

# Medicare Shared Savings Program Quality Performance Standard: Performance Year 2026 40th Percentile MIPS Quality Performance Category Score

December 2025

## Quality Reporting Requirements

For performance year (PY) 2026, Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) are required to report quality data on the Alternative Payment Model (APM) Performance Pathway (APP) Plus quality measure set to meet the quality performance standard used to determine shared savings and shared losses.

ACOs participating in the Shared Savings Program are required to report the five electronic clinical quality measures (eCQMs)/Merit-based Incentive Payment System clinical quality measures (MIPS CQMs)/Medicare CQMs for ACOs participating in the Medicare Shared Savings Program (Medicare CQMs) (or a combination of these collection types) in the APP Plus quality measure set and administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey. The Centers for Medicare & Medicaid Services (CMS) will calculate two administrative claims-based measures. PY 2026 is the last year ACOs will have the option to report MIPS CQMs as part of the APP Plus quality measure set.

## Quality Performance Standard

The quality performance standard is the minimum quality performance ACOs must achieve to be eligible to share in savings at the maximum rate available for the ACO's track. Meeting the quality performance standard also allows an ACO participating in the ENHANCED track to avoid maximum shared losses.

For PY 2026, ACOs that report the APP Plus quality measure set can meet the quality performance standard via one of three pathways:

- **For all ACOs:** Achieve a quality score that is equivalent to or higher than the 40th percentile across all MIPS quality performance category scores, excluding entities/providers eligible for facility-based scoring.
- **For ACOs that report the five eCQMs/MIPS CQMs and meet the MIPS data completeness requirement for all five measures:** Meet the eCQM/MIPS CQM reporting incentive by achieving a quality performance score equivalent to or higher than

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the 10th percentile of the performance benchmark<sup>1</sup> on at least one of the four outcome measures in the APP Plus quality measure set and a quality performance score equivalent to or higher than the 40th percentile of the performance benchmark on at least one of the remaining seven measures in the APP Plus quality measure set. Table 1 identifies APP Plus quality measure types.

- ***For ACOs in their first performance year of their first agreement period under the Shared Savings Program:*** Report the APP Plus quality measure set and meet the MIPS data completeness requirement on the five eQMs/MIPS CQMs/Medicare CQMs in the APP Plus quality measure set, administer the CAHPS for MIPS Survey (except if the ACO does not meet the minimum beneficiary sampling requirements specified at 42 CFR § 414.1380(b)(1)(vii)(B)), and receive a MIPS quality performance category score.

## **Alternative Quality Performance Standard**

ACOs that do not meet the quality performance standard based on the criteria above can meet the alternative quality performance standard to be eligible to share in savings at a lower rate that is scaled based on the ACO's quality performance. To meet the alternative quality performance standard, the ACO must report quality data on the APP Plus quality measure set and achieve a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least one of the four outcome measures in the APP Plus quality measure set. Table 1 identifies APP Plus quality measure types.

The ACO's quality score will be multiplied by the maximum sharing rate for the ACO's track to determine its final shared savings rate. A similar approach is applied to ENHANCED track ACOs to determine shared losses. The alternative quality performance standard is available to all ACOs, regardless of how they report quality data (eCQM/MIPS CQM/Medicare CQM or a combination of these collection types).

## **Not Meeting the Quality Performance Standard or the Alternative Quality Performance Standard**

An ACO will not meet the quality performance standard or the alternative quality performance standard for PY 2026 if the ACO (1) does not report any of the five eQMs/MIPS CQMs/Medicare CQMs in the APP Plus quality measure set, and (2) does not administer a CAHPS for MIPS Survey, unless the ACO does not meet the minimum beneficiary sampling requirements specified at 42 CFR § 414.1380(b)(1)(vii)(B). ACOs that do not meet the quality performance standard or the alternative quality performance standard will not be eligible for shared savings, and ACOs participating in the ENHANCED track will owe maximum shared losses.

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<sup>1</sup> Measure level performance benchmarks are posted annually in the [Quality Payment Program Resource Library](#). PY 2026 historical benchmarks for eQMs/MIPS CQMs/Medicare CQMs and PY 2026 flat benchmarks for Medicare CQMs (Quality IDs 112 and 113 only) will be posted in January 2026. PY 2026 performance period benchmarks will be posted following the submission period in Calendar Year 2027 for the administrative claims-based measures. The CAHPS for MIPS 40th percentile decile score will be published in the PY 2026 Shared Savings Program Quality Performance Reports that will be included as part of the PY 2026 Financial Reconciliation Package.

## MIPS Quality Performance Category Score Used for the Quality Performance Standard

Beginning in PY 2024, CMS began using historical submission-level MIPS quality performance category scores to calculate the 40th percentile MIPS quality performance category score. Specifically, CMS uses a rolling three-performance year average with a lag of one performance year. The quality performance standard for PY 2026 is based on averaging the 40th percentile MIPS quality performance category scores from PY 2022 through PY 2024, which are set from the unweighted distribution of all MIPS quality performance category scores, excluding entities and providers eligible for facility-based scoring.

**The 40th percentile MIPS quality performance category score used for the PY 2026 quality performance standard is 73.85.** This value is calculated by adding the PY 2022 (77.73), PY 2023 (74.54), and PY 2024 (69.27) 40th percentile MIPS quality performance category score values. This results in a total value of 221.54. Note that PY 2025 was not included in the average due to the one-performance year lag. This value of 221.54 is then divided by 3 (the number of years included in the historical reference period) to arrive at the value of 73.85 that is used as the 40<sup>th</sup> percentile MIPS quality performance category score for the PY 2026 quality performance standard.

$$77.73 + 74.54 + 69.27 = 221.54$$

$$221.54 \div 3 = 73.85$$

## APP Plus Quality Measure Types for the eCQM/MIPS CQM Reporting Incentive and the Alternative Quality Performance Standard

In PY 2026, Shared Savings Program ACOs must report the quality measures included in the APP Plus quality measure set, which are listed in Table 1. The column titled “Measure Type” identifies the outcome measures applicable for the eCQM/MIPS CQM reporting incentive and alternative quality performance standard. Shared Savings Program ACOs are eligible for the alternative quality performance standard regardless of which collection type(s) they use to report quality data; however, only ACOs that submit quality performance data on the five eCQMs/MIPS CQMs are eligible for the eCQM/MIPS CQM reporting incentive.

**Table 1. APP Plus Quality Measure Set for PY 2026**

QUALITY #	MEASURE TITLE	COLLECTION TYPE	SUBMITTER TYPE	MEANINGFUL MEASURES 2.0 AREA	MEASURE TYPE
321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Person-Centered Care	Patient Engagement/ Experience
479	Hospital-Wide, 30 -day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Affordability and Efficiency	Outcome <sup>^</sup>

QUALITY #	MEASURE TITLE	COLLECTION TYPE	SUBMITTER TYPE	MEANINGFUL MEASURES 2.0 AREA	MEASURE TYPE
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	N/A	Affordability and Efficiency	Outcome <sup>^</sup>
001	Diabetes: Glycemic Status Assessment Greater Than 9%	eCQM/MIPS CQM/Medicare CQM	APM Entity/Third Party Intermediary	Chronic Conditions	Intermediate Outcome <sup>^</sup>
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/Medicare CQM	APM Entity/Third Party Intermediary	Behavioral Health	Process
236	Controlling High Blood Pressure	eCQM/MIPS CQM/Medicare CQM	APM Entity/Third Party Intermediary	Chronic Conditions	Intermediate Outcome <sup>^</sup>
112	Breast Cancer Screening	eCQM/MIPS CQM/Medicare CQM	APM Entity/Third Party Intermediary	Wellness and Prevention	Process
113	Colorectal Cancer Screening	eCQM/MIPS CQM/Medicare CQM	APM Entity/Third Party Intermediary	Wellness and Prevention	Process

<sup>^</sup> Indicates this is an outcome measure for purposes of qualifying for the eCQM/MIPS CQM reporting incentive and the alternative quality performance standard.

## Use of ACO Quality Performance in Calculating Shared Savings and Shared Losses

For information on how shared savings and shared losses are calculated, please refer to 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](#).