



METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

QUALIFIED CLINICAL DATA REGISTRY

2019 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 2019 performance year

facs.org/mbsaqip



AMERICAN COLLEGE OF SURGEONS

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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 14–31, 2019	<input type="checkbox"/> Receive e-mail from MBSAQIP that QCDR portal is ready for 2019.	<input type="checkbox"/> E-mail Primary Contacts to announce that the QCDR portal is ready for 2019.	
October 14–December 2, 2019	<input type="checkbox"/> Check if your surgeons are required to participate in MIPS for the 2019 performance year. Enter Surgeon's National Provider Identifier (NPI) at qpp.cms.gov/participation-lookup . If surgeons are not eligible, no need to continue to the next step. <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. <input type="checkbox"/> 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). An invitation email will be sent to the surgeon in December 2019. <input type="checkbox"/> 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. <i>An incorrect TIN may result in unsuccessful participation in MIPS.</i>		

*Dates are tentative

MBSAQIP QCDR *Comprehensive Checklist* (continued)

Date*	Center's Primary Contact	MBSAQIP	Surgeon
December 16, 2019		<input type="checkbox"/> Provide Feedback Reports 1 and 2 and alert surgeons.	<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> <input type="checkbox"/> Check if you are eligible to participate in MIPS for the 2019 performance year (enter your NPI at qpp.cms.gov/participation-lookup). <input type="checkbox"/> Verify Tax Identification Number (TIN) with Center's Primary Contact or Practice Manager. <input type="checkbox"/> Enter correct TIN (the NPI/TIN combination is used for Medicare Part B participation and billing), and electronically sign the 2019 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> <input type="checkbox"/> Receive username and password via e-mail after consent is signed. <input type="checkbox"/> Receive e-mail regarding Feedback Reports 1 and 2, and log in to QCDR portal to view it.
February 17, 2020		<input type="checkbox"/> Provide Feedback Report 3 and Risk Standardized Report and alert surgeons.	<input type="checkbox"/> Receive e-mail regarding Feedback Report 3 and Risk Standardized Report and log into QCDR portal to view it.
February 17– March 2, 2020	<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 2019. <input type="checkbox"/> Select whether or not to send your quality data and/or IAs to CMS and provide an electronic signature. Your data will not be submitted to CMS until you complete this step.
March 27, 2020		<input type="checkbox"/> Submit selected Quality Data and/or Improvement Activities (IAs) to CMS.	
May 11, 2020		<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

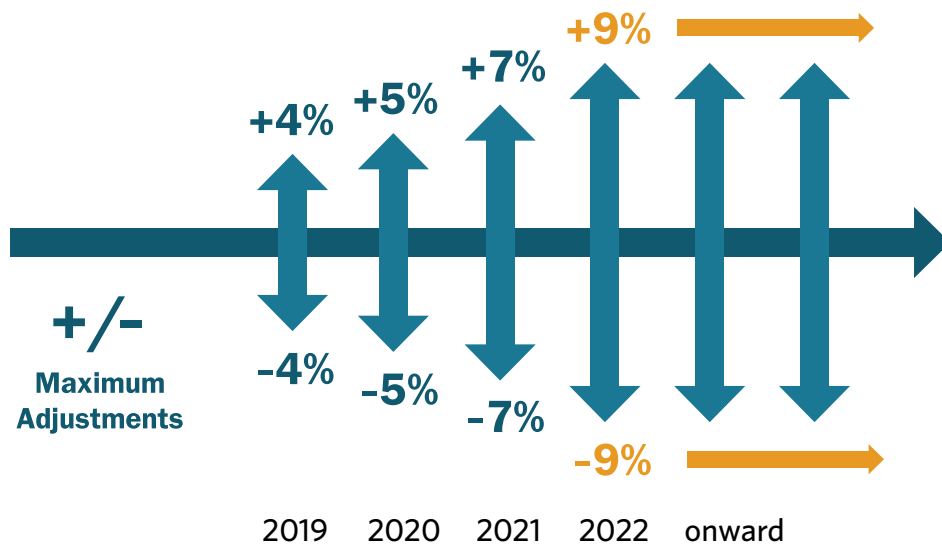
QCDR CHECKLIST	MIPS	QCDR	SUBMIT MY MEASURES	RESOURCES
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CMS Merit-based Incentive Payment System (MIPS)

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 2019, 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?



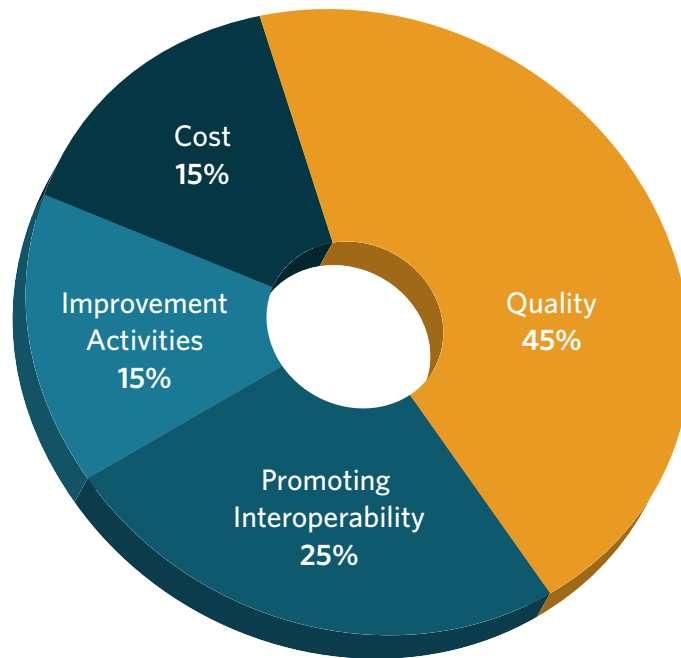
QCDR CHECKLIST	MIPS	QCDR	SUBMIT MY MEASURES	RESOURCES
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2019 MIPS categories include the following:

- **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



For additional information on the 2019 Quality Payment Program, visit

bulletin.facs.org/2019/01/what-to-expect-from-the-2019-quality-payment-program/

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 2019 MIPS reporting through a QCDR may avoid the 2021 negative payment adjustment on total Medicare Part B covered professional services in 2019. 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 over 80 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 2019 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 six 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 2021.
- 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.

QCDR CHECKLIST	MIPS	QCDR	SUBMIT MY MEASURES	RESOURCES
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What are the requirements for successful participation in MIPS reporting using MBSAQIP QCDR?

To be eligible for a positive payment adjustment in 2021 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 AND provided 200 or more covered professional services to Medicare patients in 2019 (check eligibility online at qpp.cms.gov/participation-lookup).
2. Successfully report six (6) 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 2019) must have operation dates during January 1–October 15, 2019.
4. Attest to the appropriate Improvement Activities (IAs) combinations to get the maximum score.

2019 MBSAQIP QCDR Outcome Measures

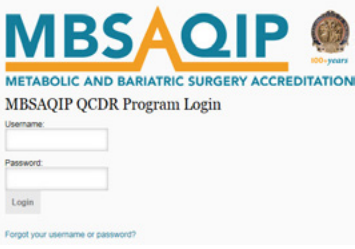


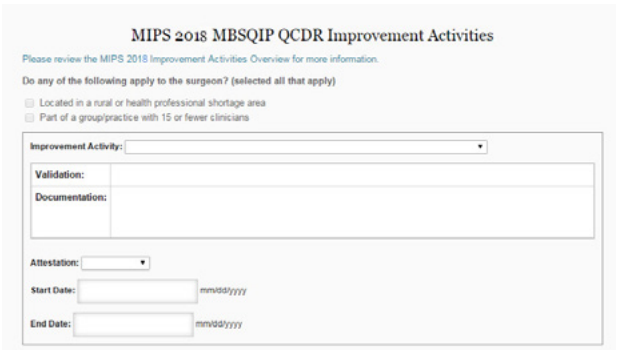
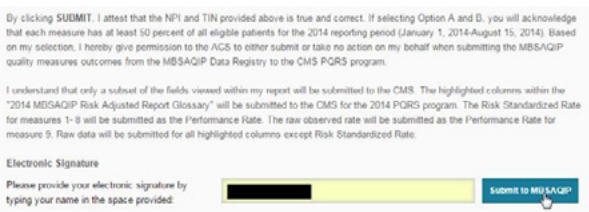
1. Risk standardized rate of patients who experienced a postoperative escalation in care event within 30 days
2. Risk standardized rate of patients who experienced a pulmonary complication within 30 days
3. Risk standardized rate of patients who experienced extended length of stay (> 3 days) within 30 days
4. Risk standardized rate of patients who experienced an anastomotic/staple line leak within 30 days
5. Risk standardized rate of patients who experienced an unplanned reoperation within 30 days
6. 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, 2019	June 29, 2019	3 months
2	April 1–June 30, 2019	September 28, 2019	3 months
3	July 1–September 30, 2019	December 29, 2019	3 months
Risk-Adjusted Report	January 1–October 15, 2019	January 13, 2020	9.5 months
4	October 1–December 31, 2019	March 30, 2020	3 months

How to Submit My Measures

The submission deadline is March 2, 2020.

The MBSAQIP will not submit any quality measures outcomes data to the CMS without surgeons' authorization.

Submission Steps for March 2020																																																	
<p>Step 1: Log in with your username and password</p> 	<p>Step 2: Select Reports from the menu bar</p> 																																																
<p>Step 3: Select the hyperlinked Risk Standardized MBSAQIP QCDR Quality Measure Outcomes Report 2019</p> 	<p>Step 4: Review your data</p> <table border="1"> <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 (> 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>Step 5: Attest to any Improvement Activities that you completed in 2019</p> 	<p>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</p> 																																																

Resources

MBSAQIP Staff Contact Information

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Surgeon Specific Registry

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QCDR
CHECKLIST

MIPS

QCDR

SUBMIT MY
MEASURES

RESOURCES