Questions and Answers – Expert to Expert Webinar Annual Updates for 2026 Reporting Year Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults eCQM

Broadcast April 30, 2026

Question	Answer
Measure Logic can be used for compliance reporting. What do we use to track MIPS?	This webinar focused on eCQMs in the inpatient and outpatient hospital settings, for reporting to CMS under those quality programs. For information about clinician level ExRad (Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults, Clinician Level), please visit: https://ecqi.healthit.gov/ecqm/ec/2026/cms1056v3.
How does this data get shared amongst physicians from different healthcare systems to include dentist to ensure the radiation exposure of a patient remains within safe limits?	This webinar focused on the eCQMs for the inpatient (HIQR) and outpatient hospital (OQR) settings for reporting to CMS for those quality programs. For information about clinical level ExRad, please visit: https://ecqi.healthit.gov/ecqm/ec/2026/cms1056v3. Please note that this measure does not track cumulative dose across providers or facilities.
Is this a voluntary measure and when will this measure be mandated?	For the Hospital Inpatient Quality Reporting (IQR) program, this is a voluntary eCQM available for self-selection CMS reporting for performance year (PY) 2026. As finalized in the FY 2026 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH) final rule hospitals must report 8 total eCQMs for CY 2026. Five are selected by CMS, and then the remaining can be self-selected by hospitals from a list of available eCQMs. The Excessive Radiation (EXRAD) measure is on the list of available eCQMS for self-selection, and is not mandatory at this time. Continue to follow the IPPS/LTCH proposed and final rules for updated eCQM reporting requirements in future years. For the Hospital Outpatient Quality Reporting (HOQR) program, this is a voluntary eCQM for performance year (PY) 2026.
Is this a future required measure for CMS1206v3 OQR? OR is it optional? I know that is an optional self-selected for IQR/PI.	This measure is currently voluntary in the Hospital OQR Program. In the CY 2026 Outpatient Prospective Payment System (OPPS) Final Rule, CMS stated its intention to require mandatory reporting on this measure in the future but has not yet specified a timeline.

Question	Answer
Is the Joint Commission auditing against this? If not, do they plan to?	Joint Commission is not accepting data for the inpatient or outpatient Excessive Radiation Dose or Inadequate Image Quality eCQMs for 2026 reporting. The requirements for Joint Commission 2027 eCQM reporting will be released in Fall 2026 and can be located here when they are: https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement
Will the thresholds be provided?	Yes, the thresholds are freely available on the eCQI resource center (https://ecqi.healthit.gov/). These are also available in the webinar presentation slides – slide 30 covers the inpatient eCQM and slide 42 covers the outpatient eCQM.
How are patients' privacy/confidentiality concerns addressed by Alara's access to the EHR?	Alara's software is deployed within health system firewalls and is governed by a HIPAA-compliant Business Associate Agreement (BAA), along with other contracts. The software is designed to keep all all Protected Health Information (PHI) stored locally within the healthcare organization's own secure firewall. It is also audited by third parties for industry-standard security compliance, including SOC2 and HIPAA.
Is the purpose of this initiative to simply track these numbers? Or, is the goal to take these numbers and improve doses? Our normal values and mA ranges are set by the scanner manufacturer and a protocol team that works with the manufacturer. There is a very low likelihood we would make any adjustments based on the outcomes of this program.	The goal of ExRad is to provide a standardized method for monitoring the performance of diagnostic CT studies to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. ExRad is designed for population-level assessment. This means, not every individual study is expected to fall within the threshold. If your health system has already optimized doses, you may find little or no need to make changes. However, research shows CT doses vary widely across the U.S., and there are meaningful opportunity for improvement at the population level. Much of the variation in dose is driven by technical and protocol designs, such as scan length, pitch, and multiphase imaging, which are under the control of the ordering or interpreting clinician. A manufacturer’s pre-specified protocol does not guarantee doses fall within the correct range for every patient scenario.

Question	Answer
This measure will put an enormous burden on hospitals since we would need to use the Alara Imaging to get that measure completed.	Thanks for this important comment, burden is something both the measure steward and CMS take seriously. To reduce burden, a translation software – Alara Gateway – is available for **free**. It is designed to integrate with existing EHR and radiology systems using commonly available transmission standards. The translation software is deployed on premises within your facility's existing IT infrastructure, in alignment with local security policies. Alara Gateway is one available option. More information is available on eCQI Resource Center at https://ecqi.healthit.gov/sites/default/files/ecqm/measures/Excessive-Radiation-Measures-Educational-Implementation-Summary-v3.pdf. Hospitals and clinicians interested in using translation software from a different vendor are encouraged to reach out directly to those vendors to discuss implementation options.
Do both numbers need to be out of range or can 1 be and not the other and still count as out of range?	Thanks for this question. An study is considered out of range if either the Calculated CT Global Noise or the Calculated CT Size-Adjusted Dose is out of range for the CT Dose and Image Quality Category. Either number (or both) out of range means that the study is out of range.
Does the Rad report that includes the dose of the patient meet the requirement?	No, a radiology report that includes patient dose alone is not sufficient to meet the measure requirements. As an eCQM, this measure requires structured electronic data – manual measure abstraction is not permitted. Calculating size-adjusted dose and image noise requires linking two data sources: • CT dose data stored in DICOM images and Radiation Dose Structured Reports (from PACS/RIS) • Clinical data including CPT and ICD-10 codes (from EHR) These data sources must be integrated to support accurate CT categorization and measure performance calculation. More information can be found in the implementation summary at https://ecqi.healthit.gov/sites/default/files/ecqm/measures/Excessive-Radiation-Measures-Educational-Implementation-Summary-v3.pdf

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Slide 19 states that "Reporting entities may alternatively choose any software that is able to generate the same standardized data elements necessary to calculate the measure consistent with the measure's specification" but that isn't really true. As Alara Imaging told us in their presentation to our hospital, no other vendor has access to the same standards because Alara uses a black-box calculation that is not based on professional standards and is not published. Therefore, no other software can produce the same results. How is CMS planning on verifying the accuracy of other vendors given this fact?	As with all eCQMs, CMS will monitor measure results to ensure that reported data for this measure are both reliable and valid. Any software vendor capable of calculating and reporting ExRad in accordance with its specifications, including transforming radiology data into a format compatible with eCQM reporting, may be used to report this measure. Hospitals and clinicians are not required to demonstrate to CMS that the software they or their vendors use can generate and transform the radiology data into the necessary format. However, nothing would prevent a hospital or clinician seeking assurance about the ability of specific software to perform these tasks from requesting that information from a vendor. As with all eCQMs, CMS will monitor measure results annually to ensure that all reported data for this measure are both reliable and valid. This may include analyzing data to identify outliers and common characteristics of outlier submissions.
Concerns have been raised regarding the size estimation methods used in this measure in published literature, for example in JACR (https://www.jacr.org/article/S1546-1440(25)00440-5/fulltext). For example, hospitals get very different results using different protocols and processing kernels. Does CMS plan on modifying its standards to address these concerns?	Measure development involves balancing scientific rigor with practical implementation, and the scientific community continues to advance knowledge in this area. The size estimation method used in ExRad was reviewed and approved through a consensus-based entity's endorsement process in the 2021-2022 cycle. The measure steward continuously evaluates new science to inform future measure versions. Feedback from the clinical and research community, including published literature, is an important part of that ongoing evaluation process.

Question	Answer
I've been told we have software in place that will allow us to meet this measure, but it is not Alara. Is Alara the only software that can be used?	No, Alara Gateway is not the only software that can be used. Any software capable of calculating and reporting ExRad in accordance with its published specifications may be used. Alara Gateway is available for free. It is designed to integrate with existing EHR and radiology systems using commonly available transmission standards and can be deployed on premises within your facility's existing IT infrastructure, in alignment with local security policies. If your health system already has a translation software in place, CMS encourages you to work directly with that vendor to confirm the software can meet the ExRad's requirements. As with all eCQMs, CMS will monitor measure results annually to ensure reported data are both reliable and valid.
Confirming if a patient comes into ED, has a CT ABD, then is admitted either as OBS/INPT…this exam would NOT qualify for OP measure?	In the presented scenario, the study would be measured in the Hospital OQR Program, as the patient was not admitted when the study was performed. Measure logic will only attribute a study to either the inpatient or outpatient setting.
Do we get results in real-time? How can we see our results? Can we run a report in the EHR?	Hospitals can review measure results through CMS's Hospital Quality Reporting (HQR) system. Clinicians and group practices can review results through CMS's Quality Payment Program system (QPP) system. Results are also available during the public reporting preview period, prior to public display on CMS's Provider Compare Tool on https://www.medicare.gov/. For hospitals and clinicians using Alara Gateway, study-level results are available for every CT exam, including assigned CT dose, image quality category, calculated CT size-adjusted dose, and calculated CT global noise. For hospitals and clinicians using translation software from a different vendor, CMS encourages you to work directly with that vendor to confirm what results are available within their software. For questions about running reports directly using your EHR, please contact your EHR vendor support team.
Does our EHR support this eCQM?	ExRad uses the standard eCQM architecture in use for other eCQMs — hospitals already reporting other eCQMs have the necessary EHR infrastructure in place. Most major EHR vendors have integrated with the Alara Gateway or support ExRad data elements. For specifics on your EHR's support, contact your EHR vendor directly or visit https://www.alaragateway.com/contact.

Question	Answer
How do we report on this? Does Alara do the submission to CMS?	Reporting ExRad requires four steps: (1) Ensure that your archives and scanners are configured to store Radiation Dose Structured Reports (RDSR) (2) Install preprocessing/translation software that reads your CT scanner's DICOM images and Radiation Dose Structured Reports, receives data from EHR, and calculates three intermediate variables (CT category, size-adjusted dose, and global noise). (3) The software writes those variables to your EHR. (4) Your certified EHR calculates and submits the eCQM to CMS through standard quality reporting channels. Details are available at alaragateway.com/documentation. Alara does not submit to CMS directly on your behalf. Consult your EHR and eCQM reporting vendors for submission specifics, and the eCQI Resource Center for information on QRDA I implementation: https://ecqi.healthit.gov/qrda/versions.
Can you describe the time and effort needed to implement and report on this measure?	Implementation burden has been evaluated across many hospital test sites and early reporting hospitals. It will take time to implement and report. However, the Alara Gateway can be deployed in as little as one day with setup meetings typically scheduled within 24 hours of outreach and coordinated at the health system level, not at each individual site. Some pre-requisite work is required of the health system to establish EHR integration, which takes 1-4 weeks. The software reads existing DICOM data and standard EHR feeds without requiring changes to CT scanners or clinical workflows. More information can be found in the implementation summary at https://ecqi.healthit.gov/sites/default/files/ecqm/measures/Excessive-Radiation-Measures-Educational-Implementation-Summary-v3.pdf If using another vendor, specific implementation timeframes would need to be discussed with each vendor.
Why is translation software necessary?	The measure requires linking CT dose data stored in DICOM images and Radiation Dose Structured Reports (on your PACS) with clinical data such as CPT and ICD-10 codes (from your EHR) — two systems that do not natively communicate in eCQM-compatible formats. Therefore, the three intermediate variables must be calculated and transmitted to the EHR for eCQM ingestion and computation.

Question	Answer
When does this eCQM need to be met from a CMS perspective for survey?	This measure is an eCQM that hospitals can (1) self-select to meet eCQM reporting requirements for CY 2026 and subsequent years for the CMS Hospital Inpatient Quality Reporting Program and the Promoting Interoperability Program; and (2) report voluntarily in the Hospital Outpatient Quality Reporting Program. Please refer to the FY 2026 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH) and CY 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rules, and future rules for information about CMS reporting requirements.
Were any professional medical imaging and radiology societies, such as RSNA, ACR, or AAPM consulted in the development of this rule, or was the standard primarily driven by UCSF?	Development was a multi-society collaboration, not UCSF-driven. The measure was developed under a cooperative agreement with CMS, with close oversight throughout development from a Technical Expert Panel that included Mythreyi Bhargavan-Chatfield, PhD, Executive Vice President for Quality and Safety at the American College of Radiology, as the formal ACR representative; Hedvig Hricak, MD, PhD, Chair of Radiology at Memorial Sloan Kettering Cancer Center and a past President of the Radiological Society of North America; and J. Anthony Seibert, PhD, Professor of Radiology at the University of California, Davis and a past President of the American Association of Physicists in Medicine. Additional TEP members included radiologists with expertise in medical informatics and radiation dose, physicians of related specialties (emergency medicine, urology, cardiology), and representatives from quality organizations (Leapfrog Group, The Joint Commission), payers, U.S. Veterans Affairs, NIH and CDC cancer epidemiology departments, Hospital quality leaders, and patient advocacy organizations. In assessing the face validity of the measure, 100% of TEP members agreed radiation dose and global noise are relevant metrics of CT quality, that size is an appropriate method of risk adjustment, and that performance on this measure of radiation dose and image quality as specified is a representation of quality.