

## Navigating CQM Reporting for 2026 UDS Submission

This resource is designed to help health centers understand the technical systems and reporting infrastructure required to meet Clinical Quality Measure (CQM) requirements for the calendar year 2026 Uniform Data System (UDS).

### Key Definitions:

- **CQM:** A mechanism used for assessing the degree to which a clinician competently and safely delivers clinical services appropriate for the patient in an optimal time frame. CQMs are a subset of the broader category of quality measures.
- **Electronic CQM (eCQM):** Standardized digital format CQM that uses data that is systematically extracted from Electronic Health Records (EHRs) and other health information technology (Health IT) systems for automated calculation and reporting.

### ALIGN MEASURES AND GUIDANCE

For alignment of 2026 UDS-reported measures with the Centers for Medicare & Medicaid Services (CMS) CQMs, use dual guidance, referencing the **UDS Manual** for overall workflow and submission considerations, and the **eCQI Resource Center** for applicable eCQM specification details. It is essential to partner with the health center's EHR vendor early in the year to confirm that the updated 2026 eCQM packages are fully active and properly mapped within the health center's system.

### Key Resources:

- [2026 UDS Manual](#): Full UDS reporting guidance
- [2026 UDS Final Changes Program Assistance Letter \(PAL\)](#): Describes calendar year 2026 UDS reporting changes
- [UDS Technical Assistance site](#): for ongoing insights available throughout the year
- [eCQI Resource Center](#): A centralized, "one-stop shop" web portal established by the CMS and the Office of the National Coordinator for Health IT (ONC) that serves as a source for tools, education, and interoperability standards needed to implement and report eCQMs

### UNDERSTANDING eCQM DATA TO BE COLLECTED

Understanding measure specifications is a necessary step to ensure that clinical workflows and documentation align with measure requirements and for successful measure implementation. The Breast Cancer Screening measure will be used as a primary example to illustrate these workflow integration points. For a comprehensive review of all required CQMs, reference UDS Manual Tables 6B and 7 for the current reporting year.

**Step 1: Explore Detailed Specifications on the eCQI Resource Center:** For any eCQM of interest, go to its dedicated page on the eCQI site. Review human-readable and technical specifications via the "Measure Information" or "Specification and Data Elements" [tabs](#).

## Breast Cancer Screening

[Measure Information](#)
[Specifications and Data Elements](#)
[Release Notes](#)

### Compare Versions of: "Breast Cancer Screening"

The Compare function compares two years of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

Strikethrough text highlighted in red indicates information changed from the previous version. Text highlighted in green indicates information updated in the new eCQM version.

COMPARE **2027** VERSION TO

2026

Compare >

Reset

FILTER MEASURE BY

All Information

DOWNLOAD

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| Measure Information | 2026 Performance Period | 2027 Performance Period        |
|---------------------|-------------------------|--------------------------------|
| Title               | Breast Cancer Screening | Breast Cancer Screening        |
| CMS eCQM ID         | CMS125v14               | <del>CMS125v14</del> CMS125v15 |

*Note: Always verify the performance year at the top of the eCQI page. For the 2026 UDS report (submitted in February 2027), ensure that the 2026 performance period specifications are used, as code sets and logic change annually.*

The measure specifications (in html or ZIP under "Specifications and Data Elements") include criteria that define the specific patient population to be included in the measure (denominator), as well as the specific data elements needed to determine if a patient meets the criteria for the measure (numerator).

To compare changes to eCQM guidance from one performance year to the next, select the orange "compare" button on the screenshot above. Ensure the years of interest are selected.

**Step 2:** Click on the specifications html link (described in Step 1) to understand what and how measure elements are collected and calculated. Below shows the denominator portion of the specifications for the Breast Cancer Screening measure.

### Population Criteria

#### Initial Population

exists ( ["Patient Characteristic Sex": "Female (finding)" ]  
 and AgeInYearsAt(date from  
 end of "Measurement Period"  
 ) in Interval[42, 74]  
 and exists AdultOutpatientEncounters."Qualifying Encounters"

#### Denominator

"Initial Population"

#### Denominator Exclusions

Hospice."Has Hospice Services"  
 or ( ( exists ( "Right Mastectomy Diagnosis" )  
 or exists ( "Right Mastectomy Procedure" )

)  
 and ( exists ( "Left Mastectomy Diagnosis" )  
 or exists ( "Left Mastectomy Procedure" )  
 )  
 )  
 or exists "Bilateral Mastectomy Diagnosis"  
 or exists "Bilateral Mastectomy Procedure"  
 or AIFrailLTCF."Is Age 66 or Older with Advanced Illness and Frailty"  
 or AIFrailLTCF."Is Age 66 or Older Living Long Term in a Nursing Home"  
 or PalliativeCare."Has Palliative Care in the Measurement Period"

**Step 3:** Access the [eCQM flows](#) from the “Specifications and Data Elements” tab. These flowcharts are designed to visually reflect the eCQM logic steps and provide an overview of each of the criteria and associated data elements that lead to the inclusion, exclusion, or exception into the eCQM’s denominator and numerator. The below example shows the Initial Population for Breast Cancer Screening.

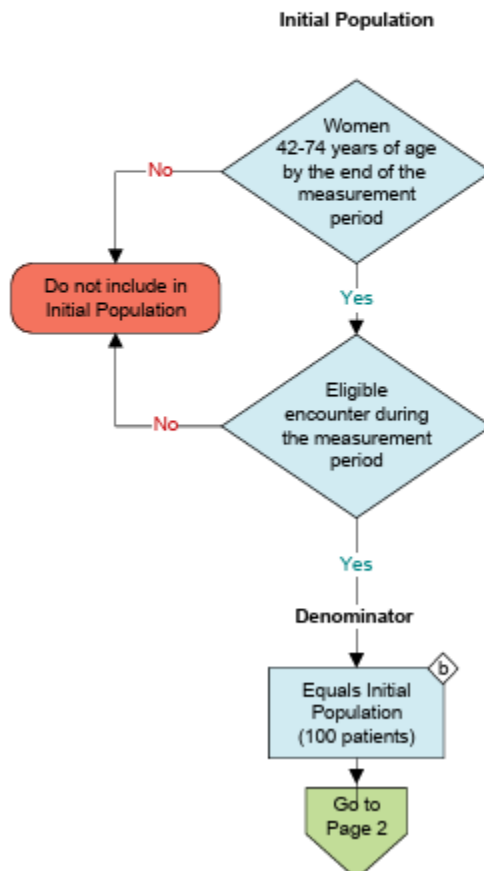
**2026 eCQM Flow**  
**eCQM Identifier: CMS125v14**

**NOTE:** This flow diagram represents an overview of population criteria requirements. Refer to the eCQM specification for a complete list of data elements included in this measure and required for submission.

**Breast Cancer Screening**

Percentage of women 40-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period

This eCQM is a patient-based measure



**Step 4: Access value sets in [Value Set Authority Center \(VSAC\)](#):** Specifications use value sets to define each data element. Download relevant value sets via VSAC (requires a free login) using the Value Set link on the “Specifications and Data Elements” page to identify what data qualifies for the denominator and numerator as well as data to exclude or exempt.

The string of numbers outlined in the “Terminology” section provides **value set IDs** for each component of the measure. This can be used to search the VSAC for specific codes included in the value sets. For example, the value set ID for an annual wellness visit is 2.16.840.1.113883.3.526.3.1240) (below is an excerpt).

### Terminology

- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Female (finding)" ("SNOMEDCT Code (248152002)")
- code "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)")
- code "Housing status" ("LOINC Code (71802-3)")
- code "Left (qualifier value)" ("SNOMEDCT Code (7771000)")
- code "Lives in nursing home (finding)" ("SNOMEDCT Code (160734000)")
- code "Medical equipment used" ("LOINC Code (98181-1)")
- code "Right (qualifier value)" ("SNOMEDCT Code (24028007)")
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)")
- valueset "Advanced Illness" (2.16.840.1.113883.3.464.1003.110.12.1082)
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Bilateral Mastectomy" (2.16.840.1.113883.3.464.1003.198.12.1005)
- valueset "Dementia Medications" (2.16.840.1.113883.3.464.1003.196.12.1510)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)

Once logged into VSAC, all relevant codes applicable to an annual wellness visit can be accessed, as shown below.

## Value Set Members

| Expanded Code List                                                       |                                                                                                                                                    |                |         |                         |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|-------------------------|
| View Toggle Clear Columns ? Reset Columns Page 1 of 1 20 View 1 - 8 of 8 |                                                                                                                                                    |                |         |                         |
| Code                                                                     | Descriptor                                                                                                                                         | Code System    | Version | Code System OID         |
| 444971000124105                                                          | Annual wellness visit (procedure)                                                                                                                  | SNOMEDCT       | 2026-03 | 2.16.840.1.113883.6.96  |
| 456201000124103                                                          | Medicare annual wellness visit (procedure)                                                                                                         | SNOMEDCT       | 2026-03 | 2.16.840.1.113883.6.96  |
| 86013001                                                                 | Periodic reevaluation and management of healthy individual (procedure)                                                                             | SNOMEDCT       | 2026-03 | 2.16.840.1.113883.6.96  |
| 866149003                                                                | Annual visit (procedure)                                                                                                                           | SNOMEDCT       | 2026-03 | 2.16.840.1.113883.6.96  |
| 90526000                                                                 | Initial evaluation and management of healthy individual (procedure)                                                                                | SNOMEDCT       | 2026-03 | 2.16.840.1.113883.6.96  |
| G0402                                                                    | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment | HCPCS Level II | 2026    | 2.16.840.1.113883.6.285 |
| G0438                                                                    | Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit                                                     | HCPCS Level II | 2026    | 2.16.840.1.113883.6.285 |
| G0439                                                                    | Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit                                                  | HCPCS Level II | 2026    | 2.16.840.1.113883.6.285 |

Only codes listed in the value sets are included in the measure specifications.

## KEY RESOURCES

- [Foundational eCQM Video](#): Access and learn how to navigate through resources in order to support eCQM reporting on the UDS
- [Get Started with eCQMs](#) page provides measure descriptions, implementation guides, toolkits, and technical materials.
- [Guide for Reading eCQMs](#) (latest version v12.0, May 2026) provides background on eCQM packages, building blocks of an eCQM, and an overview of understanding the human-readable format of eCQMs.
- [Value Set Authority Center](#): Access value sets (collection of clinical codes) for eCQMs (requires free UMLS login)

## PREPARE SYSTEMS FOR DATA COLLECTION AND REPORTING

Use implementation guides and test tools, accessed from the eCQI Resource Center (linked above), and verify that the health center's EHR extracts align. Work with EHR vendors or Health IT team responsible for development to perform these tests/validations and confirm preparedness for a timely submission. The key is to ensure that systems are capturing data in accordance with the measure specifications. Use the guides and tools to test, cross-check, and deepen your understanding to ensure that all data is validated for reasonableness before reporting data applicable to the calendar year by February 15 of the next calendar year.

## STAY ENGAGED AND INFORMED

- Join the [eCQI Resource Center User Group](#): subscribe via email or JIRA issues tracker.
- Follow [ONC JIRA Known Issues tracker](#) for technical issues and updates.
- UDS reporting updates, through the [PAL](#), UDS Manual, and [Changes Webinar](#).
- Subscribe to the [BPHC Digest](#) for current updates on UDS changes, content, and training.