2017 QPP Experience Report Public Use File: Data Dictionary

Background

The 2017 Quality Payment Program (QPP) Experience Report Public Use File (PUF) includes detailed data at the Taxpayer Identification Number (TIN)/National Provider Identifier (NPI) level regarding clinician eligibility, performance category scoring, final score, and payment adjustments. This data has been updated to identify clinicians by their NPI. Since the PUF provides data at the TIN/NPI level, we have excluded TIN/NPIs with fewer than 15 patients in 2017 according to public reporting guidelines. For that reason, and because these data are more recent, the numbers in the PUF will not match those in the QPP Experience Report.

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
1	Provider Key	Integer	1	Random unique key assigned to each row.
2	Practice State or US territory	String	MD	The State or United States (US) territory code location of the TIN associated with the clinician.
3	Practice Size	Integer	1	Count of clinicians associated with TIN from the second segment of the MIPS eligibility determination period.
4	Clinician Specialty	String	Obstetrics/ Gynecology	The specialty description is an identifier corresponding to the type of service that the clinician submitted most on their Medicare Part B claims for this TIN/NPI combination.
5	Years in Medicare	Integer	10	The number of years since the first date an enrollment was approved for this NPI across all enrollments in PECOS.

6	NPI	Integer	1234567890	The National Provider Identifier assigned to the clinician when they enrolled in Medicare. Multiple rows for the same NPI indicate multiple TIN/NPI combinations.
7	Engaged	Boolean	TRUE	Indicates if the clinician reported a minimum of one measure or activity as an individual or group, or participated in a MIPS APM.
8	Participation Type	String	Individual	Indicates the level at which performance data was collected, submitted or reported for the final score attributed to the clinician. (This information drives the data displayed for most of the remaining fields in this report.)
All data elements from this point forward are based on the Participation Type identified in the preceding column (column 8). For example, if the participation type indicates "Group", the Medicare Patients in the next column are attributed to the TIN, not the individual clinician.				
9	Medicare Patients	Integer	50	The number of Medicare patients who received covered professional services during one segment of the MIPS eligibility determination period that was attributed to the participation type (indicated in column 8) associated with the clinician's final score.
10	Allowed Charges	Float	50000.28	The allowed charges under the Physician Fee Schedule on Medicare Part B claims with a service date during one segment of the MIPS eligibility determination period that was attributed to the participation type (indicated in column 8) associated with the clinician's final score.

11	Services	Integer	0	Not applicable for any clinician, group or APM Entity in 2017; will display as "0" for all. The covered professional services element of the low-volume threshold was added in the 2019 performance year.
12	Opted Into MIPS	Boolean	FALSE	FALSE for all clinicians, groups and APM Entities in 2017. Clinicians and groups were able to "opt-in to MIPS" beginning with in the 2019 performance year.
13	Small Practitioner	Boolean	TRUE	Indicates if the clinician, group or APM Entity had the small practice special (15 or fewer clinicians billed under the TIN or APM Entity) based on either segment of the MIPS eligibility determination period. Note: This number can contradict the practice size in column 3 which is always based on the 2nd segment.
14	Rural Clinician	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)
15	HPSA Clinician	Boolean	TRUE	Indicates if the clinician or group had the HPSA special status (practiced in a Health Professional Shortage Area (HPSA).
16	Ambulatory Surgical Center	Boolean	TRUE	Indicates if the clinician or group had the ambulatory surgical center-based special status (determined by the volume of their covered professional services furnished in an ambulatory surgical center.) This status is attributed to the participation type (indicated in column 8) associated with the clinician's final score.

17	Hospital-Based Clinician	Boolean	TRUE	Indicates if the clinician or group had the hospital-based special status (determined by the volume of their covered professional services furnished in a hospital setting). This status is attributed to the participation type (indicated in column 8) associated with the clinician's final score.
18	Non-Patient Facing	Boolean	TRUE	Indicates if the clinician or group has the non-patient facing special status (determined by volume of Medicare Part B patient-facing encounters, including telehealth services). This status is attributed to the participation type (indicated in column 8) associated with the clinician's final score.
19	Facility-Based	Boolean	TRUE	FALSE for all clinicians and groups in 2018. Facility-based scoring was available beginning with in the 2019 performance year.
20	Extreme Hardship	Boolean	TRUE	Will display as TRUE if the participation type (indicated in column 8) is INDIVIDUAL and the clinician qualified for the MIPS automatic extreme and uncontrollable circumstance (EUC) policy, such as for a FEMA-designated major disaster.
21	Final Score	Float	56.66	The MIPS final score attributed to the clinician (the highest final score that could be attributed to the clinician's TIN/NPI combination). This is based on the participation type (indicated in column 8).

22	Payment Adjustment	Float	1.26	The total payment adjustment attributed to the clinician for the 2019 payment year. Payment adjustments are determined by comparing the final score to the performance thresholds, and then scaled to ensure budget neutrality.
23	Complex Patient Bonus	Float	0	The complex patient bonus was introduced in the 2018 performance year. Will display as "0" for all clinicians, groups and APM Entities in the 2017 PUF.
24	Extreme Hardship Quality	Boolean	FALSE	Indicates if the clinician or group was approved for reweighting of the quality performance category due to extreme and uncontrollable circumstances. This indicator is attributed to the participation type (indicated in column 8) associated with the clinician's final score.
25	Quality Category Score	Float	72.34	This is the unweighted score received for the quality score that is used for the overall score.
26	Quality Bonus	Boolean	TRUE	The bonus points received for the quality category (small practice bonus and quality improvement, if applicable).
27	Quality Measure ID 1	String	128	MIPS Quality ID for one of the quality measures that contributed to the final score.
28	Quality Measure Score 1	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
29	Quality Measure ID 2	String	111	MIPS Quality ID for one of the quality measures that contributed to the final score.
30	Quality Measure Score 2	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.

31	Quality Measure ID 3	String	226	MIPS Quality ID for one of the quality measures that contributed to the final score.
32	Quality Measure Score 3	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
33	Quality Measure ID 4	String	236	MIPS Quality ID for one for the quality measures that contributed to the final score.
34	Quality Measure Score 4	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
35	Quality Measure ID 5	String	130	MIPS Quality ID for one of the quality measures that contributed to the final score.
36	Quality Measure Score 5	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
37	Quality Measure ID 6	String	146	MIPS Quality ID for one of the quality measures that contributed to the final score.
38	Quality Measure Score 6	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
39	Quality Measure ID 7	String	136	MIPS Quality ID for one of the quality measures that contributed to the final score.
40	Quality Measure Score 7	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
41	Quality Measure ID 8	String	236	MIPS Quality ID for one of the quality measures that contributed to the final score.
42	Quality Measure Score 8	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.

43	Quality Measure ID 9	String	139	MIPS Quality ID for one of the quality measures that contributed to the final score.
44	Quality Measure Score 9	Float	10.7	Measure score- (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
45	Quality Measure ID 10	String	321	MIPS Quality ID for one of the quality measures that contributed to the final score.
46	Quality Measure Score 10	Float	10.7	Measure score (including bonus points) achieved for the corresponding MIPS Quality ID that contributed to the final score.
47	Promoting Interopera-bility (PI) Category score	Float	78.99	This is the unweighted score received by the participant for the Promoting Interoperability performance category (formerly Advancing Care Information performance category) that contributed to the final score. MIPS APM participants receive their APM Entity roll-up score.
48	Extreme Hardship PI	Boolean	FALSE	Indicates if the clinician or group was approved for reweighting of the Promoting Interoperability performance category due to extreme and uncontrollable circumstances.
49	PI Hardship	Boolean	TRUE	Indicates if the clinician or group was approved for an exception from the Promoting Interoperability performance category due to participation in a small practice, decertified Electronic Health Record (EHR) technology, insufficient Internet connectivity, or lack of control over the availability of certified EHR technology (CEHRT).

50	PI Reweighting	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 specialty.
51	PI Bonus	Boolean	TRUE	The total bonus points received by the clinician, group or APM Entity for the Promoting Interoperability performance category.
52	PI CEHRT ID (measurement_set_cehrt_id)	String	15E123456789012	N/A for 2017. This unique identifier generated by the Office of the National Coordinator for Health Information Technology (ONC) wasn't required as part of data submission until the 2019 performance year.
53	PI Measure ID 1	String	PI_INFBLO_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
54	PI Measure Score 1	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
55	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.
56	PI Measure Score 2	Float	2	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
57	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.
58	PI Measure Score 3	Float	14	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.

59	PI Measure ID 4	String	PI_TRANS_PPHI_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
60	PI Measure Score 4	Float	16	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
61	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.
62	PI Measure Score 5	Float	1	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
63	PI Measure ID 6	String	PI_TRANS_PEA_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
64	PI Measure Score 6	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
65	PI Measure ID 7	String	PI_EP_1, PI_LVPP_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
66	PI Measure Score 7	Float	2	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
67	PI Measure ID 8	String	PI_TRANS_EP_1, PI_TRANS_LVPP_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
68	PI Measure Score 8	Float	4	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.

69	PI Measure ID 9	String	PI_IACEHRT_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
70	PI Measure Score 9	Float	8	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
71	PI Measure ID 10	String	PI_PHCDRR_1	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
72	PI Measure Score 10	Float	2	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
73	PI Measure ID 11	String	PI_PHCDRR_2	MIPS Promoting Interoperability ID for one of the Promoting Interoperability measures that contributed to the final score.
74	PI Measure Score 11	Float	10	Measure score achieved for the corresponding MIPS Promoting Interoperability ID that contributed to the final score.
75	IA Score	Float	40	The score received for the improvement activities performance category based on all the activities picked for the category that contributed to the final score.
76	Extreme Hardship IA	Boolean	FALSE	Indicates if the clinician or group was approved for reweighting of the improvement activities performance category due to extreme and uncontrollable circumstances.
77	IA Study	Boolean	TRUE	TRUE if the clinician or group successfully completed their participation in the CMS study on burdens associated with reporting quality measures, resulting in full credit for the improvement activities category. Otherwise, this will be FALSE.

78	IA Measure ID 1	String	IA_PM_16	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
79	IA Measure Score 1	Float	10	Activity score achieved for the corresponding MIPS Improvement Activity ID that contributed to the final score.
80	IA Measure ID 2	String	IA_PM_21	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
81	IA Measure Score 2	Float	10	Activity score achieved of the corresponding MIPS Improvement Activity ID that contributed to the final score.
82	IA Measure ID 3	String	IA_PSPA_1	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
83	IA Measure Score 3	Float	10	Activity score achieved for the corresponding MIPS Improvement Activity ID that contributed to the final score.
84	IA Measure ID 4	String	PI_TRANS_PHCDRR_3	MIPS Improvement Activity ID for one of the improvement activities that contributed to the final score.
85	IA Measure Score 4	Float	10	Activity score achieved for the corresponding MIPS Improvement Activity ID that contributed to the final score.
86	Cost Score	Float	0	Will display as "0" for all clinicians because cost wasn't scored in the 2017 performance year.
87	Extreme Hardship Cost	Boolean	FALSE	Not applicable (N/A) for 2017; this category wasn't scored in the 2017 performance year.
88	Cost Measure ID 1	String	TPCC_1	N/A for 2017; this category wasn't scored in the 2017 performance year.
89	Cost Measure Score 1	Float	10	N/A for 2017; this category wasn't scored in the 2017 performance year.

90	Cost Measure ID 2	String	MSPB_1	N/A for 2017; this category wasn't scored in the 2017 performance year.
91	Cost Measure Score 2	Float	10	N/A for 2017; this category wasn't scored in the 2017 performance year.

Version History

Date	Change Description
03/28/2023	Original version. The 2017 PUF wasn't previously published.