

Quality Payment PROGRAM

Advanced Alternative Payment Models (APM)

2022 Qualifying APM Participant (QP) Quick Start Guide



Contents

<u>How to Use This Guide</u>	<u>3</u>
<u>Overview</u>	<u>5</u>
<u>QP Determinations</u>	<u>8</u>
<u>Help and Version History</u>	<u>14</u>



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not 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

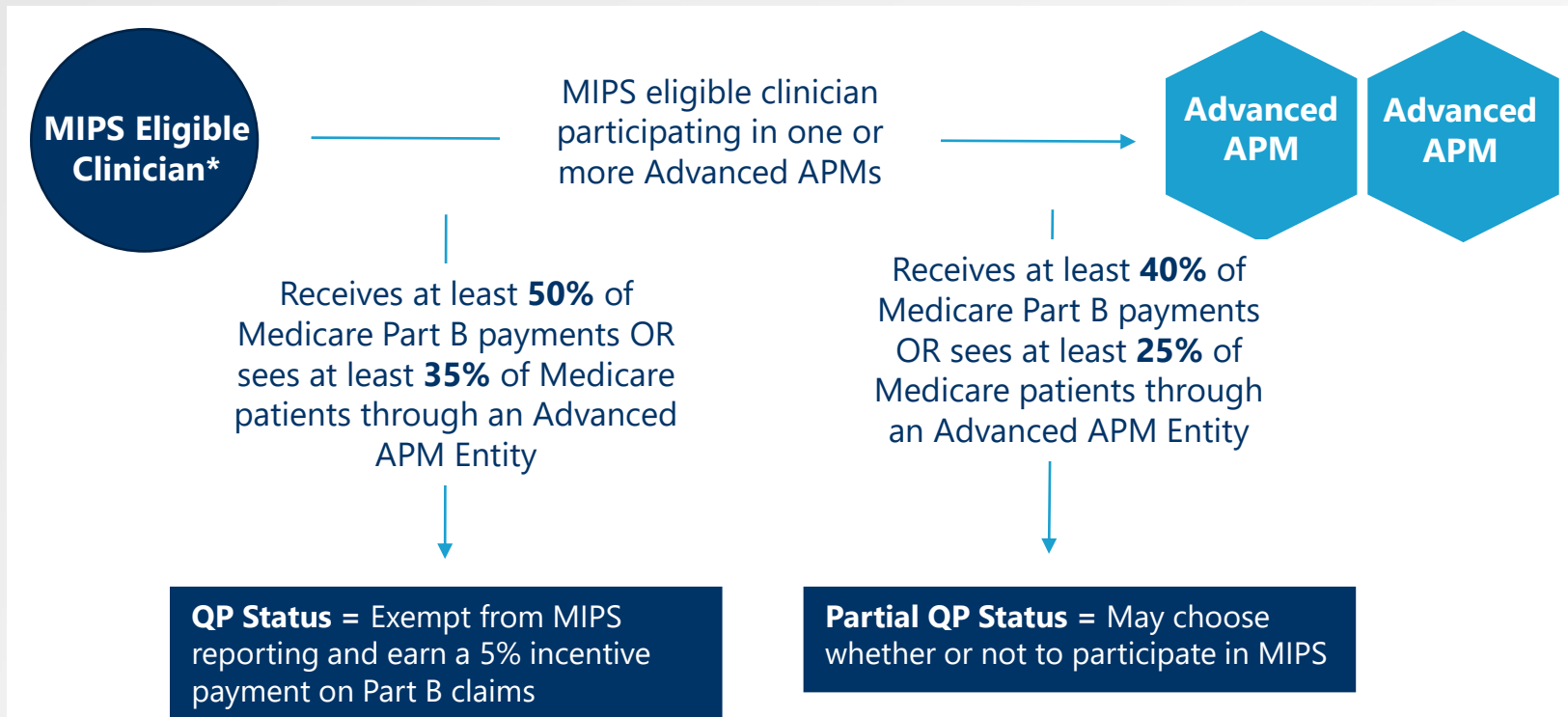


What is the Quality Payment Program?

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 will see a reduction in Medicare payments.

What Does it Mean to be a QP in 2022?

A Qualifying 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](#):



On December 27, 2020, the Consolidated Appropriations Act, 2021 was signed into law. Under this law, the QP thresholds for performance year 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 and March 2024, Congress announced additional updates and froze the QP payment amount and patient count thresholds for participation in Advanced APMs at 50% and 35%, respectively, through performance year 2024/payment year 2026.

*For more information on if you are a MIPS eligible clinician who may need to participate in MIPS, review the [2022 MIPS Eligibility Decision Tree](#).

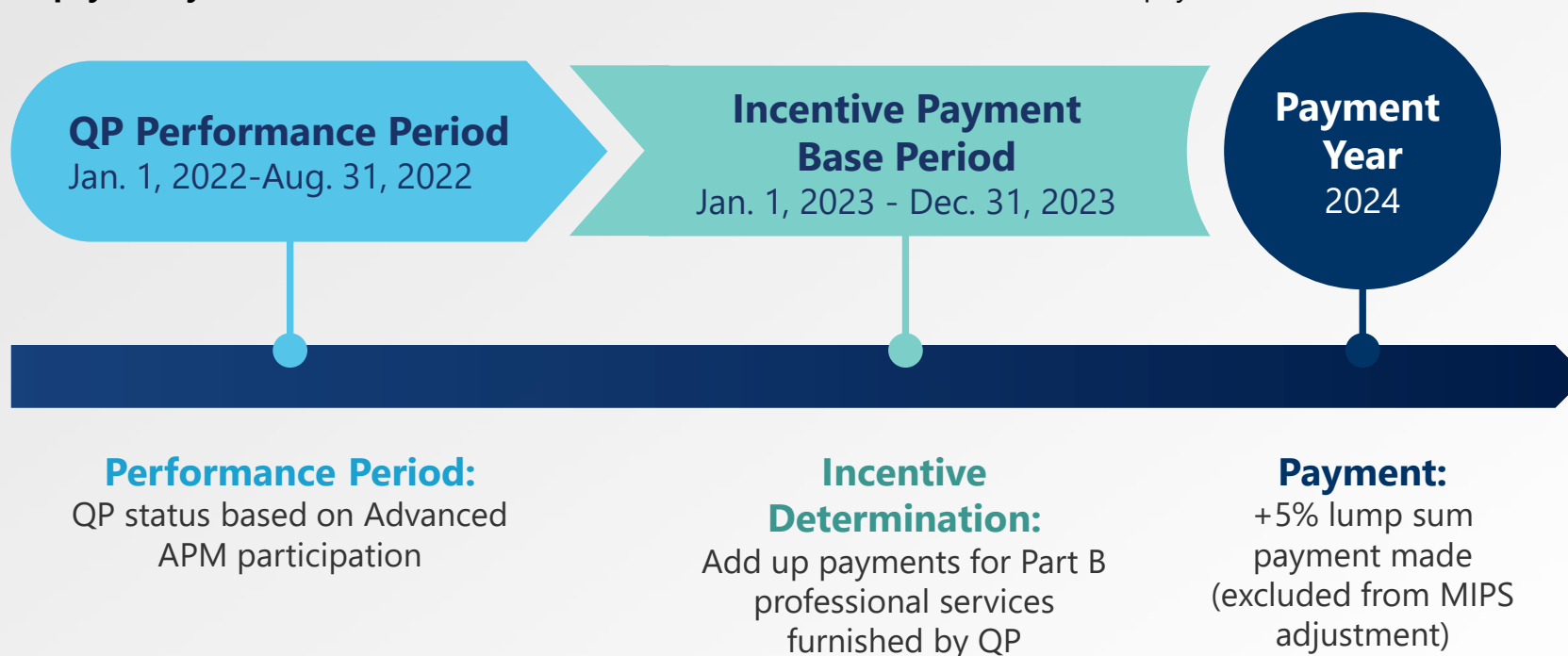


QP Determinations

QP Performance Period

The QP Performance Period is the period during which CMS will assess eligible clinicians' participation in Advanced APMs to determine if they will be QPs 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 2022 QP Performance Period, CMS will distribute incentive payments in 2024.



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.

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 the thresholds to become QPs
- Communicate QP status to eligible clinicians
- Inform eligible clinicians of their participation status in APMs



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 to your APM status. Subscribe to the [QPP Listserv](#) to receive email notifications when QP determinations based on the snapshots become available.

Calculating Threshold Scores

- CMS will calculate a percentage “Threshold Score” for each APM Entity using two methods (payment amount and patient count).
- Methods 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 QP determination for 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)

**= Threshold
Score (%)**


QP Thresholds by Year



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

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

QP Thresholds by Year



Partial QP Thresholds						
Performance Year	2017	2018	2019	2020	2021	2022
Payment Year	2019	2020	2021	2022	2023	2024
Partial QP Payment Amount Threshold	20%	20%	40%	40%	40%	40%
Partial QP Patient Count Threshold	10%	10%	25%	25%	25%	25%

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



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 at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. ET or by email at: QPP@cms.hhs.gov.

- 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 resources available in the [QPP Resource Library](#). For additional information about thresholds, QP determinations, and snapshot dates, please review the [Learning Resources for QP Status and APM Incentive Payment](#).



Version History

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

Date	Description
8/28/2024	Updated call-out box about QP thresholds on slide 7.
5/14/2024	Updated slide 9 to reflect changes to the APM Incentive Payment and conversion factor in performance period 2024.
2/17/2023	Added call-out box about APM Incentive Payment in performance year 2023 on slide 9.
7/1/2022	Original Posting.