



2026 Merit-based Incentive Payment System (MIPS) Cross-Cutting Quality Measures

What is a cross-cutting quality measure?

These measures are both appropriate and applicable to many MIPS eligible clinician types as well as apply to many patients, as the denominator criteria is not overly constrictive. They address core aspects of care, such as prevention and wellness. This list identifies quality measures that MIPS eligible clinicians may be able to report even if they are highly specialized or have a narrowed case-mix.

2026 Cross-Cutting Quality Measures: Available for Traditional MIPS and MIPS Value Pathway (MVP)

CBE # / eCQM CBE #	Quality #	CMS eCQM ID	Collection Type	Measure Type	Measure Title and Description	Measure Steward
0326 / N/A	047	N/A	Medicare Part B Claims Measure, MIPS CQM	Process	Advance Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
N/A / N/A	130	CMS68v 15	eCQM, MIPS CQM	Process	Documentation of Current Medications in the Medical Record: Percentage of visits for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	Centers for Medicare & Medicaid Services

CBE # / eCQM CBE #	Quality #	CMS eCQM ID	Collection Type	Measure Type	Measure Title and Description	Measure Steward
N/A / N/A	226	CMS138 v14	Medicare Part B Claims Measure, eCQM, MIPS CQM	Process	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user.	National Committee for Quality Assurance
N/A / N/A	236	CMS165 v14	Medicare Part B Claims Measure, eCQM, MIPS CQM, Medicare CQM	Intermediate Outcome	Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	National Committee for Quality Assurance
N/A / N/A	317	CMS22v 14	Medicare Part B Claims Measure, eCQM, MIPS CQM	Process	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented: Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.	Centers for Medicare & Medicaid Services
N/A / N/A	503	N/A	MIPS CQM	Patient-Reported Outcome-based Performance Measure	Gains in Patient Activation Measure (PAM®) Scores at 12 Months: The Patient Activation Measure® (PAM®) is a 10- or 13- item questionnaire that assesses an individual's knowledge, skills and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale that converts to one of four levels of activation, from low (1) to high (4). The PAM® performance measure (PAM®-PM) is the change in score on the PAM® from baseline to follow-up measurement.	Insignia Health, LLC, a wholly Owned subsidiary of Phreesia

NOTE: All measures are available for reporting via Traditional MIPS or when included within an MVP.

2026 Cross-Cutting Quality Measures: Available for MVP Only

NQF # / eCQM NQF #	Quality #	CMS eCQM ID	Collection Type	Measure Type	Measure Title and Description	Measure Steward
N/A / N/A	128	CMS69v14	Medicare Part B Claims Measure, eCQM, MIPS CQM	Process	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if BMI was outside of normal parameters.	Centers for Medicare & Medicaid Services

NOTE: Measure Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan was finalized for removal from traditional MIPS. However, this measure was retained for reporting only within the MVP pathway.

Version History

Date	Change Description
12/19/2025	Original version