Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Data Validation and Audit (DVA) Fact Sheet

Performance Year (PY) 2023

Guidehouse has been contracted by the Centers for Medicare & Medicaid Services (CMS) to conduct the DVA work for the MIPS program. MIPS eligible clinicians and groups are required to provide substantive, primary source documents as requested by CMS.

What Performance Year and Categories Will the DVA Cover

The DVA will be conducted for PY 2023. It will cover the Quality, Improvement Activities (IA), and Promoting Interoperability (PI) performance categories. Guidehouse will not conduct DVA on the Cost performance category.

MIPS Measures/Activities Included in the DVA

Approximately 40 Measures/Activities will be selected for MIPS DVA. A methodology has been developed to select MIPS Measures/Activities with the highest identified risk that would prevent the Quality Payment Program (QPP), specifically MIPS, from achieving strategic goals.

Selecting MIPS Eligible Clinicians for DVA

MIPS eligible clinicians will be selected randomly for DVA. The sample selection may also include a judgmental selection of a variety of clinician types (urban, rural, large groups, small practices), submission methods (EHR, QCDR, Claims, Registry, Web Attestation, CAHPS), and eligible clinicians selected for PY 2022 MIPS DVA who were not compliant with the PY 2022 requirements. If you are selected for DVA, you will be required to respond to DVA requests related to at least one and up to all performance Measures/Activities submitted.

Participant(s) selected for MIPS DVA will be notified that they were selected via the e-mail address associated with the MIPS submission's Tax ID Number (TIN). Please ensure your contact information is accurate in the Healthcare Quality Information Systems (HCQIS) Access Roles and Profile (HARP) platform. If a third-party is used for MIPS data submission and is listed as the Security Official (SO) in HARP, the SO will be the primary contact for MIPS DVA. Please review the third-party assigned in HARP and/or update the SO contact with MIPS participant personnel contact(s) if applicable. MIPS eligible clinicians are accountable to ensure that all requested audit documentation is provided in a complete and timely manner. Once the information is received, we will review it and work with the MIPS participant(s) to discuss any questions.

DVA Timeline

MIPS eligible clinicians selected for DVA can expect notification of selection and initial requests for information starting October 2024 through April 2025. There may also be ad hoc DVA work that is conducted through 2025.

Responses for Quality and PI measures with numerators and denominators will be requested in two phases.

- Phase 1 will include a request of population reports (e.g., lists of patients in population, denominator, numerator, denominator exclusion, denominator exception).
- Phase 2 will be a request for supporting patient documentation for a subset of the patients in the Phase 1 request.

Both Phase 1 and Phase 2 requests are due within 45 calendar days of the request.

It is highly recommended to respond with your Phase 1 population reports as soon as possible to allow time for Phase 2 submission, questions and follow-up requests that arise throughout the DVA.

Responses for IA activities and PI measures without numerators/denominators will be one request.

How to Submit Information for MIPS DVA

MIPS eligible clinicians will submit information through a secure file sharing platform or via secure fax. Additional details will be provided to those selected. The MIPS participant(s) can designate someone to submit the information on their behalf (including other office staff, Third Party Intermediaries, Qualified Registry, Qualified Clinical Data Registry (QCDR), other contractors, etc.). Once the information is received, the Guidehouse team will review it and work with the MIPS participant(s) to discuss any questions.

MIPS Documentation must be Retained for 6 Years from the End of the MIPS Performance Period

Per the Code of Federal Regulations (42 CFR 414.1390 (a)-(d)), CMS will selectively audit MIPS eligible clinicians and groups on a yearly basis. All MIPS eligible clinicians and groups (or their designees) that submit data and information to CMS for the purpose of MIPS must retain such data and information for 6 years from the end of the MIPS performance period.

DVA Resources

The following DVA resources are available on the Quality Payment Program Resource Library:

- PY 2023 MIPS Data Validation Criteria - Lists the 2023 criteria used to audit and validate data submitted in each performance category.

In order to receive the most up to date notifications about DVA, be sure to subscribe to the QPP listserv by entering your email at the bottom of the Quality Payment Program website (QPP@cms.hhs.gov).

DVA Resources

Please send DVA questions to MIPS_DVA@Guidehouse.com.

Do not send Protected Health Information (PHI)/Personally Identifiable Information (PII) to MIPS_DVA@Guidehouse.com.

For questions related to the Quality Payment Program contact us at QPP@cms.hhs.gov or 1-866-288-8292 (TTRS: 711), Monday through Friday, 8:00 AM - 8:00 PM Eastern Time.