



2023 QPP Public Use File: Methodology

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Overview

The 2023 Quality Payment Program (QPP) Public Use File (PUF) dataset includes clinician-level (non-aggregated) data for the 2023 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 2023 QPP PUF is released concurrently with the 2023 QPP Experience Report.

- 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 match exactly the counts included in the [2023 QPP Experience Report \(PDF\)](#) and the [2023 QPP Participation and Performance Results At-A-Glance \(PDF\)](#).**

Data Sources for the PUF

The primary data source used to compile the PUF dataset is the CMS's system of records for the Merit-based Incentive Payment System (MIPS). The MIPS system of records sources data from the following:

- Medicare Part B claims.
- Provider Enrollment, Chain, and Ownership System (PECOS).
- Measure, activity, and attestation data submitted by clinicians, practices, and their third party intermediaries.

The 2023 QPP PUF dataset is limited to the measure and activity data that contributed to a MIPS eligible clinician's final score. Measures and activities that were submitted but didn't count towards the clinician's final score are excluded from the PUF dataset.

Each of the QPP Data Resources* was created using the QPP dataset available as of December 9, 2024.

- QPP data was validated through a rigorous process that involves multiple program code reviews, test and retests, and data output quality controls.

(*Please refer to the [2023 QPP Data Use Guide](#) for more information about the suite of QPP Data Resources.)

Analytic Utility of the PUF

Content and Variables of the PUF

The 2023 QPP PUF contains up to 177 data variables for each of the 524,998 unique TIN/NPI combinations included in the PUF. A limited number of data variables (included in columns A – J of the 2023 QPP PUF and described in the 2023 QPP PUF Data Dictionary) are specific to the clinician (identified by TIN/NPI). The majority of variables — all data from column K and forward — are based on the Participation Option identified in column I of the PUF.

- 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 (identified by TIN/NPI).

Note: If the Participation Option indicates “APM Entity,” the data elements related to the low-volume threshold and special status (columns M – Y of the PUF) 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.)

Refer to the 2023 QPP PUF Data Dictionary for more information on each of the variables.

Comparison of QPP PUF to MIPS Performance Data Files in the Doctors and Clinicians (DAC) Setting on the Provider Data Catalog (PDC)

The 2023 QPP PUF and 2023 PDC files won’t match exactly because the timeline, processes for producing, and criteria for including data in these public files are independent.

Table 1: Comparison between the 2023 QPP PUF and the MIPS Performance Data Files Published on the PDC.

Data Description	QPP PUF	PDC MIPS Performance Data Files
Provides measure, activity, performance category, and final score data at the TIN/NPI level	Yes	Yes
Only includes data that contributes to the final score (associated with the participation option related to the clinician’s final score)	Yes	No
Excludes clinicians with fewer than 11 patients (per CMS Cell Suppression Policy)	Yes	Yes (While clinicians participating with <20 patients can contribute to a Group/TIN measure included in public reporting datasets, they aren’t reported on as individuals. All groups and individuals being reported on have ≥20 patients.)
Required to meet public reporting standards ¹	No	Yes

¹ [§ 414.1395\(b\)](#)

Data Description	QPP PUF	PDC MIPS Performance Data Files
Includes cost and quality measures in their 1 st and 2 nd years in the program ²	Yes	No
Includes 2023 cost measure data	Yes	No
Includes 2023 administrative claims quality measure data	Yes	Yes (only measures beyond their 2 nd year in the program)
Includes data from clinicians and groups who voluntarily reported	No – data only includes clinicians receiving a MIPS payment adjustment	Sometimes – voluntary reporters can opt out of public reporting
Includes data from clinician who received their final score from subgroup reporting	Yes	No
Timeline for dataset	Data available as of 12/9/2024	Data available 3 weeks before publication

Where Can I Go For Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday – Friday, 8 a.m. – 8 p.m. ET).

To receive assistance more quickly, please consider calling during nonpeak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Version History

Date	Change Description
06/25/2025	Original version

² [§ 414.1395\(c\)](#)