

2026 Performance Period eCQMs: Summary of Changes

Last modified on 03/10/2026 1:56 pm EDT

The Centers for Medicare & Medicaid Services (CMS) has released the specifications for the 2026 Performance Period Eligible Clinician Electronic Clinical Quality Measures (eCQMs). The 2026 (January 1 - Dec 31, 2026) performance period includes **49 eCQMs**, an increase from the 47 measures available in 2025. This document provides a summary of which measures have been updated with new specifications versus those that remain unchanged from the previous year.

Understanding these changes is important for clinical quality reporting and ensuring your organization is prepared for the upcoming performance period. Measures with version updates typically include modifications to measure logic, value sets, or technical specifications that may impact how data is captured and reported.

Measures with specification updates | Measures with version updates only

Additional resource

- [eCQI Resource Center](#)

Measures with specification updates

The following measures have been updated from their 2025 versions and contain changes to measure specifications:

CMS2v15 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- 2025 Version: v14
- 2026 Version: v15
- Status: Updated measure specifications
 - Numerator Change (Major Update for 2026)
 - Patients with a positive depression screening now meet numerator criteria if:
 - A follow-up plan is documented on the date of or up to 2 days after the encounter
 - OR
 - The patient has an active depression medication overlapping the encounter date

CMS68v15 - Documentation of Current Medications in the Medical Record

- 2025 Version: v14
- 2026 Version: v15
- Status: Updated measure specifications
 - Description Update
 - Percentage of visits for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

CMS90v15 - Functional Status Assessments for Heart Failure

- 2025 Version: v14
- 2026 Version: v15

- **Status:** Updated measure specifications
 - **Denominator Exclusions**
 - The 2026 specification clarifies exclusion criteria:
 - Patients in **hospice care** during any part of the measurement period
 - Patients with **severe cognitive impairment** during the measurement period

CMS131v14 - Diabetes: Eye Exam

- **2025 Version:** v13
- **2026 Version:** v14
- **Status:** Updated measure specifications
 - **Denominator Exclusions (2026 Clarification)**
 - 2026 specification confirms and clarifies the following exclusion pathways:
 - Exclude patients who meet **any** of the following:
 - **Hospice care** during any part of the measurement period
 - **Age ≥ 66 with frailty + advanced illness** during the period or prior year
 - **Age ≥ 66 living long-term in a nursing home**
 - **Receiving palliative care** during the measurement period
 - **Bilateral absence of eyes** (newer explicit structural placement, but previously implied)

CMS138v14 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

- **2025 Version:** v13
- **2026 Version:** v14
- **Status:** Updated measure specifications
 - **Population Logic Updates (2026 Clarifications)**
 - The 2026 specification clarifies the three distinct population structures:
 - **Population 1:** Patients screened for tobacco use at least once during the measurement period
 - **Population 2:** Tobacco users who received cessation intervention during the measurement period or in the prior 6 months
 - **Population 3:** Patients screened and also received cessation intervention (if identified as tobacco users)
 - No structural logic changes, but the clarifying language is updated.
 - **Denominator Exclusions (2026 Clarification)**

The denominator exclusion remains:

- **Hospice.Has Hospice Services**

CMS165v14 - Controlling High Blood Pressure

- **2025 Version:** v13
- **2026 Version:** v14
- **Status:** Updated measure specifications
 - **Denominator Exclusions (2026 Clarified)**

The 2026 specification confirms and clarifies multiple denominator exclusion pathways.
Exclude patients with:

- Hospice services during the measurement period
- End Stage Renal Disease (ESRD) diagnosis
- Dialysis during or before the measurement period
- Kidney transplant prior to or during the measurement period
- Pregnancy during the measurement period
- Age 66–80 with frailty + advanced illness
- Age ≥ 81 with frailty
- Age ≥ 66 living long-term in a nursing home
- Receiving palliative care during the measurement period

Diabetes: Glycemic Status Assessment Greater Than 9%

2025 Version: v13

2026 Version: v14

Status: Updated measure specifications

- Numerator Update
 - The numerator still uses the **three-pathway logic**, but the wording is clarified:
 - Patients meet numerator criteria if:
 - Most recent glycemic status assessment (HbA1c or GMI) > 9.0%, OR
 - Most recent result **exists but is missing/null, OR**
 - **No glycemic assessment recorded** in the measurement period
- Denominator Exclusion Update

CMS122 continues to use the updated exclusion logic introduced last year, with four exclusion groups:

- Hospice
- Long-term nursing home residents (≥ 66)
- Frailty + advanced illness (≥ 66)
- Palliative care

CMS137v14 - Initiation and Engagement of Substance Use Disorder Treatment

2025 Version: v13

2026 Version: v14

Status: Updated measure specifications

Measures with version updates only

The following measures have **version updates only** and otherwise remain the same as their **2025 specifications**:

Use of High-Risk Medications in Older Adults

- 2025 Version: v13
- 2026 Version: v14

CMS69v14 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

- 2025 Version: v13
- 2026 Version: v14

CMS50v14 - Closing the Referral Loop: Receipt of Specialist Report

- 2025 Version: v13
- 2026 Version: v14

CMS130v14 - Colorectal Cancer Screening

- 2025 Version: v13
 - 2026 Version: v14
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