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Quality Reporting for MSSP ACOs in 2026

For Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), understanding the nuances and new rules introduced for quality reporting in 2026 is crucial for maintaining shared savings and optimizing performance.

The following pages outline what MSSP ACOs need to know to ensure a successful quality submission for the 2026 Performance Year. Please access the final page of this document for additional resources or get in touch with us at hello@minglehealth.com with questions.

The APM Performance Pathway (APP) Plus is Required for 2026

The APP Plus measure set is the mandatory quality reporting pathway for MSSP ACOs in 2026. ACOs must report the following measures for the 2026 performance year:

Quality ID	Measure Name	Collection Type	Phase-In Year
001	Diabetes: Glycemic Status Assessment Greater Than 9%	eCQM MIPS CQM Medicare CQM	2025
134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM MIPS CQM Medicare CQM	2025
236	Controlling High Blood Pressure	eCQM MIPS CQM Medicare CQM	2025
112	Breast Cancer Screening	eCQM MIPS CQM Medicare CQM	2025
113	**Colorectal Cancer Screening**	**eCQM MIPS CQM Medicare CQM**	**2026**
321	CAHPS for MIPS Survey	CAHPS Survey	2025
479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission Rate	Administrative Claims	2025
484	**Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions**	**Administrative Claims**	**2026**

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Important Changes for 2026

Revised Medicare CQM Beneficiary Definition

Starting with the 2025 Performance Year, the definition of "beneficiary eligible for Medicare CQMs" has been updated to better align with ACO assignment.

A beneficiary must have received at least one primary care service during the performance year from:

- An ACO provider who is a primary care physician, OR
- A provider with one of the specialty designations included in §425.402(c), OR
- A physician assistant, nurse practitioner, or clinical nurse specialist

This change is meant to reduce the patient matching burden for ACOs reporting Medicare CQMs. The Medicare CQM quarterly list will be based on this new definition, meaning only beneficiaries with at least one primary care service encounter during this period will be included.

Updated Promoting Interoperability Requirements

All MSSP ACOs must submit Promoting Interoperability data in 2026, with exceptions for small practices, non-patient facing providers, hospital-based providers, and ambulatory surgical center-based providers. There are updated requirements for Promoting Interoperability in 2026 listed below.

Security Risk Analysis:

- ACOs must attest to both of the following:
  - Conducted Security Risk Analysis
  - Conducted Security Risk Management
- "Yes" responses are required to score points for both

Public Health and Clinical Data Exchange Objective:

- This provides a new optional bonus with the Public Health Reporting Using TEFCA measure
- Despite measure suppression for Electronic Case Reporting, ACOs must still report this measure (with "Yes," "No," or an exclusion) to score in Promoting Interoperability

CAHPS for MIPS Survey Update (Effective 2027)

Starting with the 2027 Performance Year, ACOs will be able to use a web-based survey mode with a web to mail to phone protocol for CAHPS. Additionally, a Spanish language translation must be offered as part of the CAHPS survey administration.

Removal of Health Equity Adjustment

CMS has determined that other mechanisms (the Complex Organization Adjustment, the eCQM/MIPS CQM reporting incentive, and Medicare CQM benchmarks) adequately support ACOs without this additional adjustment.

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Scoring Incentives

Complex Organization Adjustment

ACOs that submit eCQMs and meet minimum Data Completeness requirements may receive one achievement point for each eCQM submitted (capped at 10 points per measure) for up to 100% in the Quality category.

eCQM/MIPS CQM Reporting Incentive

The Quality Performance Standard for eCQM/MIPS CQM reporting is an easier threshold to meet than the Quality Performance Standard for Medicare CQMs, meaning that unlocking Maximum Shared Savings is easier.

Flat Benchmarks for Medicare CQMs

Medicare CQMs are a temporary collection type for the APP, and they will utilize flat benchmarks for the first two years they are available.

Common Challenges and Solutions

Data Aggregation and Interoperability

ACOs often consist of multiple practices using different, non-interoperable EHR systems. This can complicate the work of extracting and combining data for your submission.

- Partner with a Qualified Registry like Mingle Health to assist in aggregating data from multiple EHRs. We can collect, aggregate, and utilize various data formats for your APP submission.

Data Readiness and Measure Requirements

ACOs may be unprepared for the volume of data required, especially for measures with broad denominators.

- Engage in data discovery early in the Performance Year to understand data requirements and where your data resides. Take data samples from all sources to ensure you can access required data in a usable format. Work with a registry partner like Mingle Health to identify data gaps and develop your collection strategies.

Collection Type Selection

Choosing between eCQMs, MIPS CQMs, and Medicare CQMs can be a challenge based on your technical capabilities and patient population.

- Consider these factors:
  - eCQMs may be a great option if your ACO has solid CEHRT infrastructure
  - MIPS CQMs allow flexibility in data sources for your submission
  - Medicare CQMs may reduce reporting burden due to the smaller denominator of Medicare Part B patients only

Your Mingle Health Consultant and support team can help you choose the appropriate collection method for your ACO to ensure you're making the best APP submission possible for your organization.

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Planning Checklist for 2026

Review your data sources for all APP Plus measures, including the two new measures (Quality IDs 113 and 484)

- Identify any data gaps by mid-Q1 to allow time for remediation

Confirm your collection type strategy (eCQM, MIPS CQM, or Medicare CQM) based on your technical capabilities

- Document your rationale for collection type selection to communicate with stakeholders
- Note: You can utilize a combination of measure types (or all three measure types) if you wish

Test data extraction from all EHR systems and other data sources early in the performance year

- Validate data completeness meets minimum thresholds
- Confirm numerator and denominator logic matches CMS specifications

Verify CEHRT usage and Promoting Interoperability readiness for all ACO participants, including the new Security Risk Analysis attestations

- Ensure both Security Risk Analysis and Security Risk Management attestations can be completed
- Confirm use of the 2025 version of SAFER Guides

Ensure CAHPS for MIPS Survey administration is planned and scheduled

- Contract with a CMS-approved CAHPS vendor early (recommended by end of Q1)

Review patient matching processes for Medicare CQM reporting using the updated beneficiary definition

- Understand that beneficiaries must have at least one primary care service from an eligible ACO professional

Establish data aggregation workflows if your ACO uses multiple EHR systems

- Implement de-duplication protocols to avoid double-counting patients seen at multiple practices
- Test your aggregated dataset against CMS file format specifications before the submission deadline

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Choose a Registry Partner with APP Experience

In the transition to APP reporting, your ACO has important decisions to make that could impact your performance and shared savings. As a Qualified Registry with over a decade of experience reporting to CMS, Mingle Health eases the transition to APP reporting for ACOs while helping them improve processes and performance. With Mingle Health, ACOs gain access to valuable tools, experience, and a proven track record of quality reporting for organizations of all sizes and technical abilities.

With Mingle Health, your ACO gains access to:

- Data expertise to combine your data from multiple sources while providing a complete view of quality measure performance across locations and EHRs.
- Flexibility in collection methods with our support for eCQM, MIPS CQM, and Medicare CQM reporting.
- A dedicated Mingle Health Consultant that understands your ACO's specific challenges and needs while helping you navigate current and future reporting requirements.
- Tools and guides to ensure your ACO is meeting APP requirements and creating the best quality submission possible with your challenges, needs, and technical landscape.
- Communication assistance and consulting to ensure that ACO member practices understand the new APP reporting requirements and how they will be affected.

Additional Resources

- How to Transition from MIPS CQMs to eCQMs for the APM Performance Pathway
- Deduplicating Patient Data for eCQM Reporting from Multiple EHRs
- Medicare CQMs for the APM Performance Pathway (APP)
- Promoting Interoperability Requirements for ACOs Explained
- Qualified Participant (QP) Status Explained
- Frequently Asked Questions about the APM Performance Pathway (APP)
- APM Performance Pathway (APP) Reporting Challenges

Your Partner in APP Reporting

Your Mingle Health Consultant will help you plan for success and address issues that may arise throughout the year. We encourage you to engage your team and stakeholders early to understand your specific needs and improve your performance.

Please bookmark our Success Guides and remember you can always email us at hello@minglehealth.com with your questions.