Quality Payment
PROGRAM

2026 Merit-based Incentive Payment System (MIPS) Annual Call for Quality Measures Fact Sheet

Quality Payment Program

The Quality Payment Program (QPP) seeks to improve patient care and outcomes while managing the costs of services patients receive from clinicians. Clinicians providing high value/high quality patient care are rewarded through Medicare payment increases, while clinicians not meeting performance standards have a reduction in Medicare payments. Clinicians may participate in QPP through the following two ways: MIPS and Advanced APMs.

Under MIPS, performance is assessed across four performance categories: quality, cost, improvement activities, and Promoting Interoperability. MIPS eligible clinicians can choose to report traditional MIPS or MIPS Value Pathways (MVPs). MVPs include a subset of measures and activities that are related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). MIPS performance categories have different "weights" and the scores from each of the performance categories are added together, resulting in a MIPS Final Score. The MIPS payment adjustment for MIPS eligible clinicians is based on the MIPS Final Score.

What Is the MIPS Annual Call for Quality Measures?

The MIPS Annual Call for Quality Measures is part of the general Centers for Medicare & Medicaid Services (CMS) Annual Call for Measures process, which provides measure owners, developers and stewards with an opportunity to identify and submit candidate quality measures for consideration in MIPS.

The MIPS Annual Call for Quality Measures is a quality measures solicitation process for the MIPS quality performance category. As part of the MIPS quality measure selection process, measure developers are encouraged to submit candidate quality measures, which would include the submission of fully tested specifications, background information, and related research for CMS to review and consider. Such information assists CMS in determining if submitted candidate quality measures for the MIPS quality performance category apply to clinicians and meet a CMS measurement gap.

Current MIPS quality measures undergoing substantive changes, including the addition of a new data collection type, may not need to go through the MIPS Call for Quality Measures. These changes may be made during the annual rulemaking cycle and specification update process. Please contact the MIPS Quality Measures Support Team (PIMMSQualityMeasuresSupport@gdit.com) with any questions about Call for Measures or MUC List requirements versus substantive changes and rulemaking. CMS encourages measure developers, stewards, and other interested parties to maintain ongoing communication with the MIPS Team (via PIMMSQualityMeasuresSupport@gdit.com) regarding any measure development or measure changes for support prior to rulemaking or other submission processes.

What Is the MIPS Quality Measures Submission Process?

For the 2026 MIPS Annual Call for Quality Measures, measure developers can submit candidate quality measure specifications and all supporting data files to CMS using the CMS Measures Under Consideration Entry/Review Information Tool (MERIT) between March 19, 2026 through May 7, 2026 (8 pm ET). Please refer to the CMS MERIT Quick Start Guide for Submitters for guidance on submitting candidate quality measures via MERIT. The 2026 version will be available soon.

Section 101(c)(1) of MACRA requires submission of new measures by CMS for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementation in MIPS. The Peer-Reviewed Journal Article Requirement template provided by CMS must accompany each measure submission. Please review the Peer-Reviewed Journal Article Requirement template provided on the Pre-Rulemaking Resources | The Measures Management System website.

For cases in which submitted candidate quality measures aren't included on the MUC List, CMS will notify the submitter's point of contact regarding such status. The notice will outline the reasons why the measure isn't recommended for the MUC List for MIPS. CMS may recommend a measure be revised and resubmitted during a subsequent MIPS Annual Call for Quality Measures cycle or per CMS guidance.

Pre-Rulemaking Process: How Does CMS Select Quality Measures?

CMS completes a comprehensive review of the candidate quality measures for consideration of inclusion on the MUC List. See the CMS Pre-Rulemaking website for details. The Consensus-Based Entity (CBE) (i.e., Partnership for Quality Measurement, powered by Battelle) convenes multi-stakeholders to review measures on the MUC List. Generally, the review of measures on the MUC List occurs in December after the December 1 publication of the MUC List, and January of the following calendar year, in which the multi-stakeholders convened by the CBE provide input on measures being considered for use in public reporting and performance-based programs. The multi-stakeholders convened by the CBE review the measures under consideration to determine whether they are applicable to clinicians, feasible, scientifically acceptable, reliable, and valid at the submitted level of implementation. In establishing the MIPS Quality Measures List, CMS takes into consideration the feedback from the multi-stakeholders convened by the CBE in selecting measures to propose for use in MIPS through a future Physician Fee Schedule (PFS) Notice of Proposed Rulemaking (NPRM) published in the Federal Register.

During the measure review process, CMS considers measures that:

- Aren't duplicative of an existing or proposed MIPS quality measure.
- Are fully developed and tested and the clinician level

- Are outcome-based or critically important clinical process measures
- Have a robust quality action that is not merely documentation or 'check-box'
- Address a performance or measurement gap
- Address a gap area for MIPS Value Pathways (MVPs)
- Address a gap area identified as a CMS priority in the 2026 Needs and Priorities report (see Appendix)

CMS uses the Meaningful Measures 2.0 Framework , which identifies the highest priorities for quality measurement and improvement. The Meaningful Measures 2.0 Framework is an approach utilized to assess candidate quality measures submitted for MIPS with the objective of including quality measures on the MUC List that will reduce collection and reporting burden, while producing quality measurement focused on meaningful outcomes important to patients. It serves as a guide as CMS evaluates each measure for inclusion on the MUC List to ensure that the selection of measures pursues and aligns with the Agency's priorities.

The current measures in MIPS under the quality performance category focus on the following Meaningful Measures 2.0 Framework Domains for the 2026 performance period:

Table 1: 2026 MIPS Quality Measures Meaningful Measure 2.0 Framework Domains

Meaningful Measures 2.0 Framework Domains	Implemented/Finalized* (2026 Measures List)
Person-Centered Care	33
Safety	38
Affordability and Efficiency	20
Chronic Conditions	50
Wellness and Prevention	23
Seamless Care Coordination	6
Behavioral Health	20
TOTAL	190

*Implemented/Finalized: MIPS Quality measures implemented/finalized in the CY 2026 PFS final rule.

The measure-related information submitted during the MIPS Annual Call for Quality Measures is used by CMS to select fully developed and fully tested* measures that are:

- Applicable to MIPS and to the clinical scope of the clinicians intended to report the measure;
- Feasible;
- Scientifically acceptable;
- Reliable and valid at the level of implementation and for the data elements within the measure;
- Unique in comparison to existing measures for notice and comment rulemaking.

***NOTE:** MIPS requires measure testing at the individual clinician level (and may also require testing at the group level depending on

Candidate quality measures included on the 2026 MUC List that are finalized through rulemaking for the 2028 performance period would be included in the MIPS Quality Measures List for the quality performance category. The MIPS Quality Measures List will also be posted in the QPP Resource Library prior to the start of the performance period.

recommended implementation level) for MIPS Clinical Quality Measure (CQM) and Electronic Clinical Quality Measure (eCQM) collection types. Administrative claims quality measures, survey measures, and patient-reported outcome-based performance measures (PRO-PMs) have some flexibility in testing as it may not be feasible to test at the clinician-level and would be considered for implementation at the group level. Additionally, exceptions may be made to the case minimum (20 cases) to ensure the measure can be reliably scored. Therefore, administrative claims quality measures, survey measures, and PRO-PMs submitted must include a reliability threshold to establish how the measure may be reliably implemented, including level of implementation, case minimum, and performance period data collection.

Interested parties have an opportunity to formally submit feedback through the notice and comment rulemaking process established in the PFS NPRM. CMS reviews the comments received through the rulemaking process before the new MIPS quality measures are finalized for MIPS implementation. If finalized, the measures will be published in the applicable PFS final rule in the Federal Register no later than November 1 prior to the applicable performance period. The complete MIPS Quality Measures List published after the PFS final rule doesn't include Qualified Clinical Data Registry (QCDR) measures as such measures are proposed and selected through a separate process.

The Appendix below provides additional information regarding the MIPS 2025 measure priorities, gaps, needs, and specific MIPS quality measure requirements as context for 2026 submissions.

Where Can I Learn More?

- Quality Payment Program
- 2026 MIPS CQM Specifications and Supporting Documents (ZIP, 68 MB)
- CMS Call for Measures
- MVP Development Resources (ZIP, 1MB)
- CMS Pre-Rulemaking
  - 2025 MUC List Program-Specific Measure Needs and Priorities (PDF, 827KB)
  - 2026 Needs and Priorities Report(coming soon)
  - CMS Quality Measure Development Plan
- The Measures Management System (CMS MMS Hub)
- Blueprint Measure Lifecycle Overview on CMS MMS Hub

Appendix

Quality Performance Category: MIPS Quality Measurement Needs, Priorities and Gaps

Table 2. MIPS Quality Measurement Gaps for Current and Future MVPs and MIPS High Priority Areas*

Note: Additional information regarding the CMS quality measure priority areas will be provided within the forthcoming Needs and Priorities Report that will be posted on the CMS Pre-Rulemaking website.

MIPS Quality Measure Gaps in MVPs: Specialties and Clinical Conditions	Specialties and Clinician Types Without MVPs - Potential Future MVP Development	MIPS Quality Measure Needs

• Allergy/Immunology
• Anesthesiology
• Dentistry
  – Oral Health
• Electrophysiology Cardiac Specialists
  – Arrythmias
• Endocrinology
  – Diabetes/Avoidance of amputation
• Hospitalists
• Interventional Cardiology
  – Arrythmias
• Nutrition/Dietician
• Pain Management
• Plastic Surgery
• Pulmonology
  – Chronic Obstructive Pulmonary Disease
  – Respiratory Failure
• Radiation Oncology
• Sickle Cell Disease
• Genetic Testing/Counseling
	• Allergy/Immunology
	• Dentistry/Oral Surgery
	• Electrophysiology Cardiac Specialists
	• Endocrinology
	• Hospitalists
	• Nutrition/Dietician
	• Plastic Surgery
	• Speech Language Pathology
	• Thoracic Surgery
		• Outcome Measures (outcome and intermediate outcome measures, and PRO-PMs)
		• Coordination/Communication/Team-Based Care
		• Interoperability/Digital Measures
		• New measure options for specialty and sub-specialties with quality measures that are topped-out.
		• Lifestyle measures focused on wellness, fitness, nutrition, and prevention.
		• Shared Decision Making (patient voice)
		• Person-Centered Care/Experience of Care (patient voice)

*As identified by CMS, other quality measure needs and priorities may extend to areas not identified in this table.

MIPS Quality Measures: Definitions for High Priority Measure Classifications

CMS defines the following areas as high priority for MIPS quality measures.

- Patient Experience: The quality measure addresses the experience of each person and their family; and the extent to which they are engaged as partners in their care.
- Care Coordination: The quality measure addresses the promotion of effective communication and coordination of care; and coordination of care and treatment with other providers.
- Efficiency: The quality measure addresses the affordability of health care including unnecessary health services, inefficiencies in health care delivery, high prices, or fraud. Measures should cause a change in efficiency and reward value over volume.
- Patient Safety: The quality measure addresses either an explicit structure or process intended to make care safer, or the outcome of the presence or absence of such a structure or process; and harm caused in the delivery of care. This means that the structure, process, or outcome must occur as a part of or as a result of the delivery of care.
- Appropriate Use: The quality measure addresses appropriate use of services, including quality measures of over-use.
- Opioid-Related: CMS wants to focus on opioid-related quality measures to address the national Opioid Epidemic.

Topped Out Quality Measure Considerations

As topped out quality measures are considered for removal from MIPS, CMS considers the impact such removal would have on the MIPS quality measure specialty sets that are available for clinician reporting. CMS encourages measure developers to review the 2026 MIPS Quality Benchmarks and Supporting Documents for identified topped out measures and develop measures that could potentially replace such topped out measures for future performance periods. Through the notice and comment rulemaking process, interested parties can provide feedback regarding the potential gaps within the MIPS quality measure specialty sets due to topped out measures being considered for removal from MIPS and/or needing to be replaced with new quality measures.

A MIPS quality measure may be considered topped out if measure performance is such that a large majority of clinicians submitting the MIPS quality measure perform at or very near the top of the distributions; therefore, improvement in performance can no longer be made for the majority of MIPS eligible clinicians submitting the MIPS quality measure. Topped out process measures are those with a median performance rate of 95% or higher, while non-process measures are considered topped out if the truncated coefficient of variation is less than 0.10 and the 75th and 90th percentiles are within two standard errors. CMS continues to identify topped out measures through the MIPS Quality Benchmark File. The column labeled “Topped Out” in the 2026 MIPS Quality Benchmark File will indicate whether the measure is topped out with a designation of “yes”.

In addition, a measure’s performance may be considered extremely topped out if there is extremely high and unvarying performance where meaningful distinctions and improvement in performance can no longer be made. Extremely topped out measures will have a mean average of 98 – 100% (or 0 – 2% for measures with an inverse analytic) and can be determined by looking at the column labeled average performance rate in the benchmark file.

Quality Measure Criteria and Requirements

CMS applies criteria for quality measures that may be considered for potential inclusion in MIPS. At a minimum, the following criteria and requirements must be met for inclusion in MIPS:

CMS is statutorily required to select measures that reflect consensus among affected parties and, to the extent feasible, include measures reviewed and approved by one or more national CBEs.

- Candidate quality measures should align with the Meaningful Measures 2.0 Framework and address at least one of the CMS Health Care Priority Areas as outlined in Table 2 above.
- Measure developers submitting candidate quality measures for MIPS are required to link their submitted candidate quality measures to existing and related cost measures and improvement activities, as applicable and feasible. Measure developers submitting candidate quality measures for MIPS will be required to provide a rationale as to how they believe their candidate quality measure correlates to other performance category measures and activities as a part of the Call for Quality Measures process.
- Quality measures implemented in MIPS may be available for public reporting on Care Compare.
- Quality measures must be fully developed, with completed testing results at the clinician level (and group level as appropriate) and ready for implementation at the time of submission.
- Candidate quality measures must include testing data to support the MIPS collection type to be used for reporting. If the candidate quality measure is being submitted for implementation as multiple MIPS collection types, testing data submitted must meet the requirements for each applicable MIPS collection type.
- Candidate quality measures shouldn't duplicate prior or current MIPS quality measures. However, in the instance a duplicative candidate quality measure is received, CMS will determine if the candidate quality measure represents a more robust option.
- Candidate quality measure performance data from testing and research evidence should identify opportunities for improvement. CMS does not intend to implement measures in which evidence identifies high levels of performance with little variation or opportunity for improvement.

Electronic Clinical Quality Measures (eCQMs) and Digital Quality Measures (dQMs)

QDM-based eCQMs and Fast Healthcare Interoperability Resources® (FHIR)-based dQMs must meet Electronic Health Record (EHR) system infrastructure requirements. eCQMs and dQMs both use Clinical Quality Language (CQL) as the expression logic. eCQM structure follows the Health Quality Measure Format (HQMF), while dQMs follow the FHIR Quality Measure Implementation Guide (IG) and the Quality Improvement Core Framework Implementation Guide (IG).

The data collection mechanisms must be able to transmit and receive requirements as identified in MIPS regulation. For example, eCQMs being submitted as Quality Reporting Data Architecture (QRDA) III must meet the standards defined in the CMS QRDA III IG; dQMs submitted as Data Exchange for Quality Measures (DEQM) must meet the standards defined in the DEQM IG.

As part of CMS's advancement of dQMs, in coming years eCQMs will use FHIR standards for both the data model and transmission requirements. For more information, please review the Digital Quality Measures (dQMs) page of the eCQI Resource Center.

In recognition of this advancement to dQMs, all 2026 pre-rulemaking submissions made in response to the MIPS Annual Call for Quality Measures require FHIR specifications of the measure. Corresponding Quality Data Model (QDM)-based eCQMs are optional.

For FHIR-based digital quality measures (dQMs), you must attach the following supporting information to your submission in CMS Measures Under Consideration Entry/Review Information Tool (MERIT):

- Measure Authoring Development Integrated Environment (MADiE) human readable file output based on FHIR resources.
- MADiE exports of the FHIR-based dQM measure package specified in Quality Improvement Core (QI-Core) 4.1.1 at a minimum (QI-Core 6.0 preferred) and accompanying test cases with 100% coverage and 100% passing scores. For additional information, please review eCQM Tools and Key Resources.
- Attestation that value sets are published in the Value Set Authority Center (VSAC)
- CMS Consensus-Based Entity (CBE) feasibility scorecard summarizing the feasibility, reliability, and validity tests conducted for the dQM. Testing data specific to the data source must accompany measure submission. For additional information, please review CMS's definition of fully developed measures: Measure Selection in CMS MMS Hub.

If you also submit a QDM-based eCQM, you need to attach the following supporting information to your submission in CMS MERIT:

- Measure Authoring Development Integrated Environment (MADiE) human readable file output based on the Health Quality Measure Format (HQMF)
- MADiE exports of the eCQM package specified in the QDM and accompanying test cases with 100% coverage and 100% passing scores in both Quality Reporting Document Architecture (QRDA) and Excel format

Attestation that value sets are published in the Value Set Authority Center (VSAC).

eCQM Readiness: How Do I Know if an eCQM Is Ready for Implementation in MIPS?

Table 3 (as shown below) contain eCQM-specific characteristics for consideration and requirements for determining whether an eCQM is ready for implementation into MIPS. These requirements are in addition to the measure information required for all measures under consideration for MIPS.

Table 3. Assess and Document dQM/eCQM Specification Readiness

Requirement	Tool	Documentation for CMS
Data elements are feasible to collect in an EHR	CBE feasibility scorecard	Completed CBE feasibility scorecard
Specify measure according to CMS and Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) standards	MADiE	MADiE exports of the FHIR-based dQM measure package specified in Quality Improvement Core (QI-Core) 4.1.1 at a minimum (QI-Core 6.0 preferred, including a human readable file output based on FHIR (MADiE export of the eCQM package specified in QDM v5.6 that includes human readable file output based on HQMF is optional)

Create value sets that use current, standardized terminologies	The National Library of Medicine's Value Set Authority Center (VSAC)	Published value sets in the VSAC that have been validated against the most recent terminology expansion with 100% active codes
Test measure logic using a set of test cases that cover all branches of logic (minimum coverage of 100%) with 100% pass rate	FHIR resources, MADiE (QDM optional)	Excel file of test patients showing testing results (MADiE export), demonstrating testing of various data element timings and edge cases
(Optional) Specify eCQM in FHIR standards	MADiE	MADiE exports of FHIR test cases with 100% coverage and 100% passing scores (QDM test cases with 100% coverage and 100% passing scores in both QRDA and Excel format are optional)

dQM and/or eCQM Maintenance: What Is Expected of Me If My Measure Is Implemented in MIPS?

Quality measure stewards are expected to support the submitted measure through (1) the dQM (and if applicable, eCQM) Annual Update (AU) process annually, and (2) responding to public inquiries for all dQMs (and if applicable, eCQMs) implemented in MIPS.

- The Annual Update involves updating and publishing dQMs and eCQMs used in CMS quality reporting programs. In addition to traditional sources of measure updates, such as guideline changes and coding updates, stewards must also respond to the evolving technical standards of the QDM and FHIR when applying changes to CQL-based measure logic. The AU cycle typically begins in August and continues through the publication of updated measure specifications in early May the following year. Measures undergo several rounds of reviews and updates by quality measure stewards, subject matter experts, including external technical review teams, and CMS. Quality measure stewards are expected to participate fully in the dQM and eCQM AUs and meet deadlines, including responding to all feedback and attending, at a minimum, twice monthly Quality Measure Steward AU meetings.
- Stewards who submit a QDM-based eCQM equivalent to their FHIR-based dQM must also keep FHIR-based dQM specifications aligned with the latest QDM-based specification, at least until QDM measure reporting is retired, and attend recurring community forums to advance their understanding of the FHIR standards.
- Responding to public inquiries involves timely response on a rolling basis throughout the year to inquiries submitted via the Office of the National Coordinator Project Tracking System (ONC Jira) eCQM Issue Tracker. Questions can range from broad inquiries about measure intent to specific questions about interpreting measure logic.

Resources

2025 MUC List Program-Specific Measure Needs and Priorities (2026 version is forthcoming)

Overview of Feasibility Testing Requirements

Overview of Rulemaking Process for Measure Selection

Quality Payment Program

MIPS Cost Measures

MIPS Improvement Activities

Version History

Date	Change Description
03/05/2026	Initial version