Welcome to APTA’s podcast series on value-based care, which explains how value is measured in the provision of health care, and describes different aspects of the Quality Payment Program, including the Merit-based Incentive Program, or MIPS, and Advanced Alternative Payment Models, or Advanced APMs. Episode 17 is The Qualifying Participant Threshold Under an Advanced APM. To get the most from this episode, you may want to check out earlier episodes first.

I’m Kara Gainer, APTA’s director of regulatory affairs.

- Advanced Alternative Payment Models, or Advanced APMs, have the potential to offer a lucrative 5% bonus to participants. So how does a physical therapist become a Qualifying Participant, or QP, in an Advanced APM in order to earn that incentive payment?
- Individual clinicians and Advanced APM entities both can be designated as QPs; an APM entity is a legal entity created by a group of providers or facilities to participate in the APM model.
- CMS first identifies which clinicians are eligible to be designated as QPs. It does this using an APM entity's Participation List or Affiliated Practitioner List.
- A Participation List is a list of participants in an APM entity that is compiled from a CMS-maintained list. An Affiliated Practitioner List is a list of affiliated practitioners of an APM entity that is compiled from a CMS-maintained list.
- CMS assesses eligible clinicians on the Participation List as a group at the APM entity level for purposes of QP determination.
- For eligible clinicians on an Affiliated Practitioner List, CMS will assess their participation in the APM at the individual level, rather than as the APM entity.
- Some APM entities may use either a Participation List or an Affiliated Practitioner List. In this case, CMS will identify eligible clinicians for QP determinations using the APM entity’s Participation List when available. If there is no Participation List, CMS will use the APM entity’s Affiliated Practitioner List.
- Whether CMS assesses the APM entity as a group or evaluates each clinician individually, every year the agency will calculate a threshold score for each Advanced APM to determine what percentage of their Medicare Part B payments are furnished through the Advanced APM. This is done using 2 thresholds—payment amount and patient count.
- During the annual performance period, which is January through August, CMS will take 3 “snapshots” of the eligible clinicians’ services to Medicare patients to determine which clinicians in an Advanced APM are meeting either or both of the 2 thresholds for being QPs.
- Under both thresholds, beneficiaries are considered either attributed or attribution-eligible. The APM entity is responsible for the cost and quality of care of attributed beneficiaries. Attribution-eligible beneficiaries are those who potentially could be considered attributed.
To determine the payment amount threshold score, CMS divides Part B payments for attributed beneficiaries by Part B payments for attribution-eligible beneficiaries.

To determine the patient count threshold score, CMS divides the number of attributed beneficiaries by the number of attribution-eligible beneficiaries.

To be a qualifying APM participant, clinicians must receive either 50% of their payments or see 35% of their patients through the Advanced APM.

These amounts stay the same through performance year 2020 but will increase in 2021 to 75% of payments or 50% of patients.

It’s true that only clinicians who meet at least 1 of these thresholds are considered QPs and are eligible for the 5% bonus at the end of the year. However, clinicians who participate in Advanced APMs but do not meet either QP threshold may become “Partial” Qualifying APM Participants, or Partial QPs, which we will cover in a separate podcast.

It is important to understand that the Quality Payment Program does not change how any particular APM operates or rewards value, and APMs may have their own quality reporting and participation requirements. Therefore, if clinicians do not satisfy either the QP or Partial QP thresholds, they may still be eligible for rewards (or losses) specific to that APM.

This has been Episode 17 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.

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