

Quality Payment PROGRAM

June 25, 2021

Dear Qualifying APM Participant,

This letter is to inform you that under the Medicare Access and CHIP Reauthorization Act of 2015, you are eligible to receive an APM Incentive Payment as a result of your 2019 Qualifying APM Participant (QP) status.

On June 24, 2021, we published the list of unpaid QPs to whom we have been unable to complete payments. In order to reduce processing time, please identify your name in the excel spreadsheet available in the [2021 QP Notice for APM Incentive Payment zip file](#). Please complete the 2021 Billing Information Collection Form and submit it to the Quality Payment Program (QPP) Help Desk at QualityPaymentProgramAPMHelpdesk@cms.hhs.gov, **no later than November 1, 2021**.

In the zip file that downloads, you will find two key documents, including:

- 2021 APM Incentive Payment Notice and IP Form - 2021 Billing Information Collection Form (copy)
- QP Public Notice File for Payment Year 2021 Excel Spreadsheet

If you have any questions concerning submission requirements, please call the QPP Help Desk at 1-866-288-8292.

Note: Completed forms MUST be emailed to the QPP Help Desk at the address above; forms submitted to CMS via other means WILL NOT be accepted or processed.

If you require assistance identifying the information to be provided, please use the CMS Internet based Medicare Provider Enrollment, Chain, and Ownership System (PECOS)¹ or contact your Medicare Administrative Contractor (MAC).²

Thank you,
The Centers for Medicare & Medicaid Services

¹ <https://pecos.cms.hhs.gov/pecos>

² <https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List>





Instructions

All information on the 2021 INCENTIVE PAYMENT BILLING INFORMATION COLLECTION FORM is required. Forms submitted with incomplete data WILL NOT be accepted or processed.

You will provide information based upon your current Medicare payment arrangement identified below. If you are no longer enrolled in Medicare, please contact the QPP helpdesk for further instruction.

- If you have **reassigned your billing rights** (e.g., 855R) to another individual or organization, you must provide the billing information of the individual or organization to which you have reassigned your benefits; the billing information of the Receiving Entity.

Chances are the reassignment of benefits arrangement that was in place during the Performance Year is no longer active. In this case, you should:

1. Identify another active reassignment of benefits arrangement associated with the same enrollment as the reassignment of benefits arrangement that was in place during the Performance Year.

If the enrollment has been deactivated or no other reassignment of benefits arrangements exist, then:

2. 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. Chances are you are no longer employed by the provider with whom you were employed during the Performance Year. In this case, you should:
 1. Determine whether your employer was acquired or otherwise changed their Employee Identification Number (EIN) and consequently, now has billing information that differs from the billing information on file during the Performance Year.

If you are no longer are employed by the provider to whom you were employed during the Performance Year, you should:

2. 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 SSN or EIN based upon how you chose to be paid Medicare payments.



Definitions

QP Provider 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 Entry Information

- **Name:** The name of the Individual or Organizational Health Care Provider to whom you have reassigned your benefits or who is your employer. If you are a Sole Proprietor, this name would be the same as your QP Provider Name.
- **NPI:** The 10-digit identifier assigned by NPPES to the Individual or Organizational Health Care Provider to whom you have reassigned your benefits or who is your employer. If you are a Sole Proprietor, this NPI would be the same as your Individual NPI.
- **TIN:** The 9-digit Federal Tax Identification Number (TIN) for the Individual or Organizational Health Care Provider to whom you have reassigned benefits or who is your employer. If you are a Sole Proprietor, this would be either your Social Security Number (SSN) or Employer Identification Number (EIN) depending upon which identifier you indicated Medicare payments should be paid under on your Medicare enrollment. ****Note: Please be sure to include any leading zeros.**
- **PTAN:** The Provider Transaction Access Number is one type of a Medicare Identifier (PN or PIN) and assigned by a Medicare Administrative Contractor (MAC) upon the approval of the Medicare enrollment for the Individual or Organizational Health Care Provider to whom you have reassigned benefits, who is your employer, or, in the case of a Sole Proprietor, assigned directly to you.
- **MAC ID:** The Medicare Administrative Contractor's 5-digit identifier typically aligned to the state where the Individual or Organizational Health Care Provider to whom you have reassigned benefits, who is your employer, or you as a Sole Proprietor perform Medicare services. ****Note: Please be sure to include any leading zeros.** If you are unsure of the specific Contractor ID within a MAC, you may try the following link:
<https://www.cms.gov/medicare-coverage-database/indexes/contacts-part-ab-medicare-administrative-contractor-index.aspx>

2021 Incentive Payment Billing Information Collection Form

To be completed by QPP Help Desk

Case Number: _____

To be completed by QP Provider or Designee

QP PROVIDER INFORMATION

Name: _____ Individual NPI: _____

** If multiple QP Providers fall 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

Name: _____ 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: _____ Print Name: _____

Title: _____ Date: _____