**2019 MIPS Performance Period Data Validation Execution Report**

**Introduction:** The following Data Validation Execution Report (DVER) Template is for use by approved 2019 Qualified Clinical Data Registries (QCDRs) and Qualified Registries. Organizations approved as both a QCDR and a Qualified Registry will need to complete one template per vendor type (i.e.one for the QCDR and one for the Qualified Registry) when that vendor type has or will submit MIPS data for the Quality, Promoting Interoperability, and/or Improvement Activities performance categories. **Execution of your Data Validation Plan must be completed prior to data submission for the 2019 performance period, so errors can be corrected prior to submitting**. The deadline to submit the Data Validation Execution Report is **5 pm ET on June 30, 2020**.

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the* [***Quality Payment Program COVID-19 Response Fact Sheet***](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/966/QPP%20COVID-19%20Response%20Fact%20Sheet.pdf) *for more information.*

**Late, incomplete, and/or absent DVER submissions may not be accepted and may lead to termination as a third-party intermediary in future program years. Rejected DVER submissions may lead to remedial action or termination as a third-party intermediary in future program years.**

Please note that the purpose of the DVER template is to provide guidance and an example of how to convey the results of your organization’s Data Validation Plan to the Centers for Medicare & Medicaid Services (CMS).

Once submitted, the MIPS QCDR/Registry Support Team (PIMMS Team) will review the DVER and may reach out to your organization for clarification on certain aspects. The DVER should be resubmitted with the requested clarifications for review.

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

Please be sure to review the form carefully and provide complete responses to all required fields.

**Please note, if you chose to submit an alternative to the DVER template, you must include all fields from this template that are labeled *required.***

**Tips for Successful DVER Submission:**

* The 2019 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program and 2019 Self-Nomination resources such as the QCDR/Qualified Registry Fact Sheet should be used as references as previous MIPS performance period, **other CMS quality reporting program (i.e., Promoting Interoperability), and/or PQRS resources and information do not apply**.
* Identified documentation errors should be corrected even if the calculation of reporting (data completeness) and performance rates does not generate errors and the vendor provided guidance for the measure(s) is not followed by the clinicians.
* A Detailed Audit must be performed **if any data errors** are identified regardless of error type, percentage, error(s) corrected before submission to CMS, and/or significance. **A performance improvement plan does not satisfy the detailed audit requirement as explicit details regarding the error, cause and solution must be detailed**.
  + The Detailed Audit should include a description of the root cause analysis, how the error was corrected, and the percentage of your total clinicians impacted by the data error. Please note that the sample used for auditing in the Detailed Audit should be broadly selected, and should not only include clinicians and groups impacted by the error in question. The aspect of the audit that is considered “the detail” is the specific error you are auditing for.
* Documentation on data errors must be maintained in case of a CMS audit and/or additional clarification is needed during the DVER review.
* **If data errors are identified, the data error percentage must be calculated based on the percentage of your total individual clinicians, groups, and/or virtual groups and not based on the total number of quality measures or medical records/charts impacted**.
* Provide requested updates in an updated DVER and submitted for review.
* Remedial action may be taken against the QCDR/Qualified Registry, if the Data Validation Plan is not executed prior to data submission to CMS.

**QCDR/Qualified Registry Name** *(required field)***:**

**Data Submitted for the 2019 MIPS Performance Period?** *(required field) (Yes or No response, If “No”, you are not required to complete a DVER and an email should be sent to the appropriate vendor support inbox notifying CMS/the PIMMS Team that MIPS data was not submitted for the 2019 MIPS performance period by* ***5 pm ET on June 30, 2020)***

**Benchmarking Capability?** *(Yes or No response) (required field for QCDRs only)***:**

1. **Overall Data Error Rate**
   1. **Using the following equation, what is your overall data error rate based on all the identified data errors?**

* **Number of Clinicians with a Data Issue / Total Number of clinicians Supported.**

**Please note that this overall equation should be inclusive of all clinicians supported, regardless of whether they are participating as an individual clinician, group or virtual group and should be calculated at the NPI-level.**

1. **Clinician Types Supported** *(optional fields)*
2. **Number of Individual Clinicians supported** *(optional field)***:** 
   * **Of these clinicians, number for eligible clinicians**
   * **Of these clinicians, number of opt-in clinicians**
3. **Number of groups supported** *(optional field)***:**
   * **Of these groups, number for eligible groups**
   * **Of these groups, number of opt-in groups**
4. **Number of Virtual Groups supported** *(optional field)***:**
   * **Of these virtual groups, number for eligible virtual groups**
   * **Of these virtual groups, number of opt-in virtual groups**
5. **Results of TIN/NPI Validation** *(required fields)*
   1. **Were errors found?** *(Yes or No response) (required field)***:**
   2. **How many total errors were found?** *(required field)***:**
   3. **What total percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect?** *(required field)***:**

**TIN/NPI Validation - Error Details** *(****required to be completed if response to 3a. is Yes****)*

| **Error #1** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

| **Error #2** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

**4. Results of verifying MIPS program eligibility** *(required fields)*

1. **Were errors found?** *(Yes or No response) (required field)***:**
2. **How many total errors were found?** *(required field)***:**
3. **What total percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect?** *(required field)***:**

**MIPS program eligibility - Error Details** *(****required to be completed if response to 4a. is Yes****)*

| **Error #1** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

| **Error #2** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

**5. Result of verifying the calculation of data completeness (reporting) and performance rates** *(required fields)***:**

1. **Were errors found?** *(Yes or No response) (required field)***:**
2. **How many total errors were found?** *(required field)***:**
3. **What total percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect?** *(required field)***:**

**Calculation of Reporting and Performance Rates - Error Details** *(****required to be completed if response to 5a. is Yes****)*

| **Error #1** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

| **Error #2** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

**6**. **Results of verifying 2019 MIPS Quality Measures and/or QCDR measures used for the performance period** *(required fields)***:**

1. **How many MIPS Quality Measures and/or QCDR Measures (if applicable) did your QCDR/Qualified Registry support?** *(required field)***:**
2. **How many total measures were reported on?** *(required field)***:**
3. **Were errors found?** *(Yes or No response) (required field)***:**
4. **How many total errors were found?** *(required field)***:**
5. **What total percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect?** *(required field)***:**

**Verifying Measures Used - Error Details** *(****required to be completed if response to 6a. is Yes****)*

| **Error #1** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

| **Error #2** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

**7. Results of the Randomized Audit (Qualified Registries/QCDRs, at a minimum must meet the following sampling methodology to meet participation requirements: Sample 3% of the TIN/NPIs submitted to CMS, with a minimum 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) should be reviewed for all measures applicable to the patient)** *(required fields)***:**

1. **How many total Individual Clinicians/Groups/Virtual Groups did your QCDR/Qualified Registry conduct a randomized audit on?** *(required field)***:**
2. **How many patient records were audited per clinician or group?** *(required field)***:**
3. **Were errors found?** *(Yes or No response) (required field)***:**
4. **How many total errors were found?** *(required field)***:**
5. **What total percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect?** *(required field)***:**

**Randomized Audit - Error Details** *(****required to be completed if response to 7c. is Yes****)*

| **Error #1** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

| **Error #2** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

**8. Results of the Detailed Audit (a Detailed Audit is required when data errors are identified during the Randomized Audit regardless of the percentage, errors corrected before data submission, or type of error identified)** *(required fields)***:**

1. **Was a detailed audit required?** *(Yes or No response) (required field)***:**
2. **Please describe the detailed audit methodology that was used** *(required field)***:**
3. **Please list the root causes of the errors found in the randomized audit based on your discovery in the detailed audit process.** *(required field):*
4. **Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues.** *(required field):*

**Detailed Audit - Error Details** *(****required to be completed if response to 8a. is Yes****)*

| **Error #1** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |

| **Error #2** | |
| --- | --- |
| Type of Error *(required field)*: |  |
| Percentage of your total Individual Clinicians/Groups/Virtual Groups population did this affect *(required field)***:** |  |
| Was the error corrected? *(Yes or No) (required field)***:** |  |
| How was the error corrected? *(required field)***:** |  |
| Was the error corrected before data submission or found after submission to CMS? *(required field)***:** |  |
| Please describe how your organization has resolved the discovered errors. If not yet resolved, please describe how your organization plans to mitigate these issues. *(required field)***:** |  |