

2026 Advanced APM Qualifying Participant (QP) & Incentive Payment Guide

Centers for Medicare & Medicaid Services

Quality Payment Program | July 2026

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Section 1: Program Overview



About This Guide

-  Purpose
 - Combines previously separate CMS resources into one unified reference
 - Organized around the full lifecycle of Advanced APM participation
-  Guide Structure
-  Program Participation
-  QP Determination
-  Payment Calculation
-  Payment Distribution
-  Access to Payment Information
-  Each section builds on the previous one — but can also stand alone as a reference



QPP Participation Pathways

MIPS

- Merit-based Incentive Payment System
- Performance-based payment adjustments
- Applies to most eligible clinicians
- Reporting requirements apply

Advanced APMs

- Advanced Alternative Payment Models
- Value-based care payment models
- May lead to QP status
- Exclusion from MIPS if QP status achieved
- Eligible for APM Incentive Payment



Key Terms

Term	Definition
Advanced APM	A CMS-approved payment model supporting value-based care; one of two QPP pathways.
Eligible Clinician	A Medicare clinician who may qualify for Advanced APM participation and QP evaluation.
Qualifying APM Participant (QP)	An eligible clinician who meets the required Medicare payment amount or patient count threshold.
APM Entity	An entity participating in an Advanced APM through a direct agreement with CMS.
Billing NPI	A unique identifier assigned to healthcare providers for Medicare billing transactions.
TIN	The entity responsible for billing Medicare claims, typically the organization that receives and distributes payment.

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Section 2: Becoming a Qualifying APM Participant (QP)



QP Status Requirements



QP Performance Period

- January 1 – August 31, 2024
- Three CMS Snapshot Evaluations:
- 📷 March 31 — First Snapshot
- 📷 June 30 — Second Snapshot
- 📷 August 31 — Final Snapshot
- ~60 days claims run-out after each snapshot
- QP determinations available ~4 months after each snapshot



QP Thresholds

- CMS evaluates TWO methodologies:
- 💰 Medicare Part B Payment Amount
 - Threshold: 50%
- 👥 Medicare Patient Count
 - Threshold: 35%
- ✅ CMS applies the MOST FAVORABLE result
- Meeting EITHER threshold may result in QP status



QP Status Outcomes

Status	Outcome
Qualifying APM Participant (QP)	Excluded from MIPS reporting; may be eligible for APM Incentive Payment.
Partial QP	May choose whether to participate in MIPS.
Neither	Subject to MIPS participation requirements unless otherwise excluded.

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Section 3: APM Incentive Payment

APM Incentive Payment — Eligibility & Calculation

Who Is Eligible?

- Clinicians who:
- Participated in an Advanced APM
- Were included on an APM Entity participant list
- Achieved QP status during the applicable Performance Period
- Furnished Medicare Part B covered professional services during the applicable base period

How Is It Calculated?

- Lump-sum payment based on:
- Medicare Part B covered professional services only
- Furnished during the applicable base period
-  Generally issued ~2 years after QP status is earned
-  Payment percentage modified by legislation over time
-  Core calculation process remains consistent



APM Incentive Payment Percentages by Year

Payment Year	Incentive Payment Percentage	Notes
2019–2024	5.0%	Original statutory rate under MACRA
2025–2027	3.5%	Modified by subsequent legislation
2028+	1.88%	Further modified by legislation

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Section 4: Payment Distribution & Billing Relationships



Understanding Payment Distribution

-  Key Principle
- The QP EARNs the APM Incentive Payment
- The billing organization (TIN) serves as the PAYMENT VEHICLE
-  Distribution Process
- CMS reviews the clinician's current billing relationships
- CMS applies the payment hierarchy established in regulation
- PECOS enrollment information is validated before payment is issued
-  Payments issued ~2 years after QP status is earned
-  Accurate PECOS enrollment supports timely payment processing



Payment Distribution Timeline

Payment Cycle	Typical Circumstance
 Initial Distribution	Current billing relationship remains active, and payment information is validated.
 Subsequent Distribution	A new billing relationship has been established and successfully validated.
 Final Distribution	Updated billing information received through the Public Notice process; payment completed.



Public Notice Process

- When CMS cannot identify a current billing organization:
-  CMS publishes a Public Notice requesting updated billing information
-  Clinician must submit requested information by the applicable deadline
-  Failure to respond by the deadline = FORFEITURE of the APM Incentive Payment
-  PECOS Best Practices
- Keep enrollment information current in PECOS
- Outdated information may delay or prevent payment
- Maintain current billing relationships and reassignments

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Section 5: Accessing APM Incentive Payment Information Through the QPP Portal



QPP Portal User Roles



Staff User

- Supports day-to-day APM Entity activities
- 👁️ View participating clinicians and practices
- 💰 View available payment information
- 📊 Review performance feedback
- 📄 Access organizational reports
- ✅ Support quality reporting activities



Security Official

- Serves as the organization's administrator
- All Staff User capabilities PLUS:
- ✅ Approve or deny user access requests
- 🏢 Manage organizational access
- 📄 Register for CMS reporting activities
- 🔒 Maintain administrative oversight of QPP Portal account



QPP Portal Views



Organization (TIN) View

- Presents payment information at the organizational level
- Review organization payment totals
- View payment status
- View associated clinicians
- Review payment distributions related to the organization



Individual Clinician (NPI) View

- Presents payment information for an individual clinician
- View individual payment information
- View associated billing organizations
- Review payment distribution details
- View payment history related to the clinician



Selecting the Appropriate Portal View

If you need to...	Use...
Review organization payment totals	 TIN View
Review an individual clinician's payment	 NPI View
Verify organizational payment status	 TIN View
Review clinician-specific payment information	 NPI View

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Section 6: Program Lifecycle



Program Lifecycle — 5 Phases

Phase	Name	Key Outcome
1 	Program Participation	Establishes eligibility for QP evaluation
2 	QP Determination	CMS applies most favorable threshold methodology
3 	Incentive Payment Calculation	Based on Medicare Part B services in base period
4 	Payment Distribution	Distributed through appropriate TIN after PECOS validation
5 	Payment Information	Available via TIN View or NPI View in QPP Portal



Key Takeaways

-  Participation begins the process
- Eligible clinicians participate in an Advanced APM through an APM Entity
-  CMS determines QP status
- Using the most favorable of two threshold methodologies
-  CMS calculates the incentive payment
- Based on Medicare Part B covered professional services during the base period
-  CMS validates billing relationships
- Current TIN identified and validated through PECOS before payment is issued
-  Payment information is available through the QPP Portal
- Via TIN View (organization) or NPI View (individual clinician)

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Resources & Quick Reference



QPP Service Center & Resources



Contact Information

- Quality Payment Program Service Center
-  QPP@cms.hhs.gov
-  1-866-288-8292
-  Monday–Friday, 8:00 a.m.–8:00 p.m. ET
-  TTY: 711



Additional Resources

- Official CMS Resources:
-  QPP Resource Library
-  Participation Status Tool
-  QPP Portal
-  Educational Materials
-  Small Practice Resources

Quick Reference — Advanced APM QP & Incentive Payment Overview

Topic	Summary
 QP Eligibility	Meet Medicare Part B payment amount (50%) OR patient count (35%) threshold through Advanced APM participation.
 QP Benefits	Exclusion from MIPS reporting requirements and eligibility for an APM Incentive Payment.
 Payment Basis	Medicare Part B covered professional services furnished during the applicable base period.
 Payment Timing	Generally issued approximately two years after QP status is earned.
 Payment Distribution	Distributed through the appropriate billing organization following PECOS validation.
 Portal Access	Payment information available via Organization (TIN) View and Individual Clinician (NPI) View.



"The Qualifying APM Participant earns the APM Incentive Payment. The payment is generally distributed through the appropriate billing organization after CMS validates billing relationships."

— 2026 Advanced APM QP & Incentive Payment Guide — CMS Quality Payment Program