# 2020 Merit-based Incentive Payment System (MIPS) Performance Period

# Data Validation Execution Report

**Introduction:** The Data Validation Execution Report (DVER) Template is created for use by approved 2020 Qualified Clinical Data Registries (QCDRs) and Qualified Registries. Organizations approved as both a QCDR and a Qualified Registry will need to complete one template per vendor type (i.e. one for the QCDR and one for the Qualified Registry) when that vendor type has or will submit MIPS data for the Quality, Promoting Interoperability, and/or Improvement Activities performance categories. **Execution of your Data Validation Plan must be completed prior to data submission for the 2020 performance period so that data errors are corrected prior to submitting data for the MIPS program to CMS**. The deadline to submit the Data Validation Execution Report is **5 p.m. Eastern Time (ET) on June 1, 2021**.

**Late, incomplete, absent, rejected DVER submissions** **or failure to conduct data validation prior to submitting data to CMS, may lead to remedial action and possibly termination as a third-party intermediary for future performance periods of the MIPS program.**

The purpose of the DVER template is to provide guidance and an example of how to convey the results of your organization’s Data Validation Plan to the Centers for Medicare & Medicaid Services (CMS).Please be sure to review the form carefully and provide complete responses to all required fields. **If you choose to submit an alternative to the DVER template, you must include all fields from this template that are identified as required*.* As a reminder, your data validation plan was approved at the time of self-nomination, therefore you are expected to execute your data validation as approved. Failure to execute your data validation plan as approved will be considered as non-compliant.**

Once submitted, the MIPS QCDR/Registry Support Team (PIMMS Team) will review the DVER and may reach out to your organization for clarification as needed. If updates are required, QCDRs and Qualified Registries must provide the requested updates in an updated DVER by the deadline provided; **emailed responses will not be accepted.**

**A copy of the Quality Payment Program data submission report does not meet the DVER requirement**. **Please note that protected health information (PHI)/personal identifying information (PII), including tax identification numbers (TINs), should not be submitted as part of the DVER**.

The DVER must be submitted to [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) or [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) by **5 p.m. ET on June 1, 2021**. Please note that if your organization **did not** submit MIPS data for the Quality, Promoting Interoperability, and/or Improvement Activities performance categories for the given performance period, you must send an email to [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) or [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) notifying CMS and the MIPS QCDR/Registry Support Team (PIMMS Team) that data was not submitted by **5 p.m. ET on June 1. 2021**. Please be sure to include your QCDR or Qualified Registry name in the subject line of the email (e.g., ABCD Registry – 2020 DVER).

**Tips for Successful DVER Submission:**

* The [2020 Physician Fee Schedule (PFS) Final Rule](https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other) and [2020 Self-Nomination resources](https://qpp.cms.gov/about/resource-library), such as the QCDR or Qualified Registry Fact Sheet, should be used as references as to past years of the MIPS program, legacy program, or other reporting programs are not relevant and do not apply.
* **The audits must be executed following the data validation plan that was approved at the time of self-nomination.**
* Identified documentation errors should be corrected even if the Quality Payment Program submission engine does not generate errors (i.e., any errors should be corrected regardless of whether the submission engine accepts or rejects the submissions).
* Identified data errors that are attributed to the individual clinician, group, or virtual group errors are still considered data errors and should be represented within the DVER. QCDRs and Qualified Registries should identify these errors during validation and have the errors corrected prior to submission. These errors may include, but are not limited to, inaccurate coding, measure interpretation, and the lack of documentation to support that the quality action has been completed (for measures). Knowingly submitting data that is not true, accurate, and complete (regardless of whether the errors are a result of the clinician or vendor) is considered non-compliant with data submission requirements.
* If the randomized audit identifies any data errors, regardless of the data errors, a detailed audit **must** be performed. Failure to perform the detailed audit will result in a rejected DVER.
* **If data errors are identified, the data error percentage rate must be calculated based on the percentage of your total individual clinicians affected across all individual clinicians, groups, and/or virtual groups and not based on the total number of quality measures or medical records/charts impacted**.
* Documentation on data errors must be maintained for 6 years from the end of the MIPS performance period in case of a CMS audit (§414.1400(g)(2)) and/or additional clarification is needed during the DVER review.
* **Every field in the template is required. An error detail table is required for each error type identified in each section.**

**QCDR or Qualified Registry Name:**

**Data Submitted for the 2020 MIPS Performance Period?** *(Yes or No. If “No”, you are not required to complete a DVER, an email should be sent to the appropriate vendor support inbox by* ***5 p.m. ET on June 1, 2021*** *notifying CMS/the PIMMS Team that MIPS data was not submitted for the 2020 MIPS performance period)***:**

1. **Overall Data Error Rate:**

Using the following equation, what is your overall data error rate based on all the identified data errors after data submission to CMS?

Please note that the overall data error rate equation should be inclusive of all clinicians supported, regardless of whether they are participating as an individual clinician, group, or virtual group and should be calculated at the individual National Provider Identifier (NPI)-level. In addition, the overall data error rate should be reported as 0% if all identified data errors are corrected prior to data submission to CMS.

1. **Performance Categories Data Submission:**

Please enter a Yes or No to indicate the performance categories for which data was submitted.

* 1. Quality – Yes/No
  2. Promoting Interoperability – Yes/No
  3. Improvement Activities – Yes/No

1. **Clinician Types Submitted across Quality, Promoting Interoperability, and Improvement Activities submissions.** Please note that the number of clinicians submitted should be inclusive of all clinicians for which data was submitted, regardless of whether they are participating as an individual clinician, group, or virtual group and should be submitted at the NPI-level.

|  | **Quality** | **Improvement Activities** | **Promoting Interoperability** |
| --- | --- | --- | --- |
| Number of individual clinicians submitted |  |  |  |
| Eligible |  |  |  |
| Opt-in |  |  |  |
| Voluntary |  |  |  |
| Number of groups submitted |  |  |  |
| Eligible |  |  |  |
| Opt-in |  |  |  |
| Voluntary |  |  |  |
| Number of virtual groups submitted |  |  |  |
| Eligible |  |  |  |
| Opt-in |  |  |  |
| Voluntary |  |  |  |
| **Total** |  |  |  |

1. **Results of TIN-NPI Validation across all submissions (Quality, Promoting Interoperability, and Improvement Activities)**
   1. **Were errors found?** *(Yes or No)*
      1. **Quality – Yes/No**
      2. **Promoting Interoperability – Yes/No**
      3. **Improvement Activities – Yes/No**
   2. **How many total errors were found?**
      1. **Quality =**
      2. **Promoting Interoperability =**
      3. **Improvement Activities =**
   3. **What total percentage of your total individual clinician’s/group’s/virtual group’s population did this affect?** Please note that this equation should be inclusive of all clinicians, groups, or virtual groups for which data was submitted, regardless of whether they are participating as an individual clinician, group, or virtual group and should be calculated at the individual NPI-level.
      1. **Quality =**
      2. **Promoting Interoperability =**
      3. **Improvement Activities =**
      4. **Total data error rate (one rate including data error rate from all performance categories) =**

**TIN-NPI Validation - Error Details** *(required fields if responses to 4AI, 4AII, and/or 4AIII is Yes)*

| **Error #1 (Please include this table for every error type identified)** | |
| --- | --- |
| Type of Error |  |
| Performance Category Impacted |  |
| How many (number) of your total individual clinicians/groups/virtual groups population did this affect? |  |
| What percentage of your total individual clinicians/groups/virtual groups population did this affect? |  |
| Was the error corrected *prior* to data submission to CMS or *after* data submission to CMS? |  |
| Please describe how your organization has resolved the discovered errors. If not resolved prior to data submission, please describe how your organization has mitigated these errors or plans to mitigate these errors for future performance periods. |  |

**5. Results of verifying MIPS program eligibility (MIPS eligible, volunteer participants, and opt-ins)**

1. **Were errors found?** *(Yes or No)*
2. **How many total errors were found?**
3. **What total percentage of your total individual clinician’s/group’s/virtual group’s population did this affect?**Please note that this equation should be inclusive of all clinicians supported, regardless of whether they are participating as an individual clinician, group, or virtual group and should be calculated at the individual NPI-level.

**MIPS program eligibility - Error Details** *(required fields if response to 5A. is Yes)*

| **Error #1 (Please include this table for every error type identified)** | |
| --- | --- |
| Type of Error |  |
| How many (number) of your total individual clinicians/groups/virtual groups population did this affect? |  |
| What percentage of your total individual clinicians/groups/virtual groups population did this affect? |  |
| Was the error corrected *prior* to data submission to CMS or found *after* data submission to CMS? |  |
| Please describe how your organization has resolved the discovered errors. If not resolved prior to data submission, please describe how your organization has mitigated these errors or plans to mitigate these errors for future performance periods. |  |

**6. Result of verifying the calculation of data completeness and performance rates for Quality, data submission requirements and performance rates for Promoting Interoperability, and/or verification of Improvement Activities attestation.**

1. **Were errors found?** *(Yes or No)*
2. **Quality – Yes/No**
3. **Promoting Interoperability – Yes/No**
4. **Improvement Activities – Yes/No**
5. **How many total errors were found?**
6. **Quality =**
7. **Promoting Interoperability =**
8. **Improvement Activities =**
9. **What total percentage of your total individual clinician’s/group’s/virtual group’s population did this affect?**Please note that this equation should be inclusive of all clinicians supported, regardless of whether they are participating as an individual clinician, group, or virtual group or whether they are MIPS eligible, have opted-in, or are participating voluntarily. This should be calculated at the individual NPI-level.
   * 1. **Quality =**
     2. **Promoting Interoperability =**
     3. **Improvement Activities =**
     4. **Total data error rate (one rate including data error rate from all performance**

**categories) =**

**Calculation of Data Completeness and Performance Rates - Error Details** *(required fields if any of the responses to 6AI., 6AII., and/or 6AIII. is Yes)*

| **Error #1 (Please include this table for every error type identified)** | |
| --- | --- |
| Type of Error |  |
| Performance Category Impacted |  |
| How many (number) of your total individual clinicians/groups/virtual groups population did this affect? |  |
| What percentage of your total individual clinicians/groups/virtual groups population did this affect? |  |
| Was the error corrected *prior* to data submission to CMS or found *after* data submission to CMS? |  |
| Please describe how your organization has resolved the discovered errors. If not resolved prior to data submission, please describe how your organization has mitigated these errors or plans to mitigate these errors for future performance periods. |  |

**7**. **Results of verifying the correct 2020 Quality measures, Promoting Interoperability measures, and Improvement Activities were used for the performance period.**

1. **How many MIPS clinical quality measures (CQMs), electronic CQMs (eCQMs), and/or QCDR measures (if applicable) did your QCDR or Qualified Registry support?**
   1. **How many total measures were reported?**
   2. **Were errors found?** *(Yes or No)*
   3. **How many total errors were found?**
2. **How many Promoting Interoperability measures (if applicable) did your QCDR or Qualified Registry support?**
   1. **How many total measures were reported?**
   2. **Were errors found?** *(Yes or No)*
   3. **How many total errors were found?**
3. **How many Improvement Activities (if applicable) did your QCDR or Qualified Registry support?**
   1. **How many total activities were reported?**
   2. **Were errors found?** *(Yes or No)*
   3. **How many total errors were found?**
4. **What total percentage of your total individual clinician’s/group’s/virtual group’s population did this affect?**Please note that this equation should be inclusive of all clinicians supported, regardless of whether they are participating as an individual clinician, group, or virtual group and should be calculated at the individual NPI-level.
   * 1. **Quality =**
     2. **Promoting Interoperability =**
     3. **Improvement Activities =**
     4. **Total data error rate (one rate including data error rate from all performance**

**categories) =**

**Verifying the correct 2020 Quality measures, Promoting Interoperability measures, and Improvement Activities used - Error Details** *(required fields if any response to 7AII., 7BII., and/or 7CII. is Yes)*

| **Error #1 (Please include this table for every error type identified)** | |
| --- | --- |
| Type of Error |  |
| Performance Category Impacted |  |
| What percentage of your total individual clinicians/groups/virtual groups population did this affect? |  |
| Was the error corrected *prior* to data submission to CMS or found *after* data submission to CMS? |  |
| Please describe how your organization has resolved the discovered errors. If not resolved prior to data submission, please describe how your organization has mitigated these errors or plans to mitigate these errors for future performance periods. |  |

**8. Results of the randomized audit across Quality, Promoting Interoperability, and Improvement Activities submissions (QCDRs and Qualified Registries at a minimum must meet the following sampling methodology to meet participation requirements: Sample 3% of the individual clinicians, groups, and/or virtual groups submitted to CMS, with a minimum sample of 10 TIN-NPIs or a maximum sample of 50 TIN-NPIs. At least 25% of the TIN-NPI’s patients (with a minimum sample of 5 patients or a maximum sample of 50 patients) must be reviewed for all measures and activities applicable to the patient).**

1. **How many total individual clinicians/groups/virtual groups were included in your QCDR or Qualified Registry’s randomized audit** **regardless of participation status (i.e., MIPS eligible, opt-in, or voluntary)?**
2. **How many patient records were audited per individual clinician, group, or virtual group?**
3. **Were errors found?** *(Yes or No)*
4. **How many total errors were found?**
   1. **Quality =**
   2. **Promoting Interoperability =**
   3. **Improvement Activities =**
5. **What is the data error rate for each data error identified during the randomized audit?**Please note that this equation should be calculated at the individual NPI-level.
   * 1. **Quality =**
     2. **Promoting Interoperability =**
     3. **Improvement Activities =**
     4. **Total data error rate (one rate including data error rate from all performance**

**categories) =**

**Randomized Audit - Error Details** *(required fields if response to 8C. is Yes)*

| **Error #1 (Please include this table for every error type identified)** | |
| --- | --- |
| Type of Error |  |
| Performance Category Impacted |  |
| What percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect in the randomized audit sample population? |  |
| Was the error corrected *prior* to data submission to CMS or found *after* submission to CMS? |  |
| Please describe how your organization has resolved the discovered errors. If not resolved prior to data submission, please describe how your organization has mitigated these errors or plans to mitigate these errors for future performance periods. |  |

**9. Results of the detailed audit across Quality, Promoting Interoperability, and Improvement Activities submissions (a detailed audit is required when data errors are identified during the randomized audit regardless of performance category affected, error type, impact of error, percentage of error rate, whether or not error(s) were corrected prior to submission to CMS, and/or significance of error). A performance improvement plan does not satisfy the detailed audit requirement as explicit details regarding the error, cause, and solution must be detailed**. **Please note that the information in this section should be specific to the process and results of the detailed audit. Information and data error tables should NOT be duplicated from the randomized audit section above.**

1. **Was a detailed audit required?** *(Yes or No)*
2. **Please describe the detailed audit methodology that was used.**Please make sure to include details regarding the broader sample selected (i.e., selected an additional 3% sample in addition to the clinicians, groups and virtual groups impacted by the identified error) in your response.
3. **Please list the root cause(s) of the errors found in the randomized audit based on your discovery in the detailed audit process.**
4. **Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues.** 
   * 1. **Quality =**
     2. **Promoting Interoperability =**
     3. **Improvement Activities =**
5. **How many patient records were audited per clinician, group, or virtual group?**
6. **Were errors found?** *(Yes or No)*
7. **How many total errors were found?**
8. **Quality =**
9. **Promoting Interoperability =**
10. **Improvement Activities =**
11. **What** **is the data error rate for each data error identified during the detailed audit?**Please note that this equation should be calculated at the individual NPI-level based on the selected sample population.
    * 1. **Quality =**
      2. **Promoting Interoperability =**
      3. **Improvement Activities =**
      4. **Total data error rate (one rate including data error rate from all performance categories) =**

**Please note that the Detailed Audit – Error Details table should only include results of the detailed audit. You may enter “N/A” in the table if no additional errors were found during the execution of the detailed audit.**

**Detailed Audit - Error Details** *(required fields if response to 9A. is Yes)*

| **Error #1 (Please include this table for every error type identified)** | |
| --- | --- |
| Type of Error |  |
| Performance Category Impacted |  |
| What percentage of your total individual clinicians/ groups/virtual groups population did this affect? |  |
| Was the error corrected *prior* to data submission to CMS or found *after* data submission to CMS? |  |
| Please describe how your organization has resolved the discovered errors. If not resolved prior to data submission, please describe how your organization has mitigated these errors or plans to mitigate these errors for future performance periods. |  |