

# Steps for MIPS Data Validation

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# Here's What You Will Learn:



- Why are you being asked to validate your data?
- Steps to complete the validation
- ✓ How to validate: Quality, IA and PI
- Helpful tools/tips within each step

### Why are you being asked to validation your data?

- Validation is a standard part of the MIPS reporting process and is <u>required</u> by CMS prior to data being submitted.
- It is the only "check", prior to submission, to ensure that your data was compiled and will be reported correctly.
- This represents a "sample" of your data. If we notify you of discrepancies please check and fix your entire report, if applicable.
- CMS does audit separately from this process so finding issues now benefits you!

## Steps to Complete the Validation

Log into your MDinteractive account and click on the "Data Validation" button at the top of your dashboard.



# **Steps to Complete Validation** Data Validation Spreadsheet

Quality

Promoting Interoperability Improvement Activities

Patient 1 PDF 117 A PDF 130 PDF 5.7 (2023-06-07 00:00:00) David Doe 10/04/1966 Add/Edit codes Upload documentation John Doe 10 (2023-12-01 00:00:00) (2023-01-01 00:00:00) 10/03/2000 Add/Edit codes Upload documentation Add/Edit codes Upload documentation John 8.8 (2023-09-08 00:00:00) Pappas Add/Edit codes 09/24/1949 Upload documentation (2023-12-31 00:00:00) Joseph Documented (2023-12-31 00:00:00) Doe Add/Edit codes Add/Edit codes Upload documentation 01/03/1965 Upload documentation Paulo Andre 01/01/1956 Walter Doe 8.8 (2023-01-01 00:00:00) 09/24/1949 Add/Edit codes Upload documentation

## **Steps to Complete Validation** Quality Category: Validate Coding

Click on **Add/edit codes** to open the window and choose from the drop down menus to fill in the codes associated with the claim for the date of service you are reporting for the measure.

Tips:

- If you do not find a code/codes that match from the drop down menu, it might mean that the patient encounter IS NOT eligible for this measure.
- Some measures require CPT and ICD-10. Others just CPT code.

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John	8.8 (2023-09-08 00:00:00)							
09/24/1949	Add/Edit codes Upload documentation							

## **Steps to Complete Validation** Quality Category: Upload Patient Note

Upload a copy of the patient's note that validates the answer.

### Tips:

- Do not upload more (pages) than what validates the answer.
- Make sure that the "answer" is clearly visible <u>and</u> legible if handwritten.
- You may upload 1 note for multiple measures for the same date of service as long as the answers to all measures are on the note.

<b>MD</b> ir		ate Patient Search/Edit Data Grid Excel Templates Upload Files Account
s Audit Use		David Doe measure #1
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		Choose File No file chosen Upload File
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10/04/1966	Add/Edit codes Upload documentation	Name Size
John Doe	10 (2023-12-01 00:00:00)	Audit 1
10/03/2000	Add/Edit codes Lloload documentation	DataGrid Backups
	Add Lat colles	Private
John	8.8 (2023-09-08 00:00:00)	E Internet

### Quality Measure Documentation (example)

#### **Denominator:**

The claim for the DOS you are reporting must match exactly. Note that some measures also have ICD-10 requirements.

#### DENOMINATOR:

All visits occurring during the 12-month measurement period for patients aged 18 years and older

**DENOMINATOR NOTE:** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

#### Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92550, 92557, 92567, 92568, 92570, 92588, 92622, 92626, 96116, 96156, 96158, 97129, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98960, 98961, 98962, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99236, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, 99424, 99491, 99495, 99496, G0101, G0108, G0270, G0402, G0438, G0439

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Numerator Options: Performance Met:	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications <b>(G8427)</b>
Denominator Exception:	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation) <b>(G8430)</b>
Performance Not Met:	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not

given (G8428)

Numerator: Possible answers to the measure. Make sure that the answer, if "performance met" or exception, is clearly documented in the patient note.

#### **RATIONALE:**

OR

OR

## Steps to Complete Validation Improvement Activities

### Click on Improvement Activities tab Click on Upload Documentation Choose file to upload

### Tips:

- *Review the documentation for each activity you attested to to find what CMS suggests for validation.*
- Only upload documents that prove that the activity was completed.

Quality	Promo	ting Interope	erability Improv	vement Activities	I am d Search:	one validati ny data
NPI	TIN	Attending Name	Attending First Name	IA_AHE_1 <b>③</b> INFO Enhance Engagement of Medicaid and Other Underserved Populations	IA_AHE_10 <b>•</b> INFO Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data	IA_AHE_7_0 Comprehen ye Exams
1144334038	9999999999	Andre	Paulo	Upload documentation	Comparison of the second	Upload documentation
Showing 1 to	1 of 1 entries					

### Improvement Activities Documentation (example)

#### Objective

**Objective:** What the activity should have accomplished.

Increase patient access to eligible clinicians who work in an outpatient setting with the goal of reducing unnecessary emergency room visits.

#### **Suggested Documentation**

Evidence of demonstrated patient care provided outside of normal business hours through expanded practice hours and by eligible clinicians with real-time access to patient's electronic health record (EHR), or that patients received needed urgent care in a timely way. Expanded Business Hours are defined as hours that are outside of a practice's standard business hours of operation. Include at least one of the following elements:

Suggested Documentation: How you can prove the activity was completed.

1) **Patient record from EHR** – A patient record from an EHR with date and timestamp indicating services provided outside of the practice's normal business hours for that eligible clinician (a certified EHR may be used for documentation purposes, but is not required unless attesting for the Promoting Interoperability bonus); OR

2) **Patient encounter/medical record/claim** – Patient encounter/medical record/claim indicating patient was seen or services provided outside of the practice's normal business hours for that eligible clinician, including use of telehealth visits, or that the services were provided at an alternative location (e.g., senior centers, assisted living centers, centers for independent living, area agencies on aging); OR

3) Same or next-day patient encounter/medical record/claim – Patient encounter/medical

### Steps to Complete Validation Promoting Interoperability (if reporting)

Click on Promoting Interoperability tab Click on Upload Documentation Upload report from the EHR that validates the numbers you entered

Tips:

Promoting Interoperability

- You can only report PI if you have a certified EHR
- Small practices are automatically exempted from PI
- Numbers reported must come directly from your EHR

Quality

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	Search:
Files	
	Upload documentation

## Steps to Complete Validation Final Steps to Complete

# Completing the Audit by the deadline date specified in your email:

- When completed, click on the red submission button at the top of the screen.
- **MDinteractive** will review your validation and contact you with feedback.
- Questions? Email or chat live with us at **MDinteractive.com**, Monday-Friday 9-5 ET.

*Thank you for choosing MDinteractive for your MIPS reporting and for your participation in this process.* 



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- Chat: www.mdinteractive.com
- Email: support@mdinteractive.com

