

MIPS 2017 Improvement Activities (IA) through the MBSAQIP Qualified Clinical Data Registry (QCDR)

The Metabolic and Bariatric Surgery Quality Improvement Program (MBSAQIP) Data Registry has been approved by the Centers for Medicare & Medicaid Services (CMS) to provide Merit-based Incentive Payment System (MIPS) Improvement Activities (IA) for the 2017 program year. Metabolic and Bariatric Surgeons may attest to and submit IA data through the MBSAQIP QCDR for 2017 MIPS with 62 surgically relevant IAs to choose from.

The Improvement Activity performance category counts for 15% of the MIPS final score.

Reporting criteria

- Attest to each activity that you performed for at least 90 consecutive days during the current performance period.
- Choose to attest to the set of activities that are most meaningful to your practice since there is no subcategory reporting requirements.
- If you choose to participate in MIPS via a QCDR, you must select and achieve each improvement activity separately. **You will not receive credit for multiple activities just by selecting one activity that includes participation in a QCDR.**

For more information, please see [MIPS Improvement Activities Fact Sheet](#).

To earn the maximum score for the IA component, a surgeon must attest to 40 points worth of IAs, and each IA is assigned one of two weightings:

- High (20–40 points)
- Medium (10–20 points)

How many IAs an individual Surgeon must attest to *and* the amount of points an IA is worth depends on the size of the group for which the EC is a part of:

- **Individual Surgeons in groups with more than 15 clinicians: Attest from one of the following combinations (high-weighted activities = 20 points; medium-weighted activities = 10 points):**
 - 2 high-weighted activities
 - 1 high-weighted activity and 2 medium-weighted activities
 - Up to 4 medium-weighted activities
- **Individual Surgeons in groups with 15 or fewer clinicians or clinicians located in a rural area or health professional shortage area: Attest from one of the following combinations (high-weighted activities = 40 points; medium-weighted activities = 20 points):**
 - 1 high-weighted activity
 - 2 medium-weighted activities
- Clinicians in certified patient-centered medical homes, comparable specialty practices, or an Alternative Payment Model (APM) designated as a Medical Home Model **will automatically earn full credit.**

- Clinicians in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or OCM **will automatically be scored based on the requirements of participating in the APM.** For more information, please see here: <https://qpp.cms.gov/mips/improvement-activities>

The best way to get the maximum MIPS payment adjustment is to participate full year. By participating the full year, you have the most measures to pick from to submit, more reliable data submissions, and the ability to get bonus points. But if you only report 90 days, you could still earn the maximum adjustment—there is nothing built into the program that automatically gives a reporter a lower score for 90-day reporting. Pick the pace that’s best for your practice. For more information about these options, including scoring and requirements please go to <https://qpp.cms.gov/>