Merit-based Incentive Payment System (MIPS)

Quality Performance Category: Learning About Collection Types

Quality Payment
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Learning About Collection Types

Collection Type refers to the way you collect data for a quality measure. While an individual quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. Follow the measure specifications that correspond with how you choose to collect your quality data. You can report measures from multiple collection types to meet quality reporting requirements.

- For example: You're looking for a quality measure to report on the Use of High-Risk Medications in the Elderly. This measure is available as both a MIPS Clinical Quality Measure (CQM) and Electronic Clinical Quality Measure (eCQM) (distinct specifications). You would use the measure specification that corresponds with how you choose to collect your data.

In this resource, we'll review the different collection types available for reporting quality measures in traditional MIPS or MIPS Value Pathways (MVPs), along with relevant information and links to resources.

Collection types:

- eCQMs
- MIPS CQMs
- Qualified Clinical Data Registry (QCDR) Measures
- Medicare Part B Claims Measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey Measure
- Administrative Claims Measures

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Table 1. eCQMs, MIPS CQMs, QCDR Measures and Medicare Part B Claims Measures

Table 1 reviews information regarding the 4 collection types available for quality measures with performance data that you collect in your systems and submit to CMS.

Collection Type	Quality Measures Available for 2026	What Do You Need to Know About This Collection Type?
eCQMs	2026 eCQM specifications 2026 eCQM flows (ZIP, 35.9MB)	You can report eCQMs if you use technology that meets the Certified Electronic Health Record Technology (CEHRT) certification from the Office of the National Coordinator for Health Information Technology (ONC) by the time eCQM data is generated for submission. You'll need to make sure your CEHRT is updated to collect the most recent version of the measure specification. Please refer to the eCQM Implementation and Preparation Checklists on the Electronic Clinical Quality Improvement (eCQI) website to verify. If you collect data using multiple electronic health record (EHR) systems, you'll need to aggregate your measure data before it's submitted. A CEHRT ID is now required when submitting eCQM data for the quality performance category. For detailed instructions on how to generate a CMS EHR Certification ID, review pages 23-25 of the CHPL Public User Guide (PDF, 1.21MB). If you choose this collection type, you may choose to work with a QCDR, Qualified Registry, Health IT vendor, or you can submit them yourself. • Download the list of approved QCDRs (XLSX, 220KB). • Download the list of approved Qualified Registries (XLSX, 223KB).

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Table 1. eCQMs, MIPS CQMs, QCDR Measures and Medicare Part B Claims Measures (Continued)

Collection Type	Quality Measures Available for 2026	What Do You Need to Know About This Collection Type?
MIPS CQMs	2026 MIPS Clinical Quality Measure Specifications and Supporting Documents (ZIP, 40.8MB)	MIPS CQMs are often collected by third party intermediaries and submitted on behalf of MIPS eligible clinicians. You may choose to work with a QCDR, Qualified Registry, or you can submit them yourself. • Download the list of approved QCDRs (XLSX, 220KB). • Download the list of approved Qualified Registries (XLSX, 223KB).
QCDR Measures	2026 QCDR Measure Specifications (XLSX, 619KB)	QCDRs are CMS-approved entities with the flexibility to develop and track their own quality measures, which are approved along with the entity during their self-nomination period. These measures can be a great option for clinicians and practices that provide specialized care or who have trouble finding MIPS quality measures that feel relevant to their practice. You'll need to work with a QCDR to report these measures on your behalf. • Download the list of approved QCDRs (XLSX, 220KB).
Medicare Part B Claims Measures	2026 Medicare Part B Claims Specifications and Supporting Documents (ZIP, 8.4MB)	This collection type is only available to those designated with the small practice special status (15 or fewer clinicians). Learn more about the small practice status on the Quality Payment Program Special Status webpage. Medicare Part B claims measures are always reported with the clinician's individual (rendering) NPI even when reporting as a group, subgroup (MVPs only) virtual group (traditional MIPS), or APM Entity. For more information about reporting quality measures through Medicare Part B claims, review the 2026 Reporting MIPS Quality Measures through Medicare Part B Claims Quick Start Guide for Small Practices (PDF, 2.1MB).

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Table 2. CAHPS for MIPS Survey Measure

Table 2 reviews the CAHPS for MIPS Survey measure, which measures patient experience.

Collection Type	Quality Measures Available for 2026	What Do You Need to Know About This Collection Type?
CAHPS for MIPS Survey Measure	2026 CAHPS for MIPS Survey Overview Fact Sheet (available on the Quality Payment Program Resource Library in March 2026)	Groups, virtual groups (traditional MIPS reporting only), subgroups (MVP reporting only) and APM Entities that wish to administer the CAHPS for MIPS survey must register between April 1, 2026, and June 30, 2026. Visit the CAHPS for MIPS Survey Registration webpage to learn more about registration. The CAHPS for MIPS Survey assesses the experience of patients receiving primary care services and is, therefore, most appropriate for those that provide primary care services. This survey measure must be administered by a CMS-approved survey vendor. The survey is administered during October – January. • A list of CMS-approved survey vendors will be available on the Quality Payment Program Resource Library in March 2026.

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Table 3. Administrative Claims Measures

Collection Type	Quality Measures Available for 2026	What Do You Need to Know About This Collection Type?
Administrative Claims Measures	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment System (MIPS) Eligible Clinician Groups (ZIP, 792KB) • Population health measure for MVP reporting. Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (ZIP, 5MB) • Population health measure for MVP reporting. Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for Merit-based Incentive Payment System (ZIP, 469KB) • Outcomes-based administrative claims measure available in select MVPs. Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates for Patients with Heart Failure under the Merit-based Incentive Payment System (ZIP, 1KB) • Outcomes-based administrative claims measure available in select MVPs.	These measures are collected and calculated by CMS through administrative claims. No additional data submission is required outside of routine Medicare billing. When reporting traditional MIPS, we evaluate you on every administrative claims measure in the MIPS inventory, and we score you on any measure for which you meet the criteria. In MVP reporting, we evaluate you on the population health measures and assign the higher scoring population measure to your quality score. You also have the option to select an outcomes-based administrative claims measure as 1 of your 4 required measures if available in your selected MVP. Review Explore MVPs to see which administrative claims measures are available in your selected MVP.