

All-Payer Clinician Initiated Submission Form CY 2024 Final versus CY 2025 Final

Burden impact: The changes to this form reflect proposals 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 39

Reason for Change:

Alignment with current year.

CY 2025 Final Rule text:

2025

CY 2026 Final Rule text:

2026

Change #2:

Location: Page 1, Line 42

Reason for Change:

Alignment with current year.

CY 2025 Final Rule text:

December 1, 2025 for the 2025

CY 2026 Final Rule text:

December 1, 2025 for the 2025

Change #3:

Location: Page 2, Line 9

Reason for Change:

Alignment with current year.

CY 2025 Final Rule text:

2024 for the 2025

CY 2026 Final Rule text:

2025 for the 2026

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 to be used by Eligible Clinicians and APM Entities (or their authorized representatives) that participate in other payer arrangements to request that CMS determine whether a payment arrangement is an Other Payer Advanced Alternative Payment Model (APM) under the Quality Payment Program as set forth in 42 CFR § 414.1420. The time required to complete this information collection is estimated to average 10 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 mandate 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.