

2025 Merit-based Incentive Payment System (MIPS) Performance Period

Data Validation Execution Report (DVER)

Approved 2025 Qualified Clinical Data Registries (QCDRs) and Qualified Registries are required to use the DVER Template.

 **Deadline to submit the DVER is June 1, 2026, at 5 p.m. ET**

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 by **5 p.m. ET on June 1, 2026**, 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 (PIQMMS Team) that data was not 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 are 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 2025 MIPS performance period so that data errors are corrected prior to submitting data to CMS.

Once submitted, the MIPS QCDR/Registry Support Team (PIQMMS 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 2025 self-nomination.
 - 2 Implement data validation strategy by auditing data as specified prior to submitting data to CMS.
 - 3 Submit DVER or email notification that MIPS data was not submitted to CMS and the MIPS QCDR/Registry Support Team (PIQMMS Team) to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com.
 - 4 Monitor for communication regarding updates that may be needed for your DVER or acceptance notification (including your junk or SPAM folders).
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Tips for a Successful DVER Submission

- The Calendar Year (CY) 2025 Medicare Physician Fee Schedule (PFS) Final Rule and 2025 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 are not 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 is not 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), documentation errors, coding errors, calculation errors, measure errors and the lack of documentation. This includes voluntary and opt-in participants.
- Knowingly submitting data that is not 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, and not based on the total number of quality measures or medical records/charts impacted. This includes voluntary and opt-in participants.
- 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 does not meet the DVER requirement.
- Protected health information (PHI)/personally identifiable information (PII), including Taxpayer Identification Numbers (TINs), should not be submitted as part of the DVER.

- ① All fields on this DVER Template are required. Fields should not 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 are 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 2025 MIPS Performance Period

Yes No

If "No," you are not required to complete the DVER Template; however, an email must be sent by **5 p.m. ET on June 1, 2026**, to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com notifying CMS and the MIPS QCDR/Registry Support Team (PIQMMS Team) that MIPS data was not submitted for the 2025 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.

$$\text{Overall Data Error Rate} = 100 \times \left(\frac{\text{Total Number of Clinicians With Errors Not Corrected}}{\text{Total Number of Clinicians for which you Submitted MIPS Data:}} \right)$$

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, 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 Individual Clinicians Submitted			
Quality	Eligible	Opt-in	Voluntary

Promoting Interoperability

Improvement Activities

Number of Groups Submitted			
Quality	Eligible	Opt-in	Voluntary

Promoting Interoperability

Improvement Activities

Number of Virtual Groups Submitted			
Quality	Eligible	Opt-in	Voluntary

Promoting Interoperability

Improvement Activities

Number of APM Entities Submitted	Number of Subgroups Submitted
Quality	Quality

Promoting Interoperability

Improvement Activities

Promoting Interoperability

Improvement Activities

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:

4C. What total percentage of your total individual clinician, group, virtual group, subgroup or APM Entity, including a Shared Savings Program ACO, population did this effect?

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

Note: One rate **adding** data error rate from all performance categories.

Part 5: MIPS Program Eligibility Validation Results

5. Provide results of verifying MIPS program eligibility (MIPS eligible, voluntary 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 individual clinician, group, virtual group, subgroup, or APM Entity, including a Shared Savings Program ACO, population did this effect?

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 APM Entity, including a Shared Savings Program ACO, population did this effect?

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

Note: One rate **adding** data error rate from all performance categories.

Part 7: Measures and Activities Validation Results

7. Provide results verifying the correct 2025 quality measures, Promoting Interoperability measures, and improvement activities were used for the performance period.

7A. Quality Measures

- I. 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 improvement 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 effect?

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

Note: One rate **adding** 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, 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 intermediary is submitting MIPS data for less than a combined total 10 individual clinicians, groups, virtual groups, subgroups and APM Entities, including Shared Savings Program ACOs for the given MIPS performance period, the intermediary must include all of the individual clinicians, groups, virtual groups, subgroups and APM Entities, including Shared Savings Program ACOs in the data validation audit sample (i.e., 3 individual clinicians, 2 groups, and 1 APM Entity).

If any of the data validation audit sample selected individual clinicians, groups, virtual groups, subgroups and APM Entities, including Shared Savings Program ACOs decide to not submit MIPS data for the given performance period, the individual clinicians, groups, virtual groups, subgroups and APM Entities, including Shared Savings Program ACOs must be replaced in the data validation audit sample by the intermediary.

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?

- Quality:
- Promoting Interoperability:
- 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.

- Quality:
- Promoting Interoperability:
- Improvement Activities:
- Total Data Error Rate Percent:

Note: One rate **adding** data error rate from all performance categories.

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

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.

9B. Describe the targeted audit methodology that was used.

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

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, 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:

Note: One rate **adding** data error rate from all performance categories .

Appendix: Error Details

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” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 02

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 03

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 04

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 05

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 06

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 07

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 08

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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.

Appendix: Error Details

Error Detail 09

Form Section

Type of Error: (A description such as “Measure X logic issue” is not 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 effect?

Was the error corrected prior to MIPS data submission to CMS? If the error was not corrected prior to MIPS data submission to CMS, please explain.

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 QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com if additional Error Detail tables are required.



Version History

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

Date	Change Description
11/01/2025	Original Posting