Quality Payment

2024 Merit-based Incentive Payment System (MIPS) Performance Period

Data Validation Execution Report (DVER)

Approved 2024 Qualified Clinical Data Registries (QCDRs) and Qualified Registries are required to use the DVER Template.

O Deadline to submit the DVER is June 2, 2025, 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 must send an email by 5.5. p.m. ET on June 2, 2025, to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com. This is to notify the Centers for Medicare & Medicaid Services (CMS) and the MIPS QCDR/Registry Support Team (PIMMS Team) that data wasn't submitted for the given performance period. 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 by CMS. 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 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 2024 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

- Review data validation strategy within the 2024 self-nomination.
- Implement data validation strategy by auditing data as specified prior to submitting data to CMS.
- Submit DVER or email notification that MIPS data wasn't submitted 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) 2024 Medicare Physician Fee Schedule (PFS) Final Rule and 2024 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, including a Medicare Shared Savings Program Accountable Care Organization (ACO), 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, including a Shared Savings Program ACO, 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(a)(3)(v)(B)) 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 Taxpayer Identification Numbers (TINs), shouldn't be submitted as part of the DVER.

①All fields on this DVER Template are required. Fields shouldn't be left blank.

①Unless 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 APM Entity, including a Shared Savings Program ACO, and must be provided at the individual National Provider Identifier (NPI)-level.

QCDR or Qualified Registry Name:

Data Submitted for the 2024 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 June 2**, **2025**, to 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 2024 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 APM Entity, including a Shared Savings Program ACO. 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, including Shared Savings Program ACOs, 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).

- An individual clinician should be counted multiple times if a clinician reported data under multiple reporting options
 (Traditional MIPS, MIPS Value Pathways (MVPs) and APM Performance Pathways (APP)). For example, if a clinician
 submitted for both Traditional MIPS and MVP, you should mark "2" in each performance category of the "Number of
 Individual Clinicians Submitted" to reflect the number of data sets submitted regardless of TIN-NPI.
- A clinician should be counted multiple times if a clinician reported data under multiple participation options (individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO. For example, if a clinician submits MIPS data as an individual clinician and a group, you should populate "1" under "Number of Individual Clinicians Submitted" and "1" under "Number of Groups Submitted" for the group TIN. If no MIPS data was submitted for a particular participant type, the corresponding table should be populated with '0's (zeros).

Number of l	Individual Cli	nicians Su	bmitted	Nu	umber of Groups S	Submitted	
Quality	Eligible	Opt-in	Voluntary	Quality	Eligible	Opt-in	Voluntary
Promoting Interope	erability			Promoting Inter	roperability		
Improvement Activ	rities			Improvement A	ctivities		
Number	of Virtual Gro	ups Subm	itted	Number of Al Submi		umber of S Submit	
Quality	Eligible	Opt-in	Voluntary	Quality	Qu	ality	
Promoting Interope	erability			Promoting Inte	roperability Pro	omoting Int	eroperability
Improvement Activ	ities			Improvement A	activities Imp	orovement .	Activities

Part 4: TIN-NPI Validation Results

4. Provide results of TIN-NPI validation across quality, P	Promoting Inter	operability, 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:		
4C. What total percentage of your total individual cl Shared Savings Program ACO, population did th I. Quality:		, virtual group, subgroup or APM Entity, including a
II. Promoting Interoperability:		
III. Improvement Activities:		
IV.Total Data Error Rate Percent:		Note: One rate including data error rate from all performance categories divided by 3.
Part 5: MIPS Program Eligibility Validation	Results	
5. Provide results of verifying MIPS program eligibilit	ty (MIPS eligib	le, volunteer participants, and opt-in participants
5A. Were errors found?	Yes	No
5B. How many total errors were found?		
5C. What total percentage of your total individua clinician, group, virtual group, subgroup, or APM Entity, including a Shared Savings Program ACO, population did this affect?	ıl	

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	Νo
II.	Promoting Interoperability:	Yes	No
III.	Improvement Activities:	Yes	Νo

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 APM Entity, including a Shared Savings Program ACO, population did this affect?
 - I. Quality:
 - II. Promoting Interoperability:
 - III. Improvement Activities:
 - IV. Total Data Error Rate Percent:

Part 7: Measures and Activities Validation Results

7.	Provide results verifying the correct 2024 quality measures	s, Promoting Interoperability measures,	and improvement
	activities were used for the performance period.		

7A. Quality Measures

l.	How many total quality measures were
	reported?

II. Were errors found? Yes No

III. How many total errors were found?

7B. Promoting Interoperability Measures

I. How many total Promoting Interoperability measures were reported?

II. Were errors found? Yes No

III. How many total errors were found?

7C. Improvement Activities

I. How many total activities were reported?

II. Were errors found? Yes No

III. How many total errors were found?

- 7D. What total percentage of your total individual clinician, group, virtual group, subgroup, or APM Entity, including a Shared Savings Program ACO, population did this affect?
 - I. Quality:
 - II. Promoting Interoperability:

III. Improvement Activities:

IV. Total Data Error Rate Percent:

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, including Shared
 Savings Program ACOs, for which the QCDR or Qualified Registry will submit data to CMS, except the sample size may be no
 fewer than a combination of 10 individual clinicians, groups, virtual groups, subgroups and APM Entities, including Shared
 Savings Program ACOs, and no more than a combination of 50 individual clinicians, groups, virtual groups, subgroups and APM
 Entities, including Shared Savings Program ACOs.
- At least 25% of the patients of each individual clinician, group, virtual group, subgroup or APM Entity, including Shared Savings
 Program ACO in the sample, except that the sample for each individual clinician, group, virtual group, subgroup or APM Entity,
 including a Shared Savings Program ACO, 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, including Shared Savings Program ACOs 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, including a Shared Savings Program ACO? 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?

 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:

Part 9: Targeted Audit Results

III. Improvement Activities:

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 the performance category affected, the error type, the impact of error, the percentage of error rate, whether the error(s) were corrected prior to submission to CMS, or the 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.

Th Inf

	e information in this section should be specific to the process and results of the targeted audit. ormation and data error tables shouldn't be duplicated from the data validation audit section above.								
9A.	Was a	a targeted	audit requi	ired?		Yes	No		
9B.	Desci	ribe the ta	rgeted aud	it methodo	logy that was	used.			
	sampl	e in additio	n to the clin	icians, grou	rding the broad ups, virtual grou ed by the identin	ıps, subgro	oups and APN	l Entities, inclu	
9C.			use(s) of the targeted a		ound in the da	ta validati	on audit bas	ed on your	
9D.					resolved the one of th			ot yet resolve	d,
	I.	Quality:							
	II.	Promoting	g Interoperal	bility:					

> Part 9: Targeted Audit Results (Continued)

9E. How many patient records were audited per clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO?

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 No

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:

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 RegistryVendorSupport@gdit.com if additional Error Detail tables are needed.

Error Detail 01

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 02

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 03

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 04

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 05

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 06

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 07

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

Error Detail 08

Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, population did this affect?

Was the error corrected prior to data submission to CMS or after data submission to CMS?

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Form Section

Type of Error: (A description such as "Measure X logic issue" isn't sufficient. Please provide a detailed description of the error/data issue.)

Performance Category Submitted

Quality Promoting Interoperability Improvement Activities

How many (number) of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, 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, including a Shared Savings Program ACO, 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
11/01/2024	Original Posting