



File Upload Troubleshooting Frequently Asked Questions (FAQs)

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Overview

This resource will review some of the most common errors users encounter when uploading a Quality Payment Program (QPP) JavaScript Object Notation (JSON) or Quality Reporting Document Architecture Category III (QRDA III) submission file, how to find the error, how to correct the error, and what to do if you can't find or correct the error yourself.

- For more information on QRDA III reporting, refer to the [2025 CMS QRDA III Implementation Guide for Eligible Clinicians](#).
- For more information on QPP JSON reporting, refer to the [Submissions documentation on the QPP website](#).

FAQs

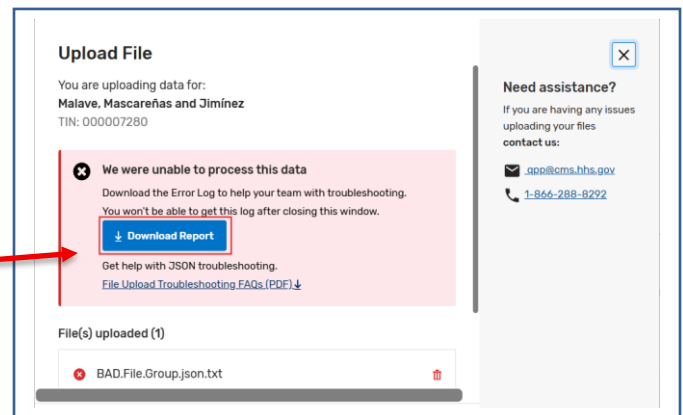
1. Why was my file rejected?

Start by downloading the error report.

When you upload a file that includes errors, there will be an error message in a red text box: “We were unable to process this data.”

Click the blue “Download Report” button, open the error report, and save the file to your computer.

(If you can’t find it, check your ‘Downloads’ folder.)



Column E (“Message”) identifies the errors in your submission file. (Please note that we’re working to improve our error messaging.)

Example.

E
Message
invalid submission object
field 'submissionMethod' in Submission.measurementSets[0].measurements[4] is invalid: measurementSet has a submissionMethod of 'registry', but the measure only permits 'electronicHealthRecord' submissionMethods

The error: This error message is saying that my file includes an eCQM in the CQM measurement set. (The submissionMethod field identifies the collection type for the measures in the file. A value of ‘registry’ indicates a MIPS CQM (or Medicare CQM for ACOs reporting the APP Plus). A value of ‘electronicHealthRecord’ indicates eCQMs.)

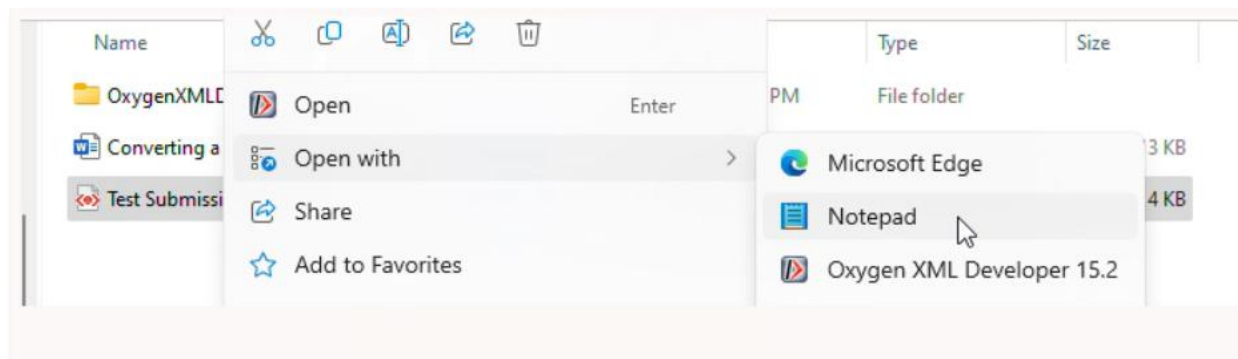
- **The fix:** You need to update the file to ensure there are 2 measurement sets. Report the MIPS CQM(s) under the ‘registry’ submissionMethod and the eCQM(s) under the ‘electronicHealthRecord’ submissionMethod.

2. I don’t understand the error message in my error report. Are there common errors I can look for?

Yes, there are a few common errors you can search for based on your file type. Open as a text file/notepad and search for particular fields.

To open the file in Notepad:

- Locate the file you are attempting to submit on your computer within your File Explorer. The 'Type' of file should say XML Document (for QRDA III) or JSON File.
- Right-click on your file, and a menu will appear. You will need to navigate to open with Notepad.



1. Within Notepad, you will need to go to file > save as.
2. In the 'File name' box, add "copy.txt." to the end of the file name.
3. This will help you easily locate the newly saved file to attach to the case and ensure the original file isn't changed.
4. From the 'Save as Type', select Text Documents (*.txt)
TIP: We recommend that you save the text file to your desktop for easy access, and to avoid sending the original XML version.

Commons errors.

- ✓ **QRDA III: Check the performance period dates.**

Incorrect performance period dates can trigger an error indicating that your file has an invalid XML format. Search (CTRL + F key) "2.16.840.1.113883.10.20.17.3.8" to find the performance period in your QRDA III file:

- The Performance Year Start Date should be <low value="20250101"/>
- The performance Year End Date should be <high value="20251231"/>

- ✓ **QPP JSON, QRDA III: Check that you included the right identifier(s) for your participation option.**

QPP JSON files: The "entityType" value in your submission file defines your participation option.

entityType	Required/Allowed Identifier (Format)
group	Taxpayer Identification Number (TIN) (9 digits)

apm	APM ID (ex. A3222)
individual	TIN (9 digits) and NPI (10 digits)
subgroup	Subgroup ID (SG-#####)
virtualGroup	Virtual group ID (VG-#####)

QRDA III files: The “CMS Program Name” value defines our participation option (and reporting option). To find the CMS Program name value in your file, search for "2.16.840.1.113883.3.249.7".

CMS Program Name	Required/Allowed Identifier (Format)
MIPS_GROUP MIPS_APP1_GROUP APP_PLUS_GROUP	Taxpayer Identification Number (TIN) (9 digits). <ul style="list-style-type: none"> Search “2.16.840.1.113883.4.2” to find the TIN.
APP_PLUS_APMENTITY MIPS_APP1_APMENTITY MIPS_APMENTITY	APM ID (ex. A3222) <ul style="list-style-type: none"> Search "2.16.840.1.113883.3.249.5.4" to find the APM ID.
MIPS_INDIV MIPS_APP1_INDIV APP_PLUS_INDIV	TIN (9 digits) and NPI (10 digits) <ul style="list-style-type: none"> Search “2.16.840.1.113883.4.2” to find the TIN. Search 2.16.840.1.113883.4.6 to find the NPI.
MIPS_SUBGROUP	Subgroup ID (SG-#####). <ul style="list-style-type: none"> Search "2.16.840.1.113883.3.249.5.5" to find the subgroup ID.
MIPS_VIRTUALGROUP	Virtual group ID (VG-#####). <ul style="list-style-type: none"> Search "2.16.840.1.113883.3.249.5.2" to find the virtual group ID.

- ✓ **QPP JSON, QRDA III:** Check that the measure/activity ID is valid for the 2025 data submission period.

QPP JSON: Search [Explore Measures & Activities](#) for the measure and activity IDs included in your submission and make sure 2025 is the selected performance year. If 0 search results are returned, the measure or activity isn’t available for 2025.

The screenshot shows the CMS Explore Measures & Activities search interface. A red box highlights the search bar. Below the search bar are three dropdown menus for filters: Measure Type, Specialty Measure Set, and Collection Type, all set to 'All'. There is a checkbox for 'In Your List of Quality Measures' and a 'Clear all filters' link. On the right, the 'Performance Year' is set to '2025'.

QRDA III: Review the [2025 QRDA III Implementation Guide for Eligible Clinicians](#) to confirm the identifiers for the measures and activities you submitted were valid for 2025:

- Table 15 for quality measures (eCQMs).
- Table 16 for improvement activities.
- Table 17 for Promoting Interoperability measures.

Search your file for the title of the measures you submitted and note the “UUID” below it:

```
<td>Controlling High Blood Pressure</td>
<td>2c928083-8907-ce68-0189-2bbd31d6064e</td>
```

Then search the Implementation Guide for the CMS ID of the measure and check that the UUID matches what’s included in your file; if they don’t match, you need to update your file to match the UUID in the Implementation Guide.

CMS165V12	2c928083-8907-ce68-0189-2bbd31d6064e	IPOP: DENOM: DENEX: NUMER:	A35D89C5-C903-4D4C-BDBC-EA70D1254BEF FEC5EB1-842C-42B6-B2BC-7035C79222E4 8D42520C-8C19-47AF-B3E7-A66EAECA0DBD 73661F57-1A94-4982-8136-EDCE51A9AE8
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✓ **QPP JSON, QRDA III:** **Verify that the measure/activity ID is valid for your reporting option.**

Not all measures are available for all reporting options.

Example. Quality ID 112 is only available for the APP Plus and the Focusing on Women’s Health MVP. If you submit one of these measures for any other reporting option (“programName” if reporting by JSON, CMS Program Name if reporting by QRDA III), you’ll receive an error message.

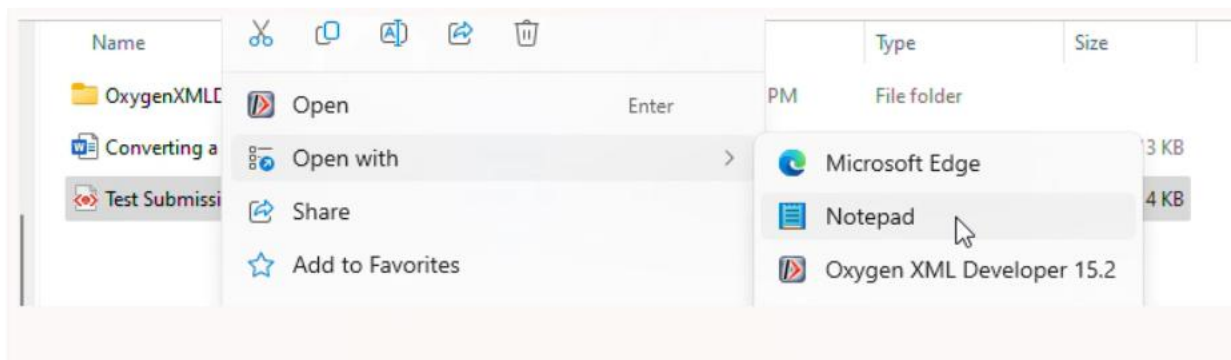
Shared Savings Program ACOs are required to report the APP Plus in 2025. If they report the measures required by the APP Plus, including Quality ID 112, but submit it with the wrong program name [or no program name], they’ll get the error message below:

- "measure ID 112 is not allowed to be submitted to the app1 [or mips] program. Please remove the invalid measure from the measurement set. "

3. How do I send my submission file to the Service Center so they can help me?

- Download the Excel error report from within the QPP Portal.
- The error report will typically save in the "Downloads" folder within your File Explorer unless you specifically choose a folder to save it in.
- Locate the file you are attempting to submit on your computer within your File Explorer. The 'Type' of file should say XML Document/JSON File.

- Right-click on your file, and a menu will appear. You will need to navigate to open with Notepad.

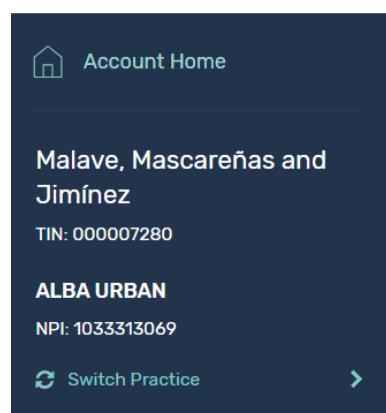


- Within Notepad, you will need to go to file > save as.
- In the 'File name' box, add "copy.txt." to the end of the file name.
- This will help you easily locate the newly saved file to attach to the case and ensure the original file isn't changed.
- From the 'Save as Type', select Text Documents (*.txt) .
TIP: We recommend that you save the text file to your desktop for easy access, and to avoid sending the original XML version.
- Once saved, please attach the text file to this case, along with the Excel error report you received when uploading your original file.

4. I successfully uploaded our submission file, why can't I see our data?

- ✓ **QPP JSON, QRDA III: Check that the identifier (e.g., TIN, NIP, etc.) included in your submission file matches the profile you're reviewing.**
 - Are you looking at an individual clinician's profile, but you submitted group data?
 - Are you looking at the profile for the right clinician?

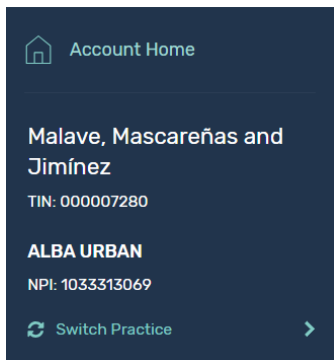
QPP JSON. Search for "entityType" in your submission file, which will bring you to the section of the file where your identifier(s). Check the identifier in the file against the identifier listed in the upper left-hand corner of the QPP account:



QRDA III. Search for the identifiers in your submission file by using the root IDs below:

- "2.16.840.1.113883.4.2" to find the TIN.
- "2.16.840.1.113883.4.6" to find the NPI.
- "2.16.840.1.113883.3.249.5.4" to find the APM ID
- "2.16.840.1.113883.3.249.5.5" to find the subgroup ID.
- "2.16.840.1.113883.3.249.5.2" to find the virtual group ID.

Check the identifier in the file against the identifier listed in the upper left-hand corner of the QPP account:



- ✓ **QPP JSON, QRDA III:** [Check that the reporting option page you're viewing matches the program name included in your file.](#)

If you tried to submit data for an MVP, but you don't see it when you click onto the MVP reporting page for the group or clinician, you probably omitted the MVP ID.

1. Back out of the MVP reporting option page and click into the Traditional MIPS reporting option.
2. If you see your data recorded under traditional MIPS, you'll need to update your submission file to include the MVP ID.
3. [Appendix A](#) documents the MVP IDs available for the 2025 performance year.

QPP JSON files: The MVP ID is the value reported for "programName". (ex. "programName: "M001")

QRDA III files: The MVP ID is provided in addition to one of the following "CMS Program Name" values: MIPS_GROUP, MIPS_SUBGROUP, MIPS_INDIV, MIPS_APMENTITY. To find the CMS Program name value in your file, search for "2.16.840.1.113883.3.249.7". The MVP ID should follow the root "2.16.840.1.113883.3.249.5.6".

5. Why Can't I View the Data My Third Party Submitted for Our Organization?

If you can't access the data submitted on your behalf by your third party, please reach out to your third party to confirm that the data submitted included the right MIPS reporting option ("programName"), the right reporting level/participation options ("entityType"), and the correct identifiers (e.g., TIN, NPI) for your organization.

6. I successfully uploaded a new quality file, where did the measures that I submitted last week go?

We'll keep the most recent data submitted when the data is **submitted the same way** (e.g., via file upload) **AND by the same organization** (e.g., the practice) **AND for the same**:

- ✓ **Performance category** (e.g., quality)
- ✓ **Collection type** (identified by "measurementSet" in the JSON)
- ✓ **Participation option** (e.g., group)
- ✓ **Reporting option** (e.g., traditional MIPS)

This approach allows practices to correct and resubmit previously submitted data.

If you need to update a measure that you previously reported, or you want to report a measure that wasn't previously reported, we recommend that you resubmit one file with all of the measures you intend to report.

Example. John and Kathy are practice staff at Mountain Medical and support the group's MIPS reporting. Mountain Medical is reporting traditional MIPS as a group. (Example continues on next page.)

John uploaded a file with 3 measures (047, 130, and 134) on Tuesday	Kathy uploaded a file with 3 measures (134, 155, and 181) on Thursday
✓ Quality performance category	✓ Quality performance category
✓ MIPS CQM collection type	✓ MIPS CQM collection type
✓ Group reporting	✓ Group reporting
✓ Traditional MIPS	✓ Traditional MIPS
The group will be scored on the 3 MIPS CQMs that Kathy submitted on Thursday.	

Version History

Date	Change Description
12/30/2025	Original version

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