



2025 Quality Payment Program (QPP) JavaScript Object Notation (JSON) Template Instructions

Introduction

This resource provides instructions for small practices and others who need support reporting their quality measures as Merit-based Incentive Payment System (MIPS) Clinical Quality Measures (CQMs) by using the attached templates.

One of the attached templates also supports Medicare Shared Savings Program Accountable Care Organizations reporting Medicare CQMs (and/or MIPS CQMs) for the Alternative Payment Model (APM) Performance Pathway (APP) Plus measure set.

These instructions and attached templates:

- Are only **valid for the 2025 performance year submission period** (January 2, 2026 – March 31, 2026).
- **Don't include the improvement activities and Promoting Interoperability performance categories** because you can manually attest to those categories when you sign in to the QPP website.
- **Don't allow for electronic clinical quality measure reporting** because those quality measures should be exported from your certified electronic health record technology (CEHRT).

In This Resource

This resource reviews the following topics; click the links below to skip ahead to the information you need:
[Traditional MIPS Submissions](#): Instructions with screenshots for those using the attached templates for submitting MIPS CQMs for traditional MIPS.

- [MVP Submissions](#): Instructions with screenshots for those using the attached templates for submitting MIPS CQMs for their registered MVP.
- [APP Submissions](#): Instructions with screenshots for those using the attached templates for submitting MIPS CQMs for the APP or APP Plus quality measure set, or Medicare CQMs for the APP.
- [Multi-Strata/Multiple Performance Rate Measure](#): Instructions with screenshots for reporting multi-strata measures for traditional MIPS or MVP submissions.
- [Data Completeness](#): Expectations for reporting quality measures and the 75% data completeness criteria.
- [Verifying the TIN, NPI, Subgroup ID, and APM Entity ID](#): Instructions for finding the TIN, NPI, subgroup ID, or APM Entity ID in your QPP account to ensure the quality measure data you submit is attributed correctly.

Additional Resources

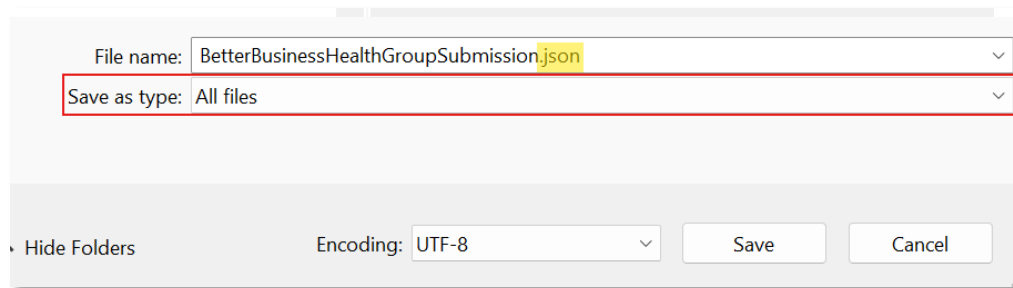
For step-by-step instructions with screenshots about uploading files and attesting to Promoting Interoperability and improvement activities data on the QPP website, review the Submitting and Reviewing Data sections of the relevant data submission user guide:

- [2025 Traditional MIPS Data Submission User Guide \(PDF\)](#)
- [2025 MIPS Value Pathway \(MVP\) Data Submission User Guide \(PDF\)](#)
- [2025 APM Performance Pathway \(APP\) Data Submission User Guide \(PDF\)](#)
- [2025 File Upload Troubleshooting FAQs \(PDF\)](#)

Traditional MIPS Submissions

Follow these instructions if you're reporting [traditional MIPS](#) as a group or individual.

1. Open the applicable template in the ZIP file.
 - **TradMIPS.GROUP.Quality.Template.json** for **group reporting** – data aggregated for all clinicians in the group as applicable to your measures.
 - **TradMIPS.INDIVIDUAL.Quality.Template.json** for **individual reporting** – data for an individual clinician.
2. Save it as a new file on your computer – **make sure to include “.json” at the end of the file name and Save as type: All files**
 - **Example:** BetterHealthBusinessGroupSubmission.json



3. Replace the **highlighted** information (as shown in screenshots for sub-steps 3a, 3b, and 3c) with your specific information.

Windows/PC users:

- This file will open in Notepad.

Mac users:

- You'll need to open this file in TextEdit.

3a. Group or clinician identifier.

Group Template.	Individual Template.
Add your Taxpayer Identification Number in the first section, but don't change anything else. Make sure you leave the quotation marks around this value.	Add the practice's Taxpayer Identification Number (TIN) and the clinician's National Provider Identifier (NPI) but don't change anything else. Make sure you leave the quotation marks around these values
<pre>{ "entityType": "group", "taxpayerIdentificationNumber": "000000000", "performanceYear": 2025, "measurementSets": [</pre>	<pre>{ "entityType": "individual", "taxpayerIdentificationNumber": "000000000", "nationalProviderIdentifier": "000000000", "performanceYear": 2025, "measurementSets": [</pre>

TIP: Sign in to the QPP website and verify that the numbers you entered in this file match the TIN and NPI on the QPP website.

Where do I find this?

3b. Don't change any of the values below:

```
{
  "programName": "mips",
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2025-01-01",
  "performanceEnd": "2025-12-31",
  "measurements": [
```

The "mips" programName is how the system knows you're reporting data for traditional MIPS. (Files without a program name will default to being a traditional MIPS submission.)

The "registry" submissionMethod is how the system knows you're reporting MIPS CQMs. This informs the benchmark for scoring the measure.

BEFORE YOU START UPDATING MEASURE INFORMATION:

- If you're reporting any **multiple strata/ multiple performance rate measures**, we recommend you start with those.
 - [Skip ahead to the information in this section](#) and then come back to this step.
- Make sure you review the [data completeness information](#) provided after these instructions.

3c. In the first **measureID** section (below), add the measureID for the first measure you're reporting, along with the measure's eligible population and performance data you've collected for the measure.

```
{
  "measureId": "xxx",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "performanceNotMet": 0,
    "eligiblePopulation": 0,
    "eligiblePopulationException": 0
  }
},
```

Leave "isEndToEndReported" as false.

- The **"measureID"** is the 3-digit Quality ID associated with the measure.
 - For example, you'd replace **xxx** with 047 if you're reporting the Advance Care Plan measure.
 - Make sure you **leave the quotation marks and comma**.
 - You can find the 3 digit measure ID on the [2025 MIPS Quality Measures List \(XLS\)](#) in column E ("Quality Number (Q#)").

A	B	C	D	E
2025 MIPS Quality Measures	Measure Number			
Measure Title	CMS eCQM ID	eCQM CBE	CBE	Quality Number (Q#)
Advance Care Plan	N/A	N/A	0326	047

- For “**performanceMet**”, enter the number of eligible instances that qualify as **Performance Met in the Numerator** as outlined in the measure specification.
 - There are **no quotation marks** for this value but make sure to **leave the comma**.
- For “**performanceNotMet**”, enter the number of eligible instances that qualify as **Performance Not Met in the Numerator** as outlined in the measure specification.
 - There are **no quotation marks** for this value but make sure to **leave the comma**.
- For “**eligiblePopulation**”, enter the population value that qualifies for the **Denominator** as outlined in the measure specification.
 - There are **no quotation marks** for this value.
- For “**eligiblePopulationException**”, enter the population value that qualifies as **Denominator Exceptions** as outlined in the measure specification. If the measure doesn’t include Denominator Exceptions, or none of your patients/encounter qualified, leave the value as 0.
 - There are **no quotation marks** for this value.

```
{
  "measureId": "xxx",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "performanceNotMet": 0,
    "eligiblePopulation": 0,
    "eligiblePopulationException": 0
  }
},
```

3d. Repeat step 3c for your remaining measures. (See next page if reporting fewer than 6 measures. Remember to review [this section](#) if you’re reporting any multi-performance rate measures.)

Reporting Fewer than 6 Measures.

```
        "isEndToEndReported": false,  
        "performanceMet": 0,  
        "performanceNotMet": 0,  
        "eligiblePopulation": 0,  
        "eligiblePopulationException": 0  
      },  
    },  
    {  
      "measureId": "XXX",  
      "value": {  
        "isEndToEndReported": false,  
        "performanceMet": 0,  
        "performanceNotMet": 0,  
        "eligiblePopulation": 0,  
        "eligiblePopulationException": 0  
      }  
    },  
    {  
      "measureId": "XXX",  
      "value": {  
        "isEndToEndReported": false,  
        "performanceMet": 0,  
        "performanceNotMet": 0,  
        "eligiblePopulation": 0,  
        "eligiblePopulationException": 0  
      }  
    }  
  ]  
}
```

The file **must** include these last 4 brackets/braces.

If you're **reporting fewer than 6 measures** under **Traditional MIPS** (for example a specialty set with fewer than 6 MIPS CQMs included), you'll need to delete the remaining measureID sections.

- Start with the comma (",") that appears after the last measure you're reporting.
- Highlight all of the text until the last 4 brackets/braces in the file.
- Delete the highlighted text.

In this example, the group is reporting 4 measures and highlighted the last 2 measureID sections for deletion.

If you're **reporting a multi-performance rate measure (or measures)**, please review the [Multi-Performance Rate Measure section](#) for those instructions.

MIPS Value Pathway (MVP) Submissions

Follow these instructions if you're registered to report a [MIPS Value Pathway \(MVP\)](#) as a **group, individual or subgroup**.

1. Open the applicable template in the ZIP file.

- **MVP.GROUP.Quality.Template.json** for **group reporting** – data aggregated for all clinicians in the group as applicable to your measures.
- **MVP.INDIVIDUAL.Quality.Template.json** for individual reporting – data for an individual clinician.
- **MVP.SUBGROUP.Quality.Template.json** for subgroup reporting – data for a subset of clinicians in the group, identified during MVP registration.

Windows/PC users:

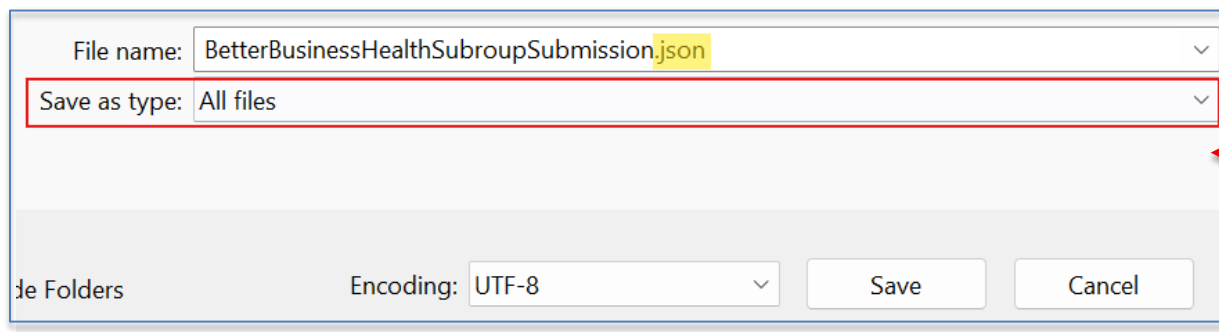
- This will open in Notepad.

Mac users:

- You'll need to open this file in TextEdit.

2. Save it as a new file on your computer – **make sure to include “.json” at the end of the file name and Save as type: All files**

- **Example:** BetterBusinessHealthSubgroup.json



File name: BetterBusinessHealthSubgroupSubmission.json

Save as type: All files

Show Folders Encoding: UTF-8 Save Cancel

3. Replace the highlighted information (as shown in screenshots for sub-steps 3a, 3b, and 3c) with your specific information.

3a. Group, Individual or Subgroup Identifier.

TIP: Sign in to the QPP website and verify that the numbers you enter in this file match the information on the QPP website.
Where do I find this?

Group Template. Add your Taxpayer Identification Number in the first section, but don't change anything else. ○ Leave the quotation marks around this value.	<pre>{ "entityType": "group", "taxpayerIdentificationNumber": "000000000", "performanceYear": 2025, "measurementSets": [</pre>
Individual Template. Add the practice's Taxpayer Identification Number (TIN) and the clinician's National Provider Identifier (NPI) but don't change anything else. ○ Leave the quotation marks around these values.	<pre>{ "entityType": "individual", "taxpayerIdentificationNumber": "000000000", "nationalProviderIdentifier": "0000000000", "performanceYear": 2025, "measurementSets": [</pre>
Subgroup Template. Add your Subgroup ID (assigned during MVP registration) in the first section, but don't change anything else. ○ Leave the quotation marks around this value.	<pre>{ "entityType": "subgroup", "entityId": "SG-00000000", "performanceYear": 2025, "measurementSets": [</pre>

3b. Add the **MVP Identifier** in the “programName” field (as shown below) but don’t change any other information in this section. [Appendix A identifies the MVP Identifier for each MVP.](#)



IMPORTANT! If you don’t add the MVP identifier or leave this field blank, your submission won’t count towards your MVP reporting and will instead be applied to traditional MIPS, which has different quality reporting requirements.

Template:

```
{
  "programName": "MVPIdentifier",
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2025-01-01",
  "performanceEnd": "2025-12-31",
  "measurements": [
```

Example (reporting the Advancing Cancer Care MVP):

```
{
  "programName": "M001",
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2025-01-01",
  "performanceEnd": "2025-12-31",
  "measurements": [
```

3c. In the first **measureID** section (below), add the measureID for the first measure you’re reporting, along with the measure’s eligible population and performance data you’ve collected for the measure.

- Make sure you review the [data completeness information](#) provided after these instructions.
- If you’re reporting any multiple strata/ multiple performance rate measures, we recommend you start with those. [Skip ahead to the information in this section](#) and then come back to this step.

```
{
  "measureId": "XXX",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "performanceNotMet": 0,
    "eligiblePopulation": 0,
    "eligiblePopulationException": 0
  }
},
```

If you’re using these templates, you must leave “isEndToEndReported” as false.

Your measures don’t meet the end-to-end electronic reporting criteria because you’re manually entering the measure data into a file.

- The “**measureID**” is the 3-digit Quality ID associated with the measure.
 - For example, you’d replace **xxx** with 047 if you’re reporting the Advance Care Plan measure as part of the Advancing Cancer Care MVP.
 - Make sure you **leave the quotation marks and comma**.

You can find the 3 digit measure ID on the [2025 MIPS Quality Measures List \(XLS\)](#) in column E (“Quality Number (Q#)”).

A	B	C	D	E
2025 MIPS Quality Measures				
Measure Title	Measure Number			
	CMS eCQM ID	eCQM CBE	CBE	Quality Number (Q#)
Advance Care Plan	N/A	N/A	0326	047

- For “**performanceMet**”, enter the number of eligible instances (aggregated across all clinicians in the group) that qualify as **Performance Met in the Numerator** as outlined in the measure specification.
 - There are **no quotation marks** for this value.
- For “**performanceNotMet**”, enter the number of eligible instances (aggregated across all clinicians in the group) that qualify as **Performance Not Met in the Numerator** as outlined in the measure specification.
 - There are no quotation marks for this value.
- For “**eligiblePopulation**”, enter the population value (aggregated across all clinicians in the group) that qualifies for the **Denominator** as outlined in the measure specification.
 - There are **no quotation marks** for this value.
- For “**eligiblePopulationException**”, enter the population value (aggregated across all clinicians in the group) that qualifies as **Denominator Exceptions** as outlined in the measure specification. If the measure doesn’t include Denominator Exceptions, or none of your patients/encounters qualified, leave the value as 0.
 - There are **no quotation marks** for this value.

3d. Repeat step 3c for your remaining measures.

- See next page if reporting fewer than 4 measures.
- Reminder: Review [this section](#) if you’re reporting any multi-performance rate measures.

Reporting Fewer than 4 Measures.

```
    "isEndToEndReported": false,  
    "performanceMet": 0,  
    "performanceNotMet": 0,  
    "eligiblePopulation": 0,  
    "eligiblePopulationException": 0  
  },  
{  
  "measureId": "XXX",  
  "value": {  
    "isEndToEndReported": false,  
    "performanceMet": 0,  
    "performanceNotMet": 0,  
    "eligiblePopulation": 0,  
    "eligiblePopulationException": 0  
  }  
},  
{  
  "measureId": "XXX",  
  "value": {  
    "isEndToEndReported": false,  
    "performanceMet": 0,  
    "performanceNotMet": 0,  
    "eligiblePopulation": 0,  
    "eligiblePopulationException": 0  
  }  
}  
}  
}
```

The file **must** include these last 4 brackets/braces.

If you're **reporting fewer than 4 measures** in this file (for example, you're a small practice that already reported 2 measures through Medicare Part B claims), you'll need to delete the remaining measureID sections.

- Start with the comma (",") that appears after the last measure you're reporting.
- Highlight all of the text until the last 4 brackets/braces in the file.
- Delete the highlighted text.

In this example, the group is reporting 2 measures in this file and highlighted the last 2 measureID sections for deletion.

APM Performance Pathway (APP) and APP Plus Submissions

Follow these instructions if reporting the [APP \(or APP Plus\)](#) as a **group** or **APM Entity**.

1. Open the applicable template in the ZIP file.

Group Reporting:

- **APP.GROUP.Quality.Template.json** for **groups reporting** the **APP** measure set – data aggregated for all clinicians in the group as applicable to the measures in the APP measure set.
- **APPPlus.GROUP.Quality.Template.json** for **groups reporting** the **APP Plus** measure set – data aggregated for all clinicians in the group as applicable to the measures in the APP Plus measure set.

APM Entity Reporting:

- **APP.APMEntity.Quality.Template.json** for **APM Entities reporting** the **APP** measure set– data aggregated for all clinicians in the group as applicable to the measures in the APP measure set.
- **APPPlus. APMEntity.Quality.Template.json** for **APM Entities reporting** the **APP Plus** measure set – data aggregated for all clinicians in the group as applicable to the measures in the APP Plus measure set. **This is the template applicable to Medicare Shared Savings Program Accountable Care Organizations (ACOs).**

Windows/PC users:

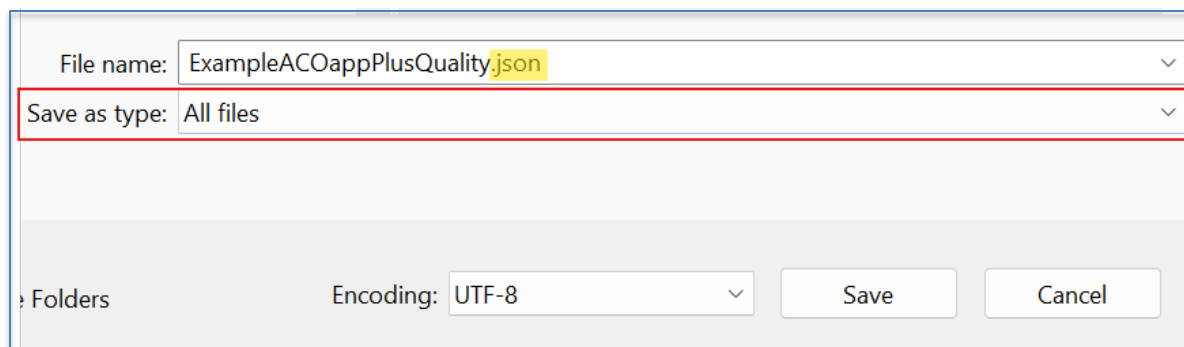
- This will open in Notepad.

Mac users:

- You'll need to open this file in TextEdit.

2. Save it as a new file on your computer – **make sure to include “.json”** at the end of the file name and **Save as type: All files**

- **Example:** ExampleACOappPlusReporting.json



File name: ExampleACOappPlusQuality.json

Save as type: All files

Encoding: UTF-8

Save Cancel

3. Replace the highlighted information (as shown in screenshots for sub-steps 3a and 3b) with your specific information.

3a. Group or APM Entity ID Identifier.

Group Template. Add your Taxpayer Identification Number in the first section, but don't change anything else. ○ Leave the quotation marks around this value.	<pre>{ "entityType": "group", "taxpayerIdentificationNumber": "000000000", "performanceYear": 2025, "measurementSets": [</pre>
APM Entity Template. Add your APM Entity ID in the first section, but don't change anything else. ○ Leave the quotation marks around this value. Your APM Entity ID is listed below your organization's name when you sign into QPP.	<pre>{ "entityId": "A0000", "entityType": "apm", "performanceYear": 2025, "measurementSets": [</pre>

TIP: Sign in to the QPP website and verify that the numbers you enter in this file match the information on the QPP website.
Where do I find this?

Don't change any of the values below in the section below.



APP Plus Quality Measure Set

4 Required Measures for Submission

Required for Medicare Shared Savings Program ACOs

```
{
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2025-01-01",
  "performanceEnd": "2025-12-31",
  "programName": "appPlus",
  "measurements": [
```

The “registry” submissionMethod is how the system knows you’re reporting MIPS CQMs or Medicare CQMs.

The “appPlus” programName is how the system knows you’re reporting data for the APP Plus.

- **Don't use the “app1” programName if you're reporting the APP Plus**
- Files without a program name will be attributed to traditional MIPS

APP Measure Set

3 Required Measures for Submission

```
{
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2025-01-01",
  "performanceEnd": "2025-12-31",
  "programName": "app1",
  "measurements": [
```

The “registry” submissionMethod is how the system knows you’re reporting MIPS CQMs.

The “app1” programName is how the system knows you’re reporting data for the APP.

- **Don't use the “appPlus” programName if you're reporting the APP**
- Files without a program name will be attributed to traditional MIPS

3b. In the first **measureID** section (below), add the measureID for the first measure you're reporting, along with the measure's eligible population and performance data you've collected for the measure.

- Make sure you review the [data completeness information](#) provided after these instructions.

```
{
  "measureId": "001",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "eligiblePopulation": 0,
    "performanceNotMet": 0,
    "eligiblePopulationException": 0
  }
},
```

If you're using these templates, you must leave "isEndToEndReported" as false.

Your measures don't meet the end-to-end electronic reporting criteria because you're manually entering the measure data into a file.

- The "measureID" is the 3-digit Quality ID associated with the measure. We have added the required Quality IDs to the APP and APP Plus templates.



You would only change the "measureId" value if you're a Medicare Shared Savings Program ACO reporting the measure as a Medicare CQM for the APP Plus ("appPlus" programName).

In this case you'd update the Quality ID to include SSP after the 3 digits. E.g., "001" → "001SSP".

- Make sure you leave the quotation marks and comma.

```
{
  "measureId": "001",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "eligiblePopulation": 0,
    "performanceNotMet": 0,
    "eligiblePopulationException": 0
  }
},
```

```
{
  "measureId": "001SSP",
  "value": {
    "isEndToEndReported": false,
    "performanceMet": 0,
    "eligiblePopulation": 0,
    "performanceNotMet": 0,
    "eligiblePopulationException": 0
  }
},
```

If you're an ACO reporting one or more measures as **both** a MIPS CQM and a Medicare CQM, you'd copy the measure information and add "SSP" to the end of the copied measure ID. For example, if you're reporting measure 001 as a MIPS CQM and a Medicare CQM, and the remaining measures just as MIPS CQMs, your submission would include 5 measures: 001, 001SSP, 112, 134, and 236.

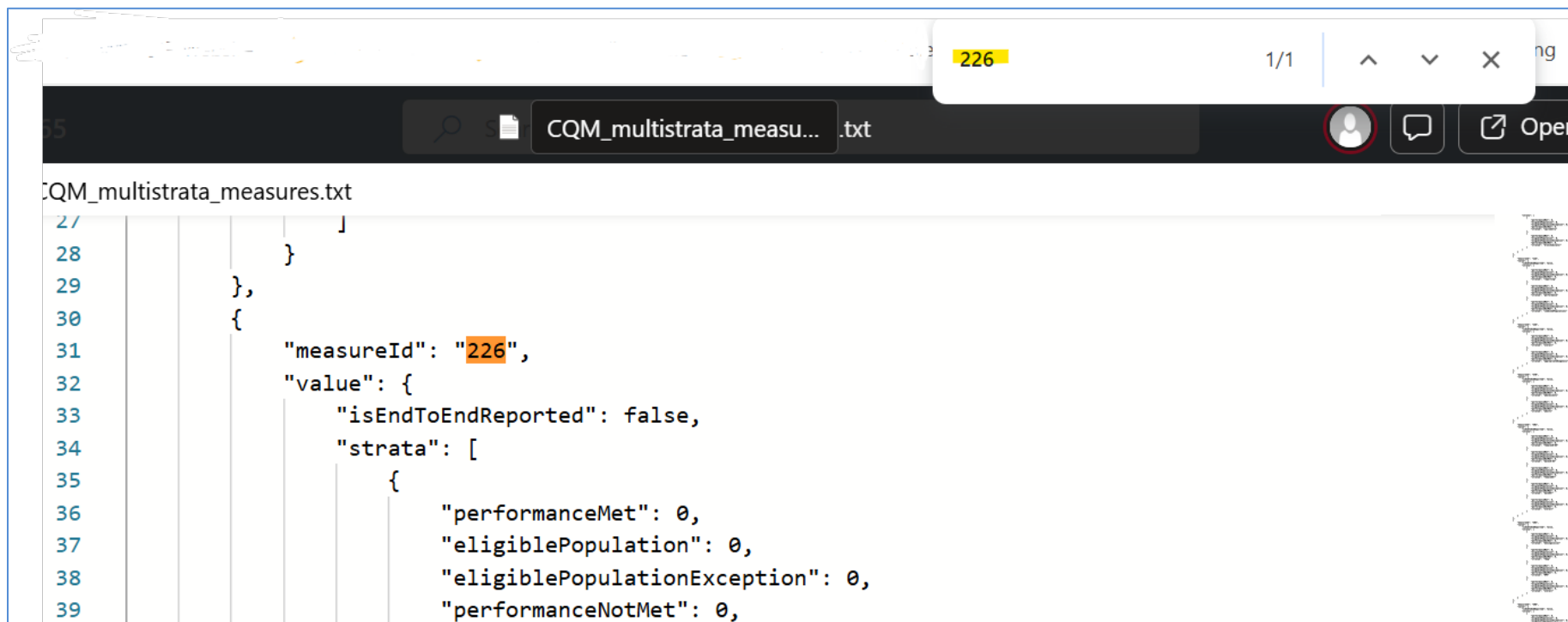
- For “**performanceMet**”, enter the number of eligible instances (aggregated across all clinicians in the group) that qualify as **Performance Met in the Numerator** as outlined in the measure specification.
 - There are **no quotation marks** for this value.
- For “**eligiblePopulation**”, enter the population value (aggregated across all clinicians in the group) that qualifies for the **Denominator** as outlined in the measure specification.
 - There are **no quotation marks** for this value.
- For “**performanceNotMet**”, enter the number of eligible instances (aggregated across all clinicians in the group) that qualify as **Performance Not Met in the Numerator** as outlined in the measure specification.
 - There are no quotation marks for this value.
- For “**eligiblePopulationException**”, enter the population value (aggregated across all clinicians in the group) that qualifies as **Denominator Exceptions** as outlined in the measure specification. If the measure doesn’t include Denominator Exceptions, or none of your patients/encounters qualified, leave the value as 0.
 - There are **no quotation marks** for this value.

3c. Repeat step 3b for the remaining measures listed in the template that are required by the APP or APP Plus measure set.

Multi-Strata/Multiple Performance Rate Measures: Traditional MIPS or MVP Reporting

Certain measures have multiple strata or submission criteria that must be reported; the data you need to report for these measures doesn't match the standard measure information included in the traditional MIPS and MVP templates.

1. Open the **CQM_multistrata_measures.txt** file in the ZIP file.
2. Press **CTRL** and **F** at the same time and type the 3-digit Quality ID in the search box for the measure you're searching for:



The screenshot shows a code editor window with the file **CQM_multistrata_measures.txt** open. A search bar at the top right contains the text **226**. The code in the editor is a JSON array. The search has highlighted the value **"226"** in the **"measureId"** field of a JSON object. The code is as follows:

```
27 ]
28 }
29 },
30 {
31   "measureId": "226",
32   "value": {
33     "isEndToEndReported": false,
34     "strata": [
35       {
36         "performanceMet": 0,
37         "eligiblePopulation": 0,
38         "eligiblePopulationException": 0,
39         "performanceNotMet": 0,
```

3. Copy the applicable measure information from the multi-strata measure JSON.

```
    },  
    {  
      "measureId": "226",  
      "value": {  
        "isEndToEndReported": false,  
        "strata": [  
          {  
            "performanceMet": 0,  
            "eligiblePopulation": 0,  
            "eligiblePopulationException": 0,  
            "performanceNotMet": 0,  
            "stratum": "reporting"  
          },  
          {  
            "performanceMet": 0,  
            "eligiblePopulation": 0,  
            "eligiblePopulationException": 0,  
            "performanceNotMet": 0,  
            "stratum": "performance"  
          },  
          {  
            "performanceMet": 0,  
            "eligiblePopulation": 0,  
            "eligiblePopulationException": 0,  
            "performanceNotMet": 0,  
            "stratum": "combinedPopulations"  
          }  
        ]  
      }  
    }  
  ],  
  {  
    }
```

4. Open your data submission file and highlight the first measure ID in the file:

```
{
  "programName": "mips",
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2025-01-01",
  "performanceEnd": "2025-12-31",
  "measurements": [
    {
      "measureId": "XXX",
      "value": {
        "isEndToEndReported": false,
        "performanceMet": 0,
        "performanceNotMet": 0,
        "eligiblePopulation": 0,
        "eligiblePopulationException": 0
      }
    },
    {
      "measureId": "XXX",
      "value": {
```

Start in the row with the bracket above the "measureId" and make sure you highlight the whole row.

X Incorrect

```
"measurements": [
  {
    "measureId": "XXX",
    "value": {
```

✓ Correct:

```
"measurements": [
  {
    "measureId": "XXX",
    "value": {
```

5. Paste the copied measure information over the first measure ID entry in your file and add your performance data for each stratum.

```
"measurements": [
  {
    "measureId": "226",
    "value": {
      "isEndToEndReported": false,
      "strata": [
        {
          "performanceMet": 0,
          "eligiblePopulation": 0,
          "eligiblePopulationException": 0,
          "performanceNotMet": 0,
          "stratum": "reporting"
        },
        {
          "performanceMet": 0,
          "eligiblePopulation": 0,
          "eligiblePopulationException": 0,
          "performanceNotMet": 0,
          "stratum": "performance"
        },
        {
          "performanceMet": 0,
          "eligiblePopulation": 0,
          "eligiblePopulationException": 0,
          "performanceNotMet": 0,
          "stratum": "combinedPopulations"
        }
      ]
    }
  },
  {
    "measureId": "XXX",
    "value": {
```

Each stratum maps to the submission criteria in the measure's specification.

The first stratum listed in the JSON will map to the first submission criteria in the specification.

The second stratum listed in the JSON will map to the second submission criteria in the specification.

This repeats for however many strata need to be reported. (We're using measure 226 in this example, which has 3 submission criteria and strata.)

Repeats steps 2 – 5 as needed to account for all of the multiple strata/ multiperformance rate measures you're reporting.

Data Completeness

Data completeness refers to **the volume of performance data** reported for the measure's eligible population.

- When reporting a quality measure, your submission must identify the total eligible population (or denominator) as outlined in the measure's specification.
- To meet data completeness criteria, you must then report performance data (performance met or not met, or denominator exceptions) for at least 75% of the total eligible population (denominator).

Incomplete reporting of a measure's eligible population or otherwise misrepresenting a clinician or group's performance (e.g., only submitting favorable performance data, commonly referred to as "cherry-picking") wouldn't be considered true, accurate, or complete and may subject you to audit.

Verifying the TIN, NPI, Subgroup ID, and APM Entity ID

You'll want to verify that the 9-digit TIN you enter in your submission, and 10-digit NPI if reporting for an individual, match the information listed in your QPP account, as well as the subgroup ID if reporting for an MVP subgroup participant.

If the TIN (and NPI), or subgroup ID in your submission don't match the information listed in your QPP account, your quality measure submission won't be attributed to your group, clinician, or MVP subgroup.

[Group submission](#): Verifying the TIN

[Individual submission](#): Verifying the TIN and NPI

[Subgroup submission](#): Verifying the Subgroup ID

[APM Entity Submission](#): Verifying the APM Entity ID

Group submission

1. [Sign in to the QPP website](#)
2. Click Eligibility & Reporting in the left-hand navigation.
3. View the 9-digit TIN listed beneath your practice's name on the page and compare to the TIN you entered in your JSON file.

Better Business Health

TIN: #000765630 | 9888 Nguyen Fields Suite 6592, Port Madisonstad, MP 42583-2144

✓ MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 575,029
Allowed Charges at this practice: \$529,861.00
Covered Services at this practice: 272,603
Special Statuses, Exceptions and Other Reporting Factors: None

[View practice details & clinician eligibility >](#)

Individual submission

1. [Sign in to the QPP website](#)
2. Click **Eligibility & Reporting** in the left-hand navigation and view the 9-digit TIN listed beneath your practice's name.

Better Business Health

TIN: #000765630 | 9888 Nguyen Fields Suite 6592, Port Madisonstad, MP 42583-2144

✓ MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 575,029
Allowed Charges at this practice: \$529,861.00
Covered Services at this practice: 272,603
Special Statuses, Exceptions and Other Reporting Factors: None

3. Click **Report as Individuals** or **View Clinician Eligibility** – these will take you to the same page during the submission period.

Better Business Health

TIN: #000765630 | 9888 Nguyen Fields Suite 6592, Port Madisonstad, MP 42583-2144

✔ **MIPS ELIGIBLE**

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 575,029
Allowed Charges at this practice: \$529,861.00
Covered Services at this practice: 272,603
Special Statuses, Exceptions and Other Reporting Factors: None

[Report as Group](#)

[Report as Individuals](#)

[View practice details & clinician eligibility >](#)

4. Scroll down the page to find the correct clinician; the 10-digit NPI is listed below their name.

Chad Smith at Better Business Health

[Report as individual](#)

NPI: #0101947063 Doctor of Medicine

MIPS Eligibility: ✔ **INDIVIDUAL** ✔ **GROUP**

REPORTING REQUIREMENTS

This clinician is required to report because they're a MIPS eligible clinician type, enrolled in Medicare before the performance year, and exceed the individual low-volume threshold.

REPORTING OPTIONS

5. Compare the TIN and NPI to the values in your JSON.

Subgroup submission

1. [Sign in to the QPP website.](#)
2. Click **Eligibility & Reporting** in the left-hand navigation, then click **Report as Subgroup** or **View subgroup details** – these will take you to the same page during the submission period.

Bönisch UG
TIN: #000000939 | 17096 Chaim Lodge Apt. 989, Shanemouth, LA 97723-8102
✓ MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 4,767
Allowed Charges at this practice: \$3,771,443.00
Covered Services at this practice: 42,172
Special Statuses, Exceptions and Other Reporting Factors: None
APM Participation at the Practice Level: 1 APM Entity

+
View APM entity details

View practice details & clinician eligibility >

View subgroup details >

Account Home
Registration
Eligibility & Reporting
Performance Feedback
APM Incentive Payments
Doctors & Clinicians Preview
Exceptions Application
Targeted Review
Reports
Manage Access
Help and Support

Report as Group
Report as Subgroup
Report as Individuals

3. View the Subgroup ID, listed beneath your subgroup name, and compare it to the value in your JSON file.

EastSide Bonisch Cardiology Subgroup

Subgroup ID: SG-00001830

Report as Subgroup

APM Entity submission

1. [Sign in to the QPP website](#)
2. Click Eligibility & Reporting in the left-hand navigation.
3. Click **Start Reporting** or **View APM entity details** – these will take you to the same page during the submission period.

Account Home
Registration
Eligibility & Reporting
Performance Feedback
APM Incentive Payments
Doctors & Clinicians Preview
Exceptions Application

MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP)
MIPS APM | SSP A9369 / MSSP ACO - BASIC LEVEL A-D
Special Statuses, Exceptions and other factors: **None**

Start Reporting

[View APM entity details & participant eligibility >](#)

4. Compare the APM Entity ID listed beneath your organization's name to the value in your JSON file.

Account Home

MICHIANA ACCOUNTABLE CARE ORGANIZATION, LLC (QPP)
APM Entity ID: A9369

Eligibility & Reporting
APM Entity Details & Participants

Appendix A: MVP Identifiers

MVP ID	MVP Title
G0057	Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
M001	Advancing Cancer Care
G0055	Advancing Care for Heart Disease
G0053	Advancing Rheumatology Patient Care
G0054	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
G0058	Improving Care for Lower Extremity Joint Repair
M0002	Optimal Care for Kidney Health
G0059	Patient Safety and Support of Positive Experiences with Anesthesia
M0004	Quality Care for Patients with Neurological Conditions
M0005	Value in Primary Care
MVP ID	MVP Title
M1366	Focusing on Women's Health
M1367	Quality Care for the Treatment of Ear, Nose, and Throat Disorders
M1368	Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
M1369	Quality Care in Mental Health and Substance Use Disorders
M1370	Rehabilitative Support for Musculoskeletal Care
M1420	Complete Ophthalmologic Care
M1421	Dermatological Care
M1422	Gastroenterology Care
M1423	Optimal Care for Patients with Urologic Conditions
M1424	Pulmonology Care
M1425	Surgical Care