



2024 QPP JavaScript Object Notation (JSON) Template Instructions for Traditional MIPS and MIPS Value Pathways (MVP)

Introduction

This resource provides instructions for using the associated QPP JSON templates to submit data for Traditional MIPS and MIPS Value Pathways (MVP) that you've collected for MIPS Clinical Quality Measures (MIPS CQMs). **These instructions are valid for the performance year 2024 submission period (January 2, 2025 – March 31, 2025) for Traditional MIPS and MVP reporting only.**

These instructions and attached templates:

- **Don't** include information about reporting quality measures with multiple performance rates.
- **Don't** include instructions for the APM Performance Pathway (APP) reporting option.
- **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.

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 [2024 Traditional MIPS Data Submission User Guide \(PDF\)](#).

- **[Traditional MIPS Submissions](#):** Instructions for those submitting quality measure data (MIPS CQMs) for traditional MIPS.
- **[MIPS Value Pathway \(MVP\) Submissions](#):** Instructions for those submitting quality measure data (MIPS CQMs) for their registered MVP.
- **[Data Completeness](#):** Expectations for reporting quality measures and how to meet the 75% data completeness criteria.
- **[Verifying the TIN, NPI, MVP ID, and Subgroup ID](#):** Instructions for finding the TIN, NPI, or subgroup ID in your QPP account to ensure the quality measure data you submit is correctly attributed to the group, MIPS eligible clinician, or MVP subgroup.

Traditional MIPS Submissions

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

- Open one of these files 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.
- Save it as a new file on your computer – make sure to include “.json” at the end of the file name.
 - Example:** BetterHealthBusinessGroupSubmission.json

Windows/PC users:

- This will open in Notepad.

Mac users:

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

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

3a. Group or clinician identifier.

Group Template.	Individual Template.
<p>Add your Taxpayer Identification Number in the first section, but don't change anything else.</p> <ul style="list-style-type: none"> Make sure you leave the quotation marks around this value. 	<p>Add the practice's Taxpayer Identification Number (TIN) and the clinician's National Provider Identifier (NPI) but don't change anything else.</p> <ul style="list-style-type: none"> Make sure you leave the quotation marks around these values
<pre>{ "entityType": "group", "taxpayerIdentificationNumber": "0000000000", "performanceYear": 2024, "measurementSets": [</pre>	<pre>{ "entityType": "individual", "taxpayerIdentificationNumber": "0000000000", "nationalProviderIdentifier": "0000000000", "performanceYear": 2024, "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": "2024-01-01",
  "performanceEnd": "2024-12-31",
  "measurements": [
```

The “registry” submission method is how the system knows you’re reporting MIPS CQMs. This informs the benchmark you’ll be scored against.

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.

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

If you’re using these instructions, 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. (As a reminder, these bonus points were removed as of the 2022 performance year.)

- 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**.
- 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.
- 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.
- 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.

3d. Repeat step 3c for your remaining measures. (See next page if 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 is highlighting the last 2 measureID sections for deletion.

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**.

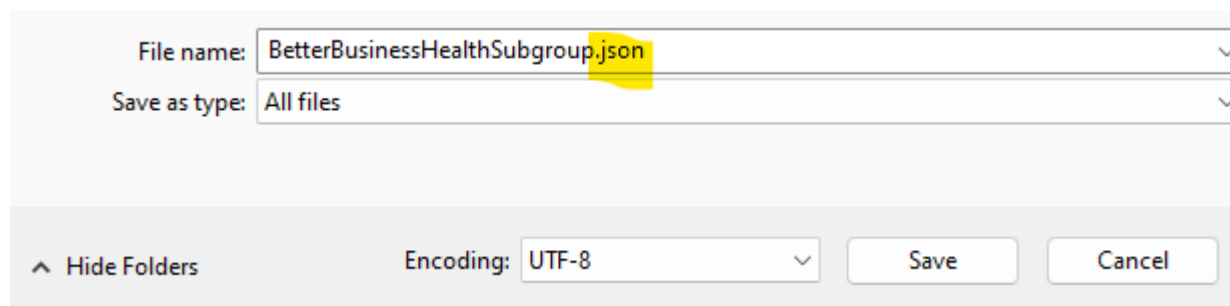
1. Open one of these files in the ZIP file.
 - **MVP.GROUP.Quality.Template.json** for **group reporting** – data aggregated for all clinicians in the group as applicable to your measures.
 - **MVP.INDIVIDUAL.Quality.Template.json** for individual reporting – data for an individual clinician.
 - **MVP.SUBGROUP.Quality.Template.json** for subgroup reporting – data for a subset of clinicians in the group, identified during MVP registration.
2. Save it as a new file on your computer – make sure to include “.json” at the end of the file name.
 - **Example:** BetterHealthBusinessSubgroup.json

Windows/PC users:

- This will open in Notepad.

Mac users:

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



File name: BetterBusinessHealthSubgroup.json

Save as type: All files

^ Hide Folders Encoding: UTF-8 Save Cancel

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

3a. Group, Individual or Subgroup Identifier.

<p>Group Template.</p> <p>Add your Taxpayer Identification Number in the first section, but don't change anything else.</p> <ul style="list-style-type: none"> • Leave the quotation marks around this value. 	<pre>{ "entityType": "group", "taxpayerIdentificationNumber": "000000000", "performanceYear": 2024, "measurementSets": [</pre>
<p>Individual Template.</p> <p>Add the practice's Taxpayer Identification Number (TIN) and the clinician's National Provider Identifier (NPI) but don't change anything else.</p> <ul style="list-style-type: none"> • Leave the quotation marks around these values. 	<pre>{ "entityType": "individual", "taxpayerIdentificationNumber": "000000000", "nationalProviderIdentifier": "0000000000", "performanceYear": 2024, "measurementSets": [</pre>
<p>Subgroup Template.</p> <p>Add your Subgroup ID (assigned during MVP registration) in the first section, but don't change anything else.</p> <ul style="list-style-type: none"> • Leave the quotation marks around this value. 	<pre>{ "entityType": "subgroup", "entityId": "SG-00000000", "performanceYear": 2024, "measurementSets": [</pre>

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

[Where do I find this?](#)

3b. Add in the **MVP Identifier** in the “programName” field (As shown below). **Data submitted without the correct MVP identifier will be attributed to traditional MIPS instead of MVP reporting.**

```
{
  "programName": "[MVPIdentifier]",
  "category": "quality",
  "submissionMethod": "registry",
  "performanceStart": "2024-01-01",
  "performanceEnd": "2024-12-31",
  "measurements": [
```

Double check your **MVP identifier** before submitting your file. The ID must match the MVP you’re registered to report. Check the MVP ID against the one listed on [Explore MVPs](#).

The “**registry**” “**submissionMethod**” is how the system knows you’re reporting a MIPS CQM; this ensures your measures will be scored against the appropriate benchmark.

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.

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

If you’re using these instructions, 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. (As a reminder, these bonus points were removed as of the 2022 performance year.)

- 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**.
- 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.
- 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.
- 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.

```

        "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, 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.

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 (only submitting favorable performance data, commonly referred to as "cherry-picking"), would not be considered true, accurate, or complete and may subject you to audit.

Verifying the TIN, NPI, and/or Subgroup 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

Group submission

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

The screenshot displays the QPP website interface. On the left, a dark blue navigation sidebar contains several menu items: 'Account Home' (with a house icon), 'Eligibility & Reporting' (with a pie chart icon and highlighted by a red box), 'Performance Feedback' (with a star icon), 'Exceptions Application' (with a clipboard icon), 'Targeted Review' (with a target icon), 'Reports' (with a document icon), 'Manage Access' (with a person and lock icon), and 'Help and Support' (with an information icon). The main content area on the right features a search bar labeled 'Search by practice name' with a magnifying glass icon. Below the search bar, it indicates '3 Practices' and a 'Download' button with a download icon. The first practice listed is 'Pfeffer Group', with its name highlighted by a red box. Directly beneath the practice name, the TIN is displayed as 'TIN: #000839403', also highlighted by a red box. To the right of the TIN is the practice address: '1712 Amy Well Apt. 337 Suite 5150, Douglasburgh, NM 693839346567033'. Below the TIN, a green checkmark icon is followed by the text 'MIPS ELIGIBLE'. Further down, several metrics are listed: 'Exceeds Low Volume Threshold: Yes', 'Medicare Patients at this practice: 485,804', 'Allowed Charges at this practice: \$499,934.00', 'Covered Services at this practice: 296,442', and 'Special Statuses, Exceptions and Other Reporting Factors: None'.

Individual submission

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

Account Home

Eligibility & Reporting

Performance Feedback

APM Incentive Payments

Exceptions Application

Targeted Review

Reports

Manage Access

Help and Support

ITScoring-53

TIN: #000043553 | 842 Marisa Terrace Suite 7960, Ricardochester, PA 216324809655845

MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 300,378
Allowed Charges at this practice: \$701,543.00
Covered Services at this practice: 259,262
Special Statuses, Exceptions and Other Reporting Factors: None

Report as Group

Report as Individuals

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

3. View the TIN listed beneath your practice's name at the top of the page or on the left-hand navigation.

ITScoring-53

TIN: 000043553

Eligibility & Reporting

- Practice Details & Clinicians

Practice Details & Clinicians

ITScoring-53 | Performance Year (PY) 2022

Performance Year 2022 ▼

ITScoring-53

TIN: 000043553 | 842 Marisa Terrace Suite 7960, Ricardochester, PA 216324809655845

MIPS ELIGIBLE

Special Statuses, Exceptions and Other Reporting Factors: None

Report as group

[+ View complete eligibility details](#)

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

One Scoring-53 at ITScoring-53

NPI: #0507742746

Doctor of Medicine

Report as individual

MIPS Eligibility: INDIVIDUAL GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have been enrolled in Medicare for greater than a year, and exceed the individual low-volume threshold.

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.

Joel Erritt

You are viewing as a
QPP User

Account Home

Registration

Eligibility & Reporting

Performance Feedback

APM Incentive Payments

Exceptions Application

Targeted Review

Reports

→← COLLAPSE

Scoring Org 18

TIN: #000893695 | 1043 Wallace Plains Suite 8992, North Joseburgh, DC
583318040078750

MIPS ELIGIBLE

Exceeds Low Volume Threshold: Yes
Medicare Patients at this practice: 881,387
Allowed Charges at this practice: \$467,780.00
Covered Services at this practice: 939,490
Special Statuses, Exceptions and Other Reporting Factors: Non-patient facing

Report as Group

Report as Subgroup

Report as Individuals

View practice details & clinician eligibility >

View subgroup details >

3. View the Subgroup ID, listed beneath your subgroup name, located beneath your group practice name at the top of the page.

Account Home

Scoring Org 18
TIN: 000893695

Eligibility & Reporting

- View Subgroups

Scoring Org 18
TIN: 000893695 | 1043 Wallace Plains Suite 8992, North Joseburgh, DC 583318040078750

MIPS ELIGIBLE

Special Statuses, Exceptions and Other Reporting Factors: Non-patient facing

[+ View complete eligibility details](#)

Subgroup Name
Subgroup ID: SG-00000791

Report as Subgroup

▲

4. Compare the Subgroup ID to the value in your JSON to ensure the Subgroup ID has been entered correctly.

Contact the Quality Payment Program

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by email at: QPP@cms.hhs.gov (Monday-Friday 8 a.m.- 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours, before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Additional Resources

Resource	Description
2024 Traditional MIPS Data Submission User Guide (PDF)	Step-by-step instructions (with screenshots) for submitting and reviewing your traditional MIPS data for the 2024 performance year data.
2024 MVP Data Submission User Guide (PDF)	Step-by-step instructions (with screenshots) for submitting and reviewing your MVP data for the 2024 performance year data.

Version History

Date	Change Description
12/19/2024	Original version