

Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PFS) Final Rule: Finalized (New and Updated) Qualified Clinical Data Registry (QCDR) and Qualified Registry Policies

December 5, 2025

- This fact sheet summarizes policy updates finalized in the [CY 2026 Medicare PFS Final Rule](#) (PDF, 211MB), as it pertains to third party intermediaries, QCDRs, and Qualified Registries for the CY 2026 performance period/2028 Merit-based Incentive Payment System (MIPS) payment year. For broader Quality Payment Program (QPP) policy changes, including changes to the quality, improvement activities, Promoting Interoperability, and cost performance categories, please reference the [CY 2026 QPP Final Rule Fact Sheet and Policy Comparison Table](#) (PDF, 696KB).

CY 2026 Performance Period/2028 MIPS Payment Year

Highlights for 2026 include:

- Introducing 6 new MIPS Value Pathways (MVPs) for the 2026 performance year and modifying the 21 previously finalized MVPs through the MVP maintenance process.
- Introducing a 2-year informational-only feedback period for new cost measures, allowing clinicians to receive feedback on their score(s) and find opportunities to improve performance before a new cost measure affects their MIPS final score.
- Maintaining the current performance threshold at 75 points through the CY 2028 performance period/2030 MIPS payment year.
- Adding a determination of Qualifying APM Participant (QP) status as the individual level for all eligible clinicians in Advanced APMs.



- MIPS Quality Measures, Improvement Activities, and Promoting Interoperability Measures and Objectives Added/Removed
- The following 5 MIPS quality measures were added as new measures starting with the CY 2026 performance period/2028 MIPS payment year.

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
Q512	N/A	MIPS Clinical Quality Measure (CQM)	Process	Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR)
Q513	High Priority	MIPS CQM	Process	Patient Reported Falls and Plan of Care
Q514	High Priority	Electronic Clinical Quality Measure (eCQM)	Intermediate Outcome	Diagnostic Delay of Venous Thromboembolism in Primary Care
Q515	N/A	eCQM	Process	Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
Q516	High Priority	MIPS CQM	Outcome	Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

- The following 10 MIPS quality measures were removed starting with the CY 2026 performance period/2028 MIPS payment year.

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
Q185	High Priority	MIPS CQM	Process	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
Q264	N/A	MIPS CQM	Process	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
Q290	N/A	MIPS CQM	Process	Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
Q322	High Priority	MIPS CQM	Efficiency	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients
Q419	High Priority	MIPS CQM	Process	Overuse of Imaging for the Evaluation of Primary Headache
Q424	High Priority	MIPS CQM	Outcome	Perioperative Temperature Management
Q443	High Priority	MIPS CQM	Process	Non-Recommended Cervical Cancer Screening in Adolescent Females
Q487	High Priority	MIPS CQM	Process	Screening for Social Drivers of Health
Q498	High Priority	MIPS CQM	Process	Connection to Community Service Provider
Q508	N/A	MIPS CQM	Process	Adult COVID-19 Vaccination Status

- The 3 improvement activities below were added as new activities starting with the CY 2026 performance period/2028 MIPS payment year.

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_PM_27	Improving Detection of Cognitive Impairment in Primary Care
IA_PM_28	Integrating Oral Health Care in Primary Care
IA_PSPA_34	Patient Safety in Use of Artificial Intelligence (AI)

- Eight improvement activities were removed starting with the CY 2026 performance period/2028 MIPS payment year. Four improvement activities were finalized for removal in the 2025 PFS Final Rule with a delay to CY 2026.

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
IA_AHE_8	Create and Implement an Anti-Racism Plan
IA_AHE_9	Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
IA_AHE_11	Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health
IA_PM_12	Population Empanelment Note: This activity was finalized in the 2025 PFS Final Rule with a one-year delay in implementation to CY 2026.
IA_PM_26	Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B
IA_PM_6	Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities
IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop Note: This activity was finalized in the 2025 PFS Final Rule with a one-year delay in implementation to CY 2026.
IA_CC_2	Implementation of Improvements that Contribute to More Timely Communication of Test Results Note: This activity was finalized in the 2025 PFS Final Rule with a one-year delay in implementation to CY 2026.
IA_ERP_3	COVID-19 Clinical Data Reporting with or without Clinical Trial
IA_BMH_8	Electronic Health Record Enhancements for BH Data Capture Note: This activity was finalized in the 2025 PFS Final Rule with a one-year delay in implementation to CY 2026.

- There were modifications to improvement activities, including addition of a new subcategory, Advancing Health and Wellness, and removal of the Achieving Health Equity subcategory.
- For additional information, see Appendix 1: MIPS Quality Measures (90 FR 50036 through 50353) and Appendix 2: Improvement Activities (90 FR 50354 through 50369).
- There were policy updates to the Promoting Interoperability performance category and one new optional bonus measure added for the Public Health and Clinical Data Exchange objective, specifically the Public Health Reporting Using the Trusted Exchange Framework and Common Agreement™ (TEFCA) measure, for the CY 2026 performance period/2028 MIPS payment year (for policy updates on this category see 90 FR 49868 through 49902).

Program Impacts

- For further details on the items below, please consult the CY 2026 Medicare Physician Fee Schedule Final Rule.



Updates for CY 2026 Performance Period/2028 MIPS Payment Year

Requirements for CMS-Approved Survey Vendors (90 FR 49920 through 49923)

Codification of Two Previously Finalized Policies


- CMS finalized to codify the previously finalized policy at § 414.1400(d)(9), with a technical modification to indicate that this requirement begins on January 1, 2026, rather than with the CY 2026 performance period/2028 MIPS payment year. CMS specifically finalized to codify at § 414.1400(d)(9) to provide that, beginning with January 1, 2026, the entity seeking to be a CMS-approved survey vendor must include on its application the range of costs of its third party intermediary services.
- CMS finalized to codify the previously finalized provision at § 414.1400(d)(3)(iv)(A), with technical modifications to refer more broadly to sub-regulatory guidance that details procedures for administering the Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS Survey. Specifically, CMS finalized to codify at § 414.1400(d)(3)(iv)(A) to provide that, beginning on January 1, 2024, in addition to administering the survey in English, entities will administer the Spanish survey translation to Spanish-preferring patients using the procedures detailed in sub-regulatory guidance to standardize the CAHPS data collection process for MIPS and to make sure the survey data collected across survey vendors are comparable within the program or model.

Technical Changes

- CMS finalized to modify § 414.1400(d)(3)(i) by removing the reference to ‘mixed-modes’ to better align with language typically used in current practice. Specifically, CMS finalized to modify § 414.1400(d)(3)(i) to provide that an entity must have at least 3 years of experience administering surveys in which mail survey administration is followed by survey administration via Computer Assisted Telephone Interview (CATI). CMS noted this terminology change does not reflect a change in requirements for CMS-approved survey vendors.

Require Web-Mail-Phone Protocol for Administration of the CAHPS for MIPS Survey

- CMS finalized to require that, beginning with the CY 2027 performance period/2029 MIPS payment year, CMS-approved survey vendors would have to administer the CAHPS for MIPS Survey via a web-mail phone protocol. CMS finalized to codify this requirement at § 414.1400(d)(10).
- In addition, CMS finalized to codify new requirements at §§ 414.1400(d)(3)(v)(A), 414.1400(d)(3)(vi)(A), and 414.1400(d)(3)(vii) to ensure an entity applying to become a CMS-approved survey vendor is capable of administering a web-mail-phone protocol prior to CMS approval. CMS noted that, currently, an entity must apply to be a CMS-approved vendor on an annual basis, demonstrating they meet applicable requirements



at § 414.1400. CMS finalized to modify the requirements at § 414.1400(d)(3) to ensure an entity is prepared to administer the web-mail-phone protocol prior to CMS approval. Specifically, CMS finalized that, beginning January 1, 2027, to be a CMS-approved survey vendor an entity must have sufficient experience, capability, and capacity to accurately report CAHPS data by demonstrating that they: (1) use equipment, software, computer programs, systems, and facilities that can send survey invitations via email that include a patient-specific hyperlink to a web survey, collect data via web, and track cases from web surveys through telephone follow-up activities (§ 414.1400(d)(3)(v)(A)); (2) employ a web survey administrator (§ 414.1400(d)(3)(vi)(A)); and (3) have at least 3 years of experience administering surveys in which web survey administration is followed by survey administration via mail survey or CATI (§ 414.1400(d)(3)(vii)).

Sunset Application Requirement at § 414.1400(d)(8)

- CMS finalized to modify § 414.1400(d)(8) to sunset its requirement that, to apply to become a CMS-approved survey vendor, the entity must send an interim survey data file to CMS that establishes the entity's ability to accurately report CAHPS data. Though this requirement was established to ensure accurate reporting, it is ultimately not feasible to implement because an entity cannot collect data until it is approved by CMS, and thus, the entity does not have any data to send to CMS prior to approval. Therefore, submission of a survey data file has not been used as a requirement for approval. CMS finalized to sunset the requirement at § 414.1400(d)(8) so it is only effective from January 1, 2019 (when it was first finalized in the CY 2019 PFS final rule) through December 31, 2025. CMS finalized that this requirement would no longer be in effect beginning with January 1, 2026.

Third Party Intermediaries Support of MVPs (90 FR 49848 through 49849)

- CMS finalized to modify § 414.1400(b)(1)(ii) to provide that, beginning with the CY 2026 performance period/2028 MIPS payment year, QCDRs and Qualified Registries must support MVPs that are applicable to the MVP participant on whose behalf they submit MIPS data no later than one year after finalization of the MVP in accordance with the current requirement.
- CMS finalized to sunset the current requirement as of the end of the CY 2025 performance period/2027 MIPS payment year.
- CMS finalized to retain the remaining language currently set forth at § 414.1400(b)(1)(ii) without modification.
- This modification will provide QCDRs and Qualified Registries with one year following the effective date of the final rule for programming and system preparation for MVP reporting success and reduce potential of withdrawal or termination.

MVPs Effective with the CY 2026 Performance Period/2028 MIPS Payment Year

- There are 27 MVPs available for voluntary reporting beginning with the CY 2026 performance period/2028 MIPS payment year.
- Diagnostic Radiology, Interventional Radiology, Neuropsychology, Pathology, Podiatry, and Vascular Surgery are the 6 new MVPs finalized for CY 2026.
- MVPs that have QCDR measures are indicated below.
- See 90 FR 50370 through 50405 for the complete list of measures and activities for the MVPs finalized in 2026 rulemaking.
- See 90 FR 50406 through 50467 for the complete list of measures and activities for MVPs finalized in previous rulemaking that were updated in 2026 rulemaking using the MVP maintenance process.
- See 90 FR 49841 for more information on Transforming the Quality Payment Program.
- In this final rule, the Advancing Rheumatology Patient Care MVP added 1 QCDR measure and the Quality Care for the Treatment of Ear, Nose, and Throat Disorders MVP added 1 QCDR measure starting in 2026.
- See the [2026 Finalized MVPs Guide](#) (PDF, 1MB), for more information on MVP policies.

MVP Name	Includes QCDR Measures
Diagnostic Radiology (new 2026)	Yes
Interventional Radiology (new 2026)	Yes
Neuropsychology (new 2026)	No
Pathology (new 2026)	Yes
Podiatry (new 2026)	Yes
Vascular Surgery (new 2026)	Yes
Complete Ophthalmologic Care	Yes
Dermatological Care	Yes
Gastroenterology Care	Yes
Optimal Care for Patients with Urologic Conditions	Yes
Pulmonology Care	Yes
Surgical Care	No
Quality Care for Patients with Neurological Conditions	No
Value in Primary Care	No
Focusing on Women's Health	Yes
Quality Care for the Treatment of Ear, Nose, and Throat Disorders	Yes
Prevention and Treatment of Infectious Disorders Including	No

MVP Name	Includes QCDR Measures
Hepatitis C and HIV	
Quality Care in Mental Health and Substance Use Disorders	Yes
Rehabilitative Support for Musculoskeletal Care	Yes
Advancing Cancer Care	Yes
Optimal Care for Kidney Health	No
Advancing Care for Heart Disease	No
Advancing Rheumatology Patient Care	Yes
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	Yes
Improving Care for Lower Extremity Joint Repair	No
Patient Safety and Support of Positive Experiences with Anesthesia	Yes
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	No

Medicare CQMs for Accountable Care Organizations (ACOs) Participating in the Medicare Shared Savings Program (Medicare CQMs)

- The Medicare CQMs collection type is available for the 5 measures below to be used by ACOs participating in the Shared Savings Program reporting through the APM Performance Pathway.
- See 88 FR 79097 through 79113 for further discussion on this collection type.
- To distinguish between the submission of data for a Medicare CQM and a MIPS CQM to CMS for the following MIPS quality measures: 001, 112, 113, 134, and 236, Medicare CQM identifiers must be included in the submission files. For the reporting of Medicare CQMs, the identifiers are as follows: 001SSP, 112SSP, 113SSP, 134SSP, and 236SSP.
- The Medicare CQM collection type was added to measure Q113: Colorectal Cancer Screening (113SSP), starting in 2026.

MIPS Quality ID #	Medicare CQM Submission File Identifier	Collection Type	MPS Quality Measure Title
001	001SSP	Medicare CQM Specifications	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
112	112SSP	Medicare CQM Specifications	Breast Cancer Screening
113	113SSP	Medicare CQM Specifications	Colorectal Cancer Screening
134	134SSP	Medicare CQM Specifications	Preventive Care and Screening: Screening for Depression and Follow-up Plan
236	236SSP	Medicare CQM Specifications	Controlling High Blood Pressure