determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than August 29, 2025.

A. *Federal Reserve Bank of Boston* (Prabal Chakrabarti, Executive Vice President) 600 Atlantic Avenue, Boston, Massachusetts 02210–2204. Comments can also be sent electronically to *BOS.SRC.Applications.Comments@bos.frb.org:*

1. *Hometown Financial Group MHC and Hometown Financial Group, Inc., both of Easthampton, Massachusetts;* to merge with 15 Beach MHC and CFSB Bancorp Inc., respectively, and thereby acquire Colonial Federal Savings Bank, all of Quincy, Massachusetts, and thereby engage in operating a savings association pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2025–14400 Filed 7–29–25; 8:45 am]

BILLING CODE P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Senior Executive Service Performance Review Board

AGENCY: Federal Retirement Thrift Investment Board.

ACTION: Notice.

SUMMARY: This notice announces the appointment of the members of the Senior Executive Service Performance Review Board for the Federal Retirement Thrift Investment Board. The purpose of the Performance Review Board is to make written recommendations on each executive's annual summary ratings, performance-based pay adjustment, and performance awards to the appointing authority.

DATES: This notice is applicable on July 30, 2025.

FOR FURTHER INFORMATION CONTACT: Kelly Powell, HR Specialist, at 202–942–1681.

SUPPLEMENTARY INFORMATION: Title 5, U.S. Code, 4314(c)(4), requires that the appointment of Performance Review Board members be published in the **Federal Register** before Board service commences. The following persons will serve on the Federal Retirement Thrift Investment Board's Performance Review Board which will review initial summary ratings to ensure the ratings are consistent with established performance requirements, reflect meaningful distinctions among senior executives based on their relative performance and organizational results and provide recommendations for ratings, awards, and pay adjustments in a fair and equitable manner: Thomas Brandt, Gisile Goethe, James Kaplan, and Sean McCaffrey.

Dharmesh Vashee,

General Counsel, Federal Retirement Thrift Investment Board.

[FR Doc. 2025–14389 Filed 7–29–25; 8:45 am]

BILLING CODE 6760–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5542–N]

Medicare Program; Alternative Payment Model (APM) Incentive Payment Advisory for Clinicians—Request for Current Billing Information for Qualifying APM Participants

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This advisory is to alert certain clinicians who are qualifying Alternative Payment Model (APM) participants (QPs) and have earned an APM incentive payment that CMS does not have the current information needed to disburse the payment. This advisory provides information to QPs on how to update their Medicare billing information so that CMS can disburse APM incentive payments.

DATES: August 29, 2025.

FOR FURTHER INFORMATION CONTACT: Tanya Dorm, (410) 786–2216.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare Quality Payment Program, an eligible clinician who participates in an Advanced Alternative Payment Model (APM) and meets or exceeds the applicable payment amount or patient count thresholds for a performance period is a qualifying APM participant (QP) for that year. For payment years 2019 through 2026, which respectively correspond to the QP performance periods for 2017 through 2024, an eligible clinician who attains QP status for a year earns a lump sum APM incentive payment that is paid in the payment year. For payment years 2019 through 2024, the amount of the APM incentive payment is equal to 5 percent of the estimated aggregate paid amounts for covered professional services furnished by the QP during the calendar year immediately preceding the payment year. For the 2023 performance year and 2025 payment year Congress, via section 4111 of the Consolidated Appropriations Act, 2023 (Pub. L. 117–328), reduced the APM incentive payment from 5 percent to 3.5 percent. For the 2024 performance year and 2026 payment year the APM incentive payment is reduced from 3.5 percent to 1.88 percent.

II. Provisions of the Advisory

The Centers for Medicare & Medicaid Services (CMS) has identified those eligible clinicians who attained QP status in the 2023 performance period and earned a 3.5 percent APM incentive payment for the 2025 payment year based on aggregate paid amounts for the covered professional services they furnished in the calendar year (CY) 2024 base period.

When the 2025 APM incentive payments were processed, CMS was unable to identify the taxpayer identification number (TIN) or TINs associated with some QPs and therefore was unable to disburse the payments. To successfully issue the APM incentive payment for the 2025 payment year, CMS is requesting assistance identifying current Medicare billing information for these under 42 CFR 414.1450(c)(8), if we have not identified any TIN associated with the QP to which we can make the APM Incentive Payment, we will attempt to contact the QP via a public notice to request their Medicare payment information.

CMS has compiled a list of QPs for whom we were unable to identify any associated TIN to which we can make the APM incentive payment. These QPs, and any others who anticipated receiving an APM Incentive Payment but have not, should follow the instructions to provide CMS with updated Medicare billing information at the following web address: *https://qpp-cm-prodcontent.s3.amazonaws.com/uploads/3369/2025%20QP%20Notice%20for%20APM%20Incentive%20Payment.zip.*

If you have any questions concerning submission of information through the QPP website, please contact the Quality Payment Program Help Desk at 1–866–288–8292.

In accordance with 42 CFR 414.1450(c)(8), all information must be received by September 1, 2025. After that date, any claim to an APM incentive payment for the 2025 payment period based on an eligible clinician's QP status for the 2023 QP performance period will be forfeited. To facilitate payment, please include all required documentation as specified in the previous link. If CMS is still unable to process the APM incentive payment based on the Medicare billing information received in response to this advisory, the submitter will not be notified.

CMS will hold all timely submitted information and process the remaining 2025 APM incentive payments simultaneously as soon as possible after the deadline. It may take up to 3 months to complete the validation and verification process before these APM incentive payments are disbursed.

III. Collection of Information Requirements

This advisory is intended to alert certain QPs that CMS is requesting assistance identifying current Medicare billing information so that we can disburse APM incentive payments. This request for follow-up information is exempt from the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) as specified under implementing regulation 5 CFR 1320.3(h)(9) with regard to the clarification of responses.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, having reviewed and approved this document, authorizes Chyana Woodyard, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Chyana Woodyard,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2025–14434 Filed 7–29–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2025–N–2359]

Food Safety Modernization Act Voluntary Qualified Importer Program User Fee Rate for Fiscal Year 2026

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or we) is announcing the fiscal year (FY) 2026 annual fee rate for importers approved to participate in the Voluntary Qualified Importer Program (VQIP) that is authorized by the Federal Food, Drug, and Cosmetic Act (FD&C Act), as amended by the FDA Food Safety Modernization Act (FSMA). This fee is effective on August 1, 2025, and will remain in effect through September 30, 2026.

FOR FURTHER INFORMATION CONTACT: *For questions related to FSMA program fees: FSMAFeeStaff@fda.hhs.gov. For questions related to this notice:* Olufunmilayo Ariyo, Office of Financial Management, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993, 240–402–4989; or the User Fees Support Staff at *UFSS@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Section 806 of the FD&C Act (21 U.S.C. 384b) directs FDA to establish a program to provide for the expedited review and importation of food offered for importation by importers who have voluntarily agreed to participate in such program, and a process, consistent with section 808 of the FD&C Act (21 U.S.C. 384d), for the issuance of a facility certification to accompany a food offered for importation by importers participating in VQIP.

Section 743 of the FD&C Act (21 U.S.C. 379j–31) authorizes FDA to assess and collect fees from each importer participating in VQIP to cover FDA's costs of administering the program. Each fiscal year, fees are to be established based on an estimate of 100 percent of the costs for the year (section 743(b)(2)(A)(iii) of the FD&C Act). The fee rates must be published in a **Federal Register** notice not later than 60 days before the start of each fiscal year (section 743(b)(1) of the FD&C Act). After FDA approves a VQIP application, the user fee is to be paid before October 1, the start of the VQIP fiscal year, to begin receiving benefits for that VQIP fiscal year.

The FY 2026 VQIP user fee will support benefits from October 1, 2025, through September 30, 2026.

II. Estimating the Average Cost of a Supported Direct FDA Work Hour for FY 2026

FDA estimates 100 percent of its costs for each activity to establish fee rates for FY 2026 (see section 743(b)(2)(A) of the FD&C Act).

A. Estimating the Full Cost per Direct Work Hour in FY 2026

Full-time Equivalent (FTE) reflects the total number of regular straight-time hours—not including overtime or holiday hours—worked by employees, divided by the number of compensable hours applicable to each fiscal year. Annual leave, sick leave, compensatory time off, and other approved leave categories are considered ''hours worked'' for purposes of defining FTE employment.

In general, the starting point for estimating the full cost per direct work hour is to estimate the cost of an FTE or paid staff year. Calculating an FDA-wide total cost per FTE requires three primary cost elements: payroll, non-payroll, and rent.

We used an average of past year cost elements to predict the FY 2026 cost.