

Payment Year 2023 Alternative Payment Model (APM) Incentive Payment

Help Desk Questions and Answers



Quality Payment
PROGRAM

Table of Contents

<u>How To Use This Guide</u>	<u>3</u>
<u>Overview</u>	<u>5</u>
<u>Incentive Payment Overview</u>	<u>9</u>
<u>Using the QPP Portal</u>	<u>20</u>
<u>Help and Version History</u>	<u>29</u>



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.

Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.



You can also click on the icon on the bottom left to go back to the Table of Contents.

Hyperlinks

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

Overview



Key Terms to Know

APM Entity

An APM Entity is composed of Eligible Clinicians and their associated TINs, who are listed on a participant list, or an affiliated practitioner list associated with an Alternative Payment Model.

Qualifying APM Participant (QP)

To become a QP, you must receive at least 50% of your Medicare Part B Covered Professional Service payments or see at least 35% of Medicare patients through an Advanced APM entity at one of the determination periods (snapshots).

Billing NPI

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

Reminder: 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.



Audience and Purpose

This resource is intended for:

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

This document aims to help QPs and APM Entities understand:

- Where the APM Incentive Payment was paid
- Scenarios to receive the APM Incentive Payment
- Who can access the details about APM Incentive Payments
- What the authorized person sees on qpp.cms.gov

APM Incentive Payment

Pursuant to statute, APM Incentive Payments are made in each of payment years 2019 through 2024 for eligible clinicians who were determined to be QPs in performance periods 2017 through 2022, respectively. Originally, the APM Incentive Payment was equal to 5% of the estimated aggregate payment amounts for Medicare Part B covered professional services furnished by the QP during the “base period,” which is the calendar year preceding the payment year, across all billing TINs associated with the QP’s National Provider Identifier (NPI). 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 period/2025 payment year. In March 2024, Congress announced another update, and established a 1.88% APM Incentive Payment for QPs for the 2024 performance period/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 APM Incentive Payment is based on the paid amounts for Medicare Part B covered professional services furnished by the QP across all of their TIN/NPI combinations during the base period, which for purposes of 2021 QPs is calendar year 2023. Note that the APM Incentive Payment is based only on Part B covered professional services (services paid under the Part B physician fee schedule as well as certain payments noted below associated with payment under the Advanced APM), not all Part B items and services.

Incentive Payment Overview



What is the APM Incentive Payment?

Under the Quality Payment Program, for payment years 2019 through 2024, QPs receive a 5% APM Incentive Payment that is equal to 5% of the estimated aggregate payments for covered professional services during the incentive payment base period (the calendar year immediately preceding the payment year). CMS uses claims submitted for covered professional services with dates of service from January 1 through December 31 of the incentive payment base period.

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

Reminder: For the CY 2019-2022 performance periods, Advanced APM participants who achieved Qualifying APM Participant (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 period/2025 payment year. In March 2024, Congress announced another update, and established a 1.88% APM Incentive Payment for QPs for the 2024 performance period/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.

Why Did I Receive These Funds?

- You were an Eligible Clinician participating in Medicare;
- You were on the participation list for an APM Entity group;
- Your APM Entity group participated in an Advanced APM;
- You received QP status in 2021;
- In 2022, you billed and received payment for Covered Professional Services; AND
- Your 2023 APM Incentive Payment is based on your Covered Professional Services billed in 2022.

I Submitted My Information on the Billing Request Form, but I Still Have Not Received My Payment.

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

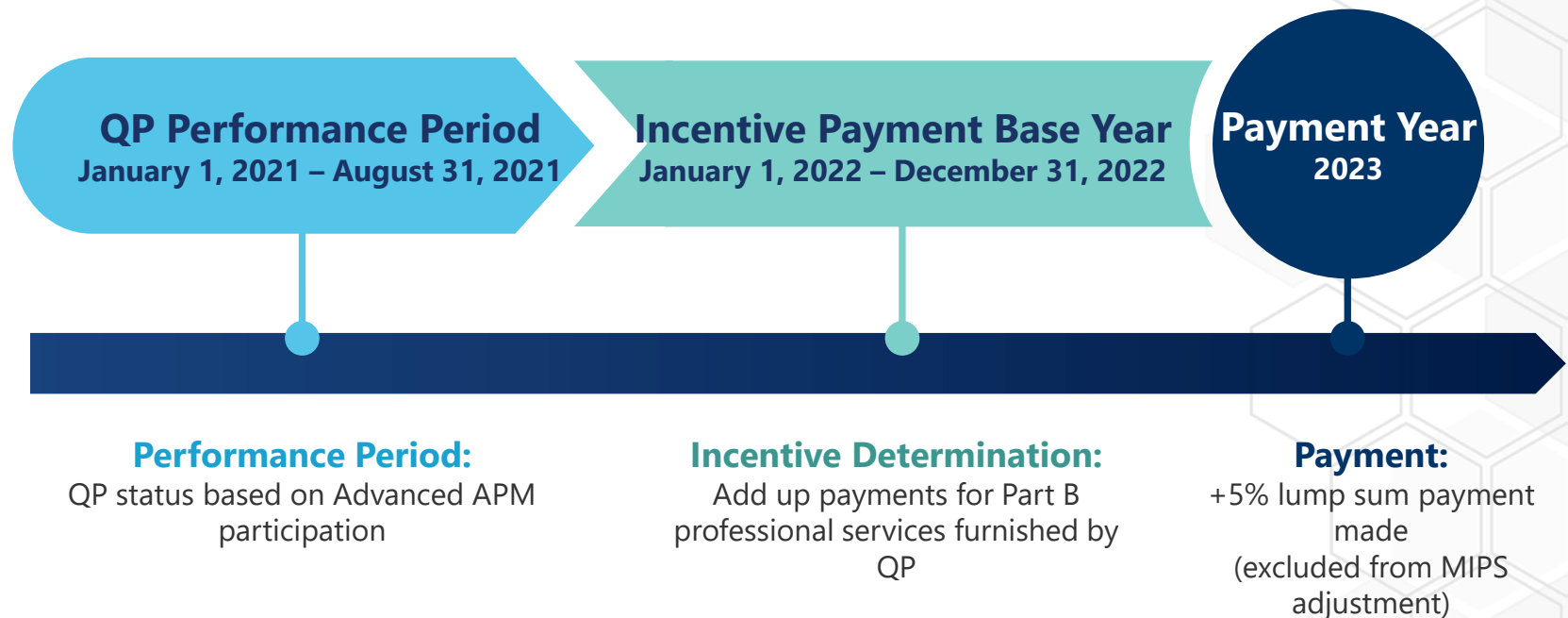
- The information provided, especially when handwritten, was misinterpreted; a 1 (one) was interpreted as an L or a 0 (zero) was interpreted as the letter O.
- The Medicare ID provider was the individual provider's ID and not the billing organization's ID.



Incentive Payment Overview

When Did I Earn the Incentive Payment?

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



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.

What Happens if I am No Longer Practicing with the TIN through Which I Earned My QP Status or Am No Longer Actively Billing Medicare?

- CMS uses billing activity during the base year to identify billing organizations (TINs) to pay the Incentive Payment.
- If billing relationships present during the base year are not in place when Incentive Payments are determined, CMS looks for current billing relationships.
- In the event we do not identify an appropriate TIN, we will publish a public notice requiring the remaining QPs to come forward with their claims and provide payment information by the specified date that is the later of a 60-day deadline or November 1st 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.

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.

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.



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 2021 receive the APM Incentive Payment in 2023.
- Once we reach the payment year (2023) we calculate the APM Incentive Payment from the previous year (2022). 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.

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?

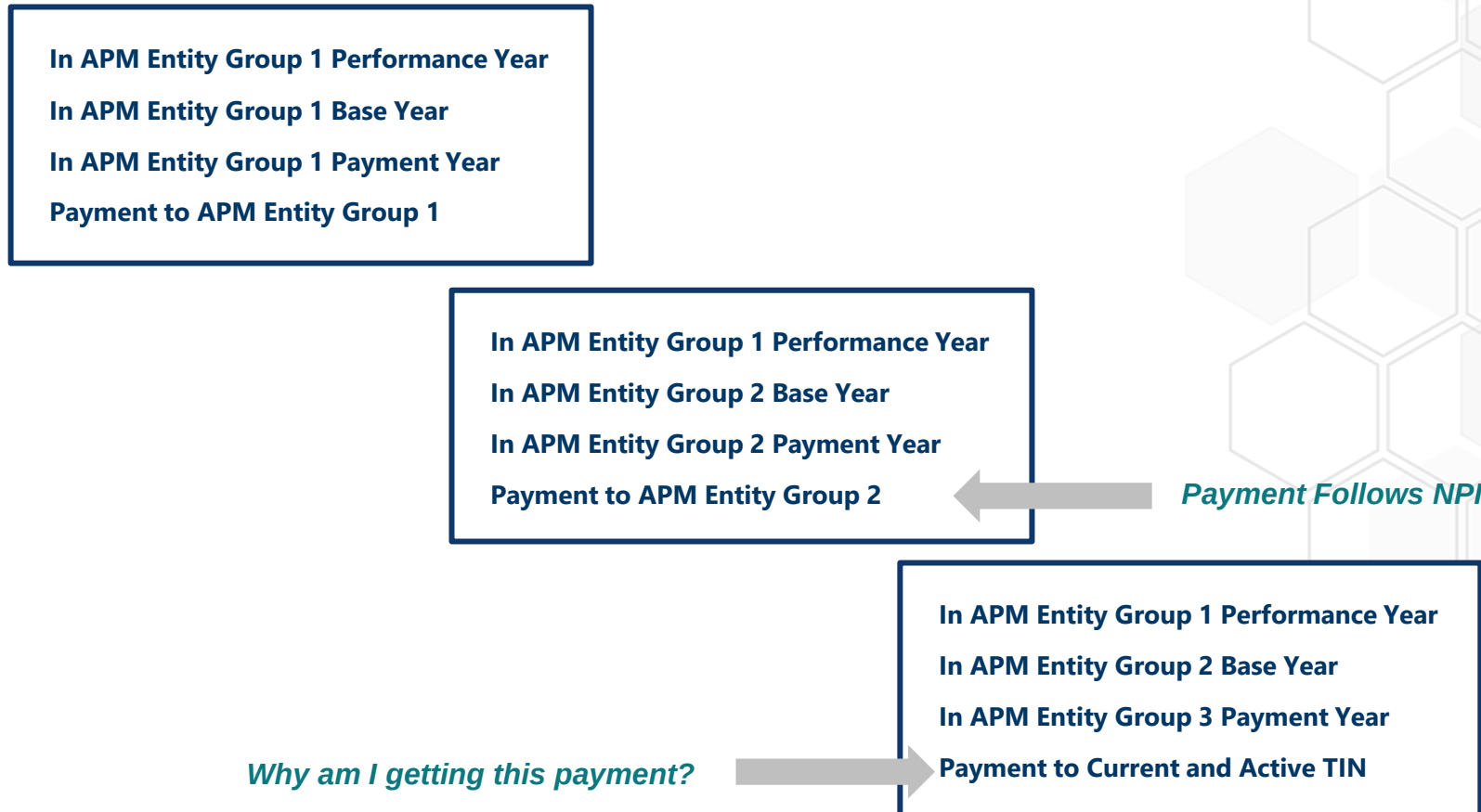
The Incentive Payments are typically disbursed 3 times during the payment year.

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.**

Incentive Payment Overview

Why Did My Payment Go to a Different TIN?

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



Why Did My Payment Go to a Different TIN?



- 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 on to the next step in the hierarchy.



Does the APM Entity Receive the APM Incentive Payment?

- No, the APM Incentive Payment is earned by the QP (the eligible clinician participating in the Advanced APM).
- The APM Entity (ACO, CPC+ practice, OCM practice, etc.) is not entitled to any portion of this money under QPP.

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

- The payment can be identified on the 4th addendum line as "CMMI QPP NGS"
- The payment can be identified on the 5th and/or 6th addendum line as "CMS-QPP-QPIN"

Using the QPP Portal



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 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.

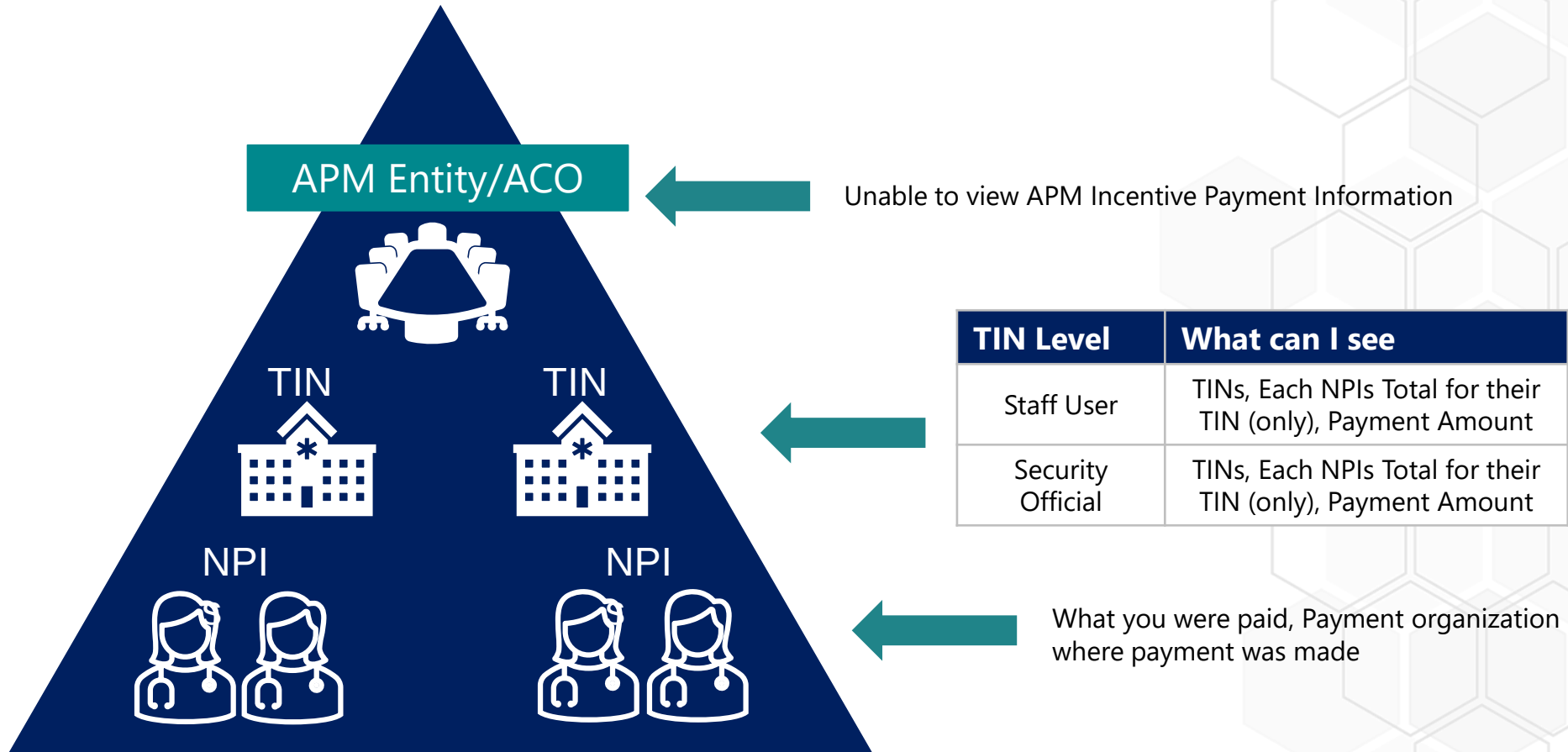


What Are the Access Roles for APM Entities in the QPP Login?

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 your APM Entity type (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) 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 • Register for the CMS Web Interface or CAHPS for MIPS Survey (beginning April 2020 for PY 2020)	Security Official	1. Connect to an Organization (Organization type = APM Entity) 2. Identify your APM Entity type (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 (your ACO ID) • The Taxpayer Identification Number (TIN) of two practices participation in the ACO (Note: Security Officials for a single TIN ACO only need to provide one TIN)

Using the QPP Portal

Identify Nuances Associated with APM Incentive Payment and Roles



Using the QPP Portal

Where Is the APM Incentive Payment?

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

Quality Payment PROGRAM

Joe Test

- Account Home
- Eligibility & Reporting
- Performance Feedback
- APM Incentive Payments**
- Doctors & Clinicians Preview
- Exceptions Application
- Targeted Review
- Reports
- Manage Access
- Help and Support

About ▾
The Quality Payment Program

MIPS ▾
Merit-based Incentive Payment System

APMs ▾
Alternative Payment Models

Resources ▾
Help, Support and Resources

Joe ▾
My Account

Welcome back Joe Test!

Timeline:

- 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**

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.

[VIEW FEEDBACK](#)

📊 **2020 Submission Window has Closed**

[VIEW ELIGIBILITY DETAILS](#)



Using the QPP Portal

TIN Level View

The screenshot displays the QPP Portal interface. At the top, the 'Quality Payment PROGRAM' logo is on the left, and navigation links for 'About', 'MIPS', 'APMs', 'Resources', and 'Joe' are on the right. A left sidebar contains a 'Joe Test' profile and a list of menu items: 'Account Home', 'Eligibility & Reporting', 'Performance Feedback', 'APM Incentive Payments' (highlighted), 'Doctors & Clinicians Preview', 'Exceptions Application', 'Targeted Review', 'Reports', 'Manage Access', and 'Help & Support'. The main content area is titled 'APM Incentive Payment' for 'PY 2018'. Below this, a dropdown menu shows 'Performance Year 2018'. A paragraph explains that the APM Incentive Payment is a 5% lump sum sent to the Medicare billing organization. A section titled 'Practices Receiving APM Incentive Payments' shows 'Showing 4 Practices'. Three practice cards are visible: 'Swaniawski - Pacocha' (TIN: 000594263), 'APM-Organization-15' (TIN: 999058167), and 'APM-Organization-44' (TIN: 999146173). Each card displays the 'Number of QPs' and the 'APM Incentive Payment' amount. A 'Tax ID' label with an arrow points to the TIN field of the first practice card. A 'VIEW PAYMENT DETAILS' button is present on each card, with an arrow pointing to it from a callout box. A 'Download Data' link is also present on each card.

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 the APM Incentive Payment

Using the QPP Portal

TIN Level View (Continued)

Account Home

Swaniawski - Pacocha
TIN: 000594263

Payment Details

Account Home / APM Incentive Payments /

Swaniawski - Pacocha

TIN: 000594263

Performance Year 2018

Print

Swaniawski - Pacocha Payment Details

Number of QPs
2

APM Incentive Payment
\$297.89

Select to view on screen details...

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

Payment Information

Description

Payment Processed

Deposit made to bank account

Unable to Process (status remains until payment is completed)

CMS could not find valid billing information



Using the QPP Portal

NPI Level View

Quality Payment
PROGRAM

About
The Quality Payment
Program

MIPS
Merit-based Incentive
Payment System

APMs
Alternative Payment
Models

Resources
Help, Support and
Resources

Joe
My Account

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.

Joe Clinician Payment Details

Number of Billing Organizations
2

APM Incentive Payment
\$702.90

Some APM Incentive Payments cannot be processed at this time.

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](#).



Using the QPP Portal

NPI Level View (Continued)

Quality Payment PROGRAM

Payment Testing

Account Home

Eligibility & Reporting

Performance Feedback

APM Incentive Payments

Doctors & Clinicians Preview

Exceptions Application

Targeted Review

Reports

Manage Access

Help and Support

Performance Year 2018

Practices

Clinicians

The APM Incentive Payment will be sent as a 5% lump sum upon attaining QP status. The billing organization is responsible.

Payment Testing Payment Details

Number of Billing Organizations	8	APM Incentive Payment	\$2,849.80
---------------------------------	---	-----------------------	------------

Payment Disbursement

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	\$1010.88
APM-Organization-68	999192724	3123456789	\$54.22
APM-Organization-68	999192724	4567890000	\$54.22

Annotations:

- 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 and Billing NPI.



Help and Version History



Where Can You Go for Help?

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired 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](#).

Version History

If we need to update this document, changes will be identified here.

Date	Description
08/21/2024	Added call-out box on slide 6.
06/05/2024	Updated call-out boxes about APM Incentive Payment and conversion factor in performance period 2024 on slides 8, 12 and 14.
04/25/2023	Original Posting.