# Quality Payment

# 2023 Merit-based Incentive Payment System (MIPS) Performance Period

## **Data Validation Execution Report (DVER)**

Approved 2023 Qualified Clinical Data Registries (QCDRs) and Qualified Registries are required to use the DVER Template.

() Deadline to submit the DVER is May 31, 2024, at 5 p.m. ET

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 <u>must</u> send an email by <u>5 p.m. ET on May 31, 2024</u>, 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 wasn't 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're expected to execute your data validation strategy as approved. Failure to execute your data validation strategy as approved will be considered 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 1 template per intermediary type (i.e., 1 for the QCDR and 1 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 2023 MIPS performance period so that data errors are corrected prior to submitting data 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**

- 1 Review data validation strategy within the 2023 self-nomination.
- Implement data validation strategy by auditing data as specified 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 including your junk or SPAM folders.

# Tips for a Successful DVER Submission

- The Calendar Year (CY) 2023 Medicare Physician Fee Schedule (PFS) Final Rule and 2023 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 don't apply.
- Any identified errors should be corrected even if the Quality Payment Program (QPP) submission engine doesn't generate errors. This includes, but isn't limited to, data errors attributed to the individual clinician, group, virtual group, subgroup or Alternative Payment Model (APM) Entity, inclusive of voluntary and opt-in participants, 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, subgroup or APM Entity, inclusive of voluntary and opt-in participants, 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)/personally identifiable information (PII), including tax identification numbers (TINs), shouldn't be submitted as part of the DVER.

- ① All fields on this DVER Template are required. Fields shouldn't be left blank.
- ① Unless otherwise specified, all quantities and equations requested must be inclusive of all clinicians that submitted data, regardless of whether they're participating as an individual clinician, group, virtual group, subgroup or Alternative Payment Model (APM) Entity and must be provided at the individual National Provider Identifier (NPI)-level.

#### **QCDR or Qualified Registry Name:**

Data Submitted for the 2023 MIPS Performance Period

Yes No

If "No," you aren't required to complete the DVER Template; however, an email must be sent by **5 p.m. ET on May 31, 2024**, to (<a href="mailto:QCDRVendorSupport@gdit.com">QCDRVendorSupport@gdit.com</a> or <a href="mailto:RegistryVendorSupport@gdit.com">RegistryVendorSupport@gdit.com</a>) notifying CMS and the MIPS QCDR/Registry Support Team (PIMMS Team) that MIPS data wasn't submitted for the 2023 MIPS performance period.

#### Part 1: Overall Data Error Rate

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're participating as an individual clinician, group, virtual group, subgroup or Alternative Payment Model (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, combination of group TIN and Subgroup Identifier for subgroups, and APM Entity ID for APM Entities across applicable performance categories in which data was submitted. If no MIPS data was submitted for a particular participant type, the corresponding table should be populated with '0's (zeros).

Number of Individual Clinicians Submitted			Number of Groups Submitted				
Quality	Eligible	Opt-in	Voluntary	Quality	Eligible	Opt-in	Voluntary
Improvement Activities			Improvement Activities				
Promoting Interope	erability			Promoting Intero	perability		
Number of Virtual Groups Submitted  Quality Eligible Opt-in Voluntary			Number of API Submitt Quality	ed	umber of Si Submit ality		
Improvement Activities			Improvement Act	tivities Imp	orovement i	Activities	
Promoting Interoperability			Promoting Intero	perability Pro	omoting Inte	eroperability	

#### Part 4: TIN-NPI Validation Results

- 4. Provide results of TIN-NPI validation across quality, Promoting Interoperability, and improvement activities submissions.
  - 4A. Were errors found?
    - I. Quality: Yes No
    - 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:

> Part 4: TIN-NPI Validation Results (	(Continued)
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4C. What total percentage of your total individu	ıal clinician, group	, virtual group,	subgroup or APM	<b>Entity population</b>
did this affect?				

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

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, subgroup, virtual group or APM Entity population did this affect?

### Part 6: Data Completeness and Performance Rate Validation Results

- 6. Provide results 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, subgroup or Alternative Payment Model (APM) Entity population did this affect?
  - I. Quality:

> Part 6: Da	ata Completeness and Performance Rate V	alidation l	Results (Continued)
II.	. Promoting Interoperability:		
III	I. Improvement Activities:		
IV	/. Total Data Error Rate Percent:		Note: One rate including data error rate from all performance categories.
Part 7: Mo	easures and Activities Validation Re	sults	
	esults of verifying the correct 2023 quality measurer used for the performance period.	ures, Prom	oting Interoperability measures, and improvemer
7A. Qua	ality Measures		
I.	How many total quality measures were reported?		
Ш	. Were errors found?	Yes	No
Ш	I. How many total errors were found?		
7B. Pro	omoting Interoperability Measures		
I.	How many total Promoting Interoperability measures were reported?		
II.	Were errors found?	Yes	No
III	l. How many total errors were found?		
7C. Imp	provement Activities		
I.	How many total activities were reported?		
II.	Were errors found?	Yes	No
III	l. How many total errors were found?		
	nat total percentage of your total individual clinici del (APM) Entity population did this affect?	an, group, <sup>,</sup>	virtual group, subgroup, or Alternative Payment
1.	Quality:		
II.	Promoting Interoperability:		
III	I. Improvement Activities:		
IV	/. Total Data Error Rate Percent:		Note: One rate including data error rate from all performance categories.

#### Part 8: Data Validation Audit Results

8. Provide results of the data validation 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 a combination of individual clinicians, groups, virtual groups, subgroups and APM Entities for which the QCDR or
  Qualified Registry will submit data to CMS, except that if the sample size may be no fewer than a combination of 10 individual
  clinicians, groups, virtual groups, subgroups and APM Entities, and no more than a combination of 50 individual clinicians,
  groups, virtual groups, subgroups and APM Entities, the QCDR or Qualified Registry may use a sample size of a combination
  of 50 individual clinicians, groups, virtual groups, subgroups and APM Entities.
- At least 25% of the patients of each individual clinician, group, virtual group, subgroup or APM Entity in the sample, except that
  the sample for each individual clinician, group, virtual group, subgroup or APM Entity must include a minimum of 5 patients and
  need not include more than 50 patients.

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 clinicians, groups, virtual groups, subgroups or APM Entities were included in your QCDR or Qualified Registry's data validation audit regardless of clinician type (i.e., MIPS eligible, opt-in, or voluntary)? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).
- 8B. How many patient records were audited per individual clinician, group, virtual group, subgroup or APM Entity? Make sure to specify the number of patient records audited for each participation type and if the 25% minimum threshold was met.
- 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?
  - I. Quality:
  - II. Promoting Interoperability:
  - III. Improvement Activities:
  - IV. Total Data Error Rate Percent:

#### **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 error(s) were corrected prior to submission to CMS, or significance of error. A performance improvement plan doesn't satisfy the targeted audit requirement as explicit details regarding the error, cause, and solution must be detailed for all data errors identified.

The information in this section should be specific to the process and results of the targeted audit. Information and data error tables **shouldn't** be duplicated from the data validation audit section above.

9Δ.	Was a targeted audit required?	Yes	Νo
JA.	was a largeted addit required:	Yes	INO

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, subgroups 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)

**9E.** How many patient records were audited per clinician, group, virtual group, subgroup or APM Entity? Make sure to specify the number of patient records audited for each participation type and if the 25% minimum threshold was met.

9F.	Were errors found?	Yes	Νo
<b>v</b> i.	Wiche Chions Ioung:	100	

- 9G. How many total errors were found?
  - I. Quality:
  - II. Promoting Interoperability:
  - III. Improvement Activities:
- 9H. What is the data error rate for each data error identified during the detailed audit?

This equation should be calculated at the individual NPI-level based on the selected sample population.

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

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. You may send an email to QCDRVendorSupport@gdit.com or <a href="mailto:RegistryVendorSupport@gdit.com">RegistryVendorSupport@gdit.com</a> if additional Error Detail tables are needed.

Error Detail 0	1		
Form Section			
Type of Error			
Performance C	Category Submitted		
Quality	Promoting Interoperability	Improvement Activities	
population did thi	How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).		
What percentage of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect?			
Was the error corrected prior to data submission to CMS or after data submission to CMS?			
submission, pleas		ne discovered errors. If not resolved prior to data s mitigated these errors or plans to mitigate these	

Error Detail 02			
Form Section			
Type of Error			
Performance Cate	gory Submitted		
Quality P	Promoting Interoperability	Improvement Activities	
How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).			
What percentage of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect?			
Was the error corrected prior to data submission to CMS or after data submission to CMS?			
-	escribe how your organization has	e discovered errors. If not resolved prior to data mitigated these errors or plans to mitigate thes	
submission, please de	escribe how your organization has	<del>-</del>	

Error Detail 0	3	
Form Section		
Type of Error		
Performance C	Category Submitted	
Quality	Promoting Interoperability	Improvement Activities
How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).		
What percentage of your total individual clinician, group, virtual group, subgroup 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 04		
Form Section		
Type of Error		
Performance Category Submitted		
Quality Promoting Interoperability Improvement Activities		
How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).		
What percentage of your total individual clinician, group, virtual group. subgroup 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		
Form Section		
Type of Error		
Performance C	ategory Submitted	
Quality	Promoting Interoperability	Improvement Activities
population did this		roup, virtual group, subgroup or APM Entity nber for each participation type included in the
What percentage of your total individual clinician, group, virtual group, subgroup 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	6	
Form Section		
Type of Error		
Performance C	Category Submitted	
Quality	Promoting Interoperability	Improvement Activities
How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).		
What percentage of your total individual clinician, group, virtual group subgroup or APM Entity population did this affect?		
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 0	7			
Form Section				
Type of Error				
Performance C	Category Submitted			
Quality	Promoting Interoperability	Improvement Activities		
How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).				
What percentage of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect?				
Was the error corrected prior to data submission to CMS or after data submission to CMS?				
submission, pleas		the discovered errors. If not resolved prior to data las mitigated these errors or plans to mitigate these		

Error Detail 08				
Form Section				
Type of Error				
Performance C	Category Submitted			
Quality	Promoting Interoperability	Improvement Activities		
How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).				
What percentage population did thi		up, virtual group, subgroup or APM Entity		
Was the error cor	rected prior to data submission to Cl	MS 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 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, subgroup or APM Entity population did this affect? Make sure to specify the number for each participation type included in the sample (i.e., 5 individual clinicians, 5 groups, etc.).				
What percentage of your total individual clinician, group, virtual group, subgroup 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.				
Please send an email to <a href="mailto:QCDRVendorSupport@gdit.com">QCDRVendorSupport@gdit.com</a> or <a href="mailto:RegistryVendorSupport@gdit.com">RegistryVendorSupport@gdit.com</a> if additional Error Detail tables are required.				

# **Version History**

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

Date	Change Description
12/15/2023	Original Posting