

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

August 21, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-5522-P: Medicare Program; CY 2018 Updates to the Quality Payment Program

Dear Administrator Verma,

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 proposed rule addressing CY 2018 Updates to the Quality Payment Program (QPP). As the program evolves, the Academy requests that audiologists remain active stakeholders in the Merit-based Incentive Payment System (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 QPP will reshape the Medicare reimbursement landscape and greatly impact how audiologists practice in the future.

Increase Low-Volume Threshold

The Academy supports CMS’ proposal to increase the low-volume threshold (from \leq \$30,000 to \leq \$90,000 in Part B allowed charges OR from \leq 100 to \leq 200 Part B beneficiaries). The Academy is also pleased that CMS is considering opportunities in future years for individual MIPS-eligible clinicians who may be excluded based on the low-volume threshold to opt-in under certain conditions. We believe that increasing the low-volume threshold lessens the burden for eligible clinicians in small practices, rural areas, or Health Professional Shortage Areas (HPSAs). Creating a provision to allow eligible clinicians to opt-in encourages participation without penalizing those who may be adversely affected by the mandatory reporting requirements.

Submission Mechanisms

In previous comments addressing the QPP, the Academy expressed concerns over CMS’ plans to begin phasing out claims-based reporting in the next several years. The Academy asked that CMS consider and work with providers, like audiologists, who primarily reported Physician Quality Reporting System (PQRS) measures via the claims-based reporting mechanism. 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 were not considered eligible professionals in the Medicare EHR Incentive Program. The Academy is encouraged by CMS' proposal to allow individual MIPS-eligible clinicians or groups to submit measures and activities, as available and applicable to the field of practice, via as many mechanisms as necessary to meet the requirements of the quality, improvement activities, or advancing care information performance categories. The Academy agrees with the Agency's assessment that this provides greater flexibility in submitting data and will allow clinicians to select the measures most meaningful and applicable to them, regardless of the submission mechanism. The Academy requests that CMS continues to support policies that encourage greater flexibility and inclusion, especially as new types of providers become eligible for the MIPS program in 2019.

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 provide similar financial and educational opportunities to those offered to physicians during the introduction and adoption of the Meaningful Use program. We anticipate that audiologists will need considerable support should CMS phase out claims-based reporting, and would like to work with CMS to ensure a successful transition.

Reweighting of Performance Categories

The Academy is encouraged to see that providers who may have no eligible scored measures in a given performance category, i.e. advancing care information and cost, will potentially have the ability to have their scores for those categories reweighted. These providers could receive a zero weight in the categories for which they are ineligible or have insufficient measures, and that score could be redistributed to other categories for which they have sufficient measures, such as clinical practice improvement activities (CPIA) or quality performance. The Academy sees many benefits to this approach, including allowing for maximum scoring and participation in MIPS, despite existing limitations. Reweighting does provide opportunities for participation, yet the fact remains that MIPS is based on a four category weighting system.

The Academy recognizes that CMS is soliciting comments regarding the reweighting of the cost category for 2018. In the proposed rule, CMS notes that there are eligible clinicians who prefer to down-weight the cost performance category to zero percent for an additional year. These clinicians have stated that they are actively preparing for full cost performance category implementation and will be prepared for the 30 percent statutory weight for the cost performance category for the 2021 MIPS payment year. The Academy urges CMS to consider other providers, like audiologists, who will not benefit from the flexible onboarding that those who were eligible clinicians beginning 2017 experienced. Beginning in the 2018 performance year, CMS will require 12-month calendar year data for reporting in the quality and cost performance categories. As audiologists prepare for participation in the 2019 performance year, the Academy requests that audiologists have the option for flexible participation in the first year of their participation in the program much like the "Pick Your Pace" approach adopted by CMS for 2017.

Many audiologists have engaged in voluntary reporting in the quality and CPIA categories; however, voluntary reporting opportunities and available measures do not exist for all categories. The Academy strongly encourages CMS to consider these providers as they look ahead to future years of the QPP. As

CMS shapes finalizes updates for CY 2018, we ask the Agency to be mindful of the long-term and down-stream impacts that this first rulemaking will have on non-physician providers.

Quality Measures

The Academy is pleased that CMS is not proposing any changes to the number of quality measures reported in 2018. The proposed rule states that clinicians will still report at least 6 quality measures, with at least one outcome measure included for the performance year 2018, the payment year 2020. The Academy applauds CMS efforts to provide for flexibility in reporting and to minimize the reporting burden from eligible clinicians. This point is especially important for audiologists as they prepare for participation in future years.

The current Medicare regulatory definition places audiologists in the “Other Diagnostic Procedures” benefit classification, limiting audiologists to providing diagnostic-only hearing and balance services. Falling under this diagnostic-only benefit classification makes it difficult to track audiology services for the purpose of developing outcomes-based quality measures. Audiologists also face challenges in participating in interdisciplinary measures that require outcomes or treatment management of the patient. 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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Voluntary Clinician and Group Reporting

The Academy strongly supports CMS’ proposal to furnish performance feedback to eligible clinicians and groups that do not meet the definition of a MIPS-eligible clinician but voluntarily report on measures and activities under MIPS. We share the Agency’s belief that providing performance feedback will help clinicians who are excluded from MIPS in the 2018 performance period, but who may be considered MIPS-eligible clinicians in future years, as these providers prepare for participation in the QPP. We continue to encourage CMS to provide timely, detailed, and clinician-friendly performance feedback.

The Role of Non-physician Providers in the Health-Care Delivery Model

In reviewing the proposed rule, there is a strong emphasis on physicians and how such policies will impact physician practice. The Academy appreciates the need for CMS to focus its immediate attention on how the implementation of MIPS and Advanced Alternative Payment Models (APMs) will impact physicians, as these and other providers are the first provider stakeholders subject to MIPS. However, we encourage CMS to consider the critical role that non-physician providers play in the health-care

delivery model and their role in providing high quality, cost-effective health-care to the Medicare population. We hope the Agency will keep non-physician practitioners in mind as the final rule takes shape. Such providers can and will play a critical role in improving quality and patient outcomes.

APMs

The Academy continues to review and discuss CMS' actions and rulemaking related to the implementation of MIPS and the role of APMs in encouraging high quality, cost effective care. The Academy has reviewed the information related to APMs and struggles to understand how audiologists fit into these APMs, especially with the current focus on Physician-Focused Payment Models (PFPMs). The Academy will continue to look for opportunities with both physician and non-physician stakeholders to pursue meaningful involvement in APMs. We would encourage CMS to consider the role of audiologists in the health-care delivery model and how that translates to participation in APMs.

Providing Medicare beneficiaries increased access to audiology services both reduces cost and improves quality of care— two critical areas that define both MIPS and APMs. Audiologists play a critical role in the diagnosis, treatment, and management of patients requiring both hearing and balance care. The Academy firmly believes that our scope of practice and clinical expertise in this area earn us a role as valued and contributing members of APMs.

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The Academy appreciates the opportunity to comment on the proposed rule addressing updates to the QPP for CY 2018. Please contact Kate Thomas, senior director of advocacy and reimbursement, by phone at 703-226-1029 or via email at kthomas@audiology.org should you have any questions regarding the Academy's comments.

Sincerely,



Ian Windmill, PhD
President, American Academy of Audiology