

2026 Qualified Registry Fact Sheet

What is a Qualified Registry?

A Qualified Registry is a data intermediary that collects Merit-based Incentive Payment System (MIPS) data from MIPS eligible clinicians and submits it to the Centers for Medicare & Medicaid Services (CMS) on their behalf.¹ Clinicians work directly with their chosen Qualified Registry to submit data on the measures or activities they've selected. If the entity seeking to qualify as a Qualified Registry uses an external organization for purposes of data collection, calculation, or transmission, it must have a signed, written agreement with the external organization that specifically details the responsibilities of the entity and the external organization. The written agreement must be effective as of September 2 of the year preceding the applicable performance period.²

What are the requirements to become a Qualified Registry?

Participants: You must have at least 25 participants by January 1 of the year prior to the applicable MIPS performance period (e.g., January 1, 2025 for consideration for the 2026 MIPS performance period).³ These participants aren't required to use the Qualified Registry to report MIPS data to CMS, but they must submit data to the Qualified Registry for quality improvement.⁴ **Qualified Registries must be able to accept and retain data by January 1 of the applicable MIPS performance period.**⁵ A system that isn't "live," beginning with the start of the MIPS performance period, is considered non-compliant with this requirement.

Certification Statement: You must certify that all data submissions to CMS on behalf of MIPS eligible clinicians, groups, virtual groups, subgroups, or Alternative Payment Model (APM) Entities, including Shared Savings Program Accountable Care Organizations (ACOs) (herein known as Quality Payment Program (QPP) participants), are true, accurate, and complete to the best of your knowledge.^{6, 7} This certification applies to data submissions based on the acceptance of data exports directly from an electronic health record (EHR) or other data sources and for traditional MIPS, MIPS Value Pathways (MVPs), and the APM Performance Pathway (APP). If you become aware that any submitted information isn't true, accurate, and complete, corrected information may be submitted until the end of the data submission period. If

¹ [§414.1305](#)

² [§414.1400\(b\)\(3\)\(ii\)](#)

³ [§414.1400\(b\)\(3\)\(i\)](#)

⁴ [81 FR 77383](#)

⁵ [§414.1400\(b\)\(3\)\(xvii\)](#)

⁶ [§414.1400\(a\)\(3\)\(i\)](#)

⁷ Participation options include MIPS eligible clinician, group, virtual group, subgroup, or APM Entity, including Medicare Shared Savings Program (Share Savings Program) Accountable Care Organization (ACOs). This applies to both voluntary and opt-in MIPS eligible clinician and groups.



false, inaccurate, or incomplete data are identified after the data submission period, you should immediately notify CMS.

Data Submission: You should submit data via a CMS-specified secure method for data submission, such as a defined QPP data format.⁸ Additional information regarding data submission methodologies is in the [Developer Tools](#) section of the [QPP website](#). (Data submission is discussed in more detail below.)

Except as provided in the Calendar Year (CY) 2023 Medicare Physician Fee Schedule (PFS) Final Rule,⁹ Qualified Registries must be able to submit data for all of the following MIPS performance categories:

- Quality, except:
 - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey; and
 - For Qualified Registries, Qualified Clinical Data Registry (QCDR) measures;
- Improvement activities; and
- Promoting Interoperability, if the MIPS eligible clinician, group, virtual group, subgroup, or APM Entity, including any Shared Savings Program ACO, is using Certified Electronic Health Record Technology (CEHRT); however, a third party intermediary may be excepted from this requirement if its MIPS eligible clinicians, groups, virtual groups, subgroups, MVPs, or APM Entities, including Shared Savings Program ACOs, fall under the reweighting policies.^{10, 11}

Beginning with the 2025 MIPS performance period/2027 MIPS payment year, health information technology (IT) vendors are removed from the definition of third party intermediary. Removing health IT vendors from the definition of third party intermediary won't preclude health IT vendors from assisting MIPS eligible clinicians with reporting under the program. In order to submit data on behalf of clinicians, a health IT vendor would need to meet the requirements of and self-nominate to become a QCDR or Qualified Registry. They can continue to facilitate data collection and support clinicians and groups in the 'sign in and upload' and 'sign in and attest' submission types.¹²

Beginning with the CY 2026 MIPS performance period/2028 MIPS payment year, Qualified Registries must support MVPs that are applicable to the MVP participant on whose behalf they submit MIPS data no later than one year after finalization of the MVP in accordance with the current requirement. Qualified Registries may also support the APP. A Qualified Registry must support all measures and improvement activities available in the MVP with 2 finalized exceptions:

⁸ [81 FR 77384](#) through [77385](#)

⁹ [§414.1400\(b\)\(1\)\(i\)](#)

⁹ [§414.1400\(b\)\(1\)\(i\)\(C\)](#)

¹¹ [§414.1380\(c\)\(2\)\(i\)\(A\)\(4\)](#) or [\(5\)](#) or [§414.1380\(c\)\(2\)\(i\)\(C\)\(1\)](#) through [§414.1380\(c\)\(2\)\(i\)\(C\)\(7\)](#) or [§414.1380\(c\)\(2\)\(i\)\(C\)\(9\)](#)

¹² [§414.1400\(a\)\(1\)\(iii\)](#)



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- If an MVP includes several specialties, then a Qualified Registry is only expected to support the measures that are pertinent to the specialty of their clinicians.¹³
- QCDR measures are only required to be reported by the QCDR measure owner. This exception doesn't apply to Qualified Registries as only QCDRs can submit QCDR measures.

Data Validation and Targeted Audits: You must submit a data validation strategy annually, by close of Self-Nomination and you may not change the data validation once approved without prior CMS approval. You must conduct annual data validation audits. You must conduct data validation via traditional MIPS, MVPs, and/or the APP for the 2026 MIPS performance year prior to any data submission **for the 2026 MIPS performance period.**¹⁴

Your data validation must include all:

- Collection types (MIPS clinical quality measures (CQMs), and electronic clinical quality measures (eCQMs), and Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program [Medicare CQMs]).
- Performance categories (quality, improvement activities, Promoting Interoperability).
- Reporting options (traditional MIPS, MVPs, the APP).
- Participation options (MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups).

You must use clinical documentation (provided by the clinicians for whom you're submitting data) to validate that the action or outcome measured occurred or was performed.¹⁵ In addition, each data validation audit must include the following:

- Verification of the eligibility status of each QPP participant.
- Verification of the accuracy of Taxpayer Identification Numbers (TINs) and National Provider Identifiers (NPIs).
- Calculation of reporting and performance rates.
- Verification that only MIPS quality measures, improvement activities, and Promoting Interoperability measures and objectives that are relevant for the performance period will be used for MIPS submission, including traditional MIPS, MVPs, and the APP. For the 2026 MIPS performance period, this means:
 - 2026 MIPS CQMs, eCQMs, and/or Medicare CQMs for the quality performance category.

¹³ [§414.1400\(b\)\(1\)\(ii\)\(A\)](#)

¹⁴ [§414.1400\(b\)\(3\)\(iv\)](#) through [§414.1400\(b\)\(3\)\(v\)\(C\)](#)

¹⁵ [§414.1400\(b\)\(3\)\(v\)\(D\)](#)

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- 2026 Promoting Interoperability measures and objectives for the Promoting Interoperability performance category.
- 2026 improvement activities for the improvement activities performance category¹⁶

Data Validation Audits. Each data validation audit must use a sampling methodology that meets the following requirements for all performance categories for which you'll submit data (traditional MIPS, MVPs, and the APP):

- Sample size of at least 3% of a combination of individual clinicians, groups, virtual groups, subgroups, and APM Entities, including any Shared Savings Program ACOs, submitted to CMS, except that the sample size must have a minimum of 10 individual clinicians, groups, virtual groups, subgroups, and APM Entities, including Shared Savings Program ACOs but the sample size doesn't need to include more than 50 individual clinicians, groups, virtual groups, subgroups, and APM Entities, including Shared Savings Program ACOs.¹⁷
- Sample size that includes at least 25% of the patients of each individual clinician, group, virtual group, subgroup, and APM Entity, including any Shared Savings Program ACO, in the sample, except that the sample size for each individual clinician, group, virtual group, subgroup, and APM Entity, including any Shared Savings Program ACO, must have a minimum of 5 patients but doesn't need to include more than 50 patients.¹⁸

If your organization is supporting Medicare CQMs, the intermediary will need to evaluate the ACO's list of beneficiaries eligible for Medicare CQMs against each Medicare CQM specification prior to submission, including confirming that the beneficiaries meet the numerator and denominator criteria for the measure. The ACO list of beneficiaries eligible for Medicare CQMs is provided to the ACO each quarter throughout the performance year as part of its Quarterly Informational Reports Packages.

Targeted Audits: If a data validation audit identifies one or more deficiency or data error, you must also conduct a targeted audit into the impact and root cause of each such deficiency or data error for that MIPS payment year.¹⁹ Any required targeted audits for the 2026 MIPS performance period and correction of any deficiencies or data errors identified through such audit must be completed prior to the submission of data for the 2026 MIPS performance period.²⁰ The sample used for auditing in the targeted audit must be based on a sampling methodology that meets the requirements for data validation audits and must not include data from the sample used for the data validation audit in which the deficiency or data error was identified.²¹ (The targeted audit is

¹⁶ [§414.1400\(b\)\(3\)\(v\)\(F\)\(1\)](#) through [§414.1400\(b\)\(3\)\(v\)\(F\)\(4\)](#)

¹⁷ [§414.1400\(b\)\(3\)\(v\)\(E\)\(1\)](#)

¹⁸ [§414.1400\(b\)\(3\)\(v\)\(E\)\(2\)](#)

¹⁹ [§414.1400\(b\)\(3\)\(vi\)\(A\)](#)

²⁰ [§414.1400\(b\)\(3\)\(vi\)\(B\)](#)

²¹ [§414.1400\(b\)\(3\)\(vi\)\(C\)](#)



required if any errors or deficiencies are found through the data validation audit of traditional MIPS, MVP reporting, and/or the APP.)

Data Validation Execution Report (DVER) and Targeted Audits: You must execute your 2026 data validation and any required targeted audits prior to the submission of data for traditional MIPS, MVPs, and the APP for the 2026 MIPS performance period.

- The 2026 DVER that includes the results of your data validation audit, must be submitted to CMS by June 1, 2027.²² The DVER must include:
 - The name of the Qualified Registry.
 - Whether data was submitted for any of the performance categories for the 2026 MIPS performance period.
 - Overall Data Deficiency and Data Error Rate – (number of clinicians with a data issue / total number of clinicians supported).
 - The overall data error rate includes only data errors that weren't corrected before submission to CMS.
- For each type of deficiency or data error discovered you must provide (1) a description and examples of the deficiency/error; (2) the percentage of clinicians impacted by the deficiency/error and (3) when and how each deficiency/error was corrected. Types of deficiencies or data errors include, but aren't limited to, the following:
 - Errors or deficiencies related to verifying the MIPS eligibility of QPP participants.
 - Errors or deficiencies related to verifying the accuracy of TINs and NPIs.
 - Errors or deficiencies related to the use of 2026 MIPS measures and activities for submission, namely:
 - 2026 MIPS CQMs, eCQMs, and/or Medicare CQMs for the quality performance category.
 - 2026 MIPS Promoting Interoperability measures and objectives for the Promoting Interoperability performance category.
 - 2026 MIPS improvement activities for the improvement activities performance category.
 - Errors or deficiencies in calculating data completeness and performance rates (i.e., were any issues identified with how the MIPS quality measure specifications (as applicable) were implemented in the system?).
 - Errors or deficiencies identified during the data validation audit. If one or more errors or deficiencies are identified during the data validation audit, a targeted audit is required.

If you're required to conduct any targeted audits for the 2026 MIPS performance year, the corresponding 2026 targeted audit results should also be submitted to CMS by June 1, 2027.

Your report with the results of each targeted audit must include:

- The overall deficiency or data error rate;
- The types of deficiencies or data errors discovered;

²² [§414.1400\(b\)\(3\)\(v\)\(G\)\(1\)](#)

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- How and when the errors or deficiencies were corrected; and
- The percentage of your total clinicians impacted by the data errors or deficiencies.

Late, incomplete, and/or absent submission of your DVER or results for a required targeted audit constitutes non-compliance with program requirements and may result in remedial action or termination of the Qualified Registry for the current and possibly future program years of the MIPS program.

CMS will provide a DVER template for data validation and targeted audit results, which will be posted on the [QPP Resource Library](#).

Performance Category Feedback Reports: Qualified Registries are required to provide performance category feedback at least 4 times a year, and provide specific feedback to all QPP participants, who have submitted data on a given measure for traditional MIPS, MVPs, and the APP.

- CMS doesn't provide a template for performance feedback reports.
- If a real-time feedback dashboard is available to clinicians, CMS asks that the Qualified Registry email QPP participants at least 4 times a year, to remind them the feedback is available.
- Exceptions to this requirement may occur if the Qualified Registry doesn't receive the data from their clinician until the end of the performance period, as discussed in the CY 2023 Medicare PFS Final Rule.²³

Attestation: Attest that you understand the Qualified Registry qualification criteria and program requirements and will meet all program requirements.

What are the organization approval criteria?

To be approved as a third party intermediary, an intermediary must agree to meet these requirements including, but not limited to, the following:

- A third party intermediary's principal place of business and retention of any data must be based in the U.S.²⁴
- If the data is derived from a CEHRT, then a QCDR or Qualified Registry must be able to indicate its data source.²⁵
- All data must be submitted in the form and manner specified by CMS.²⁶
- If the clinician chooses to opt-in in accordance with [§414.1310](#), the third party intermediary must be able to transmit that decision to CMS.²⁷

²³ [§414.1400\(b\)\(3\)\(iii\)](#)

²⁴ [§414.1400\(a\)\(2\)\(i\)\(A\)](#)

²⁵ [§414.1400\(a\)\(2\)\(i\)\(B\)](#)

²⁶ [§414.1400\(a\)\(2\)\(i\)\(C\)](#)

²⁷ [§414.1400\(a\)\(2\)\(i\)\(D\)](#)



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- The third party intermediary must provide services throughout the entire performance period and applicable data submission period.²⁸
- Prior to discontinuing services to any QPP participants during a performance period, the intermediary must support the transition of such QPP participants to an alternate third party intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS-approved transition plan.²⁹
- The determination of whether to approve an organization as a third party intermediary for a MIPS payment year may take into account:
 - Whether the organization failed to comply with the requirements of this section for any prior MIPS payment year for which it was approved as a third party intermediary; and
 - Whether the organization provided inaccurate information regarding the requirements of this subpart to any eligible clinician.³⁰
- Beginning with the 2023 MIPS payment year, third party intermediaries must attend and complete training and support sessions in the form and manner, and at the times, specified by CMS.
- All data submitted to CMS by a third party intermediary on behalf of a QPP participant must be certified by the third party intermediary as true, accurate, and complete to the best of its knowledge. Such certification must be made in a form and manner and at such time as specified by CMS.³¹ This applies to data submitted for traditional MIPS, MVPs, and the APP.

What data submission functions must a Qualified Registry perform?

Following the Self-Nomination process, an approved Qualified Registry should be able to perform the following data submission functions:

- **Indicate:**
 - Whether the Qualified Registry is using a CEHRT data source.
 - Performance period, start and end dates.
 - The reporting of data on quality measures, Promoting Interoperability objectives and measures or improvement activities, as applicable, to the standards and requirements of the respective performance categories.
- **Submit:**
 - The data and results for all supported MIPS performance categories.
 - The data must include **all-payer data**, and not just Medicare Part B claims patients.

²⁸ [§414.1400\(a\)\(2\)\(i\)\(E\)](#)

²⁹ [§414.1400\(a\)\(2\)\(i\)\(F\)](#)

³⁰ [§414.1400\(a\)\(2\)\(ii\)](#) through [§414.1400\(a\)\(2\)\(ii\)\(B\)](#)

³¹ [§414.1400\(a\)\(2\)\(i\)](#) through [§414.1400\(a\)\(3\)](#)



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- If reporting Medicare CQMs on behalf of an ACO participating in the Shared Savings Program, the data should include beneficiaries eligible for Medicare CQMs that meet the measure specification.³²
- Results for at least 6 quality measures, including one outcome measure, as applicable (if submitting MIPS CQMs or eCQMs).³³
 - If an outcome measure isn't available, use at least one other high-priority measure.
 - Give the entire distribution of measure results by decile, if available.
- Results for 4 quality measures from your chosen MVP, including 1 outcome measure.
 - If no outcome measure is available or applicable, or you're unable to meet the case minimum requirements for any of the outcome measures available in the MVP, you may report a high priority measure.
 - The 4 required quality measures don't include the required population health measures evaluated as part of the foundational layer.
- Results for all 4 measures via a combination of eCQMs/MIPS CQMs/Medicare CQMs (if submitting the APP measure set for ACOs). If submitting Medicare CQMs for ACOs, all 4 measures must be submitted.
- Appropriate measure and activity identifiers (IDs) for quality measures, Promoting Interoperability measures and objectives, and improvement activities, and titles for MVPs.³⁴
- Measure-level data completeness rates by TIN/NPI, TIN, and/or aggregated TINs.
- Measure-level performance rates by TIN/NPI and/or TIN.³⁵
- The sampling methodology used for data validation.
- Risk-adjusted results for any risk-adjusted measures.
- **Report on the number of:**
 - Eligible instances (the reporting denominator).
 - Instances a quality service is performed (the performance numerator).
 - Instances the applicable quality action wasn't met (the performance wasn't met).
 - Instances a performance exception/exclusion occurred (the denominator exceptions/numerator exclusions).
- **Verify and maintain clinician information:**
 - Signed verification of clinician names, contact information, services provided, costs charged to clinicians, quality measures, or specialty-specific measure sets (if applicable).

³² [§425.20](#)

³³ [§414.1400\(b\)\(3\)\(x\)](#)

³⁴ [§414.1400\(b\)\(3\)\(ix\)](#)

³⁵ [§414.1400\(b\)\(3\)\(v\)\(F\)\(3\)](#)



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- Business associate agreements must comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Records of the authorization must be maintained for 6 years after the performance period ends.³⁶
 - Business associate agreement(s) with QPP participants, who provide patient-specific data.
 - Obtain and keep on file signed documentation that each holder of an NPI that has authorized the Qualified Registry to submit quality measure results, improvement activities measure and activity results, Promoting Interoperability objective results, and numerator and denominator data or patient-specific data on Medicare and non-Medicare beneficiaries to CMS for the purpose of MIPS participation. This documentation should be obtained annually at the time the clinician or group enters into an agreement with the Qualified Registry to submit MIPS data to the Qualified Registry³⁷ and must meet the requirements of any applicable laws, regulations, and contractual business associate agreements. Groups participating in MIPS via a Qualified Registry may have their group's duly authorized representative grant permission to the Qualified Registry to submit their data to us. If submitting as a group, each individual clinician doesn't need to grant their individual permission to the Qualified Registry to submit their data to us.
 - A practice administrator may give consent on behalf of a group, virtual group, subgroup, or APM Entity, including any Shared Savings Program ACO, reporting as a group but **not** for an individual clinician reporting as an individual. If you're submitting the individual clinician data as an individual, you must have a business associate agreement and consent in place for each individual clinician.
 - Include disclosure of MIPS quality measure results and data on Medicare and non-Medicare beneficiaries. If your organization submits Medicare CQMs, the disclosure would be specific to an identified Medicare population rather than all-payer data.
 - Clinician consent with signed authorization to submit results and data to CMS for MIPS.
 - Certification statement that all data and results submitted to CMS are true, accurate, and complete to the best of your knowledge.³⁸
- **Comply with:**
 - Any CMS request to review your submitted data. For auditing, CMS may request any MIPS records or data retained for up to 6 years from the end of the MIPS performance period.³⁹

³⁶ [§414.1400\(b\)\(3\)\(xii\) and \(xiii\)](#)

³⁷ [§414.1400\(b\)\(3\)\(xii\) and \(xiii\)](#)

³⁸ [§414.1400\(a\)\(3\)](#)

³⁹ [§414.1400\(b\)\(3\)\(xv\)](#)



- Requirement to attend and complete training and support sessions.⁴⁰
- Participation requirements (for example, and not limited to, conducting data validation and submitting required reports and performance feedback to clinicians; Qualified Registry would be up and running by January 1 of the given performance period).
- All data must be submitted in the form and manner specified by CMS.⁴¹

What are considered data inaccuracies?

Data inaccuracies may result in:

Remedial action/termination of the third party intermediary for future program year(s) based on CMS discretion.⁴²

- Beginning with the CY 2025 performance period/2027 MIPS payment year, the CMS website publicly disclosing that CMS took remedial action against or terminated the third party intermediary.⁴³

CMS will further evaluate the Qualified Registry to determine if any additional inaccurate, unusable, or otherwise compromised data has been submitted.⁴⁴ Data inaccuracies may lead to remedial action against (or termination of) the Qualified Registry for future program year(s), based on CMS discretion.

CMS will evaluate data submitted for quality measures for data completeness and accuracy. The Qualified Registry will also certify that all the data submitted (including quality measures, improvement activities, and Promoting Interoperability objectives and measures) are true, accurate, and complete to the best of their knowledge.

CMS will determine error rates calculated on data submitted to CMS for clinicians, groups, virtual groups, subgroups, and APM Entities, including Shared Savings Program ACOs.

CMS will evaluate data inaccuracies including, but not limited to:

- TIN/NPI Issues – Incorrect TINs, incorrect NPIs, or submission of group NPIs.
- Formatting Issues – Submitting files with incorrect file formats, submitting files with incorrect element formats, or failure to update and resubmit rejected files.
- Calculation Issues – Incorrect qualities for measure elements, performance rates, and/or data completeness rates; numerators larger than denominators.
- Data Audit Discrepancies – Since data audits are required to occur prior to data submission, Qualified Registries should correct all identified errors prior to submitting the

⁴⁰ [§414.1400\(a\)\(2\)\(iii\)](#)

⁴¹ [§414.1400\(a\)\(2\)\(i\)\(C\)](#)

⁴² [§414.1400\(e\)\(3\)](#)

⁴³ [§414.1400\(e\)\(1\)\(ii\)\(B\)](#)

⁴⁴ [§414.1400\(e\)\(1\)](#)



data to CMS. CMS will consider Qualified Registry acknowledgement of data discrepancies found post-submission from clinician feedback reports.

What is the overall process to become a CMS-approved Qualified Registry?

To become a Qualified Registry for the MIPS program under QPP, you must self-nominate and successfully complete a qualification process.

The overall process includes these steps:

The Qualified Registry completes and submits the Self-Nomination form and supported MIPS quality measures, improvement activities, Promoting Interoperability objectives and measures, the APP, and MVPs through the QPP website for CMS consideration.⁴⁵

If the Self-Nomination form is approved, a qualified posting is developed for the approved Qualified Registry and should include the following:

- Program status (remedial action taken against the Qualified Registry or terminated as a third party intermediary [if applicable]);
- Partnerships;
- Organization type;
- Specialty;
- Previous participation in MIPS (if applicable);
- Contact information;
- Website;
- Costs incurred by clients;
- Services offered;
- Last date to accept new clients;
- Virtual groups specialty parameters (if applicable);
- Reporting option(s) supported;
- Participation option(s) supported;
- Virtual groups specialty parameters (if applicable);
- Improvement activities supported;
- Promoting Interoperability measures supported;
- MIPS CQMs supported;
- MIPS eCQMs supported;
- MVPs supported;
- MVP MIPS CQMs supported;

⁴⁵ [82 FR 53817](#)

- MVP eQCMs supported.

CMS requires that Qualified Registries attest that the information listed on the qualified posting is accurate.⁴⁶

- Approved Qualified Registries are required to support the performance categories, reporting options, measures and activities listed on their qualified posting and meet all applicable approval criteria for the applicable performance period as a condition of participation in MIPS. Failure to do so may lead to remedial action or possible termination of the Qualified Registry from future MIPS program years. Prior to discontinuing services to any QPP participant during a performance period, the third party intermediary must support the transition of such QPP participant to an alternate third party intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS-approved transition plan by a date specified by CMS.⁴⁷

The list of CMS-approved Qualified Registries that have been approved to submit data to CMS as a Qualified Registry for the 2026 MIPS performance period will be posted in the 2026 Qualified Registry Qualified Posting on the [QPP Resource Library](#).

When is the Self-Nomination period?

You can self-nominate from:

July 1 – September 2 of the year prior to the applicable performance period. For the 2026 MIPS performance period, the Self-Nomination period will open at **10 a.m. ET** on July 1 and close at **8 p.m. ET** on September 2, 2025. Self-Nominations submitted after the deadline won't be considered.⁴⁸

Tips for successful Self-Nomination:

You must provide all required information at the time of Self-Nomination, and before the close of the Self-Nomination period via the [QPP website](#) for CMS consideration.

Self-Nomination is an annual process. If you want to qualify as a Qualified Registry for a given MIPS performance period, you'll need to self-nominate for that MIPS performance period. Qualification and participation in a prior program year doesn't automatically qualify an intermediary for subsequent MIPS performance periods.

A simplified Self-Nomination form is available to reduce the burden of Self-Nomination for those existing Qualified Registries that have previously participated in MIPS and are in good standing

⁴⁶ [§414.1400\(b\)\(3\)\(xiv\)](#)

⁴⁷ [§414.1400\(a\)\(2\)\(i\)\(F\)](#) through [§414.1400\(a\)\(3\)\(iv\)](#)

⁴⁸ [§414.1400\(b\)\(2\)](#)



(i.e., CMS didn't take remedial action against or terminate the Qualified Registry as a third party intermediary). **Qualified Registries that are in good standing are still required to submit their Self-Nomination form even if they use the simplified Self-Nomination process, as there may be new sections to fill out and they need to respond to attestations within the course of the application.**⁴⁹

A simplified Self-Nomination form is available **only** to existing Qualified Registries who are in good standing. Existing Qualified Registries in good standing should contact the MIPS QCDR/Registry Support Team (Practice Improvement Quality and Measure Management Support [PIQMMS] Team) at RegistryVendorSupport@gdit.com if they can't find or access the simplified Self-Nomination form (instead of submitting a new Self-Nomination form).

What information is needed to self-nominate?

You must provide the following when you self-nominate:

- Your Qualified Registry's intermediary name.
- Specify any partnerships or collaborations.
- For the 2026 MIPS performance period, a Qualified Registry that was approved but didn't submit any MIPS data for either of the 2 years preceding the applicable Self-Nomination period must submit a participation plan for CMS' approval. This participation plan must include the Qualified Registry's detailed plans about how the Qualified Registry intends to encourage clinicians to submit MIPS data to CMS through the Qualified Registry.⁵⁰ Beginning with the 2024 MIPS performance period/2026 MIPS payment year, an organization that submits a participation plan, but doesn't submit MIPS data for the applicable MIPS performance period for which they self-nominated, will be terminated.⁵¹
- Whether you're a new applicant or previously approved Qualified Registry (approved in a previous year of MIPS and/or the Physician Quality Reporting System [PQRS]).
- MIPS performance categories you'll support. Qualified Registries are required to support the quality, Promoting Interoperability, and improvement activities performance categories. Third party intermediaries could be excepted from this requirement if ALL of its supported clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs, fall under the reweighting policies.
- Whether you can support the APP including Medicare CQMs.
- The list of MVPs you're supporting.
- The list of MIPS CQMs you're supporting. The reporting of MIPS CQMs must use the current measure specification for the performance period in which they'll be used and must

⁴⁹ [§414.1400\(b\)\(2\)](#)

⁵⁰ [§414.1400\(b\)\(3\)\(viii\)](#)

⁵¹ [§414.1400\(e\)\(5\)](#)

be used as specified. Third party intermediaries aren't permitted to alter or modify measure specifications.

- The list of eCQMs you're supporting. The reporting of eCQMs must use the current measure specification for the performance period in which they'll be used and must be used as specified. Third party intermediaries aren't permitted to alter or modify measure specifications.
- The list of 2026 improvement activities you're supporting.
- The list of 2026 Promoting Interoperability objectives and measures you're supporting.
- An intermediary seeking to become a Qualified Registry must submit specifications for each measure, activity, and objective that the intermediary intends to submit for MIPS (including the information described in paragraphs [§414.1400\(b\)\(4\)\(i\)](#)) at the time of Self-Nomination).
- Identify your intermediary type (i.e., Collaborative, Health Information Exchange/Regional Health Information Organization, Health IT vendor, Regional Health Collaborative, Specialty Society, Other).
- The list of data collection method(s) you use (claims, EHR, practice management system, web-based tool, etc.).
- Confirm you'll conduct your 2026 data validation audits and any required targeted audits and correct any deficiencies or data errors identified through such audits prior to the submission of data for the MIPS payment year.
- Confirm you'll submit reports with the results of each 2026 MIPS performance period data validation audit and targeted audit by the deadline of May 31, 2027.
- The list of participation options you intend to support (e.g., clinician, group, virtual group, subgroup, APM Entities, including any Shared Savings Program ACOs).
- Specify the cost (frequency [monthly, annual, per submission]) and if the cost is per provider/practice, services included in the cost, and if there's a different cost of supporting traditional MIPS compared to MVPs.

What may cause remedial action to be taken or the termination of third party intermediaries from the program?

CMS has the authority to impose remedial action or termination based on its determination that a third party intermediary is non-compliant with one or more applicable criteria for approval; has submitted a false certification; has submitted data that's inaccurate, unusable, or otherwise compromised⁵²; hasn't maintained current contact information for correspondence⁵³; or they're on remedial action for 2 consecutive years.⁵⁴

Qualified Registries that have remedial action taken against them will be required to submit a corrective action plan (CAP) to address any deficiencies and detail any steps taken to prevent the

⁵² [§414.1400\(e\)](#)

⁵³ [§414.1400\(e\)\(2\)\(iv\)](#)

⁵⁴ [§414.1400\(e\)\(2\)\(v\)](#)



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deficiencies from reoccurring within a specified time period. The third party intermediary is required to submit a CAP by a date specified by CMS. The CAP must address the following issues unless different or additional information is specified by CMS:

- The issues that contributed to the non-compliance.
- The impact to QPP participants.
- The corrective actions implemented by the third-party intermediary to ensure that the non-compliance issues have been resolved and won't reoccur in the future.
- The detailed timeline for achieving compliance with the applicable requirements.
- Develop a communication plan for communicating the impact to the parties identified in the finalized [§414.1400\(e\)\(1\)\(i\)\(B\)](#).⁵⁵ This would include QPP participants.
- Communicate the final resolution to CMS once the resolution is complete, and provide an update, if any, to the monitoring plan provided.⁵⁶

Failure to comply with the remedial action process may lead to termination of third party intermediaries for the current and/or subsequent performance year. If a third party intermediary is terminated, a transition plan must be submitted by a date specified by CMS. The transition plan must address the following unless different or additional information is specified by CMS:⁵⁷

- State the issues that contributed to the withdrawal mid-performance period or discontinuation of services mid-performance period.
- State the number of QPP participants that would need to find another way to report.
- State the steps the third party intermediary will take to ensure that the QPP participants, identified in [§414.1400\(a\)\(3\)\(iv\)\(B\)\(1\)](#), are notified of the transition in a timely manner and successfully transitioned to an alternate third party intermediary, submitter type, or, for any measure or activity on which data has been collected, collection type, as applicable.
- Require that the transition plan include a detailed timeline of when the third party intermediary will take the steps identified in paragraph [\(a\)\(3\)\(iv\)\(C\)](#), including notification of affected clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs, the start of the transition, and the completion of the transition.
- The third party intermediary must communicate to CMS that the transition was completed by the date included in the detailed timeline.⁵⁸

The 2026 Qualified Registry Qualified Posting will be updated to reflect when remedial action has been taken and/or when a third party intermediary participating as a Qualified Registry is terminated.

⁵⁵ [§414.1400\(e\)\(1\)\(i\)\(B\)](#)

⁵⁶ [§414.1400\(e\)\(1\)\(i\)\(F\)](#)

⁵⁷ [§414.1400\(a\)\(3\)\(iv\)](#)

⁵⁸ [§414.1400\(a\)\(3\)\(iv\)\(A\)](#) through [§414.1400\(a\)\(3\)\(iv\)\(E\)](#)

Resources

- **CY 2026 Payment Policies under the Physician Fee Schedule (PFS)** - CMS provides an overview of the major policies finalized for the 2026 MIPS performance period in the [CY 2026 QPP Policies Final Rule Fact Sheet \(PDF, 323KB\)](#), which includes a table comparing the previous policy to the newly finalized policy. Please refer to the [2026 Medicare PFS Final Rule](#) for additional information.
- **Qualified Registry Support Calls** - CMS will hold mandatory joint support calls for Qualified Registries and QCDRs that are approved to participate in the 2026 MIPS performance period. These support calls will be held approximately once a month, with the kick-off meeting (in-person or virtually) being the first of the monthly calls. The support calls address reporting requirements, steps for successful submission, and allow for a question-and-answer session. The monthly support calls are limited to approved 2026 MIPS performance period Qualified Registries. Each Qualified Registry must attend both the webinar and audio portion via computer or phone to receive credit for attending the support call. Please note that attendance by only one representative from an intermediary supporting multiple Qualified Registries **WON'T** be counted as attendance for multiple Qualified Registries.
- **Virtual Office Hours (VOHs)** - CMS will host joint VOHs so QCDRs and Qualified Registries can ask CMS subject matter experts questions related to the assigned topics for those calls. Only topic-specific questions will be addressed during each call. All other questions will be referred to the QPP Service Center. Participation in the VOHs **isn't required** but is strongly encouraged.
- **QPP Listserv** - The QPP Listserv provides news and updates on new resources, website updates, upcoming milestones, deadlines, CMS trainings, and webinars. To subscribe, visit the [QPP website](#) and select "Subscribe to Updates" at the bottom of the page or in the footer.
- **QPP Website** - Educational documents for Qualified Registry participation will be available on the website to help support you in your submission process. In addition, lists with the criteria used to audit and validate data submitted in each of the MIPS performance categories will be available on the website.
- **QPP** - Contact the QPP Service Center by emailing QPP@cms.hhs.gov, by creating a [QPP Service Center ticket](#), or by calling 1-866-288-8292 (Monday-Friday 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.
- **2026 Self-Nomination Toolkit for QCDRs and Registries (ZIP, 49KB)** - The Self-Nomination User Guide within the zip file provides step-by-step instructions for entities looking to become an approved Qualified Registry for the 2026 MIPS performance period.

Version History Table

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Date	Change Description
06/23/2025	Original Version
12/05/2025	Added 2026 Medicare PFS Final Rule Updates

