What's New in the 2026 QPP Final Rule: Learn What Changes are Ahead for MIPS Reporting

The Centers for Medicare & Medicaid Services has issued its 2026 Quality Payment Program Final Rule, advancing the gradual transition to MIPS Value Pathways, refining quality and cost measurement approaches, and establishing a foundation for enhanced interoperability and digital quality measures in the years ahead. Although this year's rule contains fewer major policy shifts, healthcare providers and Accountable Care Organizations need to understand several significant modifications to both the Merit-Based Incentive Payment System and the Medicare Shared Savings Program. What follows is an analysis of the final rule's key provisions and their potential impact on your practice.

MIPS Structure and Participation

CMS prioritizes consistency in MIPS program design for 2026, keeping participation options and scoring benchmarks largely unchanged from previous years.

- **Performance Threshold:** The agency will hold the performance threshold steady at 75 points through 2028 (affecting payments in 2030).
- **Reporting Options:** Clinicians can continue choosing from three MIPS reporting pathways:
    - Traditional MIPS
    - MIPS Value Pathways (MVPs)
    - APM Performance Pathway (APP)

MIPS Value Pathways (MVPs): Continues to be Optional

While MVP reporting remains optional in 2026, CMS is expanding the framework with new pathways and refinements that signal its growing role in the future of MIPS.

Six new MVPs have been added for 2026:

- Diagnostic Radiology
- Interventional Radiology
- Neuropsychology
- Pathology
- Podiatry
- Vascular Surgery

All 21 previously finalized MVPs will be updated to align with the final rule changes to quality and improvement activity inventories.

MVP Reporting

Groups would self-attest their specialty composition (either single-specialty or multi-specialty) during MVP registration, rather than CMS making that determination. Practices with multiple specialties (e.g., diagnostic radiology and interventional radiology) who want to submit MVPs, would be required to submit an MVP for each specialty in the practice.

Small multi-specialty practices (15 or fewer clinicians) would continue to have the option to report MVPs at the group level. Subgroup reporting would remain optional for these practices.

Qualified Clinical Data Registries (QCDRs) and Qualified Registries would be given one year after an MVP is finalized before they are required to support it fully, providing more time for technical implementation.

Quality Category: Moderate Updates and Refinements

CMS has outlined measured refinements to the Quality performance category for 2026, modifying the measure inventory, updating definitions, and revising scoring methods. These adjustments underscore the agency's ongoing commitment to substantive quality enhancement while eliminating duplicative measures.

Proposed Quality Measure Inventory changes include:

- 5 new quality measures proposed (including 2 eCQMs)
- 10 existing measures proposed for removal
- 32 existing measures would be substantively updated

A list of proposed new measures, along with their collection types, is outlined in the table below:

Quality ID	Proposed New Quality Measures
513	Patient Reported Falls and Plan of Care American Academy of Neurology
512	Prevalent Standardized Kidney Transplant Waitlist Ratio (PSWR)
514	Diagnostic Delay of Venous Thromboembolism in Primary Care

515	Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
516	Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

A list of measures removed for 2026:

Quality ID	Quality Measures to be Removed in 2026
185	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
264	Sentinel Lymph Node Biopsy for Invasive Breast Cancer
290	Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease
322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients
419	Overuse of Imaging for the Evaluation of Primary Headache
424	Perioperative Temperature Management
443	Non-Recommended Cervical Cancer Screening in Adolescent Females
487	Screening for Social Drivers of Health
498	Connection to Community Service Provider
508	Adult COVID-19 Vaccination Status

High Priority Measures

Beyond inventory modifications, CMS proposes eliminating "health equity" from the high priority measure definition, restricting the classification to fundamental clinical areas including outcomes, patient safety, and care coordination.

Topped Out Measures

To accommodate specialties with constrained measure options, CMS will maintain alternative benchmarking for 19 topped-out measures, ensuring clinicians in these fields can still achieve competitive scores.

The following measures will be scored according to the new topped out measure benchmarks:

Quality ID	Quality Measures Subject to Alternative Benchmarking
141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care
143	Oncology: Medical and Radiation - Pain Intensity Quantified
144	Oncology: Medical and Radiation - Plan of Care for Pain
249	Barret's Esophagus

250	Radical Prostatectomy Pathology Reporting
320	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
350	Total Knee or Hip Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
351	Total Knee or Hip Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation
360	Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medical Studies
364	Optimized Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
395	Lung Cancer Reporting (Biopsy/Cytology Specimens)
396	Lung Cancer Reporting (Resection Specimens)
397	Melanoma Reporting
405	Appropriate Follow-up Imaging for Incidental Abdominal Lesions
406	Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients
430	Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy
440	Skin Cancer: Biopsy Reporting Time Pathologist to Clinician
463	Prevention of Post-Operative Vomiting (POV) Combination Therapy (Pediatrics)
477	Multimodal Pain Management

The following benchmarks will be applied to these measures:

Performance Rate	Available Points
84 – 85.9%	1 – 1.9
86 – 87.9%	2 – 2.9
88 – 89.9%	3 – 3.9
90 – 91.9%	4 – 4.9
92 – 93.9%	5 – 5.9
94 – 95.9%	6 – 6.9
96 – 97.9%	7 – 7.9
98 – 98.9%	8 – 8.9
99 – 99.99%	9 – 9.9
100%	10

Claims-based Measures

CMS has updated how claims-based measures are scored, bringing the approach in line with cost measure benchmarking. The revised methodology uses median values and standard deviations to establish performance thresholds.

Improvement Activities: Targeted Changes, New Focus on Wellness

For 2026, CMS has revised the Improvement Activities (IA) performance category by simplifying the inventory and adding new activities that align with current priorities in healthcare delivery.

- 3 new Improvement Activities added, 7 modified, 8 removed.
- The "Achieving Health Equity" subcategory is retired and replaced with a new subcategory: "Advancing Health and Wellness."

CMS has proposed the following three new Improvement Activities for the 2026 performance year:

- Improving Detection of Cognitive Impairment in Primary Care
- Integrating Oral Health Care in Primary Care
- Patient Safety in Use of Artificial Intelligence (AI)

CMS has removed eight activities from the inventory:

Activity ID	Improvement Activities removed in 2026
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
IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health
IA_PM_26	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

CMS had previously finalized the removal of several improvement activities effective for the 2026 performance period and beyond.

Activity ID	Improvement Activities Previously Finalized for Removal in 2026
IA_PM_12	Population Empanelment
IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop
IA_CC_2	Implementation of Improvements that Contribute to More Timely Communication of Test Results
IA_BMH_8	Electronic Health Record Enhancements for BH Data Capture

Promoting Interoperability: Updates to Support Security and Flexibility

The 2026 final rule preserves the basic framework and weighting of the Promoting Interoperability (PI) category while introducing targeted technical refinements to enhance data security, update operational guidance, and provide greater reporting flexibility based on practical implementation experience.

- Clinicians attesting to the Security Risk Analysis measure must now provide additional confirmation that they performed risk management activities in accordance with HIPAA Security Rule requirements.
- Self-assessments completed under the High Priority Practices measure must utilize the updated 2025 edition of the SAFER Guides.
- CMS has introduced a new optional bonus measure—Public Health Reporting Using TEFCA—within the Public Health and Clinical Data Exchange objective. This measure joins three existing bonus measures in this objective, where clinicians can earn up to 5 bonus points by reporting on one or multiple measures.

PI Measure Suppression

CMS has suppressed the Electronic Case Reporting measure for the 2025 performance period because of CDC delays in connecting new providers and public health agencies to the system, which created implementation challenges.

To prevent similar disruptions going forward, CMS has established a new suppression policy for the PI category. Under this policy, CMS can suspend PI measures when unforeseen obstacles make it impractical or inequitable to hold clinicians accountable for compliance.

Cost Category: Largely Unchanged, More Insight into Future Measures

The Cost performance category retains its fundamental structure in the 2026 final rule, with CMS implementing targeted adjustments to enhance equity and increase clarity around future cost measure scoring.

- The cost measure inventory remains stable at 35 measures for the 2026 performance year, with no additions or removals.
- CMS has refined the Total Per Capita Cost (TPCC) measure to reduce situations where highly specialized groups receive TPCC attribution based exclusively on advanced care practitioner billing. Mid-level providers would be considered advanced care practitioners.
- For any new cost measures finalized in subsequent years, CMS has established a 2-year preview period during which the measures will be informational only. Clinicians will receive performance data without any impact on their MIPS final score, allowing time for review and operational adjustments before scoring begins.

APMs & ACOs: Greater Flexibility, Streamlined Reporting

CMS has finalized targeted updates to APM and ACO participation in the Quality Payment Program, emphasizing greater flexibility in QP determinations and streamlined reporting requirements for Shared Savings Program ACOs.

- **Advanced APMs**
    - QP status determinations will now be conducted at both the individual clinician and APM Entity levels, providing more detailed eligibility tracking. This means that providers in Advanced APM type of ACOs are more likely to receive QP status than they were under previous rules.
    - The QP calculation methodology has been broadened to encompass all Covered Professional Services rather than limiting it to E/M services, creating a more comprehensive view of participation.

- **APP Plus Measure Set**
    - CMS has eliminated the Screening for Social Drivers of Health measure (Quality ID 487) from the APP Plus measure set.
    - Beginning in 2027, Shared Savings Program ACOs must administer the CAHPS for MIPS Survey using a web mail phone methodology instead of the current mail phone approach to enhance response rates.
- **Medicare Clinical Quality Measures (CQMs)**
    - For ACOs reporting Medicare CQMs, CMS has updated the eligible beneficiary definition effective with the 2025 performance year. A beneficiary now qualifies as eligible if they received at least one primary care service during the performance year from an ACO professional who is either a primary care physician, a specialist included in the ACO assignment methodology, or a physician assistant, nurse practitioner, or clinical nurse specialist. This revision aims to better align with the ACO's assignable population, simplifying patient identification and reducing administrative complexity.
- **Health Equity Adjustment**
    - The health equity adjustment applied to ACO quality scores will be eliminated starting with the 2026 performance year. CMS has also updated the terminology related to this adjustment for the 2023 through 2025 performance years.
- **Extreme and Uncontrollable Circumstances (EUC)**
    - Beginning with the 2025 performance year, the Shared Savings Program's quality and financial EUC policies now cover ACOs affected by cyberattacks, including ransomware and malware incidents.

About Guidance Analytics

Guidance Analytics is the leading provider of MIPS reporting. Our AI-based solution provides an automated system to evaluate data rapidly and accurately. We utilize both traditional QPP measures and Qualified Clinical Data Registry (QCDR) which provide measures designed for each specialty. Track your organization’s performance with our real-time dynamic dashboard, DataLUX™. Our monthly consulting sessions help our clients drill down into their performance and help practices stay on track to maximize their MIPS payment adjustments.

If you want to learn more about the 2026 QPP Final Rule or are interested an assessment of your practice’s projected MIPS performance in 2026, contact us at: https://guidanceanalytics.com/#contact