

# 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.

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**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

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**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

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**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

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**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)

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**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.