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**DATE:** January 16, 2026  
**TO:** All Medicare Advantage, Cost, PACE, and Demonstration Organizations  
**FROM:** Jennifer R. Shapiro, Director, Medicare Plan Payment Group  
**SUBJECT:** Release of 2026 Merit-based Incentive Payment System (MIPS) Payment Adjustment Data File and the 2026 Qualifying Participant (QP) Status Data File

The Centers for Medicare & Medicaid Services (CMS) has uploaded to the Health Plan Management System (HPMS) the Merit-based Incentive Payment System (MIPS) Payment Adjustment Data File and the Qualifying Participant (QP) Status Data File for payment year 2026.

Medicare Advantage organizations (MAOs) can use the information in these files to determine the amounts that apply to their payments for Medicare Part B covered professional services furnished by non-contract providers, consistent with existing statutory and regulatory requirements.

Specifically, the MIPS Payment Adjustment Data File provides information needed to apply the applicable MIPS payment adjustment for out-of-network MIPS eligible clinicians, while the QP Status Data File provides information needed to determine the applicable conversion factor for services furnished by non-contract providers beginning in Calendar Year (CY) 2026. This memorandum announces the release of both files.

For guidance on when and how the MIPS payment adjustments apply to MAOs' payments to out-of-network MIPS eligible clinicians, please see the July 10, 2020, memorandum entitled, "[Application of the Merit-based Incentive Payment System \(MIPS\) Payment Adjustment to Medicare Advantage Out-of-Network Payments - Update.](#)"

For additional information on the Medicare Physician Fee Schedule conversion factors and QP policies as well as on when and how MAOs can determine the appropriate conversion to apply to payments for services furnished by non-contract providers, MAOs should refer to the CY 2026 Physician Fee Schedule final rule<sup>1</sup> and associated fact sheets.<sup>2</sup>

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<sup>1</sup> See the [CY 2026 Physician Fee Schedule Final Rule](#) for more information.

<sup>2</sup> See the [CY 2026 Medicare Physician Fee Schedule Final Rule \(CMS-1832-F\) Fact Sheet](#) for more information. See the [CY 2026 Medicare Physician Fee Schedule Final Rule: Quality Payment Program \(QPP\) Fact Sheet and Policy Comparison Table](#) for more information on QPs and Advanced APMs.

## **Prompt Payment and Enforcement Discretion with Respect to Application of the Appropriate Conversion Factor**

For CY 2026 only, CMS will exercise enforcement discretion with respect to application of the appropriate conversion factor within the 30-day prompt payment timeframe established under section 1857(f)(1) of the Act and 42 CFR 422.520(a). We are giving MAOs this additional flexibility for the first payment year so that MAOs are not penalized due to unforeseen difficulties or delays in updating their payment systems to apply the appropriate conversion factor to non-contract claims.

We note that this policy for CY 2026 does not abrogate the right of non-contract providers to receive interest on amounts not paid within the prompt payment window (see section 1857(f)(1) of the Act (42 U.S.C. § 1395w27(f)(1)); 42 CFR 422.520(a)(2)).

Effective January 1, 2027, CMS will no longer exercise enforcement discretion with respect to payment of the appropriate conversion factor outside of the required 30-day prompt payment window. Beginning with dates of service on or after January 1, 2027, MAOs will be expected to pay the full amount owed to non-contract providers within 30 days of the date of receipt of a clean claim (§ 422.520(a)(1)). MAOs that fail to pay the full amount owed to non-contract providers in accordance with the prompt pay requirement may be subject to contract termination under § 422.510(a)(4)(v).

## **File Access**

The 2026 MIPS Payment Adjustment Data File and the 2026 QP Status Data File have been added to the “Incentive Payments” section of the HPMS Data Extract Facility (HPMS Home > Data Extract Facility > Incentive Payments). After navigating to the “Incentive Payments” section, a user may download the file by selecting “MIPS Payment Adjustment Data File” under Step One, “2026” under Step Two, and “Download” under Step Three.

Due to the sensitivity of some of the information contained in the file, only the MAO’s Medicare Compliance Officer will be able to access and download it. The Medicare Compliance Officer must be a registered HPMS user in order to obtain the file.

## **Identifying the Applicable MIPS Adjustment Percentage (MIPS Payment Adjustment Data File)**

The MIPS Payment Adjustment Data File consists of four data elements:

- National Provider Identifier (NPI);
- Taxpayer Identification Number (TIN);
- MIPS adjustment percentage; and
- A marker (“Percentage Indicator”) indicating that the MIPS Adjustment Percentage is positive (“P”) or negative (“N”).

MAOs can use the MIPS Payment Adjustment Data File to identify the applicable MIPS adjustment percentage for a MIPS eligible clinician by matching the clinician's billing TIN/NPI combination to a TIN/NPI combination. If an exact match for the billing TIN/NPI combination does not appear in the data file, the MAO should determine whether the NPI appears in combination with another TIN and, if so, apply the MIPS adjustment percentage associated with that TIN/NPI combination. If the NPI appears in more than one TIN/NPI combination in the data file, the MAO should apply the MIPS adjustment percentage for the TIN/NPI combination that results in the greatest total payment amount.

For more detailed information on the file layout, see Appendix A.

### **Identifying the Applicable Conversion Factor (QP Status Data File)**

The CY 2026 QP Status Data File consists of the following data elements:

- NPI; and
- Effective payment year.

MAOs can use the CY 2026 QP Status Data File available in HPMS to determine whether a clinician qualifies as a QP for purposes of applying the appropriate Original Medicare (OM) payment amount when paying for services furnished by non-contract providers in CY 2026. An MAO can identify the applicable conversion factor by matching the clinician's rendering NPI on a non-contract claim to an NPI listed in the QP Status Data File.

For more detailed information on the file layout, see Appendix B.

### **Further Information**

If you encounter technical difficulties when downloading the MIPS Payment Adjustment Data File from HPMS, you may contact the HPMS Help Desk at [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).

If the "Incentive Payments" hyperlink does not appear in the HPMS Data Extract Facility, you must send a request for additional access to [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov). Please note that information in the MIPS Payment Adjustment Data File and QP Status Data File is considered sensitive and may require additional levels of approval.

If you have questions about the information in this HPMS notice, please contact the MA Out of Network Payment mailbox at [MA-OON-Payment@cms.hhs.gov](mailto:MA-OON-Payment@cms.hhs.gov).

## Appendix A

### MIPS Payment Adjustment Data File Layout

File Position	Format	Data Element	Comment
1 – 10	X(10)	NPI	
11 – 19	X(9)	TIN	
20 – 24	9(3)V99	MIPS Adjustment Percentage	<p>This field shows the MIPS adjustment percentage. Additional adjustments for exceptional performance, where applicable, are included in the adjustment percentage.</p> <p>The percentage includes two numbers after the decimal place. For example, “00975” indicates an adjustment percentage of 9.75%.</p>
25	X(1)	Percentage Indicator	<p>This field will have a value of “P” or “N”.</p> <p>“P” indicates that the MIPS adjustment percentage is positive.</p> <p>“N” indicates the MIPS adjustment percentage is negative.</p>

## Appendix B

### CY 2026 QP Status Data File

File Position	Format	Data Element
1-4	X(4)	Payment Year
5-15	X(10)	NPI