The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) has been approved as a Qualified Clinical Data Registry (QCDR) for 2017.

facs.org/quality-programs/mbsaqip/resources/data-registry
Table of Contents

Welcome 3

2017 MBSAQIP QCDR Process 4

CMS: Medicare Quality Programs 5

MBSAQIP QCDR 7

- What Is MIPS?
- What Is a QCDR?
- What Are Improvement Activities?
- Public Reporting
- What Are the Requirements for Successful Participation in MIPS Using a QCDR?

MBSAQIP Participating Centers 9

Consideration Checklist 11

- How Do Metabolic and Bariatric Surgeons Participate in the MBSAQIP QCDR?
- Our Center Has Decided to Participate in the MBSAQIP QCDR
- Our Center Has Decided to Not Participate in the MBSAQIP QCDR

MBSAQIP Surgeons and Practice Managers 12

- What Are the Benefits of Submitting Data through the MBSAQIP QCDR?
- 2017 MBSAQIP QCDR Outcome Measures
- I Have Decided to Participate in the MBSAQIP QCDR

How to Submit My Measures 15

Resources 16

- MBSAQIP Staff Contact Information
- QCDR Participation Scenarios
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) capture 100% 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 thereby allowing bariatric surgeons to choose what is reported to CMS. These measures are more relevant, clinically appropriate, and actionable for metabolic and bariatric surgeons when compared to traditional MIPS measures. We are pleased to provide this MIPS participation option through the MBSAQIP for all surgeons whose data is captured in the MBSAQIP data registry.

Public reporting of outcomes data is anticipated to begin in 2017. We are providing Feedback Reports to all surgeons who have cases collected in the MBSAQIP data 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. Whether you are the MBS Coordinator, MBSCR, MBS Director, or a bariatric surgeon, we hope the information provided is useful and the self-selection processes are easy.

As always, we thank you for your support of the MBSAQIP and 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 Process

1. CMS approves MBSAQIP as a QCDR for the MIPS program
2. CMS reviews data submission and audit material from the MBSAQIP on behalf of the surgeon
3. If deemed successful, surgeon avoids penalty for Medicare Part B claims

1. MBSAQIP reviews the CMS criteria for the data registry to become a QCDR
2. MBSAQIP applies for QCDR using seven outcome measures
3. MBSAQIP contacts participating centers to inform surgeons of MIPS reporting option

1. Surgeon gets an addendum to the BA/DUA and PA signed by all necessary centers
2. Surgeon receives Consent to Disclose Data Form via e-mail
3. Surgeon receives username and password to view reports
4. Surgeon views Feedback Reports and Risk-Adjusted Report
5. Surgeon selects to submit data for MIPS reporting through the MBSAQIP QCDR by March 23, 2018

1. Center reviews the Consideration Checklist and selects the MBSAQIP QCDR as the reporting option for MIPS
2. Center’s Primary Contact receives invitation to participate
3. Center signs Addendum to the PA including BA/DUA
4. Center’s Primary Contact provides surgeon e-mails who should receive Consent to Disclose Data Form
CMS Merit-based Incentive Payment System (MIPS)

Responsible Person(s):

- Center’s Primary Contact (PC)—Share this information packet with your surgeons.
- Surgeon—Determine if you are eligible to participate in the MIPS program.

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.

The benefits of submitting data through MBSAQIP for the purposes of QCDR are outlined on page 10 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.

Adjusted Medicare Part B Payment to Clinician
The potential maximum will increase each year from 2019 to 2022
2017 MIPS components include:

- **Quality** (formerly PQRS)
- **Advancing Care Information (ACI)** (formerly EHR meaningful use)
- **Improvement Activities (IA)** (new in 2017)
- **Cost** (No weight will be provided to the Cost component during 2017; however, those physicians who report Quality data will receive feedback reports on their performance in the Cost component.)

For additional information around ACS’ efforts to assist surgeons with MIPS participation, visit

facs.org/qpp

and

MBSAQIP QCDR

Responsible Person(s):
- MBSAQIP Primary Contact (PC)—Review the benefits of participating in MIPS reporting through MBSAQIP.
- Surgeon—Review the benefits of participating in MIPS reporting through MBSAQIP and QCDR on pg. 13.

MBSAQIP’s participation as a QCDR started in 2014, when it became apparent that the QCDR option could be a viable PQRS option for metabolic and bariatric surgeons who practice at participating MBSAQIP centers. In 2017, the MBSAQIP Data Registry has been approved as a QPP Merit-based Incentive Payment System (MIPS) Qualified Entity. Applying as a QCDR is important in fulfilling a strategic initiative at the ACS because the ACS promotes the use of clinical data for quality improvement, as well as in surgeon payment and reimbursement options.

The benefits of submitting data through MBSAQIP for the purposes of QCDR are outlined on page 13 of this participation guide.
What Is MIPS?

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 introduced the new quality payment system (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.

MIPS is a CMS quality reporting program that encourages individual surgeons and group practices to report information on quality of care to CMS.

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 2017 MIPS reporting through a QCDR may avoid the 2019 negative payment adjustment on total Medicare Part B covered professional services in 2017.

If a center participates in a Group Practice Reporting Option (GPRO), individual surgeons do not need to also participate in MIPS reporting via MBSAQIP QCDR. Additionally, participating in MBSAQIP QCDR will not satisfy the Advancing Care Information (ACI) component of MIPS (formerly Meaningful Use).

What Are Improvement Activities?

Improvement Activities (IA) is a component under MIPS that requires clinicians to attest to participation in activities that improve clinical practice. Bariatric surgeons can choose from 63 weighted activities.

A list of all activities can be found on our website at facs.org/quality-programs/mbsaqip/resources/data-registry.

Public Reporting

Public reporting of outcomes data is anticipated to begin in 2017. The MBSAQIP QCDR measures may be publicly reported if the surgeon participates in the MBSAQIP QCDR and authorizes data submission to the CMS 2017 MIPS program.

What Are the Requirements for Successful Participation in MIPS reporting Using MBSAQIP QCDR?

To be eligible for a positive payment adjustment in 2019, the surgeon should:

1. Successfully report at least seven (7) individual measures.
2. Report each measure for at least 50 percent of provider’s applicable patients seen during the reporting period to which the measure applies.
MBSAQIP Participating Centers

All centers submitting data to the MBSAQIP data registry are eligible to participate in the MBSAQIP QCDR if an addendum to the MBSAQIP Hospital Participation Agreement (PA) including Business Associate and Data Use Agreement (BA/DUA) has been fully executed. The addendum to the PA and BA/DUA is sent via e-mail to the Primary Contact (PC) of the center for electronic signature. If the PC is not authorized to sign the addendum, it can be sent to another party at the center for signature.

Please note that surgeons who practice at multiple MBSAQIP-Participating Centers **MUST have an addendum signed for each center** in order to participate.

**Regardless of prior participation in the MBSAQIP QCDR, all centers need to have a NEW signed addendum in order to participate in the 2017 program year.**
## Consideration Checklist

<table>
<thead>
<tr>
<th>Steps for Center’s Primary Contact</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> 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.</td>
<td>If a center participates in a Group Practice Reporting Option (GPRO), individual surgeons are not eligible for MIPS reporting via MBSAQIP QCDR. Participating in MBSAQIP QCDR will not satisfy Advancing Care Information (ACI) component (formerly EHR Meaningful Use).</td>
</tr>
<tr>
<td><strong>Step 2</strong> Confirm that participating surgeons have the correct National Provider Identifier (NPI) and Taxpayer Identification Number (TIN) combination. Confirm or enter all surgeons e-mail addresses via MBSAQIP QCDR site.</td>
<td>The NPI/TIN combination is used for Medicare Part B participation and billing. The TIN must match field 25 of the CMS-1500 claim form for Medicare billing. An incorrect TIN will result in unsuccessful participation in MIPS reporting. Surgeons must report an individual NPI. Group NPIs will result in unsuccessful participation in MIPS reporting.</td>
</tr>
<tr>
<td><strong>Step 3</strong> Verify that at least 50 percent of LSGs and/or LRYGBs performed during the time frame of Jan 1–Oct 31, 2017, are captured within the MBSAQIP data registry.</td>
<td>See possible scenarios under Resources section of this document.</td>
</tr>
<tr>
<td><strong>Step 4</strong> Ensure that ALL of your hospitals/ centers have signed the Addendum to the ACS MBSAQIP Hospital Participation Agreement, including BA/DUA for MIPS, electronically by December 1, 2017.</td>
<td>All centers need to have a new signed addendum in order to participate in the 2017 MIPS Quality reporting program year.</td>
</tr>
</tbody>
</table>
How Do Our Metabolic and Bariatric Surgeons Participate in the MBSAQIP QCDR?

MBSAQIP surgeons will have the opportunity to voluntarily elect that their individual MBSAQIP QCDR quality measures results be submitted to CMS for MIPS program participation. Surgeons will be provided Feedback Reports of their results of the QCDR measures to monitor their performance throughout the year. The MBSAQIP will submit approved measures from the Final Risk Standardized Report during the first quarter of 2018 on behalf of MBSAQIP participants only if individual surgeon authorizes their data be submitted to CMS.

Our Center Has Decided to Participate in the MBSAQIP QCDR

Centers deciding to participate in the 2017 MIPS Quality reporting program through the MBSAQIP QCDR must ensure the following before successfully completing the next steps:

1. The individual surgeons’ NPI number for each surgeon used in the data registry is accurate.
2. The center is not participating in the Group Practice Reporting Option (GPRO). If a center participates in a GPRO, individual surgeons are not eligible to also participate in 2017 MIPS reporting via MBSAQIP QCDR.
3. Your surgeon who participates at another center has an addendum fully executed for that center as well.

Our Center Has Decided to Not Participate in the MBSAQIP QCDR

CMS requires surgeons to review their outcomes data continually for quality improvement purposes. Feedback Reports and the Risk Standardized Report will be made available to ALL surgeons who have data in the MBSAQIP data registry.

What Happens Next?

<table>
<thead>
<tr>
<th>Centers</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center’s Primary Contact (PC)—PC receives username and password and electronically signs the Addendum. (Unauthorized PCs can forward e-mail to other authorized signatory).</td>
<td>December 1, 2017</td>
</tr>
<tr>
<td>PC (and authorized signatory if provided) receives confirmation e-mail that the Addendum has been received.</td>
<td>Not applicable. Confirmation e-mail is sent immediately.</td>
</tr>
<tr>
<td>MBSAQIP QCDR site is automatically unlocked for centers with a fully executed addendum.</td>
<td>Not applicable. Confirmation e-mail is sent immediately.</td>
</tr>
<tr>
<td>PC logs into the MBSAQIP QCDR site to provide surgeon e-mails (and phone numbers).</td>
<td>March 1, 2018 Recommended to complete immediately.</td>
</tr>
<tr>
<td>Surgeon e-mail with Consent to Disclose Data Form is sent immediately and PC confirms receipt of email with surgeon.</td>
<td>March 1, 2018 Recommended to complete immediately.</td>
</tr>
<tr>
<td>Center is complete with their task.</td>
<td>March 1, 2018</td>
</tr>
</tbody>
</table>
All surgeons whose patient data is in the MBSAQIP data registry are eligible to participate in the MBSAQIP QCDR if their center fully executes the addendum to the BA/DUA for the ACS and PA for the MBSAQIP and the surgeon has signed the Consent to Disclose Data Form. If you do not receive your Consent to Disclose Data Form by March 1, 2018, follow up with the Primary Contact at the Center.

Surgeons who practice at multiple MBSAQIP Participating Centers MUST have an addendum signed for each center prior to being sent the Consent to Disclose Data Form. The Consent to Disclose Data Form is sent via e-mail for electronic signature after the addendum to the BA/DUA and PA have been fully executed and the Center’s Primary Contact has provided the surgeon’s e-mail address to the MBSAQIP. The Consent to Disclose Data Form must be submitted on an annual basis. If a surgeon has participated in the MBSAQIP QCDR previously, a new Consent to Disclose Data Form must be signed.

The submission of the Consent to Disclose Data Form does not submit quality measures to the CMS. Surgeons must review and approve the final QCDR measures for submission to CMS.
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.

• We offer more relevant, clinically appropriate and actionable measures that help achieve meaningful 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 Component measures through the MBSAQIP QCDR is one component to avoiding Medicare Part B payment penalties in 2019.

• We provide an opportunity for metabolic and bariatric surgeons to engage in quality improvement initiatives and fulfill the MIPS IA Component as well as Part 4 of the Maintenance of Certification (MOC) program.

2017 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 an unplanned readmission within 30 days
3. Risk standardized rate of patients who experienced a reoperation 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 a postoperative surgical site infection (SSI) within 30 days
6. Risk standardized rate of patients who experienced postoperative nausea, vomiting or fluid/electrolyte/nutritional depletion within 30 days
7. Risk standardized rate of patients who experienced extended length of stay (> 7 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, 2017</td>
<td>June 29, 2017</td>
<td>3 months</td>
</tr>
<tr>
<td>2</td>
<td>April 1–June 30, 2017</td>
<td>September 28, 2017</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>July 1–September 30, 2017</td>
<td>December 29, 2017</td>
<td>3 months</td>
</tr>
<tr>
<td>4</td>
<td>October 1–December 31, 2017</td>
<td>March 31, 2018</td>
<td>3 months</td>
</tr>
</tbody>
</table>
Steps to participate in the MBSAQIP QCDR

Surgeons deciding to participate in 2017 MIPS reporting through the MBSAQIP QCDR must ensure the following before successfully completing the next steps:

1. Your TIN/NPI combination is correct. The TIN is found on field 25 of the CMS-1500 claim form.
2. Your center is not participating in the Group Practice Reporting Option (GPRO). If a center participates in a GPRO, individual surgeons do not need to also participate in 2017 MIPS reporting via MBSAQIP QCDR.
3. Confirm with the Primary Contact at each center that collect data under your NPI in the MBSAQIP data registry has submitted a fully executed addendum.

What Happens Next?

<table>
<thead>
<tr>
<th>New</th>
<th>Complete By</th>
</tr>
</thead>
<tbody>
<tr>
<td>After the Addendum is signed and Center’s Primary Contact (PC)</td>
<td>January 31, 2018</td>
</tr>
<tr>
<td>provides the surgeons(s) e-mails—Surgeon receives e-mail with link</td>
<td></td>
</tr>
<tr>
<td>to the Consent to Disclose Data form, confirms NPI/TIN, and</td>
<td></td>
</tr>
<tr>
<td>electronically signs the form</td>
<td></td>
</tr>
<tr>
<td>Surgeon receives e-mail with username and password to view reports</td>
<td>Not applicable. If you</td>
</tr>
<tr>
<td></td>
<td>do not receive this</td>
</tr>
<tr>
<td></td>
<td>e-mail by March 1,</td>
</tr>
<tr>
<td></td>
<td>2018, reach out to</td>
</tr>
<tr>
<td></td>
<td>the Primary Contact</td>
</tr>
<tr>
<td></td>
<td>at each center that</td>
</tr>
<tr>
<td></td>
<td>your e-mail has been</td>
</tr>
<tr>
<td></td>
<td>submitted. Username</td>
</tr>
<tr>
<td></td>
<td>and password e-mail is</td>
</tr>
<tr>
<td></td>
<td>sent immediately after</td>
</tr>
<tr>
<td></td>
<td>PC provides surgeon’s</td>
</tr>
<tr>
<td></td>
<td>e-mail.</td>
</tr>
<tr>
<td>Surgeon MUST login into QCDR site, review the Final Risk Adjusted</td>
<td>March 23, 2018</td>
</tr>
<tr>
<td>(risk standardized) report, and select Option A or B</td>
<td></td>
</tr>
<tr>
<td>Surgeon is complete with their task</td>
<td>March 23, 2018</td>
</tr>
</tbody>
</table>
How to Submit My Measures

THE SUBMISSION DEADLINE IS MARCH 23, 2018. 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 2017

**Step 4** Review your data

**Step 5** Provide your electronic signature after reading the attestation and submit your option (A or B) to the MBSAQIP by clicking Submit to MBSAQIP

If you are a surgeon who is submitting as GPRO or using another Medicare Quality Program to fulfill the CMS requirement for quality measure data submission, select Option B.
Resources

MBSAQIP Staff Contact Information

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

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

**Kim Evans-Labok** *Project Manager*
312-202-5576  
kevanslabok@facs.org

**Teresa Fraker** *Program Administrator*
312-202-5654  
tfraker@facs.org

**Surgeon Specific Registry**
ssr@facs.org
QCDR Participation Scenarios

Scenario 1: Surgeon Is **Eligible** to Participate
During January 1–December 31, 2017 Surgeon performs:
- 25 Laparoscopic Sleeve Gastrectomy (LSGs)
- 15 Laparoscopic Roux-en-Y Gastric Bypass (LRYGBs)
**Total: 40 LSGs and LRYGBs**

During Jan 1–Oct 31, 2017 Surgeon performs:
- 15 LSGs
- 10 LRYGBs
**Total: 25 LSGs and LRYGBs**

At least 50 percent of applicable procedures (25 out of 40 LSGs and LRYGBs) were performed during Jan 1–Oct 31, 2017; therefore, a surgeon is eligible to participate.

Scenario 2: Surgeon **NOT Eligible** to Participate
During January 1–December 31, 2017 Surgeon performs:
- 25 LSGs
- 15 LRYGBs
**Total: 40 LSGs and LRYGBs**

During January 1–October 31, 2017 Surgeon performs:
- 10 LSGs
- 5 LRYGBs
**Total: 15 LSGs and LRYGBs**

Less than 50 percent of applicable procedures (15 out of 40 LSGs and LRYGBs) were performed during January 1–October 31, 2017; therefore, a surgeon is not eligible to participate.

Scenario 3: Surgeon **NOT Eligible** to Participate
During January 1–December 31, 2017 Surgeon performs:
- **40 Laparoscopic Adjustable Gastric Band (LAGB) procedures**

The specifications of the approved MBSAQIP QCDR quality measures only include patients with Laparoscopic Sleeve Gastrectomy (LSG) and Laparoscopic Roux-En-Y Gastric Bypass (LRYGB) procedures (CPT codes: 43644, 43645, and 43775).