

VIA ELECTRONIC SUBMISSION: <http://www.regulations.gov>

December 13, 2016

Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-5517-FC  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: CMS-5517-FC: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models**

Dear Acting Administrator Slavitt:

The American Academy of Audiology (the “Academy”) is the world's largest professional organization of, by, and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy respectfully submits comments in response to the final rule addressing the establishment of the Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models.

The Academy was pleased to see many of our questions and concerns addressed in the final rule. As the program evolves, the Academy requests that audiologists remain active stakeholders in the MIPS implementation process, even though audiologists will not be eligible to participate in MIPS until at least 2019. The policies determined as the result of this rulemaking process and throughout the implementation of the Quality Payment Program will reshape the Medicare reimbursement landscape and greatly impact how audiologists practice in the future.

#### *Claims-Based Reporting*

The Academy recognizes CMS’ plans to begin phasing out claims-based reporting in the next several years. The Academy asks that CMS consider and work with providers, like audiologists, who primarily report PQRS measures via the claims-based reporting mechanism. Despite the emphasis on partnering with registries or using EHR for reporting, the majority of audiologists continue to participate in quality programs using claims-based reporting. The Academy estimates that adoption of EHR systems among audiologists is relatively low due to a number of factors, including cost, the applicability of such platforms to audiology practices (many are physician-focused), and the fact that audiologists are not considered eligible professionals in the Medicare EHR Incentive Program. The Academy encourages CMS to maintain the option for claims-based reporting to ensure providers like audiologists are able to

participate in MIPS. We anticipate that the transition to using electronic reporting sources will be a difficult, costly, and burdensome endeavor for audiologists

The Academy also requests the opportunity to work with CMS should the Agency decide to move forward with phasing out the claims-based reporting option. We ask that CMS provides similar financial and educational opportunities to those offered to physicians during the introduction and adoption of the Meaningful Use program. We anticipate that a number of providers, including audiologists, will need considerable support should such a transition take place, and would like to work with CMS to ensure a successful transition.

### *Outcome Measures*

As discussed in our proposed rule comments, the current Medicare regulatory definition places audiologists in the “Other Diagnostic Procedures” benefit classification, which is limited to the exclusive diagnostic only areas of hearing and balance healthcare. Developing measures of quality and outcomes for this narrowly defined benefit classification, as well as participating in interdisciplinary measures that require outcomes or treatment management of the patient has been challenging within these regulatory confines. The Academy is encouraged by CMS’ attempts to ensure flexibility in the types of measures required for reporting in the quality performance category, but also asks that CMS continue to consider that due to statutory limitations, requiring a certain number of outcomes-based or other “high-priority” measures puts specialties like audiology at a disadvantage. The Academy continues to work with other audiology stakeholders in developing appropriate outcomes measures.

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The Academy appreciates the opportunity to comment on the final rule addressing the MIPS and APM Incentive under the Physician Fee Schedule. Please contact Kate Thomas, senior director of advocacy and reimbursement, by phone at 703-226-1029 or via email at [kthomas@audiology.org](mailto:kthomas@audiology.org) should you have any questions regarding the Academy’s comments.

Sincerely,



Ian Windmill, PhD  
President, American Academy of Audiology