Quality Payment
PROGRAM

2021 Merit-based Incentive Payment System (MIPS) Performance Period

Data Validation Execution Report (DVER)

March 2022

The Data Validation Execution Report (DVER) Template is created for use by approved 2021 Qualified Clinical Data Registries (QCDRs) and Qualified Registries.

Deadline to submit the DVER is May 31, 2022 at 5 p.m. Eastern Time (ET)

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 strategy must be completed prior to data submission for the 2021 performance period so that data errors are corrected prior to submitting data for the MIPS program to the Centers for Medicare & Medicaid Services (CMS).

Late, incomplete, absent, rejected DVER submissions or failure to conduct data validation prior to submitting data to CMS, may lead to remedial action and possibly termination as a third-party intermediary for future performance periods of the MIPS program. Please note emailed responses will not be accepted.

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 as approved. Failure to execute your data validation strategy as approved will be considered as non-compliant.

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

December 2021

Please be sure to read all instructions carefully as they reflect the latest version updates.

1. The DVER must be submitted to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com by 5 p.m. ET on May 31, 2022.

   Please note that 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 to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com notifying CMS and the MIPS QCDR/Registry Support Team (PIMMS Team) that data was not submitted by 5 p.m. ET on May 31, 2022. Please be sure to include your QCDR or Qualified Registry name in the subject line of the email.

2. A copy of the Quality Payment Program data submission report does not meet the DVER requirement.

3. Please note that protected health information (PHI)/personal identifying information (PII), including tax identification numbers (TINs), should not be submitted as part of the DVER.

Tips for Successful DVER Submission

- The 2021 Physician Fee Schedule (PFS) Final Rule and 2021 Self-Nomination resources, such as the QCDR or Qualified Registry Fact Sheet, should be used as references as to past years of the MIPS program, legacy program, or other reporting programs are not relevant and do not apply.
- The audits must be executed following the data validation strategy that was approved at the time of self-nomination.
- Identified documentation errors should be corrected even if the Quality Payment Program submission engine does not generate errors (i.e., any errors should be corrected regardless of whether the submission engine accepts or rejects the submissions).
- Identified data errors that are attributed to the individual clinician, group, virtual group or Alternative Payment Model (APM) Entity are still considered data errors and should be represented within the DVER. QCDRs and Qualified Registries should identify these errors during validation and have the errors corrected prior to submission. These errors may include, but are not limited to, inaccurate coding, measure interpretation, and the lack of documentation to support that the quality action has been completed (for measures). Knowingly submitting data that is not true, accurate, and complete (regardless of whether the errors are a result of the clinician or vendor) is considered non-compliant with data submission requirements.
- 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.
- 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 or APM Entity and not based on the total number of quality measures or medical records/charts impacted.
- 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(g)(2)) and/or additional clarification is needed during the DVER review.
- Every field in the template is required. An error detail table is required for each error type identified in each section.

- All fields on this DVER Template are required.
- An error detail table is required for each error type identified in each section. Please use the Error Details Appendix section.
- 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 or APM Entity and must be provided at the individual NPI-level.

QCDR or Qualified Registry Name:

Data Submitted for the 2021 MIPS Performance Period?

◯ Yes ◯ No

If "No", you are not required to complete the DVER Template; however, an email should be sent to the appropriate vendor support mailbox (QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com) by 5 p.m. ET on May 31, 2022 notifying CMS and the MIPS QCDR/Registry Support Team (PIMMS Team) that MIPS data was not submitted for the 2021 MIPS performance period.

Part 1: Overall Data Error Rate

Please note the overall data error rate should be reported as 0% if all identified data errors are corrected prior to data submission to CMS.

$$\text{Overall Data Error Rate} = 100 \times \left(\frac{\text{Number of Clinicians with a Data Issue After Data Submission to CMS}}{\text{Total Number of clinicians that submitted MIPS data}} \right)$$

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:	Number of Clinicians with a Data Issue After Data Submission to CMS:	Total Number of Clinicians for which you Submitted Data:

Part 2: Performance Categories Data Submission

2. Please 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 requested must be inclusive of all clinicians for which you submitted data, regardless of whether they are participating as an individual clinician, group, virtual group or APM Entity. The quantities should be submitted at the NPI-level for individual clinicians, TIN-level for groups, virtual group identifier for virtual groups, and/or APM identifier for APM Entities.

Number of individual clinicians submitted			
Quality	Eligible	Opt-in	Voluntary
Improvement Activities			
Promoting Interoperability			

Number of groups submitted			
Quality	Eligible	Opt-in	Voluntary
Improvement Activities			
Promoting Interoperability			

Number of virtual groups submitted			
Quality	Eligible	Opt-in	Voluntary
Improvement Activities			
Promoting Interoperability			

Number of APM Entities
Quality
Improvement Activities
Promoting Interoperability

Part 4: TIN-NPI Validation Results

4. Please 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)

4C. What total percentage of your total individual clinician, group, virtual group or APM Entity population did this affect.

I. Quality: ☐

II. Promoting Interoperability: ☐

III. Improvement Activities: ☐

IV. Total data error rate: ☐ Note: One rate including data error rate from all performance categories.

Part 5: MIPS Program Eligibility Validation Results

5. Results of verifying MIPS program eligibility (MIPS eligible, volunteer participants, and opt-ins)

5A. Were errors found? ◯ Yes ◯ No

5B. How many total errors were found? ☐

5C. What total percentage of your total individual clinician's/group's/virtual group's/APM Entity's population did this affect. ☐

Part 6: Data Completeness and Performance Rate Validation Results

6. Result 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 or APM Entity population did this affect?

I. Quality: ☐

> Part 6: Data Completeness and Performance Rate Validation Results (Continued)

II. Promoting Interoperability: ☐

III. Improvement Activities: ☐

IV. Total data error rate: ☐

Note: One rate including data error rate from all performance categories.

Part 7: Measures and Activities Validation Results

7. Results of verifying the correct 2021 quality measures, Promoting Interoperability measures, and improvement activities were used for the performance period.

7A. How many MIPS clinical quality measures (CQMs), electronic clinical quality measures (eCQMs), and/or QCDR measures (if applicable) did your QCDR or Qualified Registry submit?

☐

I. How many total measures were reported? ☐

II. Were errors found? ◯ Yes ◯ No

III. How many total errors were found? ☐

7B. How many Promoting Interoperability measures (if applicable) did your QCDR or Qualified Registry submit?

☐

I. How many total measures were reported? ☐

II. Were errors found? ◯ Yes ◯ No

III. How many total errors were found? ☐

7C. How many improvement activities (if applicable) did your QCDR or Qualified Registry submit?

☐

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's/group's/virtual group's/APM Entity's population did this affect?

I. Quality: ☐

II. Promoting Interoperability: ☐

III. Improvement Activities: ☐

IV. Total data error rate: ☐

Note: One rate including data error rate from all performance categories.

Part 8: Data Validation Audit Results

8. 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 the individual clinician, group, virtual group or APM Entity submitted to CMS, with a minimum sample 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) must be reviewed for all measures and activities applicable to the patient.

8A. How many total individual clinician, group, virtual group or APM Entity were included in your QCDR or Qualified Registry's data validation audit regardless of participation status (i.e., MIPS eligible, opt-in, or voluntary)?

8B. How many patient records were audited per individual clinician, group, virtual group or APM Entity?
Please note the response to this field should substantiate meeting the 25% of patients (minimum 5 patients/ maximum sample of 50 patients).

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:

Note: One rate including data error rate from all performance categories.

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 or not error(s) were corrected prior to submission to CMS, and/or significance of error. A performance improvement plan does not satisfy the targeted audit requirement as explicit details regarding the error, cause, and solution must be detailed for all measures and activities applicable to the patient.

Please note: 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.

9A. Was a targeted audit required? ◯ Yes ◯ No

9B. Please 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 and APM Entities impacted by the identified error) in your response.

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

9D. Please describe how your organization has resolved the discovered errors. If not yet resolved, please 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, or virtual group?

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? Please note that 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:

Note: One rate including data error rate from all performance categories.

Appendix: Error Details

Please use the tables below to provide required error details for each error type identified in each section. Send an email to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com for additional tables.

Error Detail 01

Form Section

Part 4: TIN-NPI Validation Results

Type of Error

Performance Category Submitted

☐ Quality ☐ Promoting Interoperability ☐ Improvement Activities

How many (number) of your total individual clinician, group, virtual group or APM Entity population did this affect?

What percentage of your total individual clinician, group, virtual group 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.

Appendix: Error Details

Please use the tables below to provide required error details for each error type identified in each section.

Error Detail 02

Form Section

Part 4: TIN-NPI Validation Results

Type of Error

Performance Category Submitted

☐ Quality ☐ Promoting Interoperability ☐ Improvement Activities

How many (number) of your total individual clinician, group, virtual group or APM Entity population did this affect?

What percentage of your total individual clinician, group, virtual group 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.

Appendix: Error Details

Please use the tables below to provide required error details for each error type identified in each section.

Error Detail 03

Form Section

Part 4: TIN-NPI Validation Results

Type of Error

Performance Category Submitted

☐ Quality ☐ Promoting Interoperability ☐ Improvement Activities

How many (number) of your total individual clinician, group, virtual group or APM Entity population did this affect?

What percentage of your total individual clinician, group, virtual group 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.

Appendix: Error Details

Please use the tables below to provide required error details for each error type identified in each section.

Error Detail 04

Form Section

Part 4: TIN-NPI Validation Results

Type of Error

Performance Category Submitted

☐ Quality ☐ Promoting Interoperability ☐ Improvement Activities

How many (number) of your total individual clinician, group, virtual group or APM Entity population did this affect?

What percentage of your total individual clinician, group, virtual group 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 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
3/22/2022	Updated radio boxes for visual clarity.
12/3/2021	Updated to correct two typographical errors and provide additional clarification on the sample size required for 8B.
11/16/2021	Original Posting