

**Supporting Statement – Part A**  
**Quality Payment Program (QPP)/Merit-Based Incentive Payment System (MIPS)**  
**(CMS-10621/OMB control number: 0938-1314)**

**Background**

Authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114-10, April 16, 2015), the Quality Payment Program is a value-based payment program, by which the Medicare program rewards clinicians who provide high-value, high-quality care to their patients in a cost-efficient manner. There are two ways for clinicians to participate in the Quality Payment Program for Medicare Part B-covered professional services: Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs). The Quality Payment Program's statutory requirements are outlined in sections 1848(q) and (r) of the Social Security Act (the Act) for MIPS and section 1833(z) of the Act for Advanced APMs.

For the MIPS participation track, MIPS eligible clinicians (defined in § 414.1305) are subject to MIPS payment adjustments (positive, negative, or neutral) based on their performance in four performance categories: cost, quality, improvement activities, and Promoting Interoperability. We apply the MIPS payment adjustment factor to amounts otherwise paid under Part B with respect to covered professional services for the MIPS eligible clinician for the applicable MIPS payment year.

For the Advanced APM track, if an eligible clinician participates in an Advanced APM and achieves Qualifying APM Participant (QP), they are excluded from the MIPS reporting requirements and payment adjustment. Eligible clinicians who achieve Partial QPs status may elect to be subject to the MIPS reporting requirements and payment adjustment. Beginning with the CY 2026 performance year (payment year 2028), QPs will receive a higher Physician Fee Schedule (PFS) payment rate (calculated using the differentially higher “qualifying QP conversion factor”) than non-QPs.

APM Entities and eligible clinicians must also submit all of the required information about the Other Payer Advanced APMs in which they participate, including those for which there is a pending request for an Other Payer Advanced APM determination, as well as the payment amount and patient count information sufficient for us to make QP determinations by December 1 of the calendar year that is two years prior to the payment year, which we refer to as the QP Determination Submission Deadline (82 FR 53886).

For the CY 2026 performance period/2028 MIPS payment year, MIPS eligible clinicians could participate in MIPS as an individual, a group, a virtual group, a non-Shared Savings Program Accountable Care Organization (ACO) APM Entity, or a subgroup as available for each reporting option. There are three MIPS reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

- Traditional MIPS, established in the first year of the Quality Payment Program. Participants select quality measures and improvement activities from the available measures and activities finalized for MIPS each year. Participants complete the

Promoting Interoperability measure set. We collect and calculate data for the cost performance category on behalf of participants.

- The Alternative Payment Model APM Performance Pathway (APP) is a streamlined reporting option for clinicians who participate in a Merit-Based Incentive Payment System Alternative Payment Model (MIPS APM). MIPS APMs are APM entities that participate in the APM under an agreement with the Centers for Medicare & Medicaid Services (CMS), and the APM bases payment incentives on performance, cost/utilization, and quality measures. Participants report a predetermined measure set made up of quality measures in addition to the complete Promoting Interoperability measure set. MIPS APM participants currently receive full credit in the improvement activities performance category. In the CY 2025 PFS final rule (89 FR 98355 through 98371), we established the APP Plus as a new quality measure set designed for APP participants that expands the existing APP quality measure set and is mandatory for Shared Savings Program ACOs starting in the CY 2025 performance period/2027 MIPS payment year.
- MIPS Value Pathways (MVPs) are the newest reporting option that offers clinicians a subset of measures and activities relevant to a specialty or medical condition. Participants select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). Participants report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category and population health measures on behalf of participants. Beginning with the CY 2023 performance period/2025 MIPS payment year, clinicians can choose to participate as subgroups to report the measures and activities in an MVP. Beginning with the CY 2026 performance period/2028 MIPS payment year, multispecialty groups choosing to report MVPs can no longer participate as a group. Instead, clinicians in a multispecialty group must form subgroups or participate as individual clinicians to report MVPs. Clinicians in multispecialty groups may also report as individual clinicians via traditional MIPS or report traditional MIPS as a group.

#### *Summary of Changes Following the CY 2025 PFS Final Rule*

We are adding a new information collection request (ICR) to reflect submissions for the APP quality measure set, due to the availability of updated data. The APP is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs, as defined under 42 CFR § 414.1367. Our burden estimates for the APP quality measure set focus on submissions by individuals, groups, subgroups, or non-Shared Savings Program ACO APMs for the APP quality measure set. For the Promoting Interoperability and improvement activities performance category ICRs, we continue to aggregate burden estimates across the three reporting options, utilizing aggregate historic submissions.

In accordance with the Section 1899(e) of the act, Chapter 35 of title 44, United States Code, Paperwork Reduction Act (PRA) requirements do not apply to the Shared Savings Program; thus, we are not estimating the burden for Shared Savings Program. Additionally, we are not establishing an ICR for the APP Plus quality measure set. We continue our assumption from the CY 2025 PFS final rule (89 FR 98549 and 98550) that MIPS eligible clinicians, groups, subgroups, and APM Entities (excluding Shared Savings Program ACOs) would not elect to submit the APP Plus quality measure set due to the increased reporting burden relative to the

APP quality measure set beginning in the CY 2025 performance period/2027 MIPS payment year.

The available CY 2023 performance period/2025 MIPS payment year data identifies performance category submissions by non-Shared Savings Program ACO APM Entities. We incorporate these estimates alongside our longstanding inclusion of individual, group, subgroup, and virtual group data. We assume that MIPS submissions at the APM Entity level for non-Shared Savings Program ACO APMs represent single Taxpayer Identification Number (TIN) APMs and continue the same assumptions regarding time per response per collection type and performance category as the currently established responses for individual, group, and virtual group submissions.

In the CY 2026 PFS proposed rule (90 FR 32723 through 32725), we are proposing changes to the Improvement Activities Inventory for the CY 2026 performance period/2028 MIPS payment year and subsequent years. Consistent with our assumptions in the CY 2023 PFS final rule (87 FR 70211), the CY 2024 PFS final rule (88 FR 79519), and the CY 2025 PFS final rule (89 FR 98492), we believe clinicians performing improvement activities, to comply with previously finalized MIPS policies, would continue to perform the same activities because previously finalized improvement activities continue to apply for the current and future years unless otherwise modified per rulemaking (82 FR 54175). We do not estimate that changes to the Improvement Activities Inventory would affect the currently approved time per response (5 minutes). We propose updates to our estimated number of respondents due to the availability of updated performance category submission data from the CY 2023 performance period/2025 MIPS payment year, as well as the availability of updated wage data since our currently approved estimates. Therefore, all updates to our burden estimates are based on the availability of updated data, and do not reflect changes due to policy proposals.

Additionally, we are proposing to (1) adopt a measure suppression policy (a suppressed measure continues to be required to report but would be excluded from scoring); and (2) suppress the Electronic Case Reporting measure for the CY 2025 performance period/2027 MIPS payment year. We are not proposing updates to our Promoting Interoperability performance category burden estimates.

Independently of the aforementioned policy proposals for the Promoting Interoperability performance category, we are proposing to update the currently approved burden estimates for the number of submissions due to the availability of updated data for the CY 2023 performance period/2025 MIPS payment year. Additionally, we plan to increase the time per submission by 30 seconds (0.083 hr) to reflect the addition of the Electronic Prior Authorization measure under the Health Information Exchange objective for the MIPS Promoting Interoperability performance category beginning with the CY 2027 performance period/2029 MIPS payment year. This measure was established in the CMS Interoperability and Prior Authorization final rule published in the Federal Register on February 8, 2024 (89 FR 8758).

The implementation of MIPS requires the collection of additional data beyond performance category data submission. Additionally, there are information collections related to Advanced APMs. Please see sections 12 and 15 of this Supporting Statement for details.

We received approval for the collection of information associated with the virtual group election process under the Office of Management and Budget (OMB) control number 0938-1343 (CMS-10652). The updated information collections for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey discussed in the CY 2026 PFS proposed rule will be submitted to OMB for review under control number 0938-1222 (CMS-10450). The cost performance category relies on administrative claims data. The Medicare claims submission process to collect data on cost measures from MIPS eligible clinicians is captured under OMB control numbers 0938-1197 (CMS-1500 and CMS-1490S) and 0938-0992.

The changes in this CY 2026 collection of information request are associated with the July 16, 2025 (90 FR 32352) CY 2026 PFS proposed rule (CMS-1832-P, RIN 0938-AV50) as well as data adjustments due to the availability of updated data and assumptions that are not associated with provisions in the CMS-1832-P proposed rule. While such adjustments are not detailed in the CY 2026 collection of information pages, they are set out in this collection of information requests.

Overall, this iteration proposes to adjust the current estimates for the CY 2026 performance period/2028 MIPS payment year by plus 5,706 responses and minus 58,216 hours. Additionally, we propose adjusting the estimates for the CY 2027 performance period/2029 MIPS payment year by plus 1,733 hours. See Table series 34 of this Supporting Statement for a summary of this iteration's rule and non-rule related changes for each ICR.

We have also revised Appendices A through L. See section 12 of this Supporting Statement for additional details.

## **A. Justification**

### **1. Need and Legal Basis**

Our authority for collecting this information is provided by Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114-10, April 16, 2015) which further amended section 1848 and 1833 of the Act, respectively.

Section 1848(q) of the Act requires the establishment of the MIPS beginning with payments for items and services furnished on or after January 1, 2019, under which the Secretary is required to: (1) develop a methodology for assessing the total performance of each MIPS eligible clinician according to performance standards for a performance period; (2) using the methodology, provide a final score for each MIPS eligible clinician for each performance period; and (3) use the final score of the MIPS eligible clinician for a performance period to determine and apply a MIPS adjustment factor to the MIPS eligible clinician for a performance period. Under section 1848(q)(2)(A) of the Act, a MIPS eligible clinician's final score is determined using four performance categories: (1) quality; (2) cost; (3) improvement activities, and (4) Promoting Interoperability. Section 1833(z) of the Act establishes incentive payments for clinicians who are qualifying participants in Advanced APMs through the CY 2022 performance period/2024 MIPS payment year. The APM incentive payment was extended for two additional years for clinicians who are QPs in the CY 2023 performance period/2025 MIPS payment year and the CY 2024 performance period/2026 MIPS payment year. Beginning with the CY 2024 performance period/2026 MIPS payment year, QPs will receive a higher Medicare Physician Fee Schedule

update (qualifying APM conversion factor) than non QPs. QPs will continue to be excluded from MIPS reporting and payment adjustments for the applicable year.

## 2. Information Users

We will use data reported or submitted by MIPS eligible clinicians as individual clinicians (both required and voluntary) or as part of groups, subgroups, virtual groups, or APM Entities. We will use this data to assess MIPS eligible clinician performance in the MIPS performance categories, calculate the final score (including whether or not requirements for certain performance categories can be waived), and calculate positive and negative payment adjustments based on the final score, and to provide feedback to the clinicians. Information provided by third party intermediaries may also be used for administrative purposes such as determining third party intermediaries and qualified clinical data registry (QCDR) measures appropriate for the MIPS program. Information provided by clinicians, professional societies, and other respondents will be used to consider quality measures, improvement activities, and MVPs for inclusion in the MIPS program. Information provided by payers, APM Entities, and eligible clinicians will be used to determine which additional payment arrangements qualify as Other Payer Advanced APM models. In order to administer the Quality Payment Program, the data will be used by agency contractors and consultants and may be used by other federal and state agencies.

We also use this information to provide performance feedback to MIPS eligible clinicians and eligible entities. Clinicians and beneficiaries can view performance category data and final scores for a performance period/MIPS payment year on compare tools hosted by the U.S. Department of Health and Human Services. The data also may be used by CMS authorized entities participating in health care transparency projects. The data is used to produce the annual Quality Payment Program Experience Report which provides a comprehensive representation of the overall experience of MIPS eligible clinicians.

Relevant data will be provided to federal and state agencies, Quality Improvement Networks, contractors supporting the Quality Payment Program, and parties assisting consumers, for use in administering or conducting federally funded health benefit programs, payment and claims processes, quality improvement outreach and reviews, and transparency projects. In addition, this data may be used by the Department of Justice, a court, or adjudicatory body, another federal agency investigating fraud, waste, and abuse, appropriate agencies in the case of a system breach, or the U.S. Department of Homeland Security in the event of a cybersecurity incident. Lastly, we have made available a Public Use File presenting a comprehensive data set on the performance of all clinicians across all categories, measures, and activities for MIPS which will be updated annually.

## 3. Use of Information Technology

All the information collections described in this document are to be conducted electronically.

## 4. Duplication of Efforts

The information to be collected is not duplicative of similar information collected by CMS external to MIPS.

With respect to participating in MIPS for MIPS APM participants, we have set forth requirements that encourage limiting duplication of effort, but in the interest of providing flexibility in reporting, we cannot ensure that duplication does not occur. In addition, many APM Entities would not need to submit improvement activities because they would be reporting through the APP. We assume Shared Savings Program ACO APM Entities would submit data through the APP.

## 5. Small Businesses

Because the vast majority of Medicare clinicians that receive Medicare payment under the PFS (approximately 95 percent) are small entities within the definition in the Regulatory Flexibility Act (RFA), HHS's normal practice is to assume that all affected clinicians are "small" under the RFA. In this case, most Medicare and Medicaid eligible clinicians are either non-profit entities or meet the Small Business Administration's size standard for small business. The CY 2026 PFS proposed rule's Regulatory Impact Analysis estimates that approximately 607,419 MIPS eligible clinicians would be subject to MIPS performance requirements.<sup>1</sup> The low-volume threshold is designed to limit burden to eligible clinicians who do not have a substantive business relationship with Medicare. We estimate that approximately 176,052 clinicians in eligible specialties would be opt-in eligible and elect not to opt-in as an individual or as group. These clinicians are excluded from MIPS data submission requirements because they do not have sufficient charges, services, or beneficiaries under the PFS to exceed all three low volume threshold criteria and do not elect to opt-in as a group or individual. We exclude 472,842 clinicians who are only eligible as a group, but do not elect to participate as a group. Additionally, we exclude 130,002 clinicians who are below the low-volume threshold as both individuals and groups. Further, we exclude an additional 503,418 clinicians who are either QPs, newly enrolled Medicare professionals (to reduce data submission burden to those professionals), or who do not meet the definition of a MIPS eligible clinician type. Per § 414.1310(b)(2), eligible clinicians, as defined at § 414.1305, who are not MIPS eligible clinicians, as defined at § 414.1305, have the option to voluntarily report measures and activities for MIPS. Clinicians or groups who are not eligible to participate in MIPS because of the low volume threshold and do not opt-in to MIPS participation can also voluntarily submit MIPS data. Medicare professionals voluntarily participating in MIPS will receive feedback on their performance but will not be subject to payment adjustments.

## 6. Less Frequent Collection

Data on the quality, Promoting Interoperability, and improvement activities performance categories are collected from individual MIPS eligible clinicians, groups, or subgroups annually. If this information were collected less frequently, we would have no mechanism to:

- (1) determine whether a MIPS eligible clinician, group, or a subgroup meets the performance criteria for a payment adjustment under MIPS;
- (2) calculate for payment adjustments to MIPS eligible clinicians or groups; and
- (3) publicly post clinician performance information on the compare tools hosted by the U.S. Department of Health and Human Services.

We require additional data collections to be performed annually to allow us to determine which clinicians are required to report MIPS data.

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<sup>1</sup> For further detail on MIPS exclusions, see Supporting Statement B and the Regulatory Impact Analysis Section of the CY 2026 PFS proposed rule.

Third party intermediaries are required to self-nominate annually. If qualified registries and QCDRs are not required to submit a self-nomination statement on an annual basis, we would have no mechanism to determine which qualified registries and QCDRs would participate in submitting quality measures, improvement activities, or Promoting Interoperability measures, objectives, and activities. As such, we would not be able to post the annual list of qualified registries which MIPS eligible clinicians use to select qualified registries and QCDRs to use to report quality measures, improvement activities, or Promoting Interoperability measures, objectives, and activities to CMS.

## 7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

## 8. Federal Register/Outside Consultation

The CY 2026 PFS proposed rule serves as the 60-day notice, which was published in the Federal Register on July 16, 2025 (90 FR 32352; CMS-1832-P; RIN 0938-AV50) for the public to submit written comment.

No additional outside consultation was sought.

## 9. Payments/Gifts to Respondents

We will use eligibility and performance category data to assess MIPS eligible clinician performance in the MIPS performance categories, calculate the final score, and calculate positive and negative payment adjustments based on the final score. For the APM data collections, the Partial QP election will also be used to determine MIPS eligibility for receiving payment adjustments based on a final score. For the Other Payer Advanced APM determinations, no gift

or payment is provided via MIPS; however, information from these determinations may be used to assess whether a clinician participating in Other Payer Advanced APMs meets the thresholds under the All-Payer Combination Option required to receive QP status and the associated APM incentive payment.

More detail on how the payments are calculated can be found in 42 CFR § 414.1405 and § 414.1450.

## 10. Confidentiality

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.

## 11. Sensitive Questions

There are no sensitive questions included in the information collection requests. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

## 12. Burden Estimates

### *a. Wage Estimates*

We used data from the U.S. Bureau of Labor Statistics' May 2024 National Occupational Employment and Wage Estimates for all salary estimates ([https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)). Table 1 presents the mean hourly wage, the fringe benefits cost (calculated at 100 percent of salary), and the adjusted hourly wage. The adjusted hourly wage is used to calculate the labor costs for the information collections.

Regarding respondents, we selected BLS occupations Billing and Postal Clerks, Computer Systems Analysts, Physicians (multiple categories), Medical and Health Services Manager, and Licensed Practical Nurse based on a study (Casalino et al., 2016) that collected data on the staff in physician's practices involved in the quality data submission process.<sup>2</sup>

For our purposes, the BLS' May 2024 National Occupational Employment and Wage Estimates does not provide an occupation that we could use for "Physician" wage data. As a result, in order to estimate the cost for "Physicians", we are using a rate of \$299.32/hr, which is the average of the mean wage rates for Anesthesiologists; Family Medicine Physicians; General Internal Medicine Physicians; Obstetricians and Gynecologists; Pediatricians, General; Physicians, All Other; Orthopedic Surgeons, Except Pediatric; Psychiatrists; Pediatric Surgeons; Surgeons, All Other; and Surgeons  $[(\$323.70/\text{hr} + \$246.94/\text{hr} + \$252.62/\text{hr} + \$270.32/\text{hr} + \$213.78/\text{hr} + \$243.72/\text{hr} + \$351.02/\text{hr} + \$258.78/\text{hr} + \$433.48/\text{hr} + \$357.00/\text{hr} + \$341.12/\text{hr}) \div 11]$ .

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<sup>2</sup> Lawrence P. Casalino et al, "US Physician Practices Spend More than \$15.4 Billion Annually to Report Quality Measures," Health Affairs, 35, no. 3 (2016): 401-406.



We note that the May 2024 BLS data does not include median hourly wage rates for a number of the physician occupation types listed in Table 1. Therefore, for consistency with previous years for estimating physician wage rates, we have continued to use mean hourly wage rates across our wage estimates.

Table 1: Adjusted Hourly Wages Used in Burden Estimates

<b>Occupation Title</b>	<b>Occupational Code</b>	<b>Mean Hourly Wage (\$/hr)</b>	<b>Fringe Benefits and Other Indirect Costs (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
Anesthesiologists	29-1211	\$161.85	\$161.85	\$323.70
Billing and Posting Clerks	43-3021	\$23.80	\$23.80	\$47.60
Computer Systems Analysts	15-1211	\$53.83	\$53.83	\$107.66
Family Medicine Physicians	29-1215	\$123.47	\$123.47	\$246.94
General Internal Medicine Physicians	29-1216	\$126.31	\$126.31	\$252.62
Licensed Practical Nurse (LPN)	29-2061	\$30.84	\$30.84	\$61.68
Medical and Health Services Managers	11-9111	\$66.22	\$66.22	\$132.44
Obstetricians and Gynecologists	29-1218	\$135.16	\$135.16	\$270.32
Orthopedic Surgeons, Except Pediatric	29-1242	\$175.51	\$175.51	\$351.02
Pediatricians, General	29-1221	\$106.89	\$106.89	\$213.78
Pediatric Surgeons	29-1243	\$216.74	\$216.74	\$433.48
Physicians, All Other	29-1229	\$121.86	\$121.86	\$243.72
Psychiatrists	29-1223	\$129.39	\$129.39	\$258.78
Surgeons, All Other	29-1249	\$178.50	\$178.50	\$357.00
Surgeons	29-1240	\$170.56	\$170.56	\$341.12

*b. Framework for Understanding the Burden of MIPS Data Submission*

Because of the wide range of information collection requirements under MIPS, Table 2 presents a framework for understanding how the organizations permitted or required to submit data on behalf of clinicians vary across the types of data, and whether the clinician is a MIPS eligible clinician or other eligible clinician voluntarily submitting data, MIPS APM participant, or an Advanced APM participant.

The implementation of MIPS requires the collection of quality, Promoting Interoperability, and improvement activities performance category data.<sup>3</sup> At § 414.1305, we define submitter type as the MIPS eligible clinician, group, Virtual Group, subgroup, APM Entity, or third party intermediary acting on behalf of a MIPS eligible clinician, group, Virtual Group, subgroup, APM Entity, as applicable, that submits data on measures and activities under MIPS. Also, at § 414.1305, we define submission type as the mechanism by which a submitter type submits data to CMS (including, as applicable: direct, log in and upload, log in and attest, and Medicare Part B claims). The direct submission type allows users to transmit data through a computer-to-computer interaction, such as an Application Programming Interface (API). The log in and upload submission type allows users to upload and submit data in the form and manner specified by CMS with a set of authenticated credentials. The log in and attest submission type allows users to manually attest that certain measures and activities were performed in the form and manner specified by CMS with a set of authenticated credentials. Clinicians in small practices (15 or fewer clinicians) can submit Medicare Part B claims measures for the MIPS quality performance category, which involves reporting quality data codes (QDCs) on Medicare Part B claims during the performance period. The CMS Web Interface submission type was available for the CY 2017 through CY 2022 performance periods/2019 through 2024 MIPS payment years, except for APM Entities reporting through the APP, for which it was available through the CY 2021 through 2024 MIPS performance periods/2023 through 2026 MIPS payment years. We refer readers to § 414.1325(b) and (c) for available data submission types that individual MIPS eligible clinicians, groups, virtual groups, subgroups, and APM Entities may utilize to submit data for the quality, improvement activities, and Promoting Interoperability performance categories.

MIPS eligible clinicians and other clinicians voluntarily submitting data to MIPS for the quality, Promoting Interoperability, and improvement activities performance categories may submit data as the following participation types: individual; group; virtual groups (available only for traditional MIPS); subgroups (available only for MVPs); and APM Entities. For each participation type, we assess the same reporting burden across the three MIPS reporting options. Eligible clinicians who attain Partial QP status may incur additional burden if they elect to participate in MIPS. MIPS eligible clinicians are not required to submit any data for the cost performance category.

Virtual groups are subject to the same data submission requirements as groups, and therefore, we refer only to groups for the remainder of this section, unless otherwise noted. From our available data, we assume that all APM Entity submissions are from Single Taxpayer Identification Number (TIN) APMs (excluding Shared Savings Program ACOs). We exclude performance category submissions by Shared Savings Program ACO APM Entities from our MIPS reporting burden estimates. Per section 1899(e) of the Act, the PRA does not apply to the Shared Savings Program.

For the Promoting Interoperability performance category, groups (TINs) may submit data on behalf of eligible clinicians in MIPS APMs, or eligible clinicians in MIPS APMs may submit data individually. Additionally, APM Entities may report the Promoting Interoperability

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<sup>3</sup> Cost performance category measures do not require the collection of additional data because they are derived from the Medicare claims.

performance category at the APM Entity level beginning with the CY 2023 performance period/2025 MIPS payment year (87 FR 70087 and 70088).

For the improvement activities performance category, we codified at § 414.1380(b)(3)(i) that individual MIPS eligible clinicians participating in APMs (as defined in section 1833(z)(3)(C) of the Act) for a performance period will earn at least 50 percent for the improvement activities performance category, as established in the 2017 Quality Payment Program final rule (81 FR 30132). We also stated that MIPS eligible clinicians participating in an APM for a performance period may receive an improvement activity score higher than 50 percent (81 FR 30132). To provide clarity for APM participants not scored under the APP, we revised § 414.1380(b)(3)(i) to state that a MIPS eligible clinician participating in an APM receives an improvement activities performance category score of at least 50 percent if the MIPS eligible clinician reports a completed improvement activity or submits data for the quality and Promoting Interoperability performance categories, as finalized in the CY 2024 PFS final rule (88 FR 79365 through 79367). MIPS APM participants who report via traditional MIPS or MVPs as individuals or groups currently receive full credit in the improvement activities performance category.

MIPS eligible clinicians who attain Partial QP status may incur reporting burden if they elect to participate in MIPS, which is discussed in more detail in the CY 2018 Quality Payment Program final rule (82 FR 53841 through 53844).

Table 2: Clinicians or Organizations Submitting MIPS Data on Behalf of Clinicians, by Type of Data and Category of Clinician

Type of Data Submitted	Category of Clinician
Quality Performance Category	<p>Individual clinician (MIPS eligible, voluntary, opt-in), group, virtual group, subgroup, or APM Entity.</p> <p>Subgroup reporting is only available for clinicians participating in MVP reporting.</p> <p>Voluntary reporting and virtual group reporting are only available for clinicians participating in traditional MIPS.</p> <p>Opt-in reporting is only available for clinicians participating in traditional MIPS and the APP.</p>
Promoting Interoperability Performance Category	<p>Individual clinician (MIPS eligible, voluntary, opt-in), group, virtual group, subgroup, or APM Entity.</p> <p>Each eligible clinician in an APM Entity could report data for the Promoting Interoperability performance category at the individual, group, or APM Entity level.</p>
Improvement Activities Performance Category	<p>Individual clinician (MIPS eligible, voluntary, opt-in), group, virtual group, subgroup, or APM Entity.</p>

<b>Type of Data Submitted</b>	<b>Category of Clinician</b>
Reweightings Applications for extreme and uncontrollable circumstances, significant hardship, or other exceptions	<p>Clinicians who submit an application may be eligible for a reweighting of the approved performance category to zero percent under specific circumstances as set forth in § 414.1380(c)(2), including, but not limited to, extreme and uncontrollable circumstances and significant hardship or another type of exception.</p> <p>Certain types of MIPS eligible clinicians are automatically eligible for a zero percent weighting for the Promoting Interoperability performance category as described in § 414.1380(c)(2)(i)(C).</p>
MVP and Subgroup Registration	An MVP Participant, as described at § 414.1305, electing to submit data for the measures and activities in an MVP must register. Beginning with the CY 2026 performance period/2028 MIPS payment year, multispecialty groups choosing to report MVPs can no longer participate as a group. Instead, clinicians in a multispecialty group must form subgroups or participate as individual clinicians to report MVPs. Clinicians in multispecialty groups may also report as individual clinicians via traditional MIPS or report traditional MIPS as a group.
Partial QP Election	Eligible clinicians who attain Partial QP status and choose to participate in MIPS must submit a partial QP election form.
Registration for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey	Groups electing to use a CMS-approved survey vendor to administer the CAHPS for MIPS Survey must register.
Virtual Group Registration	Virtual groups must register via email. Virtual group participation is limited to MIPS eligible clinicians, specifically, solo practitioners who are MIPS eligible and groups consisting of 10 eligible clinicians or fewer that have at least one MIPS eligible clinician.
APM Performance Pathway (APP)	Clinicians in MIPS APMs electing to participate in an APP. The burden estimates beginning with the CY 2026 PFS proposed rule assume that Shared Savings Program ACO APM Entities would submit data through the APP and the APP Plus quality measure set beginning in the CY 2025 performance period/2027 MIPS payment year. MIPS APM participants in non-Shared Savings Program ACO APM Entities can participate through traditional MIPS, MVPs, or the APP, submitting as an individual, group, or APM Entity.

The policies finalized in the CY 2017 and CY 2018 Quality Payment Program final rules (81 FR 77008 and 82 FR 53568), the CY 2019, CY 2020, CY 2021, CY 2022, CY 2023, CY 2024, and CY 2025 PFS final rules (83 FR 59452, 84 FR 62568, 85 FR 84472, 86 FR 64996, 87 FR 70131, 88 FR 78818, and 89 FR 97710), and continued in the CY 2026 PFS proposed rule create some additional data collection requirements not listed in Table 2. These additional data collections consist of:

- Self-Nomination of New QCDRs
- Simplified Self-Nomination Process of Returning QCDRs
- Self-Nomination of New Qualified Registries

- Simplified Self-Nomination Process of Returning Qualified Registries
- Third Party Intermediary Plan Audits
- Open Authorization Credentialing and Token Request Process
- Quality Payment Program Identity Management Application Process
- Call for Quality Measures
- Nomination of Improvement Activities
- Nomination of MVPs
- Opt-out of Performance Data Display on Compare Tools for Voluntary Reporters Under MIPS
- Other Payer Advanced APM Determinations: Payer Initiated Process
- Other Payer Advanced APM Determinations: Eligible Clinician Initiated Process
- Submission of Data for All-Payer QP Determinations Framework for Understanding the Burden of MIPS Data Submission

Unless otherwise noted, our annual burden estimates per ICR extend to CY 2026 performance period/2028 MIPS payment year and the CY 2027 performance period/2029 MIPS payment year, as they encompass the latest available data, assumptions, established policy provisions, and policy proposals.

*c. ICRs Regarding Third Party Self-Nomination Process and Other Requirements*

Under MIPS, the quality, Promoting Interoperability, and improvement activities performance category data may be submitted via relevant third-party intermediaries, such as QCDRs and qualified registries. Entities seeking approval to submit data on behalf of clinicians as a QCDR or qualified registry must complete a self-nomination process annually. The processes for self-nomination of entities seeking approval as QCDRs and qualified registries are similar with the exception that QCDRs have the option to nominate QCDR measures for CMS consideration for the reporting of quality performance category data. Therefore, the difference between the QCDR and qualified registry self-nomination is associated with the preparation of QCDR measures for CMS consideration.

As established in the CY 2024 PFS final rule (88 FR 79425), we continue to estimate burden separately for the simplified and full self-nominations of QCDRs and qualified registries, to more accurately capture the distinct number of estimated respondents and burden per self-nomination for the different processes.

Qualified registries and QCDRs must comply with requirements regarding the submission of MIPS data to CMS. The burden associated with qualified registry and QCDR data submission requirements are the time and effort associated with calculating quality measure results from the data submitted to the qualified registry and QCDR by its participants and submitting these results, the numerator and denominator data on quality measures, the Promoting Interoperability performance category, and improvement activities data to us on behalf of their participants. We expect that the time needed for a qualified registry or a QCDR to accomplish these tasks would vary along with the number of MIPS eligible clinicians submitting data to the qualified registry

or QCDR and the number of applicable measures. However, we believe that qualified registries and QCDRs already perform many of these activities for their participants. Therefore, we believe the estimates shown in Tables 3, 4, 5, and 6 represent the upper bound for qualified registry and QCDR burden, with the potential for less additional MIPS burden if the qualified registry or the QCDR already provides similar data submission services.

The burden associated with qualified registry self-nomination and QCDR self-nomination and measure submission follow:

*i. Burden Estimate for Simplified Qualified Registry Self-Nomination Process and other Requirements*

Previously approved qualified registries in good standing (i.e., that are not on remedial action or have been terminated) may qualify for a simplified self-nomination form. Qualified registries in good standing that would like to make minimal changes to their previously approved self-nomination application from the previous year, may submit these changes for CMS review during the self-nomination period. The self-nomination period is from July 1 to September 1 of the calendar year prior to the applicable performance period (83 FR 59898).

Based on the number of applications we received under the simplified self-nomination process for the CY 2025 performance period/2027 MIPS payment year, we estimate that 74 qualified registries would submit an application under the simplified qualified registry self-nomination process beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate that it would take 0.5 hours to submit an application for the simplified qualified registry self-nomination process. We assume that the staff involved in the simplified qualified registry self-nomination process would be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr. In aggregate, as shown in Table 3, we estimate that the annual burden for the simplified qualified registry self-nomination process would be 37 hours (74 applications × 0.5 hr) at a cost of \$3,983 (74 applications x 0.5 hr/respondent x \$106.54 computer systems analyst).

Table 3: Estimated Burden for Simplified Qualified Registry Self-Nomination

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	74	0.5	37	\$107.66	\$3,983.42
<b>TOTAL</b>	<b>74</b>	<b>0.5</b>	<b>37</b>	<b>NA</b>	<b>\$3,983</b>

*ii. Burden Estimate for Full Qualified Registry Self-Nomination Process and Other Requirements*

Qualified registries interested in submitting MIPS data to us on their participants' behalf need to complete a self-nomination process to be considered for approval to do so (82 FR 53815). The self-nomination period is from July 1 to September 1 of the calendar year prior to the applicable performance period.

Based on the number of applications received under the full self-nomination process for the CY 2025 performance period/2027 MIPS payment year, we estimate that 14 qualified registries would self-nominate under the full qualified registry self-nomination process beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate that it would take 2 hours to submit an application for the full qualified registry self-nomination process. We assume that the staff involved in the full qualified registry self-nomination process would continue to be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr. In aggregate, as shown in Table 4, we estimate that the annual burden for the full qualified registry self-nomination process would be 28 hours (14 applications × 2 hr) at a cost of \$3,014 (14 applications × 2 hr × \$107.66 computer systems analyst).

Table 4: Estimated Burden for Full Qualified Registry Self-Nomination

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	14	2	28	\$107.66	\$3,014
<b>TOTAL</b>	<b>14</b>	<b>2</b>	<b>28</b>	<b>NA</b>	<b>\$3,014</b>

*iii. Burden Estimate for Simplified QCDR Self-Nomination Process and QCDR Measure Submission*

Previously approved QCDRs in good standing (i.e., that are not on remedial action or have been terminated) may qualify for a simplified self-nomination form. QCDRs in good standing that would like to make minimal changes to their previously approved self-nomination application from the previous year, may submit these changes for CMS review during the self-nomination period. The self-nomination period is from July 1 to September 1 of the calendar year prior to the applicable performance period (83 FR 59898).

Based on the number of applications we received under the simplified self-nomination process for the CY 2025 performance period/2027 MIPS payment year, we estimate that 41 QCDRs would self-nominate under the simplified QCDR self-nomination process beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate that it would take 0.5 hours for a QCDR to submit an application under the simplified self-nomination process. Additionally, we estimate that each QCDR would submit 13 QCDR measures on average, approximately 2 new QCDR measures and 11 existing or borrowed QCDR measures per QCDR. We estimate that it would take 2 hours for a QCDR to submit a new QCDR measure and 0.5 hours to submit an existing QCDR measure. In aggregate, we estimate that it would take 10 hours (0.5 hr for the simplified self-nomination process + [2 hrs per new QCDR measure × 2 new QCDR measures] + [0.5 hrs per existing or borrowed QCDR measures × 11 QCDR measures]) for a QCDR to submit an application under the simplified self-nomination process. On average, the time to nominate each QCDR measure is approximately 0.73 hours per measure (9.5 hours to submit measures/13 measures; this average does not take into account the time to submit the general application (0.5 hr) that is irrespective of the estimated measure count). We assume that the staff involved in the simplified QCDR self-nomination process would be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr. In aggregate, as shown in

Table 5, we estimate that the annual burden for the simplified QCDR self-nomination process would be 410 hours (41 applications × 10 hr) at a cost of \$44,141 (41 applications × 10 hr × \$107.66 computer systems analyst).

Table 5: Estimated Burden for Simplified QCDR Self-Nomination and QCDR Measure Submission

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	41	10	410	\$107.66	\$44,141
<b>TOTAL</b>	<b>41</b>	<b>10</b>	<b>410</b>	<b>NA</b>	<b>\$44,141</b>

*iv. Burden Estimate for Full QCDR Self-Nomination Process and QCDR Measure Submission*

New QCDRs interested in submitting MIPS data on their participants' behalf need to complete a self-nomination process to be considered for approval to do so (82 FR 53815). The self-nomination period is from July 1 to September 1 of the calendar year prior to the applicable performance period.

Based on the number of applications we received under the full QCDR self-nomination process for the CY 2025 performance period/2027 MIPS payment year, we estimate that 11 QCDRs would self-nominate under the full QCDR self-nomination process beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate that it would take 2.5 hours for a QCDR to submit an application under the full self-nomination process. Additionally, we estimate that each QCDR would submit 13 QCDR measures on average, approximately 2 new QCDR measures and 11 existing or borrowed QCDR measures, per QCDR. We estimate that it would take 2 hours for a QCDR to submit a new QCDR measure and 0.5 hours to submit an existing or borrowed QCDR measure. In aggregate, we estimate that it would take 12 hours (2.5 hours for the full self-nomination process + [2 hrs per new QCDR measure × 2 QCDR measures] + [0.5 hrs per existing or borrowed QCDR measure × 11 QCDR measures]) for a QCDR to submit an application under the full self-nomination process. On average, the time to nominate each QCDR measure is approximately 0.73 hours per measure (9.5 hours to submit measures/13 measures; this average does not take into account the time to submit the general application (2.5 hr) that is irrespective of the estimated measure count). We assume that the staff involved in the full QCDR self-nomination process would be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr. In aggregate, as shown in Table 6, we estimate that the annual burden for the full QCDR self-nomination process would be 132 hours (11 applications × 12 hr) at a cost of \$14,211 (11 applications × 12 hr × \$107.66 computer systems analyst).



Table 6: Estimated Burden for Full QCDR Self-Nomination and QCDR Measure Submission

<b>Labor Category</b>	<b>Number of Respondents</b>	<b>Burden Hours (per Respondent)</b>	<b>Total Burden Hours</b>	<b>Hourly Labor Costs (Hourly rate + 100% Fringe benefits)</b>	<b>Total Burden Costs (All Respondents)</b>
Computer Systems Analyst	11	12	132	\$107.66	\$14,211
<b>TOTAL</b>	<b>11</b>	<b>12</b>	<b>132</b>	<b>NA</b>	<b>\$14,211</b>

*d. ICRs Regarding Third Party Intermediary Plan Audits*

*i. Burden Estimate for Targeted Audits*

In the CY 2022 PFS final rule (86 FR 65547 through 65548), we finalized that beginning with the CY 2021 performance period/2023 MIPS payment year, the qualified registry or QCDR must conduct targeted audits in accordance with requirements at § 414.1400(b)(3)(vi). Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that the time required for a qualified registry or QCDR to submit a targeted audit ranges between 5 and 10 hours under the simplified and full self-nomination process, respectively. We assume that the staff involved in submitting the targeted audits would be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr.

We estimate that 22 third party intermediaries would submit targeted audits beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate the time required for a qualified registry or QCDR to submit a targeted audit ranges between 5 hours for the simplified self-nomination process and 10 hours for the full self-nomination process. In aggregate, we estimate the total impact associated with qualified registries and QCDRs completing targeted audits would range from 110 hours (22 responses × 5 hours/audit) at a cost of \$11,843 (22 responses × 5 hours/audit × \$107.66 computer systems analyst) to 220 hours (22 responses × 10 hours/audit) at a cost of \$23,685 (22 responses × 10 hours/audit × \$107.66 computer systems analyst) under the simplified and full self-nomination process, respectively (See Tables 7 and 8).

*ii. Burden Estimate for Participation Plans*

In the CY 2022 PFS final rule (86 FR 65546), we finalized requirements for approved QCDRs and qualified registries that have not submitted performance data to submit a participation plan as part of their self-nomination process. Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that it would take 2 hours for a QCDR or qualified registry to submit a participation plan during the self-nomination process. We assume that the staff involved in submitting a participation plan would be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr.

We estimate that 11 third party intermediaries would submit participation plans beginning with the CY 2026 performance period/2028 MIPS payment year. In aggregate, we estimate the total impact associated with QCDRs and qualified registries to submit participation plans would be 22 hours (11 participation plans × 2 hours/plan) at a cost of \$2,369 (11 participation plans × 2 hours/plan × \$107.66 computer systems analyst) (See Tables 7 and 8).

*iii. Burden Estimate for Corrective Action Plans (CAPs)*

In the CY 2017 Quality Payment Program final rule, we established the process for corrective action plans (CAPs) (81 FR 77386 through 77389). We estimate that 6 third party intermediaries would submit CAPs beginning with the CY 2026 performance period/2028 MIPS payment year. Additionally, we estimate that it would take 3 hours for a QCDR or qualified registry to submit a CAP. We assume that the staff involved in submitting the CAPs would be computer systems analysts or their equivalent, who have an average labor rate of \$107.66/hr. In aggregate, we estimate the total impact associated with QCDRs and qualified registries to CAPs would be 18 hours (6 CAPs × 3 hours/response) at a cost of \$1,938 (6 CAPs × 3 hours/response × \$107.66 computer systems analyst) (See Tables 7 and 8).

*iv. Burden Estimate for Transition Plans*

In the CY 2020 PFS final rule (84 FR 63052 through 63053), we established a policy at § 414.1400(a)(3)(vi) that a condition of approval for the third party intermediary is to agree that prior to discontinuing services to any MIPS eligible clinician, group or virtual group during a performance period, the third party intermediary must support the transition of such MIPS eligible clinician, group, or virtual group to an alternate third party intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS approved transition plan.

We estimate that we would receive 3 transition plans from QCDRs and qualified registries beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate that it would take 1 hour for a computer systems analyst or their equivalent at a labor rate of \$107.66/hr to develop a transition plan on behalf of each QCDR or qualified registry during the self-nomination period. However, we are unable to estimate the burden for implementing the actions in the transition plan because the level of effort may vary for each QCDR or qualified registry. Therefore, we estimate the total impact associated with qualified registries completing transition plans is 3 hours (3 transition plans × 1 hour/plan) at a cost of \$323 (3 transition plans × 1 hour/plan × \$107.66 computer systems analyst).

In aggregate, as shown in Table 7, we assume that 42 third party intermediaries would submit plan audits (22 targeted audits, 11 participation plans, 6 CAPs, and 3 transition plans).

Table 7: Estimated Number of Respondents to Submit Plan Audits

<b>Burden and Respondent Descriptions</b>	<b># of Respondents</b>
# of Targeted Audits	22
# of Participation Plans	11
# of Corrective Action Plans (CAPs)	6
# of Transition Plans	3
<b>Total Respondents</b>	<b>42</b>

As shown in Table 8, beginning with the CY 2026 performance period/2028 MIPS payment year, in aggregate, the estimated annual burden to submit plan audits under the simplified and full self-nomination process would range from 153 hours to 263 hours at a cost ranging from \$16,472 (153 hr × \$107.66/hr) and \$28,315 (263 hr × \$107.66/hr), respectively.

Table 8: Estimated Burden for Third Party Intermediary Plan Audits - Full Process

Type	Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Targeted Audit	Computer Systems Analyst	22	10	220	\$107.66	\$23,685.20
Participation Plan	Computer Systems Analyst	11	2	22	\$107.66	\$2,368.52
CAPs	Computer Systems Analyst	6	3	18	\$107.66	\$1,937.88
Transition Plans	Computer Systems Analyst	3	1	3	\$107.66	\$322.98
<b>TOTAL</b>		<b>42</b>	<b>16</b>	<b>263</b>	<b>\$107.66</b>	<b>\$28,315</b>

Table 9: Estimated Burden for Third Party Intermediary Plan Audits - Simplified Process

Type	Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Targeted Audit	Computer Systems Analyst	22	10	110	\$107.66	\$11,842.60
Participation Plan	Computer Systems Analyst	11	2	22	\$107.66	\$2,368.52
CAPs	Computer Systems Analyst	6	3	18	\$107.66	\$1,937.88
Transition Plans	Computer Systems Analyst	3	1	3	\$107.66	\$322.98
<b>TOTAL</b>		<b>42</b>	<b>16</b>	<b>153</b>	<b>\$107.66</b>	<b>\$16,472</b>

*e. Burden Estimate for the Open Authorization (OAuth) Credentialing and Token Request Process*

The OAuth Credentialing and Token Request Process is available to all submitter types who are approved to submit data via the direct submission type. Individual clinicians, groups, or MIPS APMs may submit their quality measures using the direct submission type via the MIPS CQM, QCDR or eCQM collection types as well as their Promoting Interoperability measures and improvement activities through the same direct submission type. The burden associated with this

ICR belongs only to the application developer; Quality Payment Program participants would not be required to do anything additional to submit their data. For third party intermediaries, OAuth Credentialing would allow Quality Payment Program participants to use their own Quality Payment Program credentials to login through the third-party intermediary's application to submit their data and view performance feedback from the Quality Payment Program. Entities that receive approval for their applications through this process would be able to provide Quality Payment Program participants with a more comprehensive and less administratively burdensome experience using the direct submission type.

As shown in Table 10, we estimate that we would receive 12 requests to complete this process beginning with the CY 2026 performance period/2028 MIPS payment year. We estimate that it would take 2 hours at \$107.66/hr for a computer systems analyst (or their equivalent) to complete the process. In aggregate, we estimate an annual burden of 24 hours (12 vendors × 2 hr) at a cost of \$3,230 (15 requests × 2 hr × \$107.66 computer systems analyst).

Table 10: Estimated Burden for the OAuth Credentialing and Token Request Process

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	12	2	24	\$107.66	\$2,583.84
<b>TOTAL</b>	<b>12</b>	<b>2</b>	<b>24</b>	<b>NA</b>	<b>\$2,584</b>

*f. ICRs Regarding the Quality Performance Category*

Under our current policies, two groups of clinicians submit data for the quality performance category under MIPS: those who submit data as MIPS eligible clinicians, and those who submit data voluntarily but are not subject to MIPS payment adjustments. Clinicians are ineligible for MIPS payment adjustments if they are newly enrolled in Medicare; are QPs; are partial QPs who elect to not participate in MIPS; are not one of the clinician types included in the definition for MIPS eligible clinician; or do not exceed the low-volume threshold as an individual or as a group.

To determine which QPs should be excluded from MIPS, we used the Advanced APM payment and patient percentages from the APM Participant List for the final snapshot date for the CY 2023 QP performance period. Due to data limitations, we could not identify specific clinicians who have not yet enrolled in APMs, but who may become QPs in the CY 2026 performance period/2028 MIPS payment year or future years (and therefore would no longer need to submit data to MIPS); hence, our model may underestimate or overestimate the number of respondents.

The burden associated with the submission of quality performance category data has some limitations. We believe it is difficult to quantify the burden accurately because clinicians and groups may have different processes for integrating quality data submission into their practices' workflows. Moreover, the time needed for a clinician to review quality measures and other information, select measures applicable to their patients and the services they furnish, and incorporate the use of quality measures into the practice workflows is expected to vary along with the number of measures that are potentially applicable to a given clinician's practice and by

the collection type. For example, clinicians submitting data via the Medicare Part B claims collection type need to integrate the capture of quality data codes for each encounter whereas clinicians submitting via the eCQM collection type may have quality measures automated as part of their electronic health record (EHR) implementation.

We believe the burden associated with submitting quality measures data varies depending on the collection type selected by the clinician, group, or third party. As such, we separately estimated the burden for clinicians, groups, and third parties to submit quality measures data by the collection type used. For the purposes of our burden estimates for the Medicare Part B claims, MIPS CQM, QCDR, and eCQM collection types, we also assume that each clinician or group would submit, on average, six quality measures. Additionally, we separately capture the burden for clinicians who choose to submit via these collection types for the quality performance category of MVPs. Additionally, as finalized in the CY 2022 PFS final rule (86 FR 65394 through 65397), group tax identification numbers (TINs) could also choose to participate as subgroups for MVP reporting beginning with the CY 2023 performance period/2025 MIPS payment year. We finalized in the CY 2022 PFS final rule (86 FR 65411 through 65412) that except as provided in paragraph § 414.1365(c)(1)(i), an MVP Participant must select and report four quality measures, including one outcome measure (or, if an outcome measure is not available, one high priority measure), included in the MVP.

*i. Burden Estimate for Quality Payment Program Identity Management Application Process*

For an individual, group, or third party to submit MIPS quality, improvement activities, or Promoting Interoperability performance category data using either the log in and upload or the log in and attest submission type or to access feedback reports, the submitter must have a CMS Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) system user account. Once the user account is created, registration is not required again for future years.

As shown in Table 11, we estimate that 6,840 unique TINs would submit their information to obtain new user accounts in the HARP system beginning with the CY 2026 performance period/2028 MIPS payment year, based up updated data from March 2023 to February 2024. We estimate that it would take 1 hour at \$107.66/hr for a computer systems analyst (or their equivalent) to obtain an account for the HARP system. In aggregate we estimate an annual burden of 6,840 hours (6,840 applications × 1 hr/registration) at a cost of \$736,394 (6,840 applications × 1 hr/registration × \$107.66 computer systems analyst).

Table 11: Estimated Burden for Quality Payment Program Identity Management Application Process

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	6,840	1	6,840	\$107.66	\$736,394.40
<b>TOTAL</b>	<b>6,840</b>	<b>1</b>	<b>6,840</b>	<b>NA</b>	<b>\$736,394</b>

*ii. Traditional MIPS Burden Estimate for Quality Data Submission by Clinicians: Medicare Part B Claims-Based Collection Type*

As noted in Table 12, based on updated data available from the CY 2023 performance period/2025 MIPS payment year and updated MVP reporting assumptions, beginning with the CY 2026 performance period/2028 MIPS payment year, we assume that 8,350 individual clinicians would collect and submit quality data via the Medicare Part B claims collection type.

As shown in Tables 12A-C, we estimate that the burden of quality data submission using Medicare Part B claims would range from 0.15 hours (9 minutes) at a cost of \$16.15 ( $0.15 \text{ hr} \times \$107.66/\text{hr}$ ) to 7.2 hours at a cost of \$775.15 ( $7.2 \text{ hr} \times \$107.66/\text{hr}$ ). The burden involves becoming familiar with MIPS quality measure specifications. We believe that the start-up cost for a clinician's practice to review measure specifications is 7 hours, consisting of 3 hours at \$132.44/hr for a medical and health services manager, 1 hour at \$299.32/hr for a physician, 1 hour at \$61.68/hr for an LPN, 1 hour at \$107.66/hr for a computer systems analyst, and 1 hour at \$47.60/hr for a billing and posting clerk.

The estimate for reviewing and incorporating measure specifications for the Medicare Part B claims collection type is higher than that of QCDRs/registries or eCQM collection types due to the more manual, and therefore, more burdensome nature of Medicare Part B claims measures.

As shown in Tables 12A-C, beginning with the CY 2026 performance period/2028 MIPS payment year, considering both data submission and start-up requirements, the estimated time (per clinician) ranges from a minimum of 7.15 hours ( $0.15 \text{ hr} + 7 \text{ hr}$ ) to a maximum of 14.2 hours ( $7.2 \text{ hr} + 7 \text{ hr}$ ). In aggregate, the total annual time ranges from 59,703 hours ( $7.15 \text{ hr} \times 8,350 \text{ clinicians}$ ) to 118,570 hours ( $14.2 \text{ hr} \times 8,350 \text{ clinicians}$ ). Beginning with the CY 2026 performance period/2028 MIPS payment year in aggregate, we estimate a burden ranging from a minimum of \$7,763,237 ( $8,350 \text{ clinicians} \times 1.15 \text{ hr} \times \$107.66 \text{ computer systems analyst} + 8,350 \text{ clinicians} \times 1 \text{ hr} \times \$47.60 \text{ billing clerk} + 8,350 \text{ clinicians} \times 1 \text{ hr} \times \$299.32 \text{ physician} + 8,350 \text{ clinicians} \times 3 \text{ hr} \times \$132.44 \text{ medical and health services manager} + 8,350 \text{ clinicians} \times 1 \text{ hr} \times \$132.44 \text{ LPN}$ ) to a maximum of \$14,100,912 ( $8,350 \text{ clinicians} \times 8.2 \text{ hr} \times \$107.66 \text{ computer systems analyst} + 8,350 \text{ clinicians} \times 1 \text{ hr} \times \$47.60 \text{ billing clerk} + 8,350 \text{ clinicians} \times 1 \text{ hr} \times \$299.32 \text{ physician} + 8,350 \text{ clinicians} \times 3 \text{ hr} \times \$132.44 \text{ medical and health services manager} + 8,350 \text{ clinicians} \times 1 \text{ hr} \times \$132.44 \text{ LPN}$ ).

Table 12A: Estimated Burden for the Traditional MIPS Quality Performance Category:  
Clinicians Using the Medicare Part B Claims Collection Type – Maximum

<b>Labor Category</b>	<b>Number of Respondents</b>	<b>Burden Hours (per Respondent)</b>	<b>Total Burden Hours</b>	<b>Hourly Labor Costs (Hourly rate + 100% Fringe benefits)</b>	<b>Total Burden Costs (All Respondents)</b>
Billing Clerk	8,350	1	8,350	\$47.60	\$397,460.00
Computer Systems Analyst	8,350	8.2	68,470	\$107.66	\$7,371,480.20
Physician	8,350	1	8,350	\$299.32	\$2,499,322.00
Medical and Health Services Manager	8,350	3	25,050	\$132.44	\$3,317,622.00
LPN	8,350	1	8,350	\$61.68	\$515,028.00
<b>TOTAL</b>	<b>8,350</b>	<b>14.2</b>	<b>118,570</b>	<b>NA</b>	<b>\$14,100,912</b>

Table 12B: Estimated Burden for the Traditional MIPS Quality Performance Category:  
Clinicians Using the Medicare Part B Claims Collection Type - Median

<b>Labor Category</b>	<b>Number of Respondents</b>	<b>Burden Hours (per Respondent)</b>	<b>Total Burden Hours</b>	<b>Hourly Labor Costs (Hourly rate + 100% Fringe benefits)</b>	<b>Total Burden Costs (All Respondents)</b>
Billing Clerk	8,350	1	8,350	\$47.60	\$397,460.00
Computer Systems Analyst	8,350	2.05	17,117.5	\$107.66	\$1,842,870.05
Physician	8,350	1	8,350	\$299.32	\$2,499,322.00
Medical and Health Services Manager	8,350	3	25,050	\$132.44	\$3,317,622.00
LPN	8,350	1	8,350	\$61.68	\$515,028.00
<b>TOTAL</b>	<b>8,350</b>	<b>8.05</b>	<b>67,218</b>	<b>NA</b>	<b>\$8,572,302</b>

Table 12C: Estimated Burden for the Traditional MIPS Quality Performance Category:  
Clinicians Using the Medicare Part B Claims Collection Type – Minimum

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Billing Clerk	8,350	1	8,350	\$47.60	\$397,460.00
Computer Systems Analyst	8,350	1.15	9,602.50	\$107.66	\$1,033,805.15
Physician	8,350	1	8,350	\$299.32	\$2,499,322.00
Medical and Health Services Manager	8,350	3	25,050	\$132.44	\$3,317,622.00
LPN	8,350	1	8,350	\$61.68	\$515,028.00
<b>TOTAL</b>	<b>8,350</b>	<b>7.15</b>	<b>59,703</b>	<b>NA</b>	<b>\$7,763,237</b>

*iii. Traditional MIPS Burden Estimate for Quality Data Submission by Individuals, Groups, and APM Entities: MIPS CQM and QCDR Collection Types*

Based on updated data available from the CY 2023 performance period/2025 MIPS payment year and updated MVP reporting assumptions, beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that 17,407 clinicians (11,266 individual clinicians + 6,132 groups + 9 non-Shared Savings Program ACO APM Entities) would submit quality data for the MIPS CQM and QCDR collection types. Given that the number of measures required is the same for clinicians, groups, and APM Entities, we expect the burden to be the same for each respondent collecting data via MIPS CQM or QCDR collection type, whether the clinician is participating in MIPS as an individual, group, or APM Entity.

Under the MIPS CQM and QCDR collection types, the individual clinician, group, or APM Entity may either submit the quality measures data directly to us, log in and upload a file, or utilize a third-party intermediary to submit the data to us on the reporting entity's behalf. We estimate that the burden associated with the QCDR collection type is similar to the burden associated with the MIPS CQM collection type; therefore, we discuss the burden for both together below. For MIPS CQM and QCDR collection types, we estimate an additional time for respondents (individual clinicians and groups) to become familiar with MIPS quality measure specifications and, in some cases, specialty measure sets and QCDR measures. Therefore, we believe that the burden for an individual clinician, group, or APM Entity to review measure specifications and submit quality data totals 9 hours. This consists of 3 hours at \$107.66/hr for a computer systems analyst (or their equivalent) to submit quality data along with 2 hours at \$132.44/hr for a medical and health services manager, 1 hour at \$107.66/hr for a computer systems analyst, 1 hour at \$61.68/hr for a LPN, 1 hour at \$47.60/hr for a billing clerk, and 1 hour at \$299.32/hr for a physician to review measure specifications. Additionally, clinicians, groups, and APM Entities who do not submit data directly need to authorize or instruct the qualified registry or QCDR to submit quality measures' results and numerator and denominator data on quality measures to us on their behalf. We estimate that the time and effort associated with authorizing or instructing the qualified registry or QCDR to submit this data would be



approximately 5 minutes (0.083 hours) at \$107.66/hr for a computer systems analyst at a cost of \$8.94 (0.083 hr × \$107.66/hr).

As shown in Table 13, beginning with the CY 2026 performance period/2028 MIPS payment year, in aggregate, we estimate a burden of 158,108 hours (9.083 hr/response × 17,407 responses [11,266 individual clinicians + 6,132 groups + 9 non-Shared Savings Program ACO APM Entities]) at a cost of \$19,374,962 ([17,407 respondents x 3 hr/respondent x \$107.66/hr for Computer Systems Analyst] + [17,407 respondents x 2 hr/respondent x \$132.44/hr for Medical and Health Services Manager] + [17,407 respondents x 1 hr/respondent x \$61.68/hr for LPN] + [17,407 respondents x 1 hr/respondent x \$47.60/hr for Billing Clerk] + [17,407 respondents x 1 hr/respondent x \$299.32/hr for Physician]).

Table 13: Estimated Burden for Traditional MIPS Quality Performance Category: Clinicians (Participating Individually or as Part of a Group or APM Entity) Using the MIPS CQM and QCDR Collection Type

<b>Labor Category</b>	<b>Number of Respondents</b>	<b>Burden Hours (per Respondent)</b>	<b>Total Burden Hours</b>	<b>Hourly Labor Costs (Hourly rate + 100% Fringe benefits)</b>	<b>Total Burden Costs (All Respondents)</b>
Billing Clerk	17,407	1	17,407	\$47.60	\$828,573.20
Computer Systems Analyst	17,407	4.083	71,072.78	\$107.66	\$7,651,695.49
Physician	17,407	1	17,407	\$299.32	\$5,210,263.24
Medical and Health Services Manager	17,407	2	34,814	\$132.44	\$4,610,766.16
LPN	17,407	1	17,407	\$61.68	\$1,073,663.76
<b>TOTAL</b>	<b>17,407</b>	<b>9.083</b>	<b>158,108</b>	<b>NA</b>	<b>\$19,374,962</b>

*iv. Traditional MIPS Burden Estimate for Quality Data Submission by Clinicians, Groups, and APM Entities: eCQM Collection Type*

As noted in Table 14 below, based on updated data available from the CY 2023 performance period/2025 MIPS payment year and updated MVP reporting assumptions, we estimate that 23,936 clinicians (18,282 individual clinicians + 5,647 groups + 7 non-Shared Savings Program ACO APM Entities) would submit quality data using the eCQM collection type beginning with the CY 2026 performance period/2028 MIPS payment year. We expect the burden to be the same for each respondent using the eCQM collection type, whether the clinician is participating in MIPS as an individual, group, or APM Entity.

Under the eCQM collection type, the individual clinician, group, or APM Entity may either submit the quality measures data directly to us from their eCQM, log in and upload a file, or utilize a third-party intermediary to derive data from their certified electronic health record technology (CEHRT) and submit it to us on the reporting entity's behalf.

To prepare for the eCQM collection type, the clinician, group, or APM Entity must review the quality measures on which CMS accepts MIPS data extracted from eCQMs, select the

appropriate quality measures, extract the necessary clinical data from their CEHRT, and submit the necessary data to a QCDR/qualified registry to submit the data on their behalf. We assume the burden for collecting quality measures data via eCQM is similar for clinicians, groups, and APM entities who submit their data directly to us from their CEHRT and clinicians, groups, and APM Entities who use a third-party intermediary to submit the data on their behalf. This includes extracting the necessary clinical data from their CEHRT and submitting the necessary data to the QCDR/qualified registry. We assume all non-Shared Savings Program ACO APM entities represent a single TIN.

We estimate that it would take no more than 2 hours at \$107.66/hr for a computer systems analyst to submit the actual data file. The burden also involves becoming familiar with MIPS submission. In this regard, we estimate it would take 6 hours for a clinician, group, or APM Entity to review measure specifications. Of that time, we estimate 2 hours at \$132.44/hr for a medical and health services manager, 1 hour at \$299.32/hr for a physician, 1 hour at \$107.66/hr for a computer systems analyst, 1 hour at \$61.68/hr for an LPN, and 1 hour at \$47.60/hr for a billing clerk.

As shown in Table 14, beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate a burden of 191,488 hours (8 hr × 23,936 [18,282 individual clinicians + 5,647 groups + 7 non-Shared Savings Program ACO APM Entities]) at a cost of \$23,851,267 ([23,936 respondents x 3 hr/respondent x \$107.66/hr for Computer Systems Analyst] + [23,936 respondents x 2 hr/respondent x \$132.44/hr for Medical and Health Services Manager] + [23,936 respondents x 1 hr/respondent x \$61.68/hr for LPN] + [23,936 respondents x 1 hr/respondent x \$47.60/hr for Billing Clerk] + [23,936 respondents x 1 hr/respondent x \$299.32/hr for Physician]).

Table 14: Estimated Burden for Traditional MIPS Quality Performance Category: Clinicians (Submitting Individually or as Part of a Group or APM Entity) Using the eCQM Collection Type

<b>Labor Category</b>	<b>Number of Respondents</b>	<b>Burden Hours (per Respondent)</b>	<b>Total Burden Hours</b>	<b>Hourly Labor Costs (Hourly rate + 100% Fringe benefits)</b>	<b>Total Burden Costs (All Respondents)</b>
Billing Clerk	23,936	1	23,936	\$47.60	\$1,139,353.60
Computer Systems Analyst	23,936	3	71,808	\$107.66	\$7,730,849.28
Physician	23,936	1	23,936	\$299.32	\$7,164,523.52
Medical and Health Services Manager	23,936	2	47,872	\$132.44	\$6,340,167.68
LPN	23,936	1	23,936	\$61.68	\$1,476,372.48
<b>TOTAL</b>	<b>23,936</b>	<b>8</b>	<b>191,488</b>	<b>NA</b>	<b>\$23,851,267</b>

*v. Burden Estimate for Quality Data Submission for APM Performance Pathway (APP)  
Quality Measure Set*

We are proposing to add a new ICR to reflect submissions for the APP quality measure set, due to the availability of updated data. The APP is an optional MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs, as defined under 42 CFR § 414.1367.

Our burden estimates for the APP focus on submissions by individuals, groups, and non-Shared Savings Program APMs for the APP quality measure set, first established in the CY 2021 PFS final rule (85 FR 84860 and 84861). This quality measure set contains six measures. Our burden estimates focus on active submissions via eCQM, MIPS CQM, or Medicare Part B claims collection types. We assume MIPS eligible clinicians incur no burden for reporting the two administrative claims quality measures required under the APP quality measure set, as similar to cost measures, we automatically calculate scores from administrative claims reporting. Additionally, burden estimates for the CAHPS for MIPS registration and beneficiary reporting are provided in the CAHPS for MIPS PRA package under OMB control number 0938-1222 (CMS-10450); we do not assume that MIPS eligible clinicians incur additional reporting burden for reporting this measure under the APP quality measure set. We note our existing ICRs for the Promoting Interoperability and improvement activities performance categories aggregate submissions across all MIPS reporting options (traditional MIPS, MVPs, and the APP).

Given that APP quality measure set submitters actively report three measures versus six measures for traditional MIPS, we estimate that burden for APP quality measure set submissions is half of the time for traditional MIPS. All estimates per collection type below encompass reviewing measure specifications unless otherwise specified.

In this regard, we estimate it would take 4 hours for a clinician, group, or APM Entity to review and submit the required measures via the eCQM collection type. Of that time, we estimate 1 hour at \$132.44/hr for a medical and health services manager, 0.5 hour at \$299.32/hr for a physician, 1.5 hour at \$107.66/hr for a computer systems analyst, 0.5 hour at \$61.68/hr for an LPN, and 0.5 hour at \$47.60/hr for a billing clerk.

We estimate it would take 4.542 hours for a clinician, group, or APM Entity to review and submit the measures via the MIPS CQM/QCDR collection type. Of that time, we estimate 1 hour at \$132.44/hr for a medical and health services manager, 0.5 hour at \$299.32/hr for a physician, 2.042 hour at \$107.66/hr for a computer systems analyst, 0.5 hour at \$61.68/hr for an LPN, and 0.5 hour at \$47.60/hr for a billing clerk., 0.5 hour at \$61.68/hr for an LPN, and 0.5 hour at \$47.60/hr for a billing clerk.

As detailed in the CY 2025 PFS Final Rule, we assume that no MIPS eligible clinicians will voluntarily report the APP Plus quality measure set, given the increased burden requirements (89 FR 98549-98550).

As shown in Table 15, beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate a burden of 472 hours (4 hr × 118 responses) at a cost of \$58,791 (118 responses × 0.5 hr/response × \$47.60 billing clerk + 118 responses × 1.5 hr/response × \$107.66 computer systems analyst + 118 responses × 0.5 hr/response × \$299.32 physician +

118 responses × 1 hr/response × \$132.44 Medical and Health Services Manager + 118 responses × 0.5 hr/response × \$61.68 LPN) for the eCQM collection type, and 5 hours (4.542 hr × 1 responses) at a cost of \$557 (1 response × 0.5 hr/response × \$47.60 billing clerk + 1 responses × 2.042 hr/response × \$107.66 computer systems analyst + 1 response × 0.5 hr/response × \$299.32 physician + 1 responses × 1 hr/response × \$132.44 Medical and Health Services Manager + 1 responses × 0.5 hr/response × \$61.68 LPN) for the MIPS CQM and QCDR collection type. There are no expected submissions for the Medicare Part B claims collection type. **In total, we estimate a burden for the APP quality measure set beginning with the CY 2026 performance period/2028 MIPS payment year of 119 responses, 477 hours, and \$59,348.**

Table 15: Estimated Burden for APM Performance Pathway (APP) Quality Measure Set Category Submission

Type	Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
eCQM	Billing Clerk	118	0.5	59	\$47.60	\$2,808.40
	Computer Systems Analyst	118	1.5	177	\$107.66	\$19,055.82
	Physician	118	0.5	59	\$299.32	\$17,659.88
	Medical and Health Services Manager	118	1	118	\$132.44	\$15,627.92
	LPN	118	0.5	59	\$61.68	\$3,639.12
	<b>TOTAL</b>	<b>118</b>	<b>4</b>	<b>472</b>	<b>NA</b>	<b>\$58,791</b>
MIPS CQM/ QCDR	Billing Clerk	1	0.5	1	\$47.60	\$23.80
	Computer Systems Analyst	1	2.042	2.042	\$107.66	\$219.84
	Physician	1	0.5	1	\$299.32	\$149.66
	Medical and Health Services Manager	1	1	1	\$132.44	\$132.44
	LPN	1	0.5	1	\$61.68	\$30.84
	<b>TOTAL</b>	<b>1</b>	<b>4.542</b>	<b>5</b>	<b>NA</b>	<b>\$557</b>
<b>TOTAL</b>	<b>TOTAL</b>	<b>119</b>	<b>VARIES</b>	<b>477</b>	<b>VARIES</b>	<b>\$59,348</b>

*g. ICRs Regarding Burden for MVP Reporting*

In the CY 2022 PFS final rule, we finalized the implementation of voluntary MVP and subgroup reporting for eligible clinicians beginning with the CY 2023 performance period/2025 MIPS payment year. Clinicians participating in MIPS have the option to voluntarily submit data via MVPs starting with the CY 2023 performance period/2025 MIPS payment year. Additionally, clinicians participating in MIPS and reporting through MVP(s) can also choose to form subgroups beginning with the CY 2023 performance period/2025 MIPS payment year. All MVPs include a foundational layer (the same across all MVPs) which includes the complete Promoting Interoperability performance category measure set and administrative claims population health measures, in addition to MVP-specific measures and activities in the quality, cost, and improvement activities performance categories. Clinicians choosing to participate in MIPS and report MVPs select from a reduced inventory of measures and activities for the quality and improvement activities performance categories. This reduction in burden is described in the quality and improvement activities performance categories sections below. The following ICRs reflect the burden associated with data collection related to MVPs and subgroup reporting in the CY 2026 performance period/2028 MIPS payment year.

For the ICRs related to MVP Participants, our burden estimates are based on the MIPS submission data from the CY 2023 performance period/2025 MIPS payment year. As detailed in the CY 2026 PFS proposed rule (90 FR 32789), we are updating our assessment of estimated MVP quality performance category submissions and registrations. Also, we are assessing measure level submission trends from the CY 2023 performance period/2025 MIPS payment year (87 FR 70650 through 70701) alongside the MVP inventory finalized in the CY 2025 PFS final rule Appendix 3 (89 FR 98972 through 99057) and the six new MVPs proposed in the proposed rule. The CY 2023 performance period/2025 MIPS payment year submission data include MVP submissions and registrations for the 12 MVPs available at that time for MIPS reporting. Due to the expanded MVP inventory (16 MVPs available for the CY 2024 performance year/2026 MIPS payment year (88 FR 79978 through 80047), 21 MVPs available for the CY 2025 performance period/2027 MIPS payment year (89 FR 98972 through 99057)), and 6 newly proposed MVPs for a total of 27 MVPs beginning with the CY 2026 performance period/2028 MIPS payment year, we anticipate increased MVP adoption for the CY 2026 performance period/2028 MIPS payment year and beyond. For this proposed rule, we estimate MVP submissions as a percentage of the total traditional MIPS and MVP submissions from the data available from the CY 2023 performance period/2025 MIPS payment year.

In the CY 2025 PFS final rule (89 FR 98485 and 98486), we estimated that 10 percent of MIPS eligible clinicians from the CY 2022 performance period/2024 MIPS payment year will move to MVP reporting for the CY 2025 performance period/2027 MIPS payment year. For details on prior approaches to estimating MVP reporting, we refer readers to the CY 2022 PFS final rule (86 FR 65588 through 65590), CY 2023 PFS final rule (87 FR 70155 and 70156), and CY 2024 PFS final rule (88 FR 79443 and 79444).

To estimate MVP submissions for the CY 2026 performance period/2028 MIPS payment year, we calculated the average quality measure submission rate for each of the six newly proposed MVPs for the CY 2026 performance period/2028 MIPS payment year. For these analyses, we assessed the count of measure submissions in the CY 2023 performance period/2025 MIPS payment year for clinicians with relevant clinical specialties for each MVP and determined the

average of these measure submissions rates per MVP. We considered quality measure submissions rates from all quality performance category reporting options (traditional MIPS, MVPs, and the APP), by clinicians, groups, subgroups, and non-Shared Savings Program ACO APM Entities. We summed the average submission rate for each newly proposed MVP, which was equivalent to about four percent of the total quality performance category submissions in the CY 2023 performance period/2025 MIPS payment year. We focused this analysis on the incremental effect of the newly proposed MVPs. To estimate the total rate of MVP submissions beginning with the CY 2026 performance period/2028 MIPS payment year, inclusive of the six proposed MVPs and the MVP measures inventory previously finalized in the CY 2025 PFS final rule, we added the incremental change of 4 percentage points for the newly proposed MVPs to the existing estimate that the MVPs finalized in the CY 2025 PFS final rules of 10 percent (89 FR 98485 and 98486). Taken together, we estimate that 14 percent of MIPS submissions beginning with the CY 2026 performance period/2028 MIPS payment year would be from MVP reporting.

Continuing our approach from the CY 2022 PFS final rule (86 FR 65589 and 65590), CY 2023 PFS final rule (87 FR 70155 and 70156), CY 2024 PFS final rule (88 FR 79443 and 79444), and CY 2025 PFS final rule (89 FR 89 FR 98486), we assume that the number of MVP registrations would equal our estimated MVP quality submissions.

*i. Burden for MVP Registration: Individuals, Groups and APM Entities*

In CY 2026 PFS proposed rule (90 FR 32352), we are proposing to add a new self-attestation requirement to the MVP registration process for a group to identify their specialty composition as a single specialty or multispecialty group based on the scope of care provided and determine the need to participate as subgroups. We believe the associated impact of this proposal would be minimal, and that this proposal would not require the burden per registration to exceed the currently approved estimate of 15 minutes per registration. Therefore, we are not proposing to adjust the burden per MVP registration.

In Table 16, we estimate that the registration process for clinicians choosing to submit MIPS data for the measures and the activities in an MVP would require 0.25 hours of a computer systems analyst's time. We assume that the staff involved in the MVP registration process are mainly computer systems analysts or their equivalent, who have an average labor cost of \$107.66/hour.

Based on submission data from the CY 2023 performance period/2025 MIPS payment year, and accounting for the previously finalized changes to the existing MVPs and the proposed addition of 6 new MVPs in the CY 2026 PFS proposed rule, we estimate that 14 percent of the clinicians that currently participate in MIPS would submit data for the measures and activities in an MVP. Beginning with the CY 2026 performance period/2028 MIPS payment year, we assume that a total of 8,110 MVP registrations and submissions would be received. This total includes our estimate of 20 subgroup reporters that would also report MVPs in addition to MVP reporters who currently participate in MIPS. Therefore, we estimate that the total number of individual clinicians, groups, subgroups and APM Entities that would complete the MVP registration process is 8,110. As shown in Table 16, we estimate that it would take 2,027 hours (8,110 registrations × 0.25 hr/registration) for individual clinicians, groups, subgroups, and APM Entities to complete the MVP registration process at a cost of \$218,281

(8,110 registrations × 0.25 hr/respondent × \$107.66 computer systems analyst) beginning with the CY 2026 performance period/2028 MIPS payment year.

Table 16: Estimated Burden for MVP Registration (Individual clinicians, Groups, Subgroups and APM Entities)

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	8,110	0.25	2,027	\$107.66	\$218,280.65
<b>TOTAL</b>	<b>8,110</b>	<b>0.25</b>	<b>2,027</b>	<b>NA</b>	<b>\$218,281</b>

*ii. Burden for Subgroup Registration*

In the CY 2022 PFS final rule, we finalized to define a subgroup at § 414.1305 as a subset of a group, as identified by a combination of the group TIN, the subgroup identifier, and each eligible clinician's NPI. In addition to the burden for MVP registration process described above in Table 16, clinicians who choose to form subgroups for reporting the MVPs would need to submit a list of each TIN/NPI associated with the subgroup and a plain language name for the subgroup in a manner specified by CMS, as described in the CY 2022 PFS final rule (86 FR 65415 through 65418). Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that clinicians would choose to form 20 subgroups for reporting the measures and activities in MVPs and that it would require a minimum of 0.5 hours per subgroup respondent to submit the finalized requirements for subgroup registration.

We previously finalized a subgroup reporting requirement for multispecialty groups choosing to report as an MVP Participant beginning in the CY 2026 performance period/2028 MIPS payment year (§ 414.1305; 86 FR 65394 through 65397). In the CY 2026 PFS proposed rule (90 FR 32699), we proposed to continue the MVP group reporting option for small practices regardless of whether they are composed of a single specialty or multiple specialties. We believe that maintaining the MVP group reporting option would not impact the currently approved burden for subgroup registration because it would not change any requirements related to subgroup registration.

As shown in Table 17 below, we assume that the staff involved in the subgroup registration process would mainly be computer systems analysts or their equivalent, who have an average labor cost of \$107.66/hr. In aggregate, we estimate that it would take 10 hours (20 subgroups × 0.5 hr/subgroup) to complete the subgroup registration process at a cost of \$1,077 (20 subgroups × 0.5 hr/subgroup × \$107.66/hr computer systems analyst).

As the subgroup participation option is only available to report MVPs, the burden associated with subgroup reporting of the quality performance category would be included with the MVP quality reporting ICR. Burden associated with subgroup submissions for Promoting Interoperability and improvement activities would be included with those ICRs.

Table 17: Estimated Burden for Subgroup Registration

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	20	0.5	10	\$107.66	\$1,076.60
<b>TOTAL</b>	<b>20</b>	<b>0.5</b>	<b>10</b>	<b>NA</b>	<b>\$1,077</b>

*iii. Burden Estimate for MVP Quality Performance Category Submission*

In the CY 2022 PFS final rule (86 FR 65411 through 65415), we finalized that except as provided in paragraph § 414.1365(c)(1)(i), an MVP Participant must select and report four quality measures, including one outcome measure (or, if an outcome measure is not available, one high priority measure), included in the MVP. The decrease in the number of required measures in the quality performance category from six to four is a one-third reduction in the number of measures needed for eligible clinicians to submit data for the quality performance category in MVPs described in Appendix 3: MVP Inventory of the CY 2023 PFS final rule. Therefore, we estimate that the time for submitting the measures in the MVP quality performance category would, on average, take two-thirds of the currently approved burden per respondent for the quality performance category as it does to complete a MIPS quality submission through the MIPS CQM/QCQR, eCQM, and Medicare Part B claims submission types.

Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that MVP quality submissions would account for 14 percent (sum of the 10 percent of quality submissions for previously finalized MVPs and an additional estimated 4 percent of quality submissions for the newly proposed MVPs) of the total MIPS quality performance category submissions from the CY 2023 performance period/2025 MIPS payment year. We estimate that 20 subgroups would submit data for the quality performance category of MVPs. For the eCQM collection type, we estimate submissions from 10 subgroups, 2,977 individuals, 919 groups, and 1 non-Shared Savings Program APM ACO entity. For the MIPS CQM/QCQR collection type, we estimate submissions from 10 subgroups, 1,834 individuals, 999 groups, and 1 non-Shared Savings Program APM ACO entity. For the Medicare Part B claims collection type, we estimate submissions from 1,359 individuals.

As shown in Table 18, beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate the following burden per collection type:

- For the eCQM collection type: 20,707 hours ( $5.3 \text{ hr} \times 3,907 \text{ responses}$ ) at a cost of \$2,578,872 ( $3,907 \text{ responses} \times 0.66 \text{ hr/response} \times \$47.60 \text{ billing clerk} + 3,907 \text{ responses} \times 1.99 \text{ hr/response} \times \$107.66 \text{ computer systems analyst} + 3,907 \text{ responses} \times 0.66 \text{ hr/response} \times \$299.32 \text{ physician} + 3,907 \text{ responses} \times 1.33 \text{ hr/response} \times \$132.44 \text{ Medical and Health Services Manager} + 3,907 \text{ responses} \times 0.66 \text{ hr/response} \times \$61.68 \text{ LPN}$ ).



- For the MIPS CQM and QCDR collection type: 16,979 hours (5.97 hr × 2,844 responses) at a cost of \$2,082,368 (2,844 responses × 0.66 hr/response × \$47.60 billing clerk + 2,844 responses × 2.66 hr/response × \$107.66 computer systems analyst + 2,844 responses × 0.66 hr/response × \$299.32 physician + 2,844 responses × 1.33 hr/response × \$132.44 Medical and Health Services Manager + 2,844 responses × 0.66 hr/response × \$61.68 LPN)
- For the Medicare Part B claims collection type: 12,829 hours (9.44 hr × 1,359 clinician responses) at a cost of \$1,525,314 (1,359 responses × 0.66 hr/response × \$47.60 billing clerk + 1,359 responses × 5.46 hr/response × \$107.66 computer systems analyst + 1,359 responses × 0.66 hr/response × \$299.32 physician + 1,359 responses × 2 hr/response × \$132.44 Medical and Health Services Manager + 1,359 responses × 0.66 hr/response × \$61.68 LPN).
- In total, we estimate a burden for the MVP Quality Performance Category Submission beginning with the CY 2026 performance period/2028 MIPS payment year of 8,110 responses, 50,515 hours, and \$6,186,554.

Table 18: Estimated Burden for MVP Quality Performance Category Submission

Type	Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
eCQM	Billing Clerk	3,907	0.66	2,578.62	\$47.60	\$122,742.31
	Computer Systems Analyst	3,907	1.99	7,774.93	\$107.66	\$837,048.96
	Physician	3,907	0.66	2,578.62	\$299.32	\$771,832.54
	Medical and Health Services Manager	3,907	1.33	5,196.31	\$132.44	\$688,199.30
	LPN	3,907	0.66	2,578.62	\$61.68	\$159,049.28
	<b>TOTAL</b>	<b>3,907</b>	<b>5.3</b>	<b>20,707</b>	<b>NA</b>	<b>\$2,578,872</b>

Type	Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
MIPS CQM/QCDR	Billing Clerk	2,844	0.66	1,877.04	\$47.60	\$89,347.10
	Computer Systems Analyst	2,844	2.66	7,565.04	\$107.66	\$814,452.21
	Physician	2,844	0.66	1,877.04	\$299.32	\$561,835.61
	Medical and Health Services Manager	2,844	1.33	3,783.52	\$132.44	\$500,956.95
	LPN	2,844	0.66	1,877.04	\$61.68	\$115,775.83
	<b>TOTAL</b>	<b>2,844</b>	<b>5.97</b>	<b>16,979</b>	<b>NA</b>	<b>\$2,082,368</b>
Medicare Part B Claims	Billing Clerk	1,359	0.66	896.94	\$47.60	\$42,694.34
	Computer Systems Analyst	1,359	5.46	7,420.14	\$107.66	\$798,852.27
	Physician	1,359	0.66	896.94	\$299.32	\$268,472.08
	Medical and Health Services Manager	1,359	2	2,718.00	\$132.44	\$359,971.92
	LPN	1,359	0.66	896.94	\$61.68	\$55,323.26
	<b>TOTAL</b>	<b>1,359</b>	<b>9.44</b>	<b>12,829</b>	<b>NA</b>	<b>\$1,525,314</b>
<b>TOTAL</b>	<b>TOTAL</b>	<b>8,110</b>	<b>Varies</b>	<b>50,515</b>	<b>N/A</b>	<b>\$6,186,554</b>

*h. Burden Estimate for the Nomination of Quality Measures*

New quality measures are submitted annually through a call for quality measures for potential inclusion on the measures under consideration (MUC) list, with a final list of quality measures being published in the Federal Register by November 1 of each year. Measures submitted during the timeframe provided by us through the pre-rulemaking process of each year are considered for inclusion in the annual list of MIPS quality measures for the performance period beginning two years after the measure is submitted. This process is consistent with the pre-rulemaking process and the annual call for measures, which are further described at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>.

As shown in Table 19, we estimate that we would receive 17 quality measure submissions beginning with the CY 2026 performance period/2028 MIPS payment year based on the number of measure submissions for the CY 2024 Call for Quality Measures. We estimate that it would take approximately 5.5 hours per quality measure submission. This estimate includes 2.4 hours

for the practice administrator/medical and health services manager at \$32.44/hr and 1.1 hours at \$299.32/hr for a clinician to identify, propose, and link the quality measure, and approximately 2 hours at \$299.32/hr for a clinician to complete the Peer Review Journal Article Form.

As shown in Table 19, in aggregate we estimate an annual burden of 94 hours (17 submissions × 5.5 hr/submission) at a cost of \$21,178 (17 measure submissions × 2.4 hr/submission × \$132.44/hr medical and health services manager) + 3.1 hr × \$299.32/hr physician).

Table 19: Estimated Burden for Call for Quality Measures

<b>Labor Category</b>	<b>Number of Respondents</b>	<b>Burden Hours (per Respondent)</b>	<b>Total Burden Hours</b>	<b>Hourly Labor Costs (Hourly rate + 100% Fringe benefits)</b>	<b>Total Burden Costs (All Respondents)</b>
Physician	17	3.1	52.7	\$299.32	\$15,774.16
Medical and Health Services Manager	17	2.4	40.8	\$132.44	\$5,403.55
<b>TOTAL</b>	<b>17</b>	<b>5.5</b>	<b>94</b>	<b>NA</b>	<b>\$21,178</b>

*i. ICRs Regarding the Promoting Interoperability Performance Category*

Beginning with the CY 2026 performance period/2028 MIPS payment year, MIPS eligible clinicians and groups, subgroups, and APM Entities can submit Promoting Interoperability data through direct, log in and upload, or log in and attest submission types. With the exception of submitters who elect to use the log in and attest submission type for the Promoting Interoperability performance category, which is not available for the quality performance category, we anticipate that individuals and groups would use the same data submission type for both quality and Promoting Interoperability performance categories and that the clinicians, practice managers, and computer systems analysts involved in supporting the quality data submission would also support the Promoting Interoperability data submission process. The following burden estimates show only incremental hours required beyond the time already accounted for in the quality data submission process. Although this analysis assesses burden by performance category and submission type, we emphasize MIPS is a consolidated program and submission analysis, and decisions are expected to be made for the program.

*i. Burden Estimate for Reweighting Applications for MIPS Performance Categories*

As established in the CY 2017 and CY 2018 Quality Payment Program final rules, MIPS eligible clinicians may submit an application requesting reweighting to zero percent for the Promoting Interoperability, quality, cost, and/or improvement activities performance categories under specific circumstances as set forth in § 414.1380(c)(2), including, but not limited to, extreme and uncontrollable circumstances, significant hardship, or other exceptions (81 FR 77240 through 77243, 82 FR 53680 through 53686, and 82 FR 53783 through 53785).

Respondents (MIPS eligible individual clinicians, groups, or APM Entities) who apply for reweighting of the quality, cost, and/or improvement activities performance categories have the option of applying for reweighting of the Promoting Interoperability performance category on the same online form. We assume respondents applying for a reweighting of the Promoting Interoperability performance category due to extreme and uncontrollable circumstances would

also request a reweighting of at least one of the other performance categories simultaneously and not submit multiple reweighting applications. The application to request a reweighting to zero percent only for the Promoting Interoperability performance category is a short online form that requires identifying the type of hardship experienced or whether decertification of an EHR has occurred and a description of how the circumstances impair the clinician or group's ability to submit Promoting Interoperability data, as well as some proof of circumstances beyond the clinician's control. The application for reweighting of the quality, cost, Promoting Interoperability, and/or improvement activities performance categories due to extreme and uncontrollable circumstances also requires the completion of a short online form and identification of the type of extreme and uncontrollable circumstance experienced.

Table 20 summarizes the burden for clinicians to apply for reweighting for one or more of the MIPS performance categories to zero percent due to an extreme or uncontrollable circumstance, significant hardship, or other exception as provided in § 414.1380(c)(2)(i). We updated our burden estimates relevant to this ICR on the number of reweighting applications received for the CY 2024 performance period/2026 MIPS payment year by March 12, 2025, that did not cite the ransomware/malware as the basis for reweighting as we do not believe similar events would occur in future years. Based on these updated assumptions and data, we assume that we would receive approximately 4,861 applications to request reweighting for any or all of the four MIPS performance categories beginning with the CY 2026 performance period/2028 MIPS payment year. Of the 4,861, we estimate that 3,079 MIPS eligible clinicians or groups would submit a request that includes reweighting the Promoting Interoperability performance category to zero percent due to a significant hardship or other exception as provided in § 414.1380(c)(2)(i)(C), and we estimate that 1,782 MIPS eligible clinicians or groups would submit a request to reweight one or more of the MIPS performance categories as provided in § 414.1380(c)(2)(i). Additionally, we estimate six APM Entities would submit an extreme and uncontrollable circumstances exception application to reweight one or more MIPS performance category for the CY 2026 performance period/2028 MIPS payment year.

As shown in Table 20, we estimate that it would take 0.25 hours at \$107.66/hr for a computer systems analyst to complete and submit the application. As shown in Table 19, in aggregate, we estimate an annual burden of 1,215 hours (4,861 applications × 0.25 hr/application) at an annual cost of \$130,834 (3,297 applications × 0.25 hr/application × \$107.66/hr for a computer systems analyst).

Table 20: Estimated Burden for Reweighting Applications for MIPS Performance Categories

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	4,861	0.25	1,215.25	\$107.66	\$130,833.82
<b>TOTAL</b>	<b>4,861</b>	<b>0.25</b>	<b>1,215</b>	<b>NA</b>	<b>\$130,834</b>

*ii. Burden Estimate for Submitting Promoting Interoperability Data*

A variety of organizations submit Promoting Interoperability data on behalf of clinicians. Clinicians not participating in a MIPS APM may submit data as individuals or as part of a group,

virtual group, or a subgroup. In the CY 2017 Quality Payment Program final rule (81 FR 77258 through 77260, 77262 through 77264) and CY 2019 PFS final rule (83 FR 59822 and 59823), we established that eligible clinicians in MIPS APMs (including the Shared Savings Program) may report for the Promoting Interoperability performance category as an individual, or a group. In the CY 2023 Quality Payment Program final rule (87 FR 70088), we finalized a voluntary reporting option for APM Entities to report the promoting interoperability performance category at the APM Entity level beginning with the CY 2023 performance period/2025 MIPS payment year).

In the CMS Interoperability and Prior Authorization final rule (89 FR 8758), we finalized the adoption of the “Electronic Prior Authorization” measure, under the Health Information Exchange (HIE) objective for the MIPS Promoting Interoperability performance category beginning with the CY 2027 performance period/2029 MIPS payment year (89 FR 8909 through 8927). Accordingly, a burden estimate to increase the time per submission by 30 seconds (0.083 hr) for MIPS clinicians to report the “Electronic Prior Authorization measure” was provided in the CMS Interoperability and Prior Authorization final rule (89 FR 8953 through 8956). The CMS Interoperability and Prior Authorization final rule estimated that this activity will be completed by a medical records specialist (89 FR 8954). We propose updating this labor category to computer systems analyst or equivalent, as we believe the Electronic Prior Authorization measure will be submitted in tandem with the other established measures in the Promoting Interoperability performance category. We note the mean hourly labor wage rate in the 2024 BLS wage rate data, adjusted for fringe benefits, is higher for a computer systems analyst (\$107.66) than a medical records specialist (\$53.82).

As shown in Table 21, based on data from the CY 2023 performance period/2025 MIPS payment year and estimated subgroup participation, we estimate that a total of 20,881 respondents consisting of 15,396 individual MIPS eligible clinicians, 5,454 groups and virtual groups, 20 subgroups, and 11 non-Shared Savings Program APM Entities would submit Promoting Interoperability data beginning with the CY 2026 performance period/2028 MIPS payment year.

Certain MIPS eligible clinicians are eligible for automatic reweighting of the Promoting Interoperability performance category to zero percent, including MIPS eligible clinicians who are hospital-based, ambulatory surgical center-based, non-patient facing clinicians, and clinical social workers. These estimates account for previously finalized reweighting policies including exceptions for MIPS eligible clinicians who have experienced a significant hardship and decertification of an EHR.

Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that it would take 2.70 hours of a computer analyst’s time (above and beyond the physician, medical and health services manager, and computer systems analyst time required to submit quality data) for clinicians to submit data for the Promoting Interoperability performance category. As shown in Table 21, we assume that the staff involved in the subgroup registration process would mainly be computer systems analysts or their equivalent, who have an average labor cost of \$107.66/hr. In aggregate, the total burden estimate for submitting data on the specified Promoting Interoperability objectives and measures is estimated to be 56,379 hours (20,881 respondents × 2.70 hours) and \$6,069,731 (18,609 respondents × 2.7 hr/respondent × \$107.66/hr computer systems analyst).

Table 21: Estimated Burden for Promoting Interoperability Performance Category Data Submission - CY 2026 performance period/2028 MIPS payment year

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	20,881	2.7	56,378.70	\$107.66	\$6,069,730.84
<b>TOTAL</b>	<b>20,881</b>	<b>2.7</b>	<b>56,379</b>	<b>NA</b>	<b>\$6,069,731</b>

For the CY 2027 performance period/2029 MIPS payment year, we estimate that it would take 2.783 hours of a computer analyst's time (above and beyond the physician, medical and health services manager, and computer systems analyst time required to submit quality data) for clinicians to submit data for the Promoting Interoperability performance category (accounting for the additional "Electronic Prior Authorization measure"). As shown in Table 22, we assume that the staff involved in the subgroup registration process would mainly be computer systems analysts or their equivalent, who have an average labor cost of \$107.66/hr. For the number of estimated responses, we extend our CY 2026 performance period/2028 MIPS payment year estimates in Table 21 above to the CY 2027 performance period/2029 MIPS payment year. In aggregate, the total burden estimate for submitting data on the specified Promoting Interoperability objectives and measures is estimated to be 58,112 hours (20,881 respondents × 2.783 hours) and \$6,256,319 (18,609 respondents × 2.783 hr/respondent × \$107.66/hr computer systems analyst).

Table 22: Estimated Burden for Promoting Interoperability Performance Category Data Submission - CY 2027 performance period/2029 MIPS payment year

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	20,881	2.783	58,111.82	\$107.66	\$6,256,318.54
<b>TOTAL</b>	<b>20,881</b>	<b>2.783</b>	<b>58,112</b>	<b>NA</b>	<b>\$6,256,319</b>

*j. Burden Estimate for the Submission of Improvement Activities Data*

As established in the CY 2017 Quality Payment Program final rule, for the improvement activities performance category, we codified at § 414.1380(b)(3)(i) that individual MIPS eligible clinicians participating in APMs (as defined in section 1833(z)(3)(C) of the Act) for a performance period will earn at least 50 percent for the improvement activities performance category (81 FR 30132). We also stated that MIPS eligible clinicians participating in an APM for a performance period may receive an improvement activity score higher than 50 percent (81 FR 30132). To provide clarity for APM participants not scored under the APP, we revised § 414.1380(b)(3)(i) to state that a MIPS eligible clinician participating in an APM receives an improvement activities performance category score of at least 50 percent. To receive this credit, MIPS eligible clinicians in APMs must attest to having completed an improvement activity or

submit data for the quality and Promoting Interoperability performance categories in order to receive such credit (88 FR 79365 through 79367).

As represented in Table 23, based on CY 2023 performance period/2025 MIPS payment year, we estimate that a total of 42,624 respondents consisting of 31,193 individual clinicians and 11,401 groups, 9 non-Shared Savings Program APMs, and 20 subgroups would submit improvement activities during the CY 2026 performance period/2028 MIPS payment year.

We estimate that it would take 5 minutes (0.083 hours) for a computer systems analyst at a labor rate of \$107.66/hr to submit by logging in and manually attesting that certain activities were performed in the form and manner specified by CMS with a set of authenticated credentials. As shown in Table 23, we estimate an annual burden of 3,538 hours (42,624 responses × 0.083 hr/response) at a cost of \$380,879 (42,624 respondents × 0.083 hr/response × \$107.66 computer systems analyst) beginning with the CY 2026 performance period/2028 MIPS payment year.

Table 23: Estimated Burden for Improvement Activities Data Submission

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	42,624	0.083	3,537.79	\$107.66	\$380,878.47
<b>TOTAL</b>	<b>42,624</b>	<b>0.083</b>	<b>3,538</b>	<b>NA</b>	<b>\$380,878</b>

*k. Burden Estimate for the Nomination of Improvement Activities*

Interested parties are provided an opportunity to propose new activities formally via the Annual Call for Activities nomination form posted on the CMS website. Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that we would receive 15 nominations of new or modified activities which would be evaluated for the Improvement Activities Under Consideration list for possible inclusion in the CY 2026 Improvement Activities Inventory.

As shown in Table 24, we estimate that it would take 2.8 hours at \$132.44/hr for a medical and health services manager or equivalent and 1.6 hours at \$299.32/hr for a physician to nominate an improvement activity. In aggregate, we estimate an annual information collection burden of 66 hours (15 nominations × 4.4 hr/nomination) at a cost of \$12,746 (15 × [(2.8 hr × 132.44/hr medical and health services manager) + (1.6 hr × 299.32/hr physician)]) beginning with the CY 2026 performance period/2028 MIPS payment year.

Table 24: Estimated Burden for Nomination of Improvement Activities

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Physician	15	1.6	24	\$299.32	\$7,183.68
Medical and Health Services Manager	15	2.8	42	\$132.44	\$5,562.48
<b>TOTAL</b>	<b>15</b>	<b>4.4</b>	<b>66</b>	<b>NA</b>	<b>\$12,746</b>

*l. Burden Estimate for Nomination of MVPs*

We have previously established MVP development criteria for interested parties submitting an MVP candidate for inclusion in the MVP Inventory (85 FR 84849 through 84856 and 87 FR 70035 through 70037). As new MVP candidates are received, they are reviewed, vetted, and evaluated by us and our contractors to determine if the MVP is feasible and ready for inclusion in the upcoming performance period.

Beginning with the CY 2026 performance period/2028 MIPS payment year, we estimate that we would receive 10 MVP nominations, and we estimate that the time required to submit all required information is 12 hours per nomination. Similar to the call for quality measures, nomination of Promoting Interoperability measures, and the nomination of improvement activities, we assume MVP nomination would be performed by both practice administration staff or their equivalents, and clinicians. We estimate 7.2 hours at \$132.44/hr for a medical and health services manager or equivalent and 4.8 hours at \$299.32/hr for a physician to nominate an MVP. As shown in Table 25, we estimate an annual burden of 120 hours (10 nominations × 12 hr/nomination) at a cost of \$23,903 (10 × [7.2 hr × \$132.44/hr medical and health services manager] + [4.8 hr × \$299.32/hr physician]).

Table 25: Estimated Burden for Nomination of MVPs

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Physician	10	4.8	48	\$299.32	\$14,367.36
Medical and Health Services Manager	10	7.2	72	\$132.44	\$9,535.68
<b>TOTAL</b>	<b>10</b>	<b>12</b>	<b>120</b>	<b>NA</b>	<b>\$23,903</b>

*m. Burden Estimate for Partial QP Election*

APM Entities may face a data submission burden under MIPS if they attain Partial QP status and elect to participate in MIPS. Advanced APM participants will be notified about their QP or Partial QP status as soon as possible after each QP determination. Where Partial QP status is earned at the APM Entity level, the burden of Partial QP election will be incurred by a representative of the participating APM Entity. Where Partial QP status is earned at the individual eligible clinician level, the burden of Partial QP election will be incurred by the



individual eligible clinician. For the purposes of this burden estimate, we assume that all MIPS eligible clinicians determined to be Partial QPs will participate in MIPS.

As shown in Table 26, based on the number of QP elections submitted beginning with the CY 2024 performance period/2026 MIPS payment year, we estimate that a total of 18 APM respondents (representing 333 distinct national provider identifiers (NPIs) and 363 distinct TIN/NPIs) would make the election to participate as a Partial QP in MIPS. We estimate it would take the APM Entity representative 15 minutes (0.25 hr) at a rate of \$107.66/hr for a computer systems analyst. We do not estimate any Partial QP elections at the eligible individual clinician level, as no individual eligible clinicians elected to report as partial QPs beginning with the CY 2024 performance period/2026 MIPS payment year. In aggregate, we estimate an annual burden of 5 hours (18 Partial QP elections  $\times$  0.25 hr/election) and \$484 (18 Partial QP elections  $\times$  0.25 hr/election  $\times$  107.66/hr computer systems analyst).

Table 26: Estimated Burden for Partial QP Election

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	18	0.25	4.50	\$107.66	\$484.47
<b>TOTAL</b>	<b>18</b>	<b>0.25</b>	<b>5</b>	<b>NA</b>	<b>\$484</b>

*n. ICRs Regarding Other-Payer Advanced APM Determinations*

*i. Burden Estimate for Payer-Initiated Process*

The All-Payer Combination Option is an available pathway to QP status for eligible clinicians participating sufficiently in Advanced APMs and Other Payer Advanced APMs. Payers seeking to submit payment arrangement information for Other Payer Advanced APM determination through the payer-initiated process are required to complete a Payer Initiated Submission Form.

As shown in Table 27, based on the historical number of requests, we estimate that for the 2026 QP performance period, 10 payer-initiated requests for Other Payer Advanced APM determinations would be submitted (2 Medicaid payers, 6 Medicare Advantage Organizations, and 2 remaining other payers). We estimate it would take 10 hours at \$107.66/hr for a computer systems analyst. In aggregate, we estimate an annual burden of 100 hours (10 submissions  $\times$  10 hr/submission) and \$10,766 (10 submissions  $\times$  10 hr/submission  $\times$  107.66/hr computers system analyst) beginning with the CY 2026 performance period/2028 MIPS payment year.

Table 27: Estimated Burden for Other Payer Advanced APM Identification Determinations: Payer-Initiated Process

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	10	10	100	\$107.66	\$10,766.00
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>100</b>	<b>NA</b>	<b>\$10,766</b>

*ii. Burden Estimate for Eligible Clinician-Initiated Process*

Under the Eligible Clinician-Initiated Process, APM Entities and eligible clinicians participating in other payer arrangements have an opportunity to request that we determine for the year whether those other payer arrangements are Other Payer Advanced APMs. Eligible clinicians or APM Entities seeking to submit payment arrangement information for Other Payer Advanced APM determination through the Eligible Clinician-Initiated process are required to complete an Eligible Clinician-Initiated Submission Form.

As shown in Table 28, we estimate 10 other payer arrangements would be submitted by APM Entities and eligible Other Payer Advanced APM determinations in the CY 2026 performance period/2028 MIPS payment year. We estimate it would take 10 hours at \$107.66/hr for a computer systems analyst. In aggregate, we estimate an annual burden of 100 hours (10 submissions × 10 hr/submission) at a cost of \$10,766 (10 submissions × 10 hr/submission × \$107.66/hr computer systems analyst) beginning with the CY 2026 performance period/2028 MIPS payment year.

Table 28: Estimated Burden for Other Payer Advanced APM Identification Determinations: Eligible Clinician-Initiated Process

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	10	10	100	\$107.66	\$10,766.00
<b>TOTAL</b>	<b>10</b>	<b>10</b>	<b>100</b>	<b>NA</b>	<b>\$10,766</b>

*iii. Burden Estimate for Submission of Data for QP Determinations under the All-Payer Combination Option*

APM Entities or individual eligible clinicians must submit payment amount and patient count information: (1) attributable to the eligible clinician or APM Entity through every Other Payer Advanced APM; and (2) for all other payments or patients, except from excluded payers, made or attributed to the eligible clinician during the QP performance period. APM Entities or eligible clinicians must submit all the required information about the Other Payer Advanced APMs in which they participate, including those for which there is a pending request for an Other Payer Advanced APM determination.

As shown in Table 29, we assume that 10 APM Entities, 100 TINs, and 10 eligible clinicians would submit data for QP determinations under the All-Payer Combination Option in CY 2026 performance period/2028 MIPS payment year. We estimate it would take the APM Entity representative, TIN representative, or eligible clinician 5 hours at \$132.44/hr for a medical and health services manager to complete this submission. In aggregate, we estimate an annual burden of 600 hours (120 submissions × 5 hr) at a cost of \$79,464 (120 submissions × 5 hr /submission × \$132.44/hr medical and health services manager).

Table 29: Estimated Burden for the Submission of Data for All-Payer QP Determinations

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Medical and Health Services Manager	120	5	600	\$132.44	\$79,464.00
<b>TOTAL</b>	<b>120</b>	<b>5</b>	<b>600</b>	<b>NA</b>	<b>\$79,464</b>

*o. Burden Estimate for Voluntary Participants Election to Opt-Out of Performance Data Display on Compare Tools*

Voluntary MIPS participants are clinicians that are not QPs and are expected to be excluded from MIPS after applying the eligibility requirements set out in the CY 2019 PFS final rule but have elected to submit data to MIPS. We estimate clinicians who exceed one of the low-volume criteria, but not all three, elected to opt-in to MIPS and submitted data in the CY 2019 performance period/2021 MIPS payment year would continue to do so in the CY 2026 performance period/2028 MIPS payment year.

For the CY 2026 performance period/2028 MIPS payment year, we continue to estimate that 38 clinicians and groups would voluntarily opt-out of public reporting on Compare Tools.

As shown in Table 30, we estimate that it would take 0.25 hours at \$107.66/hr for a computer systems analyst to submit a request to opt-out. In aggregate, we estimate an annual burden of 9.5 hours (38 requests × 0.25 hr/request) at a cost of \$1,023 (38 requests × 0.25 hr/request × \$107.66/hr computer systems analyst).

Table 30: Estimated Burden for Voluntary Participants' Election to Opt-Out of Performance Data Display on Compare Tools

Labor Category	Number of Respondents	Burden Hours (per Respondent)	Total Burden Hours	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Total Burden Costs (All Respondents)
Computer Systems Analyst	38	0.25	9.5	\$107.66	\$1,022.77
<b>TOTAL</b>	<b>38</b>	<b>0.25</b>	<b>10</b>	<b>NA</b>	<b>\$1,023</b>

*p. Burden Estimate Summary*

Table 31 below provides summaries of all burden estimates for each of the information collections included in this PRA beginning with the CY 2026 performance period/2028 MIPS payment year. Table 32 below provides summaries of all burden estimates for each of the information collections included in this PRA beginning with the CY 2027 performance period/2029 MIPS payment year. With respect to the PRA, the CY 2026 PFS proposed rule does not impose any non-labor costs. For any ICRs where we provide multiple estimates such as minimum, mean, and maximum, we provide the maximum hours in the table below.

Table 31: CY 2026 Performance Period/2028 MIPS Payment Year Burden Summary

<b>Table Number: Name</b>	<b>CFR Section</b>	<b>Burden Hours</b>	<b>Burden Cost</b>
Table 3: Estimated Burden for Simplified Qualified Registry Self-Nomination	45 CFR § 414.1400	37	\$3,983
Table 4: Estimated Burden for Full Qualified Registry Self-Nomination	45 CFR § 414.1400	28	\$3,014
Table 5: Estimated Burden for Simplified QCDR Self-Nomination and QCDR Measure Submission	45 CFR § 414.1400	410	\$44,141
Table 6: Estimated Burden for Full QCDR Self-Nomination and QCDR Measure Submission	45 CFR § 414.1400	132	\$14,211
Table 8: Estimated Burden for Third Party Intermediary Plan Audits - Full Process	45 CFR § 414.1400	263	\$28,315
Table 10: Estimated Burden for the OAuth Credentialing and Token Request Process	NA	24	\$2,584
Table 11: Estimated Burden for Quality Payment Program Identity Management Application Process	45 CFR §§ 414.1325 and 414.1335	6,840	\$736,394
Table 12A: Estimated Burden for the Traditional MIPS Quality Performance Category: Clinicians Using the Medicare Part B Claims Collection Type	45 CFR §§ 414.1325 and 414.1335	118,570	\$14,100,912
Table 13: Estimated Burden for Traditional MIPS Quality Performance Category: Clinicians (Participating Individually or as Part of a Group or APM Entity) Using the MIPS CQM and QCDR Collection Type	45 CFR §§ 414.1325 and 414.1335	158,108	\$19,374,962

<b>Table Number: Name</b>	<b>CFR Section</b>	<b>Burden Hours</b>	<b>Burden Cost</b>
Table 14: Estimated Burden for Traditional MIPS Quality Performance Category: Clinicians (Submitting Individually or as Part of a Group or APM Entity) Using the eCQM Collection Type	45 CFR §§ 414.1325 and 414.1335	191,488	\$23,851,267
Table 15: Estimated Burden for APM Performance Pathway (APP) Quality Measure Set Category Submission	45 CFR § 414.1415	477	\$59,348
Table 16: Estimated Burden for MVP Registration (Individual clinicians, Groups, Subgroups and APM Entities)	45 CFR § 414.1365	2,027	\$218,281
Table 17: Estimated Burden for Subgroup Registration	45 CFR § 414.1365	10	\$1,077
Table 18: Estimated Burden for MVP Quality Performance Category Submission	45 CFR § 414.1365	50,515	\$6,186,554
Table 19: Estimated Burden for Call for Quality Measures	NA	94	\$21,178
Table 20: Estimated Burden for Reweighting Applications for MIPS Performance Categories	45 CFR §§ 414.1375 and 414.1380	1,215	\$130,834
Table 21: Estimated Burden for Promoting Interoperability Performance Category Data Submission - CY 2026 performance period/2028 MIPS payment year	45 CFR §§ 414.1375 and 414.1380	56,379	\$6,069,731
Table 23: Estimated Burden for Improvement Activities Data Submission	45 CFR § 414.1360	3,538	\$380,878
Table 24: Estimated Burden for Nomination of Improvement Activities	45 CFR § 414.1360	66	\$12,746
Table 25: Estimated Burden for Nomination of MVPs	45 CFR § 414.1365	120	\$23,903
Table 26: Estimated Burden for Partial QP Election	45 CFR § 414.1430	5	\$484
Table 27: Estimated Burden for Other Payer Advanced APM Identification Determinations: Payer-Initiated Process	45 CFR § 414.1440	100	\$10,766

<b>Table Number: Name</b>	<b>CFR Section</b>	<b>Burden Hours</b>	<b>Burden Cost</b>
Table 28: Estimated Burden for Other Payer Advanced APM Identification Determinations: Eligible Clinician-Initiated Process	45 CFR § 414.1445	100	\$10,766
Table 29: Estimated Burden for the Submission of Data for All-Payer QP Determinations	45 CFR § 414.1440	600	\$79,464
Table 30: Estimated Burden for Voluntary Participants' Election to Opt-Out of Performance Data Display on Compare Tools	45 CFR § 414.1395	10	\$1,023
<b>Total</b>		<b>591,156</b>	<b>\$71,366,816</b>

Table 32: CY 2027 Performance Period/2029 MIPS Payment Year Burden Summary

<b>Table Number: Name</b>	<b>CFR Section</b>	<b>Burden Hours</b>	<b>Burden Cost</b>
Table 3: Estimated Burden for Simplified Qualified Registry Self-Nomination	45 CFR § 414.1400	37	\$3,983
Table 4: Estimated Burden for Full Qualified Registry Self-Nomination	45 CFR § 414.1400	28	\$3,014
Table 5: Estimated Burden for Simplified QCDR Self-Nomination and QCDR Measure Submission	45 CFR § 414.1400	410	\$44,141
Table 6: Estimated Burden for Full QCDR Self-Nomination and QCDR Measure Submission	45 CFR § 414.1400	132	\$14,211
Table 8: Estimated Burden for Third Party Intermediary Plan Audits - Full Process	45 CFR § 414.1400	263	\$28,315
Table 10: Estimated Burden for the OAuth Credentialing and Token Request Process	NA	24	\$2,584
Table 11: Estimated Burden for Quality Payment Program Identity Management Application Process	45 CFR §§ 414.1325 and 414.1335	6,840	\$736,394
Table 12A: Estimated Burden for the Traditional MIPS Quality Performance Category: Clinicians Using the Medicare Part B Claims Collection Type	45 CFR §§ 414.1325 and 414.1335	118,570	\$14,100,912

<b>Table Number: Name</b>	<b>CFR Section</b>	<b>Burden Hours</b>	<b>Burden Cost</b>
Table 13: Estimated Burden for Traditional MIPS Quality Performance Category: Clinicians (Participating Individually or as Part of a Group or APM Entity) Using the MIPS CQM and QCDR Collection Type	45 CFR §§ 414.1325 and 414.1335	158,108	\$19,374,962
Table 14: Estimated Burden for Traditional MIPS Quality Performance Category: Clinicians (Submitting Individually or as Part of a Group or APM Entity) Using the eCQM Collection Type	45 CFR §§ 414.1325 and 414.1335	191,488	\$23,851,267
Table 15: Estimated Burden for APM Performance Pathway (APP) Quality Measure Set Category Submission	45 CFR § 414.1415	477	\$59,348
Table 16: Estimated Burden for MVP Registration (Individual clinicians, Groups, Subgroups and APM Entities)	45 CFR § 414.1365	2,027	\$218,281
Table 17: Estimated Burden for Subgroup Registration	45 CFR § 414.1365	10	\$1,077
Table 18: Estimated Burden for MVP Quality Performance Category Submission	45 CFR § 414.1365	50,515	\$6,186,554
Table 19: Estimated Burden for Call for Quality Measures	NA	94	\$21,178
Table 20: Estimated Burden for Reweighting Applications for MIPS Performance Categories	45 CFR §§ 414.1375 and 414.1380	1,215	\$130,834
Table 22: Estimated Burden for Promoting Interoperability Performance Category Data Submission - CY 2027 performance period/2029 MIPS payment year	45 CFR §§ 414.1375 and 414.1380	58,112	\$6,256,319
Table 23: Estimated Burden for Improvement Activities Data Submission	45 CFR § 414.1360	3,538	\$380,878
Table 24: Estimated Burden for Nomination of Improvement Activities	45 CFR § 414.1360	66	\$12,746

<b>Table Number: Name</b>	<b>CFR Section</b>	<b>Burden Hours</b>	<b>Burden Cost</b>
Table 25: Estimated Burden for Nomination of MVPs	45 CFR § 414.1365	120	\$23,903
Table 26: Estimated Burden for Partial QP Election	45 CFR § 414.1430	5	\$484
Table 27: Estimated Burden for Other Payer Advanced APM Identification Determinations: Payer-Initiated Process	45 CFR § 414.1440	100	\$10,766
Table 28: Estimated Burden for Other Payer Advanced APM Identification Determinations: Eligible Clinician-Initiated Process	45 CFR § 414.1445	100	\$10,766
Table 29: Estimated Burden for the Submission of Data for All-Payer QP Determinations	45 CFR § 414.1440	600	\$79,464
Table 30: Estimated Burden for Voluntary Participants' Election to Opt-Out of Performance Data Display on Compare Tools	45 CFR § 414.1395	10	\$1,023
<b>Total</b>		<b>592,889</b>	<b>\$71,553,404</b>

*q. Information Collection Instruments/Instructions*

We have included a list of the Appendices below that are being submitted in the Quality Payment Program/MIPS PRA package associated with the CY 2026 PFS proposed rule (90 FR 32352).

Appendix A (See Tables 3, 4, 5, and 6): 2026 MIPS QCDR and Registry Self-nomination User Guide (Revised)

Appendix B (See Table 27): 2026 Submission Form for Other Payer Requests for Other Payer Advanced Alternative Payment Model Determinations (Payer Initiated Submission Form) (Revised)

Appendix C (See Table 28): 2026 Submission Form for Eligible Clinician and APM Entity Requests for Other Payer Advanced Alternative Payment Model Determinations (Eligible Clinician Initiated Submission Form) (Revised)

Appendix D (See Table 29): 2026 Submission Form for Requests for Qualifying Alternative Payment Model Participant (QP) Determinations under the All-Payer Combination Option (Revised)

Appendix E (See Table 19): Measures under Consideration 2025 Data Template for Candidate Measures (Revised)



Appendix F (See Table 19): 2025 Peer Reviewed Journal Article Requirement Template (Revised)

Appendix G (See Table 23): Improvement Activities Performance Category, 2026 Call for Activities Submission Form (Revised)

Appendix H (See Table 21): 2025 MIPS Promoting Interoperability Hardship Exception Application Guide (Revised)

Appendix I (See Table 18): 2025 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide (Revised)

Appendix J (See Table 25): 2025 MVP Candidates: Instructions and Template

Appendix K (See Table 26): 2025 Partial QP Election Form (for submission in CY 2026) (Revised)

Appendix L (See Tables 16 and 17): 2025 MVP Registration Guide (Revised)

### 13. Capital Costs

There are no anticipated capital costs associated with these information collections.

### 14. Cost to Federal Government

Aside from program administrative and implementation costs, MIPS payment incentives and penalties are budget-neutral and present no cost to the federal government, with respect to the application of the MIPS payment adjustments.

In the CY 2021 PFS final rule (85 FR 84884 through 84885), we started to consider agency-nominated improvement activities beginning with the CY 2021 performance period/2023 MIPS payment year and future years. As discussed in the CY 2021 PFS final rule (85 FR 85021), we are unable to estimate the number of improvement activity nominations we will receive. Therefore, we continue to assume it would require 3 hours at \$65.48/hr (\$65.48 plus 100% fringe benefit of \$65.48 = \$130.96/hr) for a GS-13 Step 5 to nominate an improvement activity for a total cost of \$392.88 (3 hrs × \$130.96/hr) per activity.<sup>4</sup>

### 15. Program and Burden Changes

The following changes are associated with the CY 2026 PFS proposed rule (90 FR 32352; CMS-1832-P; RIN 0938-AV50) and adjustments to the currently approved burden as a result of updated data sources and assumptions. Table 33 below illustrates both types of changes.

Overall, this iteration proposes to increase the current estimates by plus 5,706 responses (from 135,984 to 141,690 responses) and minus 58,216 hours (from 649,371 to 591,156 hours).

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<sup>4</sup> OPM 2025 salary table: [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2025/DCB\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2025/DCB_h.pdf)

Table 33: Change in Burden for CY 2026 Performance Period/2028 MIPS Payment Year

<b>Burden Type</b>	<b>Total Requested (A)</b>	<b>Change Due to New Statute (B)</b>	<b>Change Due to Program Discretion (C)</b>	<b>Change Due to Program Adjustment (D)</b>	<b>Total Currently Approved (E)</b>
Total Responses	141,690	+2,312	0	+3,394	135,984
Total Time (hr)	591,156	-6,798	0	-51,418	649,371
<b>Total Cost (\$)</b>	<b>71,366,816</b>	<b>-840,757</b>	<b>0</b>	<b>-6,254,684</b>	<b>78,462,257</b>

As shown above in Table 33, the increase of 2,312 responses, decrease of 6,798 hours and decrease of \$840,757 is due to new statutes (Column B). The changes are associated with (1) addition of six new MVPs to the existing MVP Inventory resulting in an increase in the number of respondents registering for MVP reporting, (2) an increase in the number of respondents submitting for the quality performance category of MVPs (3) a decrease in the number of respondents submitting for the Medicare Part B claims collection type, and (4) a decrease in the number of respondents submitting for the MIPS CQM and QCDR, and eCQM collection types.

The remaining changes due to program adjustment (Column D) are entirely due to the availability of updated data and assumptions.

Table series 34 below details the changes in burden for each information collection.

Table 34A: Burden Estimate for the Open Authorization (OAuth) Credentialing and Token Request Process

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	12	0	0	-3	15
Total Burden Hours	24	0	0	-6	30
<b>Total Costs</b>	<b>\$2,584</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$646</b>	<b>\$3,230</b>

Table 34B: Burden Reconciliation for Quality Payment Program Identity Management Application Process

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	6,840	0	0	+603	6,237
Total Burden Hours	6,840	0	0	+603	6,237
<b>Total Costs</b>	<b>\$736,394</b>	<b>\$0</b>	<b>\$0</b>	<b>+\$64,919</b>	<b>\$671,475</b>

Table 34C: Burden Reconciliation for Quality Performance Category Claims Collection Type

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	8,350	-388	0	-3,459	12,197
Total Burden Hours	118,570	-5,509.60	0	-49,117.80	173,197
<b>Total Costs</b>	<b>\$14,100,912</b>	<b>-\$655,228.02</b>	<b>\$0</b>	<b>-\$5,841,323.99</b>	<b>\$20,597,464</b>

Table 34D: Burden Reconciliation for Quality Performance Category QCDR/MIPS CQM Collection Type

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	17,407	-810	0	+1,209	17,008
Total Burden Hours	158,108	-7,357.23	0	+10,981.35	154,484
<b>Total Costs</b>	<b>\$19,374,962</b>	<b>-\$90,1575.18</b>	<b>\$0</b>	<b>+\$1,345,684.44</b>	<b>\$18,930,853</b>

Table 34E: Burden Reconciliation for Quality Performance Category eCQM Collection Type

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	23,936	-1,114	0	-2,129	27,179
Total Burden Hours	191,488	-8,912	0	-17,032	217,432
<b>Total Costs</b>	<b>\$23,851,267</b>	<b>-\$1,110,056.44</b>	<b>\$0</b>	<b>-\$2,121,463.34</b>	<b>\$27,082,786</b>

Table 34F: Burden Reconciliation for MVP Registration

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	8,110	+2,312	0	-487	6,285
Total Burden Hours	2,027	+578	0	-121.75	1,571
<b>Total Costs</b>	<b>\$218,281</b>	<b>+\$62,227.48</b>	<b>\$0</b>	<b>-\$13,107.61</b>	<b>\$169,161</b>

Table 34G: Burden Reconciliation for MVP Quality Performance Category Submission

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	8,110	+2,312	0	-487	6,285
Total Burden Hours	50,515	+14,402.62	0	-4,081.08	40,193
<b>Total Costs</b>	<b>\$6,186,554</b>	<b>+\$1,763,874.66</b>	<b>\$0</b>	<b>-\$489,314.71</b>	<b>\$4,911,994</b>

Table 34H: Burden Reconciliation for Call for Quality Measures

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	17	0	0	+1	16
Total Burden Hours	94	0	0	+5.50	88
<b>Total Costs</b>	<b>\$21,178</b>	<b>\$0</b>	<b>\$0</b>	<b>+\$1,245.75</b>	<b>\$19,932</b>

Table 34I: Burden Reconciliation for Reweighting Applications for MIPS Performance Categories

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	4,861	0	0	+1,564	3,297
Total Burden Hours	1,215	0	0	+391	824
<b>Total Costs</b>	<b>\$130,834</b>	<b>\$0</b>	<b>\$0</b>	<b>+\$42,095.06</b>	<b>\$88,739</b>

Table 34J: Burden Reconciliation for Promoting Interoperability Performance Category Data Submission

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	20,881	0	0	+2,272	18,609
Total Burden Hours	56,379	0	0	+6,134	50,244
<b>Total Costs</b>	<b>\$6,069,731</b>	<b>\$0</b>	<b>\$0</b>	<b>+\$660,430</b>	<b>\$5,409,301</b>

Table 34K: Burden Reconciliation for Improvement Activities Data Submission

<b>Burden Type</b>	<b>Total Requested</b>	<b>Program Change Due to New Statute</b>	<b>Program Change Due to Agency Discretion</b>	<b>Change Due to Adjustment in Agency Estimate</b>	<b>Total Currently Approved</b>
Total Responses	42,624	0	0	+4,191	38,433
Total Burden Hours	3,538	0	0	+347.85	3,190
<b>Total Costs</b>	<b>\$380,879</b>	<b>\$0</b>	<b>\$0</b>	<b>+\$37,449.53</b>	<b>\$343,429</b>

As shown below in Table 35, we estimate an increase of 1,733 hours and increase of \$186,588 due to new statutes (Column B) for submission of Promoting Interoperability data in the CY 2027 Performance Period/2029 MIPS Payment Year. The changes are associated with the addition of the “Electronic Prior Authorization” measure, under the Health Information Exchange (HIE) objective for the MIPS Promoting Interoperability performance category beginning with the CY 2027 performance period/2029 MIPS payment year (89 FR 8909 through 8927).

Table 35: Change in Burden for CY 2027 Performance Period/2029 MIPS Payment Year

<b>Burden Type</b>	<b>Total Requested (A)</b>	<b>Change Due to New Statute (B)</b>	<b>Change Due to Program Discretion (C)</b>	<b>Change Due to Program Adjustment (D)</b>	<b>Total Currently Approved (E)</b>
Total Responses	141,690	0	0	NA	NA
Total Time (hr)	592,889	+1,733	0	NA	NA
<b>Total Cost (\$)</b>	<b>71,553,404</b>	<b>+186,588</b>	<b>0</b>	<b>NA</b>	<b>NA</b>

Table 36 below provides a snapshot of the estimated burden described above in Table 31. Additionally, we have included the estimated total number of unique respondents that would submit data for the quality, Promoting Interoperability, and improvement activity performance categories in the CY 2026 performance period/2028 MIPS payment year. We assume the number of applications for reweighting are included in this total. We also assume that all voluntary participants that opt out of Care Compare are included in this total. With respect to the PRA, the estimated burden in the CY 2026 PFS proposed rule does not impose any non-labor costs.

Table 36: Quality Payment Program Annual Requirements and Burden Regulation Section(s) Under Title 42 of the CFR

<b>Burden Category</b>	<b>CY 2026 performance period/2028 MIPS payment year Burden Estimate</b>	<b>CY 2027 performance period/2029 MIPS payment year Burden Estimate</b>
Total # of Responses	141,690	141,690
Time per Response (Hours)	Varies	Varies
Total Annual Time (Hours)	591,156	592,889
Labor Cost (\$/hr)	Varies	Varies
<b>Total Cost (\$)</b>	<b>71,366,816</b>	<b>71,553,404</b>

#### 16. Publication and Tabulation Dates

To provide expert feedback to clinicians and third-party data submitters in order to help clinicians provide high-value, patient-centered care to Medicare beneficiaries; we provide performance feedback to MIPS eligible clinicians that includes MIPS quality, cost, improvement activities and Promoting Interoperability data; MIPS performance category and final scores; and payment adjustment factors. These reports were made available starting in July 2018 at <https://qpp.cms.gov>. We have also provided performance feedback to MIPS eligible clinicians who participate in MIPS APMs in 2018 and future years as technically feasible. This reflects our commitment to providing as timely information as possible to eligible clinicians to help them predict their performance in MIPS.

MIPS information is publicly reported through the Compare Tools website (<https://www.medicare.gov/care-compare/>) both on public profile pages and via the Downloadable Database as discussed at <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/physician-compare-initiative/>. On these websites, 2017, 2018, 2019, 2020, 2021, and 2022 Quality Payment Program performance information has been made available for public review. Additionally, Quality Payment Program participation and performance data are released annually at <https://qpp.cms.gov/resources/performance-data>. Quality Payment Program resources for the 2018, 2019, 2020, 2021, and 2022 performance periods are available for public review.

We plan to provide relevant data to other federal and state agencies, Quality Improvement Networks, and parties assisting consumers, for use in administering or conducting federally funded health benefit programs, payment and claims processes, quality improvement outreach and reviews, and transparency projects.

#### 17. Expiration Date

The expiration date and OMB control number will appear on the first page of all web-based data collection forms.

#### 18. Certification Statement

There are no exceptions to the certification statement.