Quality Payment

2022 Merit-based Incentive Payment System (MIPS) Performance Period

Data Validation Execution Report (DVER)

The DVER Template is available for use by approved 2022 Qualified Clinical Data Registries (QCDRs) and Qualified Registries.

() Deadline to submit the DVER is May 31, 2023 at 5 p.m. ET

Please note that if your organization didn't submit MIPS data for the quality, Promoting Interoperability, and/or improvement activities performance categories for the given performance period, you must send an email by 5 p.m. ET on May 31, 2023 to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com notifying the Centers for Medicare & Medicaid Services (CMS) and the MIPS QCDR/Registry Support Team (PIMMS Team) that data was not submitted. Please be sure to include your QCDR or Qualified Registry name in the subject line of the email.

The purpose of the DVER template is to provide guidance on how to convey the results of your organization's data validation strategy to CMS. Please be sure to review the form carefully and provide complete responses to all required fields. As a reminder, your data validation strategy was approved at the time of self-nomination, therefore you are expected to execute your data validation strategy as approved. Failure to execute your data validation strategy as approved will be considered as non-compliant.

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

Organizations approved as both a QCDR and a Qualified Registry will need to complete one template per intermediary type (i.e., one for the QCDR and one for the Qualified Registry) when that intermediary type has or will submit MIPS data for the quality, Promoting Interoperability, and/or improvement activities performance categories. Execution of your data validation strategy must be completed prior to data submission for the 2022 MIPS performance period so that data errors are corrected prior to submitting data for the MIPS program to CMS.

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.





Instructions for DVER Submission

- Review data validation strategy within the 2022 self-nomination.
- Implement data validation strategy by auditing data as specified within the strategy prior to submitting data to CMS.
- 3 Submit DVER to CMS and the MIPS QCDR/Registry Support Team (PIMMS Team).
- Monitor for communication regarding updates that may be needed for your DVER or acceptance notification.

Tips for a Successful DVER Submission

- The 2022 Physician Fee Schedule (PFS) Final Rule and 2022 Self-Nomination resources, such as the QCDR or Qualified Registry Fact Sheet, should be used as references as past years of the MIPS program, legacy program, or other reporting programs aren't relevant and do not apply.
- Any identified errors should be corrected even if the Quality Payment Program (QPP) submission engine does not generate errors. This includes, but isn't limited to, data errors attributed to the individual clinician, group, virtual group or Alternative Payment Model (APM) Entity, documentation errors, coding errors, calculation errors, measure errors and the lack of documentation.
- Knowingly submitting data that isn't true, accurate, and complete (regardless of whether the errors are a result of the clinician or intermediary) is considered non-compliant with data submission requirements.

- If data errors are identified, the data error percentage rate must be calculated based on the percentage of your total individual clinician, group, virtual group or APM Entity and not based on the total number of quality measures or medical records/charts impacted.
- All records and data, including 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(f)(3)) and/or additional clarification is needed during the DVER review.
- A copy of the QPP data submission report doesn't meet the DVER requirement.
- Protected health information (PHI)/personal identifying information (PII), including tax identification numbers (TINs), shouldn't be submitted as part of the DVER.

- All fields on this DVER Template are required.
- Unless otherwise specified, all quantities and equations requested must be inclusive of all clinicians that submitted data, regardless of whether they are participating as an individual clinician, group, virtual group or APM Entity and must be provided at the individual national provider identifier (NPI)-level.

QCDR or Qualified Registry Name:

Data Submitted for the 2022 MIPS Performance Period?

Yes No

If "No", you aren't required to complete the DVER Template; however, an email should be sent by 5 p.m. ET on May 31, 2023 (QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com) notifying CMS and the MIPS QCDR/Registry Support Team (PIMMS Team) that MIPS data wasn't submitted for the 2022 MIPS performance period.

Part 1: Overall Data Error Rate

Please note the overall data error rate should be reported as 0% if all identified data errors are corrected prior to data submission to CMS.

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

Overall Data Error Rate:

Total Number of Clinicians with Errors Not Corrected:

Total Number of Clinicians for which you Submitted MIPS Data:

Part 2: Performance Categories Data Submission

2. Enter a Yes or No to indicate the performance categories for which data was submitted.

2A. Quality: Yes No

2B. Promoting Interoperability: Yes No

2C. Improvement Activities: Yes No

Part 3: Clinician Types Submitted

All quantities entered must be inclusive of all clinicians for which you submitted data, regardless of whether they are participating as an individual clinician, group, virtual group or APM Entity. The quantities should be entered at the NPI- level for individual clinician submissions, TIN-level for groups, Virtual Group ID for virtual groups, and APM Entity ID for APM Entities

Number	of Individual Cli	nicians Sເ	ıbmitted	Number of Groups Submitted			
Quality	Eligible	Opt-in	Voluntary	Quality	Eligible	Opt-in	Voluntary
Improvement A	ctivities			Improvement Activities			
Promoting Interoperability				Promoting Interoperability			
Number of Virtual Groups Submitted				Numb	per of APM Entities	s Submitte	ed
Quality	Eligible	Opt-in	Voluntary	Quality			
Improvement Activities				Improvement A	ctivities		
Promoting Interoperability				Promoting Inter	operability		

Part 4: TIN-NPI Validation Results

4. Provide results of TIN-NPI validation across quality, Promoting Interoperability, and improvement activities submissions.

Νo

4A. Were errors found?

I. Quality:

II. Promoting Interoperability: Yes No

III. Improvement Activities: Yes No

- 4B. How many total errors were found?
 - I. Quality:
 - II. Promoting Interoperability:
 - III. Improvement Activities:

4C. What total percentage of your total i	ndividual clinician,	group, virtual grou	p or APM Entity	population
did this affect.				

- I. Quality:
- II. Promoting Interoperability:
- III. Improvement Activities:
- IV. Total Data Error Rate:

Note: One rate including data error rate from all performance categories.

Part 5: MIPS Program Eligibility Validation Results

- 5. Provide results of verifying MIPS program eligibility (MIPS eligible, volunteer participants, and opt-in participants).
 - 5A. Were errors found?

Yes

Νo

- 5B. How many total errors were found?
- 5C. What total percentage of your total individual clinician, group. virtual group or APM Entity population did this affect?

Part 6: Data Completeness and Performance Rate Validation Results

- 6. Provide 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.
 - 6A. Were errors found?

I. Quality: Yes No

II. Promoting Interoperability: Yes No

III. Improvement Activities: Yes No

- 6B. How many total errors were found?
 - I. Quality:
 - II. Promoting Interoperability:
 - III. Improvement Activities:
- 6C. What total percentage of your total individual clinician, group, virtual group or APM Entity population did this affect?
 - I. Quality:

> Part 6: Dat	a Completeness and Performance Rate \	/alidation l	Results (Continued)
II.	Promoting Interoperability:		
III.	Improvement Activities:		
IV.	Total Data Error Rate:		Note: One rate including data error rate from all performance categories.
Part 7: Mea	asures and Activities Validation R	esults	
	ults of verifying the correct 2022 quality meas	sures, Prom	oting Interoperability measures, and improvement
7A. Quali	ity Measures		
	ow many total quality measures were eported?		
II. W	/ere errors found?	Yes	No
III. H	ow many total errors were found?		
7B. Pron	noting Interoperability Measures		
	ow many total Promoting iteroperability measures were reported?		
II. W	/ere errors found?	Yes	No
III. H	ow many total errors were found?		
7C. Impr	ovement Activities		
I. H	ow many total activities were reported?		
II. W	/ere errors found?	Yes	No
III. H	ow many total errors were found?		
7D. What	t total percentage of your total individual clinic ?	ian, group,	virtual group, APM Entity population did this
I.	Quality:		
II.	Promoting Interoperability:		
III.	Improvement Activities:		
IV.	Total data error rate:		Note: One rate including data error rate from all performance categories.

Part 8: Data Validation Audit Results

8. Provide	results of th	e data validation	audit across	quality,	Promoting	Interoperability,	and improvemen	t activities
submiss	sions.							

QCDRs and Qualified Registries at a minimum must meet the following sampling methodology to meet participation requirements:

- Sample 3% of the individual clinician, group, virtual group or APM Entity 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.

If the data validation audit identifies any data errors, regardless of the data errors, a targeted audit must be performed. Failure to perform the targeted audit will result in a rejected DVER.

- 8A. How many total individual clinician, group, virtual group or APM Entity were included in your QCDR or Qualified Registry's data validation audit regardless of participation status (i.e., MIPS eligible, opt-in, or voluntary)?
- 8B. How many patient records were audited per individual clinician, group, virtual group or APM Entity?
- 8C. Were errors found? Yes No
- 8D. How many total errors were found?
 - I. Quality:
 - II. Promoting Interoperability:
 - III. Improvement Activities:
- 8E. What is the data error rate for each data error identified during the data validation audit?
 - Quality:
 - II. Promoting Interoperability:
 - III. Improvement Activities:
 - IV. Total Data Error Rate:

Note: One rate including data error rate from all performance categories.

Part 9: Targeted Audit Results

9. Results of the targeted audit across quality, Promoting Interoperability, and improvement activities submissions.

A targeted audit is required when data errors are identified during the data validation 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, or significance of error. A performance improvement plan does not satisfy the targeted audit requirement as explicit details regarding the error, cause, and solution must be detailed for all data errors identified.

Please note: The information in this section should be specific to the process and results of the targeted audit. Information and data error tables should NOT be duplicated from the data validation audit section above.

9A.	Was a targeted audit required?	Yes	Νo
JA.	was a targeted addit required:	res	11/0

9B. Describe the targeted 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, virtual groups and APM Entities impacted by the identified error) in your response.

9C. List the root cause(s) of the errors found in the data validation audit based on your discovery in the targeted audit process.

9D. Describe how your organization has resolved the discovered errors. If not yet resolved, describe how your organization plans to mitigate these issues.

I. Quality:

II. Promoting Interoperability:

III. Improvement Activities:

> Part 9: Targeted Audit Results (Continued)

ow many pati	ent records	were audited	per clinician,	group, virtual	l group, or APM E	ntity?
	ow many pati	ow many patient records	ow many patient records were audited	ow many patient records were audited per clinician,	ow many patient records were audited per clinician, group, virtual	ow many patient records were audited per clinician, group, virtual group, or APM E

9F.	9F. Were errors found?			No
9G.	How I.	many total errors were found? Quality:		
	II.	Promoting Interoperability:		
	III.	Improvement Activities:		
9H.	that t	is the data error rate for each data error his equation should be calculated at the in lation.		d during the detailed audit? Please note PI-level based on the selected sample
	l.	Quality:		
	II.	Promoting Interoperability:		
	III.	Improvement Activities:		
	IV.	Total Data Error Rate:		Note: One rate including data error rate from all performance categories.

An error detail table is required for each error type identified in each section. Use the tables below to provide required error details for each error type identified in each section. If additional Error Detail tables are needed, please send an email to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com .

F B-4-11 (69)		
Error Detail 02		
Form Section		
Type of Error		
Performance Cat	egory Submitted	
Quality	Promoting Interoperability	Improvement Activities
How many (number) this affect?	of your total individual clinician, gr	roup, virtual group or APM Entity population did
What percentage of y this affect?	your total individual clinician, group	p, virtual group or APM Entity population did
Was the error correct	ted prior to data submission to CM	IS or after data submission to CMS?
	describe how your organization has	e discovered errors. If not resolved prior to data s mitigated these errors or plans to mitigate these

Error Detail 0	3				
Form Section					
Type of Error					
Performance C	ategory Submitted				
Quality	Promoting Interoperability	Improvement Activities			
How many (number this affect?	er) of your total individual clinician, ç	group, virtual group or APM Entity population did			
What percentage of this affect?	of your total individual clinician, gro	up, virtual group or APM Entity population did			
Was the error corrected prior to data submission to CMS or after data submission to CMS?					
submission, pleas		he discovered errors. If not resolved prior to data as mitigated these errors or plans to mitigate these			

Error Detail 04		
Form Section		
Type of Error		
Performance Ca	ategory Submitted	
Quality	Promoting Interoperability	Improvement Activities
How many (number this affect?	r) of your total individual clinician, ç	group, virtual group or APM Entity population did
What percentage of this affect?	f your total individual clinician, grou	up, virtual group or APM Entity population did
Was the error corre	ected prior to data submission to CN	MS or after data submission to CMS?
submission, please		he discovered errors. If not resolved prior to data as mitigated these errors or plans to mitigate these

Error Detail 05		
Form Section		
Type of Error		
Performance Ca	ategory Submitted	
Quality	Promoting Interoperability	Improvement Activities
How many (numbe this affect?	r) of your total individual clinician, (group, virtual group or APM Entity population did
What percentage of your total individual clinician, group, virtual group or APM Entity population did this affect?		
Was the error corrected prior to data submission to CMS or after data submission to CMS?		
submission, please		he discovered errors. If not resolved prior to data as mitigated these errors or plans to mitigate these

Error Detail 06		
Form Section		
Type of Error		
Performance Ca	Category Submitted	
Quality	Promoting Interoperability Improvement Activities	
How many (numbe this affect?	oer) of your total individual clinician, group, virtual group or APM Entity	population did
What percentage o this affect?	of your total individual clinician, group, virtual group or APM Entity po	pulation did
Was the error corrected prior to data submission to CMS or after data submission to CMS?		
submission, please	how your organization has resolved the discovered errors. If not resolv use describe how your organization has mitigated these errors or plans performance periods.	

Error Detail 07		
Form Section		
Type of Error		
Performance Ca	ategory Submitted	
Quality	Promoting Interoperability	Improvement Activities
How many (number) of your total individual clinician, group, virtual group or APM Entity population did this affect?		
What percentage of your total individual clinician, group, virtual group or APM Entity 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.		

Error Detail 0	3	
Form Section		
Type of Error		
Performance C	ategory Submitted	
Quality	Promoting Interoperability Improvement Activities	
How many (number this affect?	er) of your total individual clinician, group, virtual group or APM Entity population did	
What percentage of your total individual clinician, group, virtual group or APM Entity 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.		

Error Detail 09		
Form Section		
Type of Error		
Performance Category Submitted		
Quality Promoting Interoperability Improvement Activities		
How many (number) of your total individual clinician, group, virtual group or APM Entity population did this affect?		
What percentage of your total individual clinician, group, virtual group or APM Entity 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.		

Version History

If we need to update this document, changes will be identified here.

Date	Change Description	
11/16/2022	Original Posting	
11/29/2022	Updated Part 3 instructions, made minor text updates	
3/2/2023	Updated functionality of Part 2 for more efficient use of PDF in browser mode	