physician Compare website)	Staff User	1. Connect to an Organization (Organization type = APM Entity) 2. Identify the APM with which your APM Entity participates(e.g., if your organization is a Shared Savings Program ACO, select 'Shared Savings Program (SSP)') 3. Find your APM Entity (search by its legal business name) 4. Select the <u>Staff User</u> role 5. Wait to be approved by the Security Official (contact QPP if you need assistance identifying your organization's Security Official. Note: Your organization must have at least one individual with the Security Official role before anyone can request a Staff User role.
	• Everything above plus • Approve or deny role requests from other users requesting access to your organization's account • Register for the CMS Web Interface or CAHPS for MIPS Survey.	Security Official	1. Connect to an Organization (Organization type = APM Entity) 2. Identify the APM with which your APM Entity participates (e.g., if your organization is a Shared Savings Program ACO, select 'Shared Savings Program (SSP)') 3. Find your APM Entity (search by its legal business name) 4. Select the <u>Security Official</u> role 5. Enter the additional information for validation: • APM Entity ID • The Taxpayer Identification Number (TIN)



Identify Nuances Associated with APM Incentive Payment and Roles



Where Is the APM Incentive Payment?

The APM Incentive Payment option shows at both the TIN and NPI Levels.

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The Quality Payment Program

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Merit-based Incentive Payment System

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Help, Support and Resources

Joe ▾
My Account

Joe Test

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- [\\$ APM Incentive Payments](#)
- [Doctors & Clinicians Preview](#)
- [Exceptions Application](#)
- [Targeted Review](#)
- [Reports](#)
- [Manage Access](#)
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Welcome back Joe Test!

Aug 1, 2020
Submission Window is open

Mar 1, 2021
Last Day to submit 2019 data

Mar 2, 2021
Preliminary Performance Feedback Available

Summer 2021
Final Performance Feedback is available

★

Preliminary 2020 Performance Feedback Available

VIEW FEEDBACK

Your preliminary 2020 performance year feedback is now available. Your final score will be available Summer 2021. Your performance feedback could change based on additional information being entered into the system.

🕒

2020 Submission Window has Closed

VIEW ELIGIBILITY DETAILS

You will only see this if you an APM Incentive Payment is owed.

TIN Level View

The screenshot displays the 'APM Incentive Payment' section for PY 2018. The left sidebar shows navigation options like 'Account Home', 'Eligibility & Reporting', and 'APM Incentive Payments'. The main content area lists 'Practices Receiving APM Incentive Payments' with a search bar and a list of three practices. Each practice entry shows the 'Number of QPs' and the 'APM Incentive Payment' amount. Callouts highlight the 'Tax ID' field in the sidebar and the 'VIEW PAYMENT DETAILS' button for the first practice.

Practice Name	TIN	Number of QPs	APM Incentive Payment
Swaniawski - Pacocha	000594263	2	\$297.89
APM-Organization-15	999058167	2	\$165.18
APM-Organization-44	999146173	22	\$2,036.01

You can determine this is the TIN Level view because the number of QPs are listed.

If you are viewing at the NPI Level, you will only see the payment.

Select to view on screen details.

Total of all APM Incentive Payments for all QPs that have an NPI associated with the TIN.



TIN Level View (Continued)

Quality Payment
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Account Home

Swaniawski - Pacocha
TIN: 000594263

Payment Details

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Swaniawski - Pacocha

TIN: 000594263

Performance Year 2018

Print

Swaniawski - Pacocha Payment Details

Number of QPs 2	APM Incentive Payment \$297.89
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Clinician Contributions
Showing 2 Clinicians

Search by NPI

Clinician Name	APM Incentive Payment	Payment Information
Maddie Kuzma NPI: 0002357354	\$38.99	✓ Payment Processed
Mohammad Wong NPI: 0002357362	\$258.90	✓ Payment Processed

Select to view on screen details.

Payment Information	Description
Payment Processed	Deposit made to bank account
Unable to Process (status remains until payment is completed)	CMS could not verify current billing information



NPI Level View

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Account Home /

APM Incentive Payment

Performance Year 2018

Performance Year 2018 ▾

The APM Incentive Payment will be sent as a 5% lump sum to the Medicare billing organization associated with the clinician attaining QP status. The billing organization is responsible for dispersing funds to clinicians.

EXPAND

Joe Clinician Payment Details

Number of Billing Organizations	2	APM Incentive Payment	\$702.90
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Some APM Incentive Payments cannot be processed at this time.

EXPAND

Payment Disbursement

Billing Organization	Billing TIN	Billing NPI	Payment
APM-Organization-04	999020696	0002357354	\$301.00
APM-Organization-04	999020696	0112357354	\$301.00
APM-Organization-77	999221170	0000455069	\$100.90

**If you are unfamiliar with your billing organization and would like to obtain additional information about it, you can enter the NPI for the billing organization in the [NPI Registry Public Search](#) .*



NPI Level View (Continued)

The screenshot shows the Quality Payment Program portal interface. A dark blue sidebar on the left contains navigation links: Payment Testing, Account Home, Eligibility & Reporting, Performance Feedback, APM Incentive Payments, Doctors & Clinicians Preview, Exceptions Application, Targeted Review, Reports, Manage Access, and Help and Support. The main content area has a top navigation bar with links for About, MIPS, APMs, Resources, and Payment. Below this, there's a section for 'Payment Testing' with a 'Performance Year 2018' dropdown and tabs for 'Practices' and 'Clinicians'. A teal callout box points to the 'APM Incentive Payments' link in the sidebar, stating: 'You will only see this if you have an APM Incentive Payment.' Another teal callout box points to the 'Clinicians' tab, stating: 'Tab indicates that you are viewing as at the clinician level.' Below the tabs, a section titled 'Payment Testing Payment Details' shows 'Number of Billing Organizations' as 8 and 'APM Incentive Payment' as \$2,849.80. A teal callout box points to this amount, stating: 'Aggregate APM Incentive Payment amount.' Below this is a 'Payment Disbursement' table with columns for Billing Organization, Billing TIN, Billing NPI, and Payment. A teal callout box points to the table, stating: 'APM Incentive Payment amount broken down by Billing TIN /NPI.'

You will only see this if you have an APM Incentive Payment.

Tab indicates that you are viewing as at the clinician level.

Aggregate APM Incentive Payment amount.

APM Incentive Payment amount broken down by Billing TIN /NPI.

Billing Organization	Billing TIN	Billing NPI	Payment
APM-Organization-04	999020696	0002357354	\$101.19
APM-Organization-15	999058167	3456789012	\$63.99
APM-Organization-44	999146173	4567890123	\$1,010.88
APM-Organization-68	999192724	3123456789	\$54.22
APM-Organization-68	999192724	4567890000	\$54.22



Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Visit the [Small Practices page](#) of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.



Version History

6/25/2025

Original posting

