

Quality Payment PROGRAM



Improvement Activities Call for Activities Submission Form

CY 2025 Final versus CY 2026 Final

Burden impact: The changes to this self-nomination fact sheet reflect the CY 2026 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program and result in an estimated change of zero hours as submitting a new or modified improvement activity is not a requirement for a MIPS eligible clinician to participate in the performance category or the MIPS program.

Change #1:

Location: Page 1

Reason for Change:

Added current year in subtitle

Change #2-5:

Location: Page 1, paragraph 1

Reason for Change:

Updated year/s

Change #6-8:

Location: Page 1, paragraph 2

Reason for Change:

Updated year/s

Change #9:

Location: Page 1, paragraph 2, last sentence

Reason for Change:

Included some new information

Change #10:**Location:** Page 2, last row of table**Reason for Change:**

Included new subcategory (and reflected removed subcategory)

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 2/28/2027). This information collection is the tool for improvement activities submission for consideration by CMS. The time required to complete this information collection is estimated to average 4.4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and all information collected will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, CMS may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutory and regulatory mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.

Under the Privacy Act of 1974 (5 U.S.C. 552a) any personally identifying information obtained will be kept private to the extent of the law.