

not receive the APM Incentive Payment. If a TIN wants to avail itself of a QP's APM Incentive Payment, that is a contractual matter between the TIN and the QP. It is not something for CMS to decide by executive fiat.

Accordingly, we strongly urge CMS to make APM Incentive Payments to QPs (i.e. "to such professional") as identified by either the QP's NPI or TIN/NPI combination. That will incentivize eligible professionals to participate in Advanced APMs. CMS's proposal will not. Further, CMS will not need to worry about scenarios in which a QP changes his or her affiliation, because the incentive payment will follow the QP regardless, unless the QP has voluntarily surrendered that right by contract with a particular TIN.

## (2) Exceptions

In instances where none of the Advanced APM Entities with which an individual eligible clinician participates meets the QP threshold, CMS proposes to assess the eligible clinician individually, using services furnished through all Advanced APM Entities during the QP Performance Period. When CMS makes the QP determination at the individual eligible clinician level, CMS proposes to split the APM Incentive Payment amount proportionally across all of the QP's TINs associated with Advanced APM Entities.

## *AAFP Response*

Again, the law clearly states that the APM Incentive Payment is to go the professional, not to any of the TINs of associated Advanced APM Entities. Thus, regardless of how CMS determines that an individual eligible clinician is a QP, we believe the APM Incentive Payment should go to the QP.

## (3) Notification of APM Incentive Payment Amount

CMS anticipates that the notification of the APM Incentive Payment amount will not occur at the same time as the notification of QP status, but will occur later in the year to allow for accurate calculation and validation of the incentive payment amount. CMS proposes to send notification to both Advanced APM Entities and their individual participating QPs of their APM Incentive Payment amount as soon as CMS has calculated the amount of the APM Incentive Payment and performed all necessary validation of the results.

CMS proposes that the APM Incentive Payment amount notification would be made directly to QPs in combination with a general public notice that such calculations have been completed for the year. For the direct QP notification, CMS intends to include the amount of APM Incentive Payment and the TIN to which the incentive payments will be made. In the case that a QP determination is made at the individual eligible clinician level, and the incentive payment is split across multiple TINs, CMS intends to identify to which TINs it will make the incentive payment, and include the amount of APM Incentive Payment that will be made to each TIN. For the notification to Advanced APM Entities, CMS intends to include the total amount of APM Incentive Payments that will be made to each participating TIN within the Advanced APM Entity, as well as QP specific payment amounts.

CMS seeks comment on other methods for the notification of APM Incentive Payment amount. CMS also seeks comment on the content of such notifications so that they may be as clear and useful as possible.