

Quality Payment
PROGRAM

Advanced Alternative Payment Models (APM)

Performance Year 2024 Qualifying APM
Participant (QP) Quick Start Guide



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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.

Table of Contents

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Overview

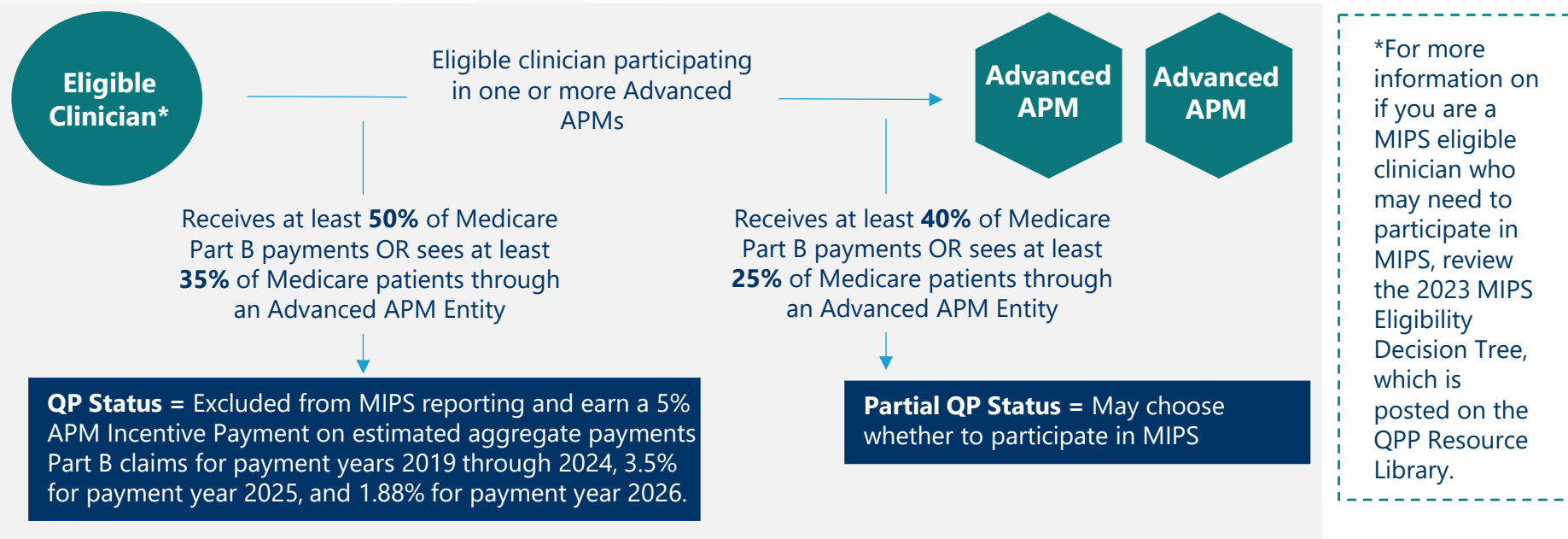
What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. In response to MACRA, we created a federally mandated Medicare program, the Quality Payment Program (QPP), that seeks to improve patient care and outcomes while managing the costs of services patients receive. Clinicians providing high value/high quality patient care are rewarded through Medicare payment increases, while clinicians not meeting performance standards see a reduction in Medicare payments.



What Does it Mean to be a QP in 2025?

A Qualifying Alternative Payment Model (APM) Participant (QP) is an eligible clinician who has met or exceeded the payment amount or patient count thresholds based on participation in an [Advanced APM](#):



In December 2020, the Consolidated Appropriations Act, 2021 was signed into law. Under this law, the QP thresholds for performance years 2021 and 2022/payment years 2023 and 2024 were frozen at 50% for the payment amount threshold and 35% for the patient count threshold. The partial QP thresholds were also frozen at the same levels used for the 2020 performance year/2022 payment year. In December 2022, the Advanced APM Consolidated Appropriations Act, 2023 was signed into law, which continued to freeze the QP payment amount and patient count thresholds for participation in Advanced APMs at 50% and 35%, respectively, 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/payment year 2026, 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.

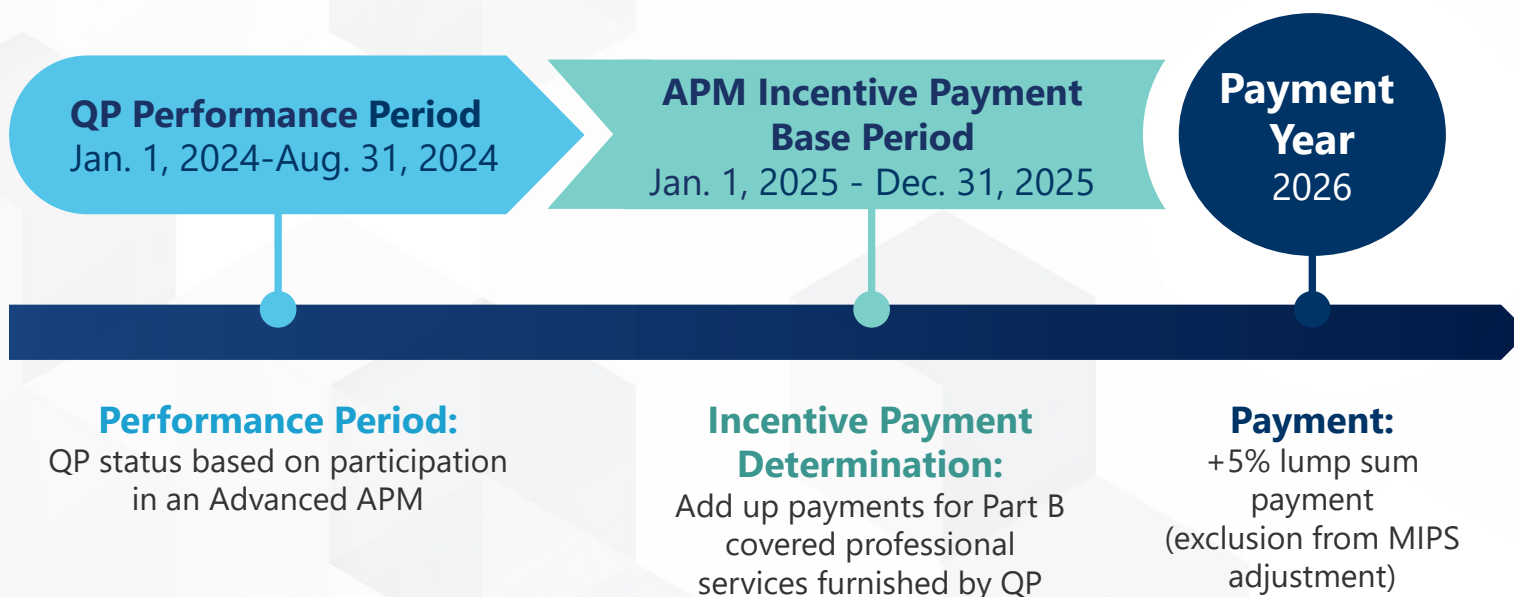


QP Determinations

QPP Performance Period

The QP Performance Period is the period during which CMS will assess eligible clinicians' participation in Advanced APMs to determine if they achieved QP status for the year.

The QP Performance Period for each **payment year** will be from **January 1-August 31** of the calendar year that is **two years** prior to the **payment year**. For the 2024 QP Performance Period, CMS will distribute APM Incentive Payments in 2026.



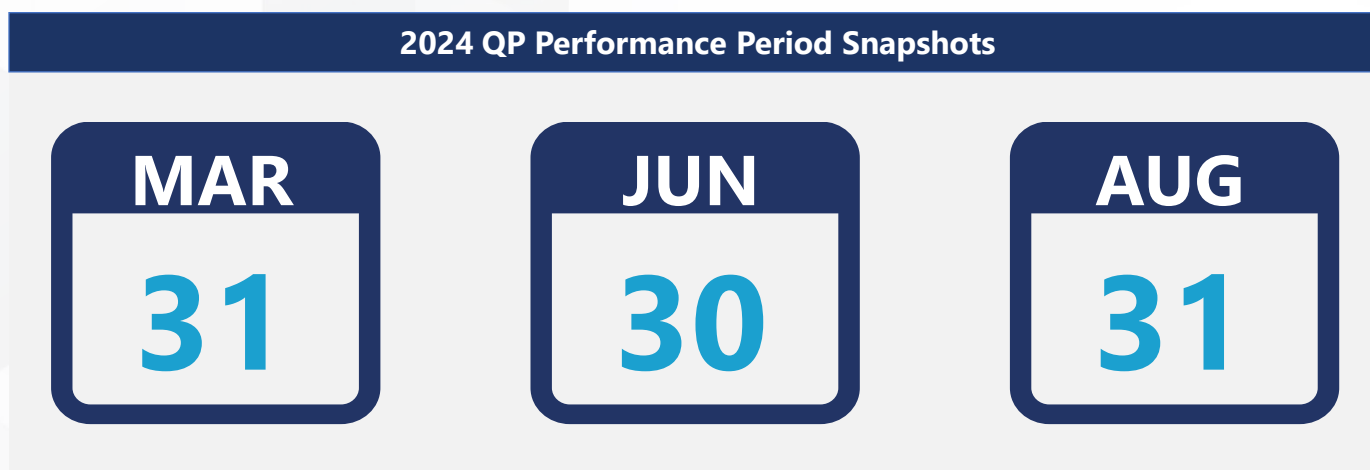
Reminder: Performance period 2022/payment year 2024 was the last time eligible clinicians could earn a 5% APM Incentive Payment. For the 2023 performance period/2025 payment year, QPs will receive a 3.5% APM Incentive Payment, and for the 2024 performance period/2026 payment year, QPs will receive a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



QP Snapshots

During the QP Performance Period (January 1—August 31), CMS will take three “snapshots” (March 31, June 30, August 31) to:

- Determine which eligible clinicians are participating in an Advanced APM
- Determine whether they meet either threshold to become QPs



CMS will allow for 60 days of claims run-out before calculating the Threshold Scores, so the QP determinations will be made approximately 4 months after the end of each snapshot date. Check the [Quality Payment Program Participation Status Tool](#) for updates. Subscribe to the [QPP Listserv](#) to receive email notifications when QP determinations based on the snapshots become available.

Calculating Threshold Scores

CMS generally will calculate a percentage “Threshold Score” for eligible clinicians at the APM Entity level using two methods (payment amount and patient count).

Methodologies are based on Medicare Part B professional services and beneficiaries attributed to Advanced APM.

CMS will use the method that results in a more favorable threshold Score for purposes of QP determinations for eligible clinicians in each APM Entity.

These definitions are used for calculating Threshold Scores under both methods.

Attributed (beneficiaries for whose cost and quality of care the APM Entity is responsible)

Attribution-eligible (all beneficiaries who could potentially be attributed to the APM Entity)

= Threshold Score (%)



QPP Thresholds by Year



QP Threshold Scores								
Performance Period	2017	2018	2019	2020	2021	2022	2023	2024
Payment Year	2019	2020	2021	2022	2023	2024	2025	2026
QP Payment Amount Threshold	25%	25%	50%	50%	50%	50%	50%	50%
QP Patient Count Threshold	20%	20%	35%	35%	35%	35%	35%	35%

If you do not achieve QP or Partial QP status, you will be required to participate in MIPS and will receive a MIPS Final Score and payment adjustment, unless you are otherwise excluded. Visit qpp.cms.gov to learn more about MIPS.

In December 2022, the Advanced APM Consolidated Appropriations Act, 2023 was signed into law. This froze the QP payment amount and patient count thresholds for participation in Advanced APMs at 50% and 35%, respectively, for performance year 2023/payment year 2025. In March 2024, Congress announced another update and established that the thresholds for performance year 2024/payment year 2026 were also frozen at 50% for payment amount and 35% for patient count.



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

