

Quality Payment PROGRAM



2024 QPP Public Use File: Data Dictionary

Overview

The 2024 [Quality Payment Program \(QPP\) Public Use File \(PUF\)](#) dataset includes clinician-level (non-aggregated) data for the 2024 performance year. It provides detailed data at the Taxpayer Identification Number (TIN)/National Provider Identifier (NPI) level regarding clinician eligibility, measure level scoring, performance category scoring, final scores, and payment adjustments factors (represented as percentages). The 2024 QPP PUF is released concurrently with the 2024 QPP Participation and Performance Results At-A-Glance.

- In accordance with [CMS Cell Suppression Policy](#), we've excluded TIN/NPIs with fewer than 11 patients from the PUF.
- As a result of this policy, when clinician-level data in the PUF is aggregated, the aggregated counts won't exactly match the counts included in the 2024 QPP Participation and Performance Results At-A-Glance (PDF) available on the [Participation and Performance Data page of the QPP website](#).

Data Fields and Descriptions

The table below outlines the fields in the PUF, in order, and their associated description.

Column	Field	Data Type	Example	Description
A	Provider Key	Integer	1	Random unique key assigned to each row.
B	Practice State or US territory	String	MD	The Practice State or United States (US) territory code location of the Taxpayer Identifier Numbers (TIN) associated with the clinician.
C	Practice Size	Integer	1	Count of clinicians associated with the TIN through Medicare Part B claims from October 1, 2023, through September 30, 2024 (the second 12-month segment of the MIPS eligibility determination period for the 2024 performance year).
D	Clinician Type	String	Anesthesiologist Assistant	Clinician type is derived from the category associated with the specialty included on Medicare Part B claims and submitted to the Centers for Medicare & Medicaid Services (CMS) for reimbursement; clinician type is determined for each unique TIN/NPI combination associated with an individual clinician.
E	Clinician Specialty	String	Obstetrics/ Gynecology	Specialty is derived from the specialty codes in Medicare Part B claims submitted to CMS for reimbursement; specialty is determined for each unique TIN/NPI combination associated with an individual clinician.
F	Years in Medicare	Integer	10	The number of years since the first date on which an enrollment was approved for this NPI across all enrollments in PECOS (Provider, Enrollment, Chain and Ownership System).
G	NPI	Integer	1234567890	The National Provider Identifier (NPI) assigned to the clinician when they enrolled in Medicare. Multiple rows for the same NPI indicate that an individual clinician has reassigned billing rights to

Column	Field	Data Type	Example	Description
				multiple TINs and was identified as a MIPS eligible clinician under multiple TIN/NPI combinations.
H	Non-Reporting	Boolean	TRUE	<p>A non-reporting clinician (i.e., an individually eligible clinician, an opt-in eligible clinician or group that submitted an election to opt in to the program, or a clinician in a CMS-approved virtual group) was required to report but didn't actively submit any data for the quality, Promoting Interoperability, or improvement activities performance categories. (This includes clinicians who received reweighting in one or more performance categories because of an exception application, the extreme and uncontrollable circumstances policy, or special status.)</p> <p>Refer to the Key Terms & Definitions section of the 2024 QPP Data Use Guide for more information.</p>
I	Participation Option	String	Individual	<p>The level at which data is collected and submitted to CMS for MIPS. There are 5 participation options for 2024:</p> <ul style="list-style-type: none"> • Individual: Data is collected and submitted by or on behalf of an individual MIPS eligible clinician (identified by TIN/NPI). • Group: Data is collected and submitted on behalf of all MIPS eligible clinicians in a practice (identified by TIN). • Subgroup: (New) Data is collected by a subset of clinicians in a group (at least 2 clinicians) that contains at least one individually eligible MIPS eligible clinician. Only available for reporting an MVP and requires advance registration. • Virtual group: Data is collected and submitted on behalf of all MIPS eligible

Column	Field	Data Type	Example	Description
				<p>clinicians in a CMS-approved virtual group (identified by virtual group ID).</p> <ul style="list-style-type: none"> • APM Entity: Data is collected and submitted on behalf of the MIPS eligible clinicians in an APM Entity (identified by APM ID).
J	Reporting Option	String	Traditional MIPS	<p>The way that a MIPS eligible clinician chooses to meet their MIPS reporting requirements. There are 3 MIPS reporting options for 20234:</p> <ul style="list-style-type: none"> • Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS eligible clinicians. • The Alternative Payment Model (APM) Performance Pathway (APP) is a streamlined reporting option for clinicians who participate in a MIPS APM. • MIPS Value Pathways (MVPs) are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition.
K	MIPS Value Pathway ID	String	G0054	<p>The MVP ID associated with the MVP used for the clinician’s final score; this field will only be populated if “MIPS Value Pathways” is identified in the “Reporting Option”.</p>
L	MIPS Value Pathway Title	String	Advancing Cancer Care	<p>The name of the MVP associated with the MVP used for the clinician’s final score; this field will only be populated if “MIPS Value Pathways” is identified in the “Reporting Option”.</p>

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
M	Medicare Patients	Integer	50	The number of Medicare patients who received covered professional services during one of the two 12-month segments of the MIPS eligibility determination period .
N	Allowed Charges	Float	\$50,000.28	The allowed charges under the Physician Fee Schedule on Medicare Part B claims with a service date during one of the two 12-month segments of the MIPS eligibility determination period .
O	Services	Integer	50	The number of covered professional services provided to Medicare Part B patients with a service date during one of the two 12-month segments of the MIPS eligibility determination period .
P	Opted In to MIPS	Boolean	TRUE	Indicates if an “opt-in eligible” clinician or group elected to participate in MIPS and receive a payment adjustment. (A clinician or group that is otherwise eligible for MIPS and exceeds 1 or 2, but not all 3 low-volume threshold criteria , is considered “opt-in eligible.”) Learn more on the QPP website.
Q	Small Practice Status	Boolean	TRUE	Indicates if the clinician or group had the small practice special status (15 or fewer clinicians billed under the TIN) based on one of the two 12-month segments of the MIPS eligibility determination period . Solo practitioners also receive this special



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Column	Field	Data Type	Example	Description
				status. Learn more about the small practice status on the QPP website. Note: This number may contradict information in the “Practice Size” column, which is always based on the second 12 months of the MIPS eligibility determination period (October 1, 2023 – September 30, 2024, for the 2024 performance year).
R	Rural Status	Boolean	TRUE	Indicates if the clinician or group had the rural special status (practiced in a ZIP code designated as rural by the Federal Office of Rural Health Policy (FORHP) using the most recent FORHP Eligible ZIP code file available). Learn more about the rural status on the QPP website.
S	Health Professional Shortage Area Status	Boolean	TRUE	Indicates if the clinician or group had the HPSA special status (practiced in a Health Professional Shortage Area [HPSA]). Learn more about the HPSA status on the QPP website.
T	Ambulatory Surgical Center-Based Status	Boolean	TRUE	Indicates if the clinician or group had the ambulatory surgical center-based (ASC-based) special status, which is determined by the volume of their covered professional services furnished in an ambulatory surgical center. Learn more about the ASC-based status on the QPP website.

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U	Hospital-Based Status	Boolean	TRUE	Indicates if the clinician or group had the hospital-based special status, which is determined by the volume of their covered professional services furnished in a hospital setting. Learn more about the hospital-based status on the QPP website.
V	Non-Patient Facing Status	Boolean	TRUE	Indicates if the clinician or group has the non-patient facing special status, which is determined by volume of Medicare Part B patient-facing encounters, including telehealth services. Learn more about the non-patient facing status on the QPP website.
W	Facility-Based Status	Boolean	TRUE	Indicates if the clinician or group has the facility-based special status, which is determined based on volume of services furnished in a facility eligible for the Hospital Value-based Purchasing program. Learn more about the facility-based status on the QPP website. A value of “TRUE” doesn’t indicate that the final score was derived from facility-based scoring; that information is provided in the “Received Facility Score” column.

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Column	Field	Data Type	Example	Description
X	Received Facility Score	Boolean	TRUE	Indicates if the clinician or group received facility-based scoring, based on their assigned facility’s total performance score for the Hospital Value-based Purchasing program. Learn more about facility-based scoring in the 2024 Facility-based Quick Start Guide (PDF).
Y	Dual Eligibility Ratio	Float	0.11	Dual Eligibility Ratio is derived by using the following formula: the number of unique Medicare patients who are also Medicaid eligible and who received covered professional services between October 1, 2023, and September 30, 2024, divided by the number of unique Medicare patients seen during the same time period.
Z	Safety-Net Status	Boolean	FALSE	Indicates if the dual eligibility ratio falls in the top 20th percentile of all MIPS eligible clinicians.
AA	Extreme uncontrollable circumstance (EUC)	Boolean	TRUE	Indicates if the clinician, group, or APM Entity was affected by extreme and uncontrollable circumstances (EUC) and qualified for reweighting in one or more performance categories because of the MIPS automatic EUC policy or an approved MIPS EUC exception application .

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Column	Field	Data Type	Example	Description
AB	Final Score	Float	56.66	The MIPS final score attributed to the clinician (identified by TIN/NPI combination).
AC	Payment Adjustment Percentage	Float	1.26%	<p>The total payment adjustment percentage associated with the clinician’s 2024 final score. Payment adjustments are determined by comparing the final score to the performance thresholds and then scaled to ensure budget neutrality. 2026 is the payment year for performance year 2024.</p> <ul style="list-style-type: none"> • Max Negative: The maximum negative payment adjustment is -9%. <ul style="list-style-type: none"> ○ Final score between 0 and 18.75 points. • Negative: A negative payment adjustment is between -9% and 0%. <ul style="list-style-type: none"> ○ Final score between 18.76 and 74.99 points. • Neutral: A neutral payment adjustment is 0% (i.e., no increase or decrease in payment). <ul style="list-style-type: none"> ○ Final score of 75 points. • Positive: A positive payment adjustment is greater than 0%. <ul style="list-style-type: none"> ○ Final score between 75.01 and 100 points.



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Column	Field	Data Type	Example	Description
AD	Complex Patient Bonus	Float	3.67	The complex patient bonus points (added to the final score, based on the medical and social complexity of the patient population) associated with the final score attributed to the clinician.
AE	Quality Category Score	Float	72.34	The unweighted quality score is the sum of points earned (including small practice bonus points) divided by the sum of available points for the performance category plus quality improvement. The unweighted score is represented as a percentage from 0 – 100, before it’s multiplied by the performance category’s weight (as documented in the “Quality Category Weight” column).
AF	Quality Improvement Score	Float	8.32	These points represent the rate of improvement from the prior year’s quality score; there are between 0 and 10 percentage points available for quality improvement. These points are already accounted for in the quality category score.
AG	Quality Category Weight	Float	30%	The weight represents the performance category’s contribution to a clinician’s final score. For example, if the quality category is weighted at 30% of the final score, it can contribute up to 30 points towards the final score.

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Column	Field	Data Type	Example	Description
				A value of “0%” means the category didn’t contribute to the clinician’s final score.
AH	Quality Reweighting (EUC)	Boolean	TRUE	Indicates if the clinician, group, or APM Entity was approved for reweighting of the quality performance category due to extreme and uncontrollable circumstances. (Note: “True” indicates approval for reweighting, not whether the performance category was ultimately reweighted. Data submission overrides performance category reweighting on a category-by-category basis.)
AI	Small Practice Bonus	Float	6	The small practice bonus points received for the quality category (if applicable).
AJ	Quality Measure ID 1	String	128	MIPS Quality ID for one of the quality measures that contributed to the final score.
AK	Quality Measure Collection Type 1	String	claims ¹	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
AL	Quality Measure Score 1	Float	9.7	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.

¹ A value of “claims” equates to the Medicare Part B claims measure collection type.

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Column	Field	Data Type	Example	Description
AM	Quality Measure ID 2	String	111	MIPS Quality ID for one of the quality measures that contributed to the final score.
AN	Quality Measure Collection Type 2	String	registry ²	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
AO	Quality Measure Score 2	Float	3.7	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
AP	Quality Measure ID 3	String	226	MIPS Quality ID for one of the quality measures that contributed to the final score.
AQ	Quality Measure Collection Type 3	String	electronicHealthRecord ₃	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
AR	Quality Measure Score 3	Float	8.2	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
AS	Quality Measure ID 4	String	236	MIPS Quality ID for one for the quality measures that contributed to the final score.

² A value of “registry” represents 3 different collection types which are distinguished by their measure ID 1) For the **MIPS Clinical Quality Measure (CQM)** collection type, the measure ID is 3 digits (e.g., 001); 2) for the **Qualified Clinical Data Registry (QCDR) measure** collection type, the measure ID is alpha-numeric (e.g., AAD6), and 3) for the new **Medicare CQMs for Shared Savings Program ACOs**, the measure ID is 3 digits plus “SSP” (e.g. 001SSP).

³ A value of “electronicHealthRecord” equates to the electronic Clinical Quality Measure (eCQM) collection type.

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Column	Field	Data Type	Example	Description
AT	Quality Measure Collection Type 4	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
AU	Quality Measure Score 4	Float	7.1	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
AV	Quality Measure ID 5	String	130	MIPS Quality ID for one of the quality measures that contributed to the final score.
AW	Quality Measure Collection Type 5	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
AX	Quality Measure Score 5	Float	6.7	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
AY	Quality Measure ID 6	String	146	MIPS Quality ID for one of the quality measures that contributed to the final score.
AZ	Quality Measure Collection Type 6	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)

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Column	Field	Data Type	Example	Description
BA	Quality Measure Score 6	Float	3.5	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BB	Quality Measure ID 7	String	136	MIPS Quality ID for one of the quality measures that contributed to the final score.
BC	Quality Measure Collection Type 7	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
BD	Quality Measure Score 7	Float	9.1	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BE	Quality Measure ID 8	String	236	MIPS Quality ID for one of the quality measures that contributed to the final score.
BF	Quality Measure Collection Type 8	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
BG	Quality Measure Score 8	Float	6.0	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BH	Quality Measure ID 9	String	139	MIPS Quality ID for one of the quality measures that contributed to the final score.

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Column	Field	Data Type	Example	Description
BI	Quality Measure Collection Type 9	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
BJ	Quality Measure Score 9	Float	4.9	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BK	Quality Measure ID 10	String	321	MIPS Quality ID for one of the quality measures that contributed to the final score.
BL	Quality Measure Collection Type 10	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
BM	Quality Measure Score 10	Float	8.3	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BN	Quality Measure ID 11	String	326	MIPS Quality ID for one of the quality measures that contributed to the final score.
BO	Quality Measure Collection Type 11	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)

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Column	Field	Data Type	Example	Description
BP	Quality Measure Score 11	Float	9.7	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BQ	Quality Measure ID 12	String	406	MIPS Quality ID for one of the quality measures that contributed to the final score.
BR	Quality Measure Collection Type 12	String	claims	The collection type of the measure submitted. (Each collection type has its own specification and specific benchmark used to determine how many points the quality measure earns.)
BS	Quality Measure Score 12	Float	6.6	Measure score achieved for the corresponding MIPS Quality ID that contributed to the final score.
BT	Promoting Interoperability (PI) Category score	Float	78.99	The unweighted quality score is the sum of points achieved (including bonus points) divided by the sum of available points for the performance category. The unweighted score is represented as a percentage from 0 – 100, before it’s multiplied by the performance category’s weight (as documented in the “Promoting Interoperability (PI) Category Weight” column).
BU	Promoting Interoperability (PI) Category Weight	Float	25%	The weight represents the performance category’s contribution to a clinician’s final score. For example, if the Promoting Interoperability category is weighted at

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				25% of the final score, it can contribute up to 25 points towards the final score. A value of “0%” means the category didn’t contribute to the clinician’s final score.
BV	PI Reweighting (EUC)	Boolean	TRUE	Indicates if the clinician, group, or APM Entity was approved for reweighting of the Promoting Interoperability performance category due to extreme and uncontrollable circumstances. (Note: “True” indicates approval for reweighting, not whether the performance category was ultimately reweighted. Data submission overrides performance category reweighting on a category-by-category basis.)
BW	PI Reweighting (Hardship Exception)	Boolean	TRUE	Indicates if the clinician or group had an approved MIPS Promoting Interoperability performance category hardship exception due to decertified Electronic Health Record (EHR) technology, extreme and uncontrollable circumstances, insufficient internet connectivity, or lack of control over the availability of certified EHR technology (CEHRT). (Note: “True” indicates approval for reweighting, not whether the performance category was ultimately reweighted. Data submission overrides

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				performance category reweighting on a category-by-category basis.)
BX	PI Reweighting (Special Status or Clinician Type)	Boolean	TRUE	Indicates if the clinician or group qualified for an automatic reweighting from the Promoting Interoperability performance category due to special status or clinician type. (Note: “True” indicates approval for reweighting, not whether the performance category was ultimately reweighted. Data submission overrides performance category reweighting on a category-by-category basis.)
BY	CEHRT ID	String	15E123456789012	This is a unique identifier generated by the Office of the National Coordinator for Health Information Technology (ONC) that identifies a specific bundle of software or EHR. The CEHRT ID is a 15-character alpha-numeric string that can be found on the Certified Health IT Product List (CHPL) website. This is the CEHRT ID included in the data that contributed to the clinician’s final score.
BZ	PI Measure ID 1	String	PI_INFBL0_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CA	PI Measure Type 1	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.

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CB	PI Measure Score 1	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CC	PI Measure ID 2	String	PI_ONCDIR_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CD	PI Measure Type 2	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CE	PI Measure Score 2	Float	2	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CF	PI Measure ID 3	String	PI_ONCACB_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CG	PI Measure Type 3	String	Bonus	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CH	PI Measure Score 3	Float	14	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CI	PI Measure ID 4	String	PI_HIE_5	MIPS Promoting Interoperability ID for one of the Promoting Interoperability

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Column	Field	Data Type	Example	Description
				measures that contributed to the final score.
CJ	PI Measure Type 4	String	Exclusion	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CK	PI Measure Score 4	Float	16	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CL	PI Measure ID 5	String	PI_PEA_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CM	PI Measure Type 5	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CN	PI Measure Score 5	Float	1	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CO	PI Measure ID 6	String	PI_PHCDRR_4	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CP	PI Measure Type 6	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
CQ	PI Measure Score 6	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CR	PI Measure ID 7	String	PI_PPHI_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CS	PI Measure Type 7	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CT	PI Measure Score 7	Float	2	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CU	PI Measure ID 8	String	PI_HIE_4	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
CV	PI Measure Type 8	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CW	PI Measure Score 8	Float	4	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
CX	PI Measure ID 9	String	PI_LVITC_2	MIPS Promoting Interoperability ID for one of the Promoting Interoperability

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
				measures that contributed to the final score.
CY	PI Measure Type 9	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
CZ	PI Measure Score 9	Float	8	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DA	PI Measure ID 10	String	PI_HIE_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DB	PI Measure Type 10	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
DC	PI Measure Score 10	Float	2	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DD	PI Measure ID 11	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DE	PI Measure Type 11	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
DF	PI Measure Score 11	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DG	PI Measure ID 12	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DH	PI Measure Type 12	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
DI	PI Measure Score 12	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DJ	PI Measure ID 13	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DK	PI Measure Type 13	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
DL	PI Measure Score 13	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DM	PI Measure ID 14	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
				measures that contributed to the final score.
DN	PI Measure Type 14	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
DO	PI Measure Score 14	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DP	PI Measure ID 15	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DQ	PI Measure Type 15	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
DR	PI Measure Score 15	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DS	PI Measure ID 16	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DT	PI Measure Type 16	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
DU	PI Measure Score 16	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DV	PI Measure ID 17	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DW	PI Measure Type 17	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
DX	PI Measure Score 17	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
DY	PI Measure ID 18	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
DZ	PI Measure Type 18	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
EA	PI Measure Score 18	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
EB	PI Measure ID 19	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
				measures that contributed to the final score.
EC	PI Measure Type 19	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
ED	PI Measure Score 19	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
EE	PI Measure ID 20	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
EF	PI Measure Type 20	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.
EG	PI Measure Score 20	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
EH	PI Measure ID 21	String	PI_PHCDRR_3	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
EI	PI Measure Type 21	String	Required	Indicates if the measure is required, reported as an exclusion, or is an optional/bonus measure.

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
EJ	PI Measure Score 21	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
EK	Improvement Activities (IA) Category Score	Float	40	The score received for the improvement activities performance category is based on all the activities the clinician or group implemented and that contributed to the final score. There’s a maximum of 40 points available in this category. Data use tip: Divide the value in this column by 40 to arrive at the unweighted score. (E.g., a category score of 40 equals an unweighted category score of 100%.) Multiply the unweighted score by the “Improvement Activities (IA) Category Weight” column to arrive at the points contributing to the clinician’s final score.
EL	Improvement Activities (IA) Category Weight	Float	15%	The weight represents the performance category’s contribution to a clinician’s final score. For example, if the improvement activities category is weighted at 15% of the final score, it can contribute up to 15 points towards the final score. A value of “0%” means the category didn’t contribute to the clinician’s final score.

All data elements from this point forward are based on the Participation Option identified Column I.

- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
EM	IA Reweighting (EUC)	Boolean	TRUE	Indicates if the clinician, group, or APM Entity was approved for reweighting of the improvement activities performance category due to extreme and uncontrollable circumstances. (Note: “TRUE” indicates approval for reweighting, not whether the performance category was ultimately reweighted. Data submission overrides performance category reweighting on a category-by-category basis.)
EN	IA Credit	Boolean	FALSE	This data element will show as FALSE for everyone because this study (awarding credit in the improvement activities performance category) concluded after the 2019 performance year.
EO	IA Measure ID 1	String	IA_PM_16	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
EP	IA Measure Score 1	Float	10	Activity score achieved for the corresponding MIPS Improvement Activity ID that contributed to the final score.
EQ	IA Measure ID 2	String	IA_PM_21	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
ER	IA Measure Score 2	Float	10	Activity score achieved for the corresponding MIPS Improvement

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Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
				Activity ID that contributed to the final score.
ES	IA Measure ID 3	String	IA_PSPA_1	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
DET	IA Measure Score 3	Float	10	Activity score achieved for the corresponding MIPS Improvement Activity ID that contributed to the final score.
EU	IA Measure ID 4	String	IA_ERP_2	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
EV	IA Measure Score 4	Float	10	Activity score achieved for the corresponding MIPS Improvement Activity ID that contributed to the final score.
EW	Cost Category Score	Float	20	The unweighted cost category score is the sum of points achieved on the attributed cost measure(s) divided by the sum of available points for the performance category. The unweighted score is represented as a percentage from 0 – 100, before it’s multiplied by the performance category’s weight (documented in the “Cost Category Weight” column).

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- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
EX	Cost Improvement Score	Float	0.32	These points represent the rate of improvement from the prior year’s cost score; there are between 0 and 1 percentage points available for cost improvement. These points are already accounted for in the cost category score.
EY	Cost Category Weight	Float	30%	The weight represents the performance category’s contribution to a clinician’s final score. For example, if the cost category is weighted at 30% of the final score, it can contribute up to 30 points towards the final score. A value of “0%” means the category didn’t contribute to the clinician’s final score.
EZ	Cost Reweighting (EUC)	Boolean	TRUE	Indicates if the clinician or group was approved for reweighting of the cost performance category due to extreme and uncontrollable circumstances. (Note: Unlike other performance categories, clinicians can’t override approved cost reweighting.)
FA	Cost Measure ID 1	String	TPCC_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FB	Cost Measure Achievement Points 1	Float	5.7	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.

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Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
FC	Cost Measure ID 2	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FD	Cost Measure Achievement Points 2	Float	7.2	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FE	Cost Measure ID 3	String	COST_ACOPD_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FF	Cost Measure Achievement Points 3	Float	5.4	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FG	Cost Measure ID 4	String	COST_CRR_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FH	Cost Measure Achievement Points 4	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FI	Cost Measure ID 5	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FJ	Cost Measure Achievement Points 5	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FK	Cost Measure ID 6	String	COST_D_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FL	Cost Measure Achievement Points 6	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FM	Cost Measure ID 7	String	COST_EOPCI_1	MIPS Cost ID for one of the cost measures that contributed to the final score.

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- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
FN	Cost Measure Achievement Points 7	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FO	Cost Measure ID 8	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FP	Cost Measure Achievement Points 8	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FQ	Cost Measure ID 9	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FR	Cost Measure Achievement Points 9	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FS	Cost Measure ID 10	String	COST_FIHR_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FT	Cost Measure Achievement Points 10	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FU	Cost Measure ID 11	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FV	Cost Measure Achievement Points 11	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
FW	Cost Measure ID 12	String	COST_HAC_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FX	Cost Measure Achievement Points 12	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.

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- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
FY	Cost Measure ID 13	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
FZ	Cost Measure Achievement Points 13	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GA	Cost Measure ID 14	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GB	Cost Measure Achievement Points 14	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GC	Cost Measure ID 15	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GD	Cost Measure Achievement Points 15	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GE	Cost Measure ID 16	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GF	Cost Measure Achievement Points 16	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GG	Cost Measure ID 17	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GH	Cost Measure Achievement Points 17	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GI	Cost Measure ID 18	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.

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- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
GJ	Cost Measure Achievement Points 18	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GK	Cost Measure ID 19	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GL	Cost Measure Achievement Points 19	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GM	Cost Measure ID 20	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GN	Cost Measure Achievement Points 20	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GO	Cost Measure ID 21	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GP	Cost Measure Achievement Points 21	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GQ	Cost Measure ID 22	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GR	Cost Measure Achievement Points 22	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GS	Cost Measure ID 23	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GT	Cost Measure Achievement Points 23	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.

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- For example, if the participation option is “Group” (indicating the clinician received the group’s final score), the number of Medicare Patients in column M is attributed to the group (identified by TIN), not the individual clinician.

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Z) are attributed to the clinician’s group (TIN), not the APM Entity. (As of 2021, we don’t evaluate APM Entities for the low-volume threshold.)

Column	Field	Data Type	Example	Description
GU	Cost Measure ID 24	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GV	Cost Measure Achievement Points 24	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GW	Cost Measure ID 25	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GX	Cost Measure Achievement Points 25	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
GY	Cost Measure ID 26	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
GZ	Cost Measure Achievement Points 26	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
HA	Cost Measure ID 27	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
HB	Cost Measure Achievement Points 27	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.
HC	Cost Measure ID 28	String	MSPB_1	MIPS Cost ID for one of the cost measures that contributed to the final score.
HD	Cost Measure Achievement Points 28	Float	10	Cost measure achievement points for the corresponding MIPS Cost ID that contributed to the final score.

Version History

Date of Change	Change Description
05/28/2026	Corrected links and column references; no substantive changes
05/01/2026	Original version