



Performance Year 2026 Medicare CQM Reporting by Medicare Shared Savings Program Accountable Care Organizations Resource

Beginning in performance year (PY) 2024, the Centers for Medicare & Medicaid Services (CMS) established a new quality measure collection type for Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs): Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program (Medicare CQMs). The Medicare CQM collection type is a quality data collection type reported on the ACO's eligible Original Medicare¹ beneficiary population as defined at [42 CFR 425.20](#).

For PY 2026, Shared Savings Program ACOs are required to report the Alternative Payment Model (APM) Performance Pathway (APP) Plus quality measure set in order to meet the quality reporting requirements under the Shared Savings Program. ACOs may report the required quality measures in the APP Plus quality measure set using the electronic clinical quality measure (eCQM), MIPS CQM, and/or Medicare CQM collection types. If they choose, ACOs may report the same measure by more than one collection type. CMS will calculate the two administrative claims-based measures that are part of the APP Plus quality measure set. ACOs also must administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey (if they meet the minimum beneficiary sampling requirement).

This resource provides steps that ACOs may take to prepare for and successfully complete quality reporting via the Medicare CQM collection type, along with frequently asked questions on reporting Medicare CQMs.

Preparation Checklist:

- Decide whether your ACO will report any of the five quality measures in the APP Plus quality measure set as Medicare CQMs and review the measure [specification\(s\)](#). CMS encourages ACOs to evaluate all available collection types based on the ACO's unique composition and technical infrastructure to determine which collection type is most appropriate.
 - Quality ID #001SSP: Diabetes: Glycemic Status Assessment Greater Than 9%
 - Quality ID #112SSP: Breast Cancer Screening
 - Quality ID #113SSP: Colorectal Cancer Screening
 - Quality ID #134SSP: Preventive Care and Screening: Screening for Depression and Follow Up Plan
 - Quality ID #236SSP: Controlling High Blood Pressure

¹ Original Medicare is also known as Medicare fee-for-service, and both terms are referred to in federal regulations.

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- Ensure you have login access to the ACO Management System ([ACO-MS](#)). You will be able to access your *ACO's Quarterly List of Beneficiaries Eligible for Medicare CQMs* via the Data Hub in ACO-MS on a quarterly basis.
- Ensure you can log into the Quality Payment Program ([QPP](#)) website. ACO representatives with the QPP Security Official or QPP Staff User role in ACO-MS can log into the QPP website using their ACO-MS username and password.
- Ensure you are able to use the QPP JavaScript Object Notation ([JSON](#)) [templates](#) to submit your ACO's Medicare CQM data to CMS.

Implementation Checklist:

- Download and review the *Quarterly List of Beneficiaries Eligible for Medicare CQMs*.** The list is intended to be a tool for identifying beneficiaries eligible for Medicare CQM reporting and includes your ACO's Original Medicare beneficiaries who are eligible for Medicare CQM reporting based on available claims data for encounters during that quarter, including beneficiary-level age, sex, diagnosis, encounter, and measure exclusion information. Additional measure-specific files included in the package contain only beneficiaries who meet the criteria for that measure. Please see the data dictionary for more information.

The Quarterly Lists are cumulative (year to date) and updated quarterly to reflect the most recent quarter's data. The List Period for each quarter is the year-to-date period for which claims are used to identify eligible claims. The dates of the claims for each Medicare CQM Quarterly List Period and the report package release date are listed below.

Quarter	List Period	Release Date
Quarter 1 (Q1)	January 1 – March 31, 2026	May 2026
Quarter 2 (Q2)	January 1 – June 30, 2026	August 2026
Quarter 3 (Q3)	January 1 – September 30, 2026	November 2026
Quarter 4 (Q4)	January 1 – December 31, 2026	February 2027

- The Quarter 4 List includes *all* Medicare CQM eligible beneficiaries based on available claims data for encounters with dates of service from January 1 through December 31 of the performance year. **ACOs must determine eligibility for the beneficiaries that meet each Medicare CQM denominator criteria for reporting by applying the measure [specification](#) to the Quarter 4 List**, if they choose to use it, to ensure measure inclusion and exclusion criteria are captured accurately. ACOs should be aware that Medicare CQM Quarterly Lists are updated quarter to quarter as beneficiaries are added or removed, and only the Quarter 4 List should be used for reporting purposes. The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* includes beneficiaries who meet any of the measure-specific eligibility criteria. **Use your ACO's available data sources to determine the beneficiaries that meet the Medicare CQM numerator and denominator criteria for each measure [specification](#).**

- To aid in identifying the potential denominator population for each measure, the Medicare CQM Quarterly List file package includes a CSV file for each Medicare CQM in the APP Plus quality measure set. These measure files use the measure-specific indicator flags included in the full list of beneficiaries to filter each measure-specific list to a smaller number of beneficiaries based on claims and enrollment data.
 - An ACO's Medicare CQM Quarterly List may include Original Medicare beneficiaries who are not eligible for inclusion in any of the Medicare CQMs in the APP Plus quality measure set. ACOs are not expected to report on beneficiaries who do not meet measure denominator criteria for any of the Medicare CQMs.
 - The Medicare CQM collection type allows for the ACO to use of multiple sources of data (e.g., multiple EHRs, paper records, registries, patient management systems) to confirm a measure's numerator and denominator and to ensure measure inclusion and exclusion criteria are recorded and captured accurately. ACOs may find the following data sources valuable to identify beneficiaries that meet the Medicare CQM specifications:
 - *Quarterly List of Beneficiaries Eligible for Medicare CQMs*
 - ACO participants clinical data system files
 - Claim and Claim Line Feed (CCLF) files
 - [Beneficiary Claims Data Application Programming Interface \(BCDA\)](#) files
- For PY 2026, the data completeness threshold is 75%. This means that **ACOs must report performance data** (“Performance Met,” or “Performance Not Met,” or denominator exceptions) **for at least 75% of the total eligible population** (excluding denominator exclusions). ACOs should evaluate the patient population against each Medicare CQM [specification](#) prior to submission to determine which beneficiaries meet the numerator and denominator criteria for the measure.
- The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* is not in the format of your ACO's final Medicare CQM submission. **Report Medicare CQMs using the QPP JSON format during the data submission period, January to March 31 annually.**
- When reporting Medicare CQMs, an ACO must include the submission file identifier, which reflects the Quality ID number associated with a quality measure followed by the letters “SSP.” For the reporting of Medicare CQMs, the submission file identifiers are as follows: 001SSP, 112SSP, 113SSP, 134SSP, and 236SSP, which correspond to the Quality ID numbers for the Medicare CQMs in the APP Plus quality measure set in PY 2026. The Medicare CQM identifiers **must** be included in the submission files.
 - For QPP JSON files:
 - the “entityId” must be labeled with your ACO ID
 - the “entityType” must be labeled as “apm”
 - the “category” must be labeled as “quality”
 - the “programName” must be labeled as “appPlus” at the measurement set level

- Please note that these labels are case-sensitive. For more information, refer to Tutorial: APP Submissions in the [QPP Developer Preview Environment Documentation](#).

The 2026 APP Data Submission User Guide, which outlines how to submit your quality data, will be available in the [QPP Resource Library](#) in the third quarter of PY 2026.

- Ensure that your ACO's final data submission includes all reported quality measures and is based on all of your ACO's beneficiaries, as previously submitted data submissions during the submission period are not cumulative. If a measure needs to be resubmitted, please include the other measures in the data file so that you do not inadvertently delete any previously submitted quality measures.

After submitting your ACO's final quality data, please verify that your quality measures were correctly submitted by confirming that they appear as an "APP Plus" submission in the "Reporting Summary" section of the Reporting Overview page within the QPP User Interface.

If your ACO's quality data file is not correctly tagged as an APP Plus submission, the system may still indicate that the file has been uploaded successfully, but your ACO's quality data file will not show up as an APP Plus submission.

For questions regarding Medicare CQMs, contact the QPP Service Center at 1-866-288-8292 or QPP@cms.hhs.gov.

Medicare CQM Reporting by Shared Savings Program ACOs: Frequently Asked Questions

1. How does CMS identify beneficiaries eligible for Medicare CQMs?

CMS uses Medicare Part A and Part B claims to identify beneficiaries eligible for Medicare CQMs in order to generate the *Quarterly List of Beneficiaries Eligible for Medicare CQMs*. For PY 2026, a beneficiary eligible for Medicare CQMs is defined as a beneficiary who is either of the following:

1. A Medicare fee-for-service beneficiary² who –
 - (i) Meets the criteria for a beneficiary to be assigned to an ACO described at [42 CFR 425.401\(a\)](#); and
 - (ii) Had at least one primary care service with a date of service during the applicable performance year from an ACO professional who is a primary care physician or who has one of the specialty designations included in [42 CFR 425.402\(c\)](#), or who is a physician assistant, nurse practitioner, or clinical nurse specialist.
2. A Medicare fee-for-service beneficiary who is assigned to an ACO in accordance with [42 CFR 425.402\(e\)](#) because the beneficiary designated an ACO professional participating in an ACO as responsible for coordinating their overall care.

2. What files are included in Quarterly List of Beneficiaries Eligible for Medicare CQMs Zip Package?

For PY 2026, the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* zip packages will include six CSV data files and one data dictionary as an Excel file.

1. A CSV file for all beneficiaries eligible for Medicare CQMs
 - P.Axxxx.ACO.MCQM.2026QX.D269999.T0100000_MCQMbenes
2. A measure-specific CSV file for Quality ID #001SSP: Diabetes: Glycemic Status Assessment Greater Than 9%
 - P.Axxxx.ACO.MCQM.2026QX.D269999.T0100000_001
3. A measure-specific CSV file for Quality ID #112SSP: Breast Cancer Screening
 - P.Axxxx.ACO.MCQM.2026QX.D269999.T0100000_112

² Defined at [42 CFR 425.20](#)

For a complete list of specialty designations used in this definition, please refer to the list in [42 CFR 425.402\(c\)](#) or Appendix C of the Shared Savings and Losses and Assignment Methodology and Quality Performance Standard Methodology Specifications, available on the Shared Savings Program website under [Program Guidance & Specifications](#).

4. A measure-specific CSV file for Quality ID #113SSP: Colorectal Cancer Screening
 - P.Axxxx.ACO.MCQM.2026QX.D269999.T0100000_113
5. A measure-specific CSV file for Quality ID #134SSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
 - P.Axxxx.ACO.MCQM.2026QX.D269999.T0100000_134
6. A measure-specific CSV file for Quality ID #236SSP: Controlling High Blood Pressure
 - P.Axxxx.ACO.MCQM.2026QX.D269999.T0100000_236
7. A Data Dictionary that provides additional information to explain the variable ID, variable name, variable description, source field type, source length, and valid value(s) for each variable in the Medicare CQM Quarterly List files. It does not provide measure specification details such as how measure-specific age eligibility, eligible encounter, diagnosis (where applicable), or exceptions for the five Medicare CQM measures are defined. The data dictionary also provides background on the Medicare CQM collection type and how to use the quarterly list and the measure files for Medicare CQM reporting.
 - PY2026QXMCQMDataDictionary.xlsx

3. What is the difference between the “_MCQMbenes” file and the measure-specific files?

The “_MCQMbenes” file is a list of all Original Medicare beneficiaries who are eligible for Medicare CQM reporting. The list does not exclude beneficiaries based on measure-specific eligibility criteria. Therefore, an ACO’s list can include Original Medicare beneficiaries who are not eligible for any of the five Medicare CQMs.

The other five files are specific to each measure and include the measure number at the end of the file name. For example, the “_001” file includes the beneficiaries that meet the filter criteria for the Quality ID #001SSP measure, Diabetes: Glycemic Status Assessment Greater Than 9% measure.

4. What information does the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* provide?

For each Medicare CQM, the following information, based on Medicare claims data, is incorporated into the variables that are provided in the *Quarterly List of Beneficiaries Eligible for Medicare CQMs*:

- Age Indicator
- Diagnosis indicator (e.g., diabetes, hypertension)
- Female indicator for the Breast Cancer Screening measure
- Encounter indicator
- Exclusion indicator

These variables indicate whether there was a claim that matched the measure specification's diagnosis, encounter, or exclusion codes at the beneficiary-level (i.e., there was at least 1 code that matched the measure specifications at some point during the specified list period). The data dictionary has measure-specific information for each variable. The age variable indicates that the beneficiary met the age requirement for at least one day of the reporting period (for DM_AGE, BCS_AGE, CCS_AGE, and HTN_AGE) or the first day of the reporting period (for DEP_AGE). The sex variable indicates that the beneficiary's sex matched the measure specification's criteria (BCS_FEMALE). The Quarterly List can be filtered by the included indicator flags to identify beneficiaries that met the age, sex, diagnosis, encounter, and exclusion criteria for the measure. However, some beneficiaries may not be eligible for the measure when you apply the measure specifications (e.g., looking at encounter-level data, an ACO may not meet the age and diagnosis criteria at the time of the encounter).

Reminders when using these indicator flags:

- Claims used to create the indicator flags are not restricted to claims made by the ACO, but rather use all available Original Medicare claims.
- The indicator flags are at the beneficiary-level, not the encounter level (e.g., age eligibility may not occur at the same time as an eligible encounter). The ACO will need to apply the measure specifications, which have encounter-level requirements, to determine eligibility for measure denominators.
- The indicator flags can be used together to identify the subset of beneficiaries that are potentially eligible for a given measure. For example, for *236SSP: Controlling High Blood Pressure*, beneficiaries with indicator variables of HTN_AGE =1, HTN_DX=1, HTN_ENCOUNTER =1, and HTN_EXCLUSION=missing *may* be eligible for the HTN measure denominator. Filtering by the indicator flags will result in the same list of beneficiaries as the measure-specific CSV files. The ACO will determine beneficiary denominator eligibility.

Please review the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* data dictionary for specifics for each indicator variable definition, as there is some variation across measures that reflects differences in their specifications across measures.

5. Can an ACO identify beneficiaries that are eligible for Medicare CQM reporting without using the Quarterly List?

Yes. ACOs may identify beneficiaries that are eligible for Medicare CQM reporting without using the Medicare CQM Quarterly List. To remain aligned to the measure specifications, ACOs should use the most complete and accurate data to determine denominator eligibility and meet the measure numerator criteria.

A Medicare CQM is essentially a MIPS CQM reported by an ACO reporting the APP Plus quality measure set on only the ACO's Original Medicare beneficiaries, instead of its all payer/all patient population. ACOs with the experience or technical infrastructure to report MIPS CQMs may employ the same processes used to report MIPS CQMs to report Medicare CQMs so long as the Medicare CQM population meets the definition of beneficiaries eligible for Medicare CQMs as defined at [42 CFR 425.20](#).

6. Is the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* enough to determine if a beneficiary meets the measure criteria?

The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* is not sufficient alone to determine if the beneficiary meets measure criteria. The Medicare CQM Quarterly List does not provide encounter-specific information that is necessary for an ACO to determine if a beneficiary is eligible for inclusion in the denominator, and does not include any data to indicate whether a beneficiary met the numerator criteria.

For example, *236SSP: Controlling High Blood Pressure* requires a beneficiary's most recent blood pressure reading to be adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period. The beneficiaries' blood pressure readings are not included in the Medicare CQM Quarterly List. The ACO would need to use other sources of data and information (e.g., EHRs, paper records, registries, patient management systems) to determine the measure's numerator.

The ACO must apply each Medicare CQM's specification to determine if a beneficiary meets the criteria for the denominator and the numerator for each respective Medicare CQM.

The Medicare CQM Quarterly List is intended to be a tool for identifying beneficiaries eligible for Medicare CQM reporting, and ACOs must determine eligibility for the beneficiaries that meet each measure denominator for reporting. ACOs are not expected to report on beneficiaries who do not meet measure denominator criteria for any of the Medicare CQMs.

7. Is the *Quarterly List of Beneficiaries Eligible for Medicare CQMs* using the same format that an ACO would use for reporting Medicare CQMs?

The *Quarterly List of Beneficiaries Eligible for Medicare CQMs* is not in the format of your ACO's final Medicare CQM submission. ACOs should report Medicare CQMs using the QPP JSON format. For additional guidance in preparing to submit Medicare CQMs, please refer to the [JSON template](#). The 2026 APP Data Submission User Guide, which outlines how to submit your quality data, will be available in the [QPP Resource Library](#) in the third quarter of PY 2026.

8. How will Medicare CQMs be scored in PY 2026?

Performance on each quality measure is assessed against a benchmark to determine how many achievement points you earn for the measure. Achievement points are determined by mapping the performance rate to the [decile ranges](#) for the measure, specific to the Medicare CQM collection type.

Whenever possible, CMS uses historical data to establish benchmarks. Historical benchmarks for Medicare CQMs are based on performance data from a baseline period, the 12-month calendar year that is 2 years before the applicable performance period. This means that the historical benchmarks for the 2026 performance period were established from quality data submitted for the 2024 performance period.

The following Medicare CQMs will be scored against historical benchmarks:

- Quality ID #001SSP: Diabetes: Glycemic Status Assessment Greater Than 9%
- Quality ID #134SSP: Preventive Care and Screening: Screening for Depression and Follow Up Plan
- Quality ID #236SSP: Controlling High Blood Pressure

The following Medicare CQMs will be scored against flat benchmarks:

- Quality ID #112SSP: Breast Cancer Screening
- Quality ID #113SSP: Colorectal Cancer Screening

For more information about the 2026 quality benchmarks, please review the [2026 Quality Benchmarks on the Benchmarks page of the QPP website](#).

9. Can I still qualify for the eCQM/MIPS CQM reporting incentive if I submit Medicare CQMs and my Medicare CQM scores are higher than my eCQM/MIPS CQM scores?

If an ACO submits measures by more than one collection type, the higher scoring measure submission will be used for the ACO's quality score. However, eligibility for the eCQM/MIPS CQM reporting incentive is determined independently from the quality measures that contribute to an ACO's quality score. Therefore, if your ACO submits all five quality measures to the APP Plus measure set as both Medicare CQMs and eCQMs/MIPS CQMs and meets MIPS data completeness on all five eCQMs/MIPS CQMs, your ACO could still be eligible for the eCQM/MIPS CQM reporting incentive even if the Medicare CQM scores are higher. Reporting Medicare CQMs in addition to eCQMs or MIPS CQMs will not adversely affect an ACO's eligibility for the eCQM/MIPS CQM reporting incentive.

10. What resources has CMS provided for reporting Medicare CQMs?

CMS has provided the following resources to assist ACOs in reporting Medicare CQMs:

- 2026 Medicare CQM Specifications and Supporting Documents for ACOs Participating in the Medicare Shared Savings Program: (<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/3582/2026-Medicare-CQM-Specifications-and-Supporting-Documents-for-ACOs.zip>)
 - This set of files includes a PDF with the measure specifications for each Medicare CQM and an Excel file with instructions and code sets for reporting Medicare CQMs.
- The 2026 *Quarterly List of Beneficiaries Eligible for Medicare CQMs* are provided to ACOs as CSV files included in the ACO's quarterly reports package and delivered to ACOs via the Data Hub in [ACO-MS](#).
 - The list contains beneficiaries eligible for Medicare CQM reporting, including beneficiary-level age, sex, diagnosis, encounter, and measure exclusion information.