

Quality Payment PROGRAM



Dear Qualifying APM Participant,

This letter is to inform you that under the Medicare Access and CHIP Reauthorization Act of 2015, and because of your participation in an Advanced Alternative Payment Model (APM), you were determined to be a Qualifying APM Participant (QP) for the 2024 QP Performance Period and are eligible to receive an APM Incentive Payment in 2026.

On August 13, 2026, we published the list of unpaid QPs to whom we have been unable to disburse payments. To reduce processing time, please locate your name in the Excel spreadsheet available at: [2026 QP Notice for APM Incentive Payment](#).

Once you locate your name, please complete the 2025 Billing Information Collection Form and submit it to the Quality Payment Program (QPP) Help Desk at QualityPaymentProgramAPMHelpdesk@cms.hhs.gov no later than October 13, 2026.

Following the initial APM Incentive Payment disbursement, eligible clinicians will have one opportunity to respond during the public notice response period. After CMS completes validation and payment reconciliation, payment processing for that performance year will be final. CMS will not accept requests for additional payment review or reprocessing after that process is complete.

Requests for the 2026 APM Incentive Payment received after the response period **will not** be processed. All submissions received by October 13, 2026, will be held and processed after the deadline. If your banking information has changed within the last year, we strongly recommend submitting a voided check and CMS Form 588 to help ensure timely payment processing.

Please ensure your submission is complete and accurate. CMS will not contact you if information is missing or if there is an issue processing your payment.

To receive your payment:

1. **Locate your name in the Excel spreadsheet included in the zip file.**
2. **Complete the Billing Information Collection Form.**
3. **Submit the completed form to the QPP Help Desk no later than October 13, 2026.**

The ZIP File contains the following documents:

- 2026 APM Incentive Payment Notice Billing Collection Form – 2026 Billing Information Collection Form (copy)
- QP Public Notice File for Payment Year 2026 Excel Spreadsheet

If you have any questions concerning submission requirements, please call the QPP Help Desk at 1-866-288-8292. **Note:** Completed forms are only accepted through the QPP Help Desk at

QualityPaymentProgramAPMHelpdesk@cms.hhs.gov.

If you require assistance identifying the information to be provided, please use the CMS Internet- based Medicare Provider Enrollment, Chain, and Ownership (PECOS) or contact your Medicare Administrative Contractor (MAC).

Thank you,
The Centers for Medicare & Medicaid Services

Instructions

Use the guidance below to complete each required field on the Billing Collection Form.

All information on the 2026 INCENTIVE PAYMENT BILLING INFORMATION COLLECTION FORM is required. **Incomplete forms WILL NOT** be accepted for payment processing. You should provide information based upon your current Medicare payment identified below.

- If you are no longer enrolled in Medicare, please contact the QPP helpdesk for further instructions.
- If you have **reassigned your billing rights** (e.g., 855R) to another individual or organization, you must provide the billing information of the Receiving Entity.

If you previously reassigned your billing rights and the reassignment of benefits arrangement is no longer active from the CY 2024 performance period, you should:

- Identify another active reassignment of benefits arrangement associated with the same enrollment as the reassignment of benefits arrangement that was in place during the CY 2024 performance period.

If your enrollment has been deactivated or no other reassignment of benefits arrangements exists, you should:

- Identify an active reassignment of benefits arrangement associated with a different approved enrollment.

If you perform services as an **employee** of another provider, you must provide the billing information of your employer. If you are no longer employed by the provider with whom you were employed during the CY 2024 performance period, you should:

- Identify the billing information for your current employer.

If you have enrolled in Medicare as a **sole proprietor**, you must provide your individual billing information. Specifically, your Social Security Number (SSN) or EIN based upon how you chose to be paid Medicare payments.

Definitions

QP Clinician Information

- **Name:** Your name as submitted on your 855I or Medicare Enrollment as an Individual.
- **Individual NPI:** Your 10-digit identifier assigned by the National Plan and Provider Enumeration System (NPPES) and furnished on your 855I or Medicare Enrollment as an Individual.

Billing Entity Information

- **Entity Name:** Enter the name of the individual or organization receiving your Medicare payments through a reassignment arrangement or employment relationship. If you are a sole proprietor, enter your own name.
- **Billing NPI:** Enter the 10-digit NPI for the individual or organization receiving your Medicare payments. If you are a sole proprietor, this is typically the same as your Individual NPI.
- **TIN:** Enter the 9-digit Taxpayer Identification Number (TIN) for the individual or organization receiving your Medicare payments. If you are a sole proprietor, enter the SSN or EIN associated with your Medicare enrollment. **Please be sure to include any leading zeros.**
- **PTAN:** Enter the Provider Transaction Access Number (PTAN) assigned by your Medicare Administrative Contractor (MAC) when the Medicare enrollment was approved. If you are submitting on behalf of an Entity/Organization provide the Entity/Organizational PTAN only.
- **MAC ID:** Enter the **5-digit** identifier for the Medicare Administrative Contractor that services the area where Medicare services are provided. **Please be sure to include any leading zeros.** If you are unsure of the specific data elements required, please contact your MAC, you may try the following link: <https://www.cms.gov/mac-info>.

Before submitting, verify that you have included:

- Completed Billing Collection Form
- Signature
- Billing Entity information
- If applicable, CMS-588 and voided check
- Excel list (if submitting for multiple QPs)

2026 APM Incentive Payment Billing Collection Form

To be completed by QP Clinician or Designee

QP CLINICIAN INFORMATION

Name: _____ Individual NPI: _____

** If multiple QP Providers bill under a single Billing Entity, enter "MULTIPLE" as the name and provide an Excel list of all QP Providers' Names and Individual NPIs along with this form.*

BILLING ENTITY INFORMATION

Entity Name: _____ Billing NPI: _____

TIN: _____ PTAN: _____

MAC ID: _____

SIGNATURE

I certify that I am the security official for the Billing Entity or an individual Qualifying APM Participant (QP) listed on the Public Notice and authorized to provide this information and that the information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____