

Partial Qualifying APM Participant (QP) Election Form CY 2024 Final versus CY 2025 Final

Burden impact: The changes to this form reflect policies in the CY 2025 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. There are no impacts to burden as a result of these changes.

Change #1:

Location: Page 1, Line 1

Reason for Change:

Updated performance year.

CY 2024 Final Rule text:

2024

CY 2025 Final Rule text:

2025

Change #2:

Location: Page 1, Line 2

Reason for Change:

Updated payment adjustment year.

CY 2024 Final Rule text:

2024

CY 2025 Final Rule text:

2025

Change #3:

Location: Page 1, Line 7

Reason for Change:

Updated calendar year for submission of form.

CY 2024 Final Rule text:

March 31, 2024

CY 2025 Final Rule text:

March 31, 2025

Change #4:

Location: Page 1, Line 14

Reason for Change:

Updated performance year and payment adjustment year.

CY 2024 Final Rule text:

performance year 2023 (payment adjustment year 2025)

CY 2025 Final Rule text:

performance year 2024 (payment adjustment year 2026)

Change #5:

Location: Page 1, End of document

Reason for Change:

Updated calendar year for submission of form.

CY 2024 Final Rule text:

Please email the selected and signed form to
QualityPaymentProgramAPMHelpdesk@cms.hhs.gov by March 31, 2024.

CY 2024 Final Rule text:

Please email the selected and signed form to
QualityPaymentProgramAPMHelpdesk@cms.hhs.gov by March 31, 2025.