

Advanced Alternative Payment Models (APM)

Performance Year 2023 Qualifying APM Participant (QP) Quick Start Guide



Quality Payment
PROGRAM

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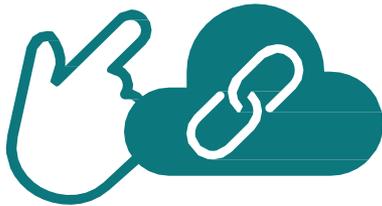
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How to Use This Guide



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.

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Hyperlinks

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

Overview



Overview

What is the Quality Payment Program?

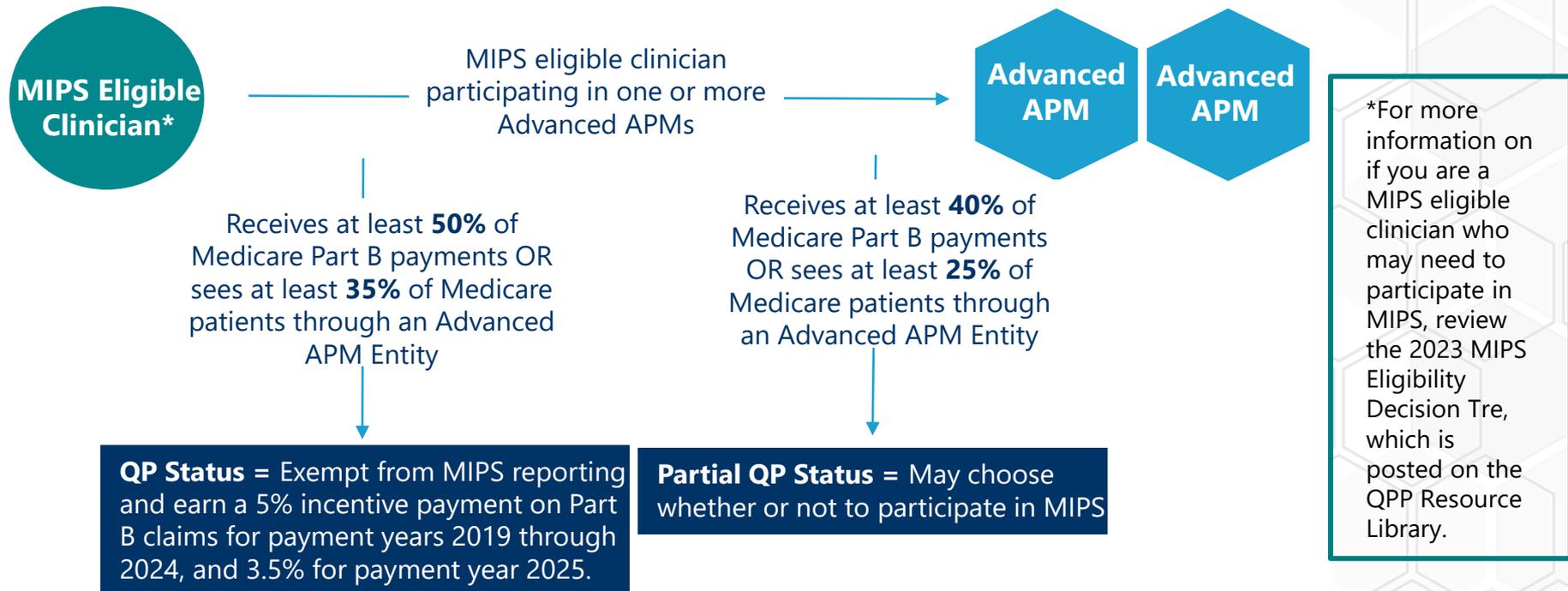
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. In response to MACRA, we created a federally mandated Medicare program, the Quality 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.



Overview

What Does it Mean to be a QP in 2023?

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](#):



In December 2020, the Consolidated Appropriations Act, 2021 was signed into law. Under this law, the QP thresholds for payment years 2023 and 2024 were frozen at 50% for the payment amount threshold and 35% for the patient count threshold (note that the applicable performance years will be 2021 and 2022). The partial QP thresholds have also been frozen at the same levels used for the 2022 payment year and 2020 performance 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 2025 payment year/2023 performance year.



QP Determinations

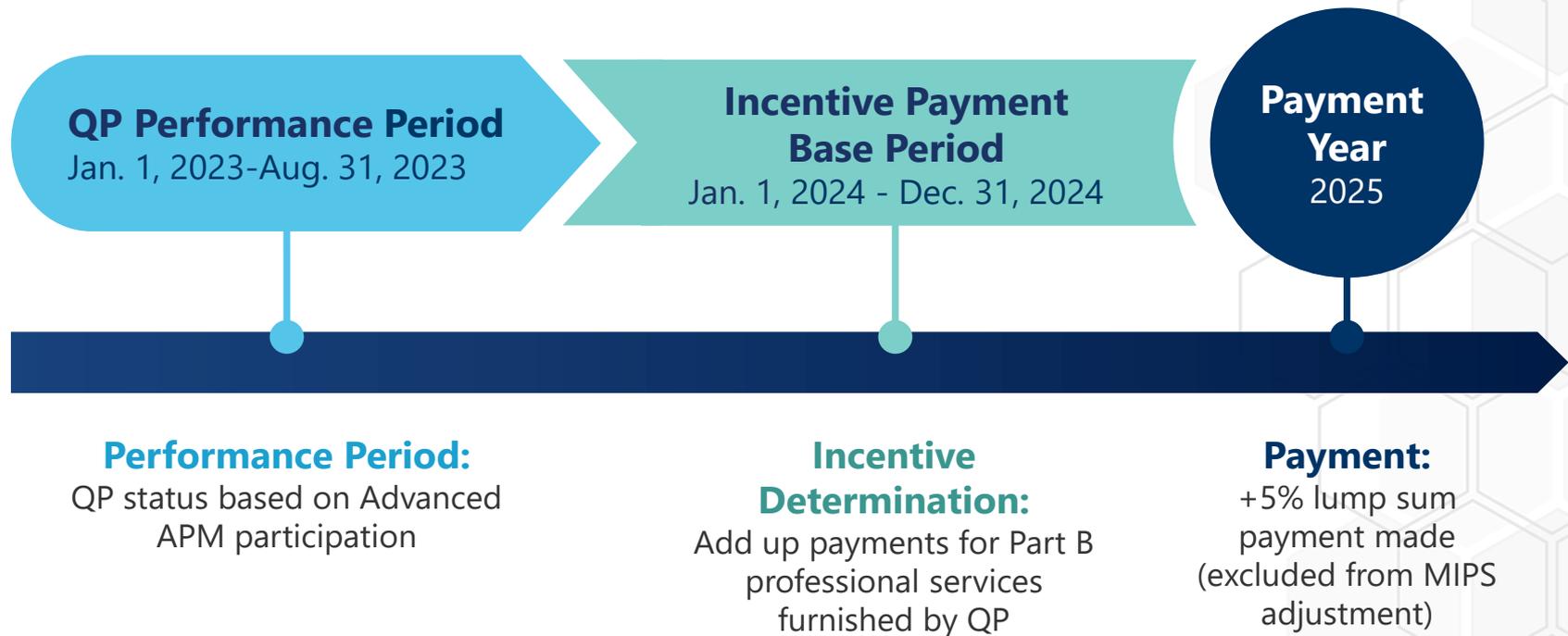


QP Determinations

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 2023 QP Performance Period, CMS will distribute incentive payments in 2025.



Reminder: Performance year 2022 is the last time eligible clinicians can qualify for the 5% APM Incentive Payment. QPs will receive a 3.5% APM Incentive Payment for the 2023 performance year/2025 payment year.

QP Determinations

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.

QP Determinations

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 Determinations

QP Thresholds by Year



QP Threshold Scores

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

In December 2022, the Advanced APM Consolidated Appropriations Act, 2023 was signed into law. This continued to freeze the QP payment amount and patient count thresholds for participation in Advanced APMs at 50% and 35%, respectively, for performance period 2023 (payment year 2025).



QP Determinations

QP Thresholds by Year



Partial QP Thresholds

Performance Year	2017	2018	2019	2020	2021	2022	2023
Payment Year	2019	2020	2021	2022	2023	2024	2025
Partial QP Payment Amount Threshold	20%	20%	40%	40%	40%	40%	40%
Partial QP Patient Count Threshold	10%	10%	25%	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 gpp.cms.gov to learn more about MIPS.

Help and Version History



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](#).

Help, Resources, and Version History

Version History

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

Date	Description
04/25/2023	Original Posting.