2018 Participation Guide

The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) has been approved as a Qualified Clinical Data Registry (QCDR) for the 2018 performance year.

facs.org/quality-programs/mbsaqip/resources/data-registry
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Welcome

A message from the Program Administrator

Centers participating in the Metabolic and Bariatric Surgery Accreditation and Quality Improvement (MBSAQIP) program—offered by the American College of Surgeons (ACS) in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS)—capture 100 percent of metabolic and bariatric cases into the MBSAQIP data registry. The efforts by participating centers have allowed the MBSAQIP data registry to successfully participate as a Qualified Clinical Data Registry (QCDR) in the Center of Medicare & Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS) Quality reporting (formerly PQRS).

The MBSAQIP offers one of several options whereby a surgeon can elect to submit their quality data measures for successful MIPS participation. The QCDR reporting option enables MBSAQIP to develop its own quality measures that are relevant, clinically appropriate, and actionable for metabolic and bariatric surgeons.

MBSAQIP is pleased to provide this MIPS participation option through the MBSAQIP for all surgeons whose data is captured in the MBSAQIP data registry. Feedback Reports are available to all surgeons who have cases collected in the MBSAQIP registry as a means to improve their outcomes before final submission of the Risk-Standardized data to the CMS and reporting data publicly. Within this guide, you will find timelines, requirements for participation, and specific guidance based on your role at the center to use the MBSAQIP QCDR for MIPS participation.

As always, we thank you for your support of the MBSAQIP and for all that you do to meet the needs of the metabolic and bariatric surgery community.

Sincerely,

Teresa Fraker, MS, RN
Program Administrator, MBSAQIP
Division of Research and Optimal Patient Care
American College of Surgeons
## MBSAQIP QCDR Comprehensive Checklist

<table>
<thead>
<tr>
<th>Date*</th>
<th>Center’s Primary Contact</th>
<th>MBSAQIP</th>
<th>Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 15–30, 2018</td>
<td>☐ Receive e-mail from MBSAQIP that QCDR portal is ready for 2018.</td>
<td>☐ E-mail Primary Contacts to announce that the QCDR portal is ready for 2018.</td>
<td>☐ Receive an e-mail invitation to participate in the MBSAQIP QCDR after center’s Primary Contact has submitted e-mail address. Note: If you did not receive an e-mail and you would like to participate, please contact your center’s Primary Contact.</td>
</tr>
<tr>
<td></td>
<td>☐ Check if your surgeons are eligible to participate in MIPS for the 2018 performance year. Enter Surgeon’s National Provider Identifier (NPI) at <a href="http://app.cms.gov/participation-lookup">app.cms.gov/participation-lookup</a>. If surgeons are not eligible, no need to continue to the next step.</td>
<td>☐ Check if you are eligible to participate in MIPS for the 2018 performance year (enter your NPI at <a href="http://app.cms.gov/participation-lookup">app.cms.gov/participation-lookup</a>).</td>
<td>☐ Check if you are eligible to participate in MIPS for the 2018 performance year (enter your NPI at <a href="http://app.cms.gov/participation-lookup">app.cms.gov/participation-lookup</a>).</td>
</tr>
<tr>
<td></td>
<td>☐ Check with your MBS Director, Center’s Administration, and/or Surgeon’s Office Practice Manager who is designated to submit MIPS quality measures data to determine whether the MBSAQIP QCDR is the best option to participate in MIPS reporting. If your center is participating in MIPS through another means (for example, GPRO), no need to continue to the next step.</td>
<td>☐ Verify Tax Identification Number (TIN) with Center’s Primary Contact or Practice Manager.</td>
<td>☐ Verify Tax Identification Number (TIN) (the NPI/TIN combination is used for Medicare Part B participation and billing), and electronically sign the 2018 Consent to Disclose Data to gain access to the QCDR portal. Note: A new consent must be signed each year, and submitting this form does not submit quality measures to CMS.</td>
</tr>
<tr>
<td></td>
<td>☐ Log in to the QCDR portal to enter or verify surgeon’s correct e-mail address (if correct e-mail is already listed, no action is required). Note: An addendum is no longer needed.</td>
<td>☐ Enter correct TIN (the NPI/TIN combination is used for Medicare Part B participation and billing), and electronically sign the 2018 Consent to Disclose Data to gain access to the QCDR portal. Note: A new consent must be signed each year, and submitting this form does not submit quality measures to CMS.</td>
<td>☐ Receive username and password via e-mail after consent is signed.</td>
</tr>
<tr>
<td></td>
<td>☐ Verify Tax Identification Number (TIN) and provide to surgeon(s). The TIN must match field 25 of the CMS-1500 claim form for Medicare billing. An incorrect TIN may result in unsuccessful participation in MIPS.</td>
<td>☐ Provide Feedback Report 1 and 2 and alert surgeons.</td>
<td>☐ Receive e-mail regarding Feedback Report 1 and 2, and log in to QCDR portal to view it.</td>
</tr>
<tr>
<td>December 14, 2018</td>
<td>☐ Provide Feedback Report 1 and 2 and alert surgeons.</td>
<td>☐ Receive e-mail regarding Feedback Report 1 and 2, and log in to QCDR portal to view it.</td>
<td></td>
</tr>
</tbody>
</table>

*Dates are tentative
### MBSAQIP QCDR Comprehensive Checklist (continued)

<table>
<thead>
<tr>
<th>Date*</th>
<th>Center’s Primary Contact</th>
<th>MBSAQIP</th>
<th>Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 8, 2019</td>
<td></td>
<td>□ Provide Feedback Report 3 and alert surgeons.</td>
<td>□ Receive e-mail regarding Feedback Report 3, and log in to QCDR portal to view it.</td>
</tr>
<tr>
<td>March 8–March 22, 2019</td>
<td></td>
<td>☐ Remind surgeon(s) to view Risk Standardized Report and attest to any Improvement Activities (IAs).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ If you are submitting the quality data and IAs on behalf of the surgeon, please check/communicate with the surgeon on selecting appropriate IAs.</td>
<td></td>
</tr>
<tr>
<td>March 27, 2019</td>
<td></td>
<td>☐ Submit selected Quality Data and/or Improvement Activities (IAs) to CMS.</td>
<td></td>
</tr>
<tr>
<td>May 10, 2019</td>
<td></td>
<td>□ Provide Feedback Report 4 and alert surgeons.</td>
<td>□ Receive e-mail regarding Feedback Report 4, and log in to QCDR portal to view it.</td>
</tr>
</tbody>
</table>

*Dates are tentative
CMS Merit-based Incentive Payment System (MIPS)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 introduced the new Quality Payment Program (QPP) with two tracks for surgeons to participate: the Merit-based Incentive Payment System (MIPS) and advanced Alternative Payment Models (APMs). MIPS is the QPP track most physicians will (initially) participate in. In 2018, the MBSAQIP Data Registry was approved as a QPP MIPS Qualified Entity.

The benefits of submitting data through MBSAQIP for the purposes of QCDR are outlined on page 8 of this information packet. Three previous programs—EHR Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-based Modifier (VM)—were consolidated into the new Merit-based Incentive Payment System (MIPS) program.

How much can MIPS adjust payments?

+4% +5% +7% +9%

-4% -5% -7% -9%

+/- Maximum Adjustments

2019 2020 2021 2022 onward
2018 MIPS categories include the following:

- **Quality** (formerly PQRS)
- **Promoting Interoperability** (PI, formerly Advancing Care Information)
- **Improvement Activities** (IA)
- **Cost**

For additional information around ACS efforts to assist surgeons with MIPS participation, visit [facs.org/qpp](http://facs.org/qpp).
MBSAQIP QCDR

What Is a QCDR?
A QCDR is a CMS-approved entity (registry) that collects clinical data for the purpose of patient and disease tracking to improve quality of care provided to patients in a particular population. As noted above, individual surgeons who satisfactorily participate in 2018 MIPS reporting through a QCDR may avoid the 2020 negative payment adjustment on total Medicare Part B covered professional services in 2018. If a surgeon participates in a group (such as GPRO) or virtual group, individual surgeons do not need to also participate in MIPS reporting via MBSAQIP QCDR. Additionally, participating in the MBSAQIP QCDR will not satisfy the Promoting Interoperability (PI, formerly Advancing Care Information) category of MIPS.

What Are Improvement Activities?
Improvement Activities (IA) is a category under MIPS that requires clinicians to attest to participation in activities that improve clinical practice. Bariatric surgeons can choose from 86 weighted activities. A list of all activities can be found on our website at facs.org/quality-programs/mbsaqip/resources/data-registry.

Public Reporting
The MBSAQIP QCDR measures may be publicly reported if the surgeon participates in the MBSAQIP QCDR and authorizes data submission to the CMS 2018 MIPS program year.

What are the benefits of submitting data through the MBSAQIP QCDR?
- Data is already being collected at your center as part of participation in the MBSAQIP, whereas other options to satisfy MIPS reporting may require additional data burden on the physician.
- The measures are more relevant, meaningful, and actionable and can help with quality improvement.
- There is greater potential to meet the reporting requirement of seven measures.
- The Merit-based Incentive Payment System (MIPS) is a new payment mechanism that will provide payment adjustments to Medicare Part B payments two years after the performance year. Successfully reporting on the MIPS Quality category measures through the MBSAQIP QCDR is one category to avoiding Medicare Part B payment penalties in 2020.
- We provide an opportunity for metabolic and bariatric surgeons to engage in quality improvement initiatives and fulfill the MIPS Improvement Activity component as well as the Practice Improvement requirement for the American Board of Surgery’s Continuous Certification.

Note: Participation in the MBSAQIP QCDR has no impact on the center’s accreditation status.
What are the requirements for successful participation in MIPS reporting using MBSAQIP QCDR?

To be eligible for a positive payment adjustment in 2020 by individually reporting through the MBSAQIP QCDR, the surgeon should:

1. Have billed Medicare for $90,000 or more AND provided care for more than 200 Medicare patients in 2018 (check eligibility online at [qpp.cms.gov/participation-lookup](qpp.cms.gov/participation-lookup)).

2. Successfully report seven (7) individual measures.

3. At least 60 percent of the provider’s applicable patients (patients with primary Laparoscopic Sleeve Gastrectomy or Laparoscopic Roux-en-Y Gastric Bypass) seen during the performance period (calendar year 2018) must have operation dates during January 1–October 31, 2018.

4. Attest to the appropriate Improvement Activities (IAs) combinations to get the maximum score.

2018 MBSAQIP QCDR Outcome Measures

1. Risk standardized rate of patients who experienced a postoperative complication within 30 days

2. Risk standardized rate of patients who experienced a postoperative escalation in care event within 30 days

3. Risk standardized rate of patients who experienced a pulmonary complication within 30 days

4. Risk standardized rate of patients who experienced extended length of stay (> 3 days) within 30 days

5. Risk standardized rate of patients who experienced postoperative nausea, vomiting, or fluid/electrolyte/nutritional depletion within 30 days

6. Risk standardized rate of patients who experienced an anastomotic/staple line leak within 30 days

7. Risk standardized rate of patients who experienced an unplanned readmission within 30 days

<table>
<thead>
<tr>
<th>Feedback Report</th>
<th>Operation Dates</th>
<th>Lock Date</th>
<th>Data Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January 1–March 31, 2018</td>
<td>June 29, 2018</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>April 1–June 30, 2018</td>
<td>September 28, 2018</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>July 1–September 30, 2018</td>
<td>December 29, 2018</td>
<td>3 months</td>
</tr>
<tr>
<td>4</td>
<td>October 1–December 31, 2018</td>
<td>March 31, 2019</td>
<td>3 months</td>
</tr>
</tbody>
</table>
How to Submit My Measures

The submission deadline is March 22, 2019.
The MBSAQIP will not submit any quality measures outcomes data to the CMS without surgeons' authorization.

Submission Steps for March 2018

Step 1: Log in with your **username** and **password**

Step 2: Select **Reports** from the menu bar

Step 3: Select the hyperlinked **Risk Standardized MBSAQIP QCDR Quality Measure Outcomes Report 2018**

Step 4: Review your data

Step 5: Attest to any **Improvement Activities** that you completed in 2018

Step 6: Provide your electronic signature after reading the attestation, and submit your option (A or B) to the MBSAQIP by clicking **Submit to MBSAQIP**
Resources

**MBSAQIP Staff Contact Information**

**General QCDR Inquiries**
312-202-5565  
mbsaqipquality@facs.org

**Rasa Krapikas** *Data Registry Manager*
312-202-5646  
rkrapikas@facs.org

**Kim Evans-Labok** *Project Manager*
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kevanslabok@facs.org

**Teresa Fraker** *Program Administrator*
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**Surgeon Specific Registry**
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