

**MBSAQIP**<sup>®</sup>

METABOLIC AND BARIATRIC SURGERY  
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

QUALIFIED CLINICAL  
DATA REGISTRY

# 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](https://facs.org/quality-programs/mbsaqip/resources/data-registry)



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:  
Highest Standards, Better Outcomes

100+years

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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*

Date*	Center's Primary Contact	MBSAQIP	Surgeon
October 15–30, 2018	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receive e-mail from MBSAQIP that QCDR portal is ready for 2018.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> E-mail Primary Contacts to announce that the QCDR portal is ready for 2018.</li> </ul>	
October 1–December 1, 2018	<ul style="list-style-type: none"> <li><input type="checkbox"/> 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://qpp.cms.gov/participation-lookup">qpp.cms.gov/participation-lookup</a>. If surgeons are not eligible, no need to continue to the next step.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Log in to the QCDR portal to enter or verify surgeon's <b>correct</b> e-mail address (if correct e-mail is already listed, no action is required). <i>Note: An addendum is no longer needed.</i></li> <li><input type="checkbox"/> Verify Tax Identification Number (TIN) and provide to surgeon(s). The TIN must match <b>field 25 of the CMS-1500 claim form</b> for Medicare billing. <i>An incorrect TIN may result in unsuccessful participation in MIPS.</i></li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Receive an e-mail invitation to participate in the MBSAQIP QCDR after center's Primary Contact has submitted e-mail address. <i>Note: If you did not receive an e-mail and you would like to participate, please contact your center's Primary Contact.</i></li> <li><input type="checkbox"/> Check if you are eligible to participate in MIPS for the 2018 performance year (enter your NPI at <a href="http://qpp.cms.gov/participation-lookup">qpp.cms.gov/participation-lookup</a>).</li> <li><input type="checkbox"/> Verify Tax Identification Number (TIN) with Center's Primary Contact or Practice Manager.</li> <li><input type="checkbox"/> 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. <i>Note: A new consent must be signed each year, and submitting this form does not submit quality measures to CMS.</i></li> <li><input type="checkbox"/> Receive username and password via e-mail after consent is signed.</li> </ul>
December 14, 2018		<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide Feedback Report 1 and 2 and alert surgeons.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receive e-mail regarding Feedback Report 1 and 2, and log in to QCDR portal to view it.</li> </ul>

\*Dates are tentative

## MBSAQIP QCDR *Comprehensive Checklist* (continued)

Date*	Center's Primary Contact	MBSAQIP	Surgeon
February 8, 2019		<input type="checkbox"/> Provide Feedback Report 3 and alert surgeons.	<input type="checkbox"/> Receive e-mail regarding Feedback Report 3, and log in to QCDR portal to view it.
March 8, 2019		<input type="checkbox"/> Provide Risk Standardized Report and alert surgeons.	<input type="checkbox"/> Receive e-mail regarding Risk Standardized Report.
<b>March 8- March 22, 2019</b>	<input type="checkbox"/> Remind surgeon(s) to view Risk Standardized Report and attest to any Improvement Activities (IAs).  <input type="checkbox"/> If you are submitting the quality data and IAs on behalf of the surgeon, please check/communicate with the surgeon on selecting appropriate IAs.		<input type="checkbox"/> Log in to the QCDR portal to view Risk Standardized Report.  <input type="checkbox"/> Attest to any Improvement Activities (IAs) that you performed in 2018.  <input type="checkbox"/> Select whether or not to send your quality data and/or IAs to CMS and provide an electronic signature. <b>Your data will not be submitted to CMS until you complete this step.</b>
March 27, 2019		<input type="checkbox"/> Submit selected Quality Data and/or Improvement Activities (IAs) to CMS.	
May 10, 2019		<input type="checkbox"/> Provide Feedback Report 4 and alert surgeons.	<input type="checkbox"/> Receive e-mail regarding Feedback Report 4, and log in to QCDR portal to view it.

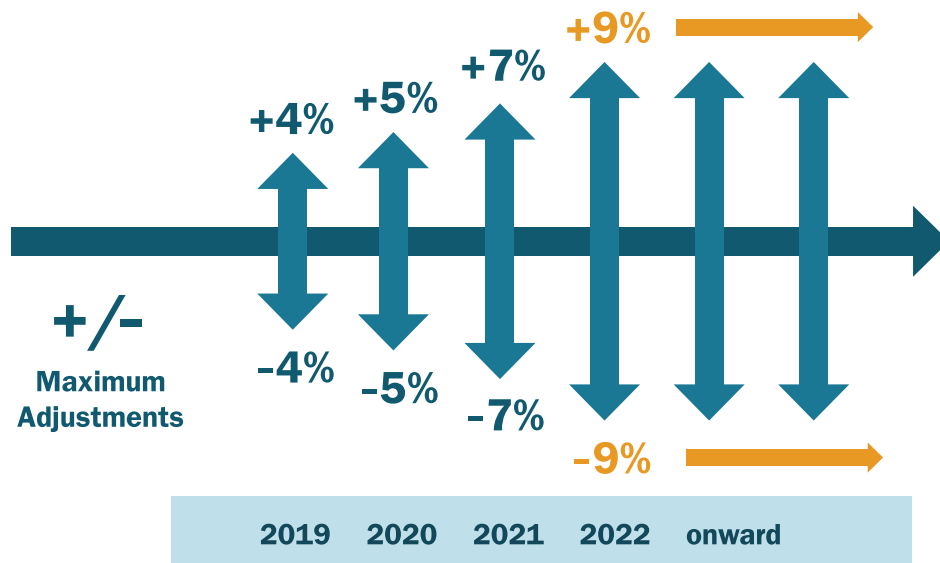
\*Dates are tentative

# 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?

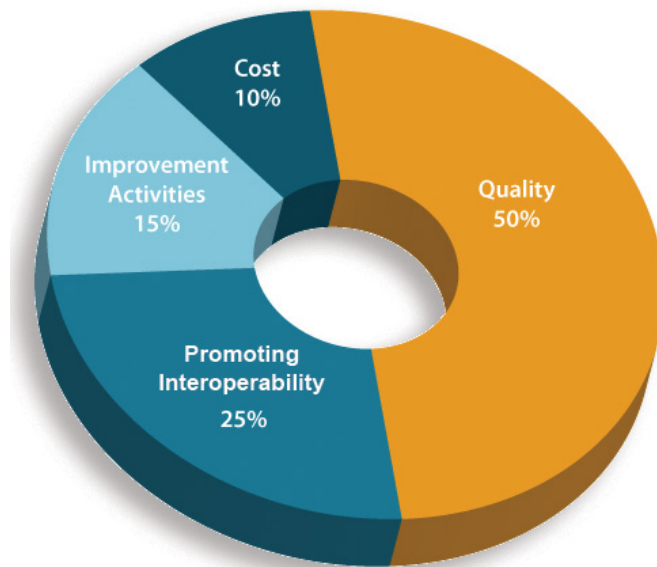


**2018 MIPS categories include the following:**

- **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](https://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](https://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](http://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

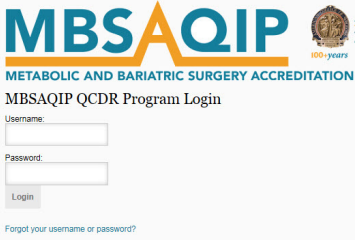


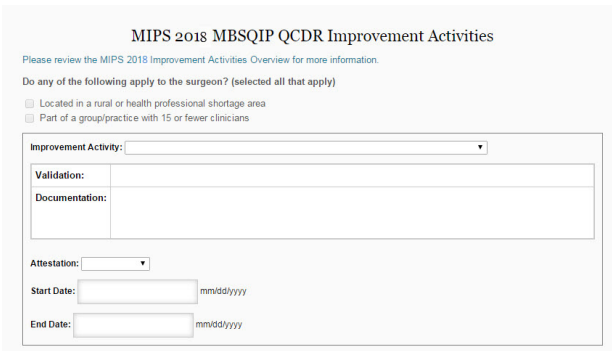
1. Risk standardized rate of patients who experienced a postoperative complication within 30 days
2. Risk standardized rate of patients who experienced a postoperative escalation in care event within 30 days
3. Risk standardized rate of patients who experienced a pulmonary complication within 30 days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

Feedback Report	Operation Dates	Lock Date	Data Amount
1	January 1-March 31, 2018	June 29, 2018	3 months
2	April 1-June 30, 2018	September 28, 2018	3 months
3	July 1-September 30, 2018	December 29, 2018	3 months
Risk-Adjusted Report	January 1-October 31, 2018	January 29, 2019	10 months
4	October 1-December 31, 2018	March 31, 2019	3 months

# 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																																																	
<p><b>Step 1: Log in with your <b>username</b> and <b>password</b></b></p> 	<p><b>Step 2: Select <b>Reports</b> from the menu bar</b></p> 																																																
<p><b>Step 3: Select the hyperlinked <b>Risk Standardized MBSAQIP QCDR Quality Measure Outcomes Report 2018</b></b></p> 	<p><b>Step 4: Review your data</b></p> <table border="1" data-bbox="857 991 1458 1234"> <thead> <tr> <th>Measure Number</th> <th>Measure</th> <th>Outlier</th> <th>Performance Assessment</th> <th>Initial Patient Population</th> <th>Report Denomi</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Overall 30-Day Complication Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>30-Day Escalation in Care</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>30-Day Pulmonary Complication</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>Extended Length of Stay (&gt; 3 days) Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>30-Day Postoperative Nausea, Vomiting or Fluid/Electrolyte/Nutritional Depletion Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>30-Day Anastomotic/Staple Line Leak Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>30-Day Readmission Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Measure Number	Measure	Outlier	Performance Assessment	Initial Patient Population	Report Denomi	1	Overall 30-Day Complication Rate					2	30-Day Escalation in Care					3	30-Day Pulmonary Complication					4	Extended Length of Stay (> 3 days) Rate					5	30-Day Postoperative Nausea, Vomiting or Fluid/Electrolyte/Nutritional Depletion Rate					6	30-Day Anastomotic/Staple Line Leak Rate					7	30-Day Readmission Rate				
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<p><b>Step 5: Attest to any <b>Improvement Activities</b> that you completed in 2018</b></p> 	<p><b>Step 6: Provide your electronic signature after reading the attestation, and submit your option (A or B) to the MBSAQIP by clicking <b>Submit to MBSAQIP</b></b></p> <p>By clicking <b>SUBMIT</b>, I attest that the NPI and TIN provided above is true and correct. If selecting Option A and B, you will acknowledge that each measure has at least 50 percent of all eligible patients for the 2014 reporting period (January 1, 2014-August 15, 2014). Based on my selection, I hereby give permission to the ACS to either submit or take no action on my behalf when submitting the MBSAQIP quality measures outcomes from the MBSAQIP Data Registry to the CMS PQRS program.</p> <p>I understand that only a subset of the fields viewed within my report will be submitted to the CMS. The highlighted columns within the "2014 MBSAQIP Risk Adjusted Report Glossary" will be submitted to the CMS for the 2014 PQRS program. The Risk Standardized Rate for measures 1-8 will be submitted as the Performance Rate. The raw observed rate will be submitted as the Performance Rate for measure 9. Raw data will be submitted for all highlighted columns except Risk Standardized Rate.</p> <p>Electronic Signature      Please provide your electronic signature by typing your name in the space provided: <input type="text"/> <b>Submit to MBSAQIP</b></p>																																																

# Resources

## MBSAQIP Staff Contact Information

### General QCDR Inquiries

312-202-5565

[mbsaqipquality@facs.org](mailto:mbsaqipquality@facs.org)

### **Rasa Krapikas** *Data Registry Manager*

312-202-5646

[rkrapikas@facs.org](mailto:rkrapikas@facs.org)

### **Kim Evans-Labok** *Project Manager*

312-202-5576

[kevanslabok@facs.org](mailto:kevanslabok@facs.org)

### **Teresa Fraker** *Program Administrator*

312-202-5654

[tfraker@facs.org](mailto:tfraker@facs.org)

### Surgeon Specific Registry

[ssr@facs.org](mailto:ssr@facs.org)