



June 14, 2024

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
Washington DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
Washington DC 20510

RE: White Paper - *Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options in Medicare Part B*

Dear Chairman Wyden and Ranking Member Crapo:

The Audiology Quality Consortium (AQC) appreciates the opportunity to provide comments on the Senate White Paper entitled *Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options in Medicare Part B*. The mission of the AQC is to:

- Collaborate on the analysis and recommendation of audiology quality measures for use in the Centers for Medicare and Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) and with other health care payers;
- Monitor the status of audiology quality measures for reporting under MIPS and other health care payers to ensure the continued efficacy of the measures and their impact on the quality of care patients receive;
- Respond to proposed rules and measure changes by CMS and other measure owners on behalf of the audiology community; and
- Educate audiologists regarding audiology quality reporting and MIPS requirements.

The AQC is comprised of representatives of nine audiology organizations:

Academy of Doctors of Audiology
Academy of Rehabilitative Audiology,
American Academy of Audiology
American Speech-Language-Hearing Association
Association of VA Audiologists
Directors of Speech and Hearing Programs in State Health and Welfare Agencies

Educational Audiology Association
Military Audiology Association
National Hearing Conservation Association

First, we respectfully request that this white paper on Medicare physician payment reform be viewed in a wider context in recognition that allied health professionals are also providers of integral services to Medicare beneficiaries. Allied health professionals such as audiologists have some unique concerns, challenges and considerations especially with regard to participation in the Medicare Quality Payment Program (QPP) pathways of MIPS and advanced alternative payment models (A-APMS). For example, many of the MIPS measures are generic and not discipline-specific, which has long been a concern with MIPS. Additionally, few, if any, A-APMs, include quality measures reflective of the services audiologists provide. This precludes our meaningful participation in these models despite our interest in engaging in value-based care and the positive impact we can have on patients with a hearing and/or balance disorder.

As currently structured, the low-volume threshold creates two significant challenges for audiologists treating Medicare beneficiaries. First, it narrows the pool of clinicians that are mandatory reporters under MIPS, meaning that when the 0.25% payment adjustment applies in calendar year 2026, many audiologists will not receive that adjustment. Second, because the pool of clinicians is so small, the positive payment adjustment CMS issues remains far below the maximum 9%. This makes the cost to participate in MIPS significant, but the financial benefit minimal. In 2022, the median MIPS positive payment adjustment was just under 2% for small and medium size practices, and near 2.5% for large practices. The median adjustment for solo practices was -1.89% (CMS 2022 QPP Experience Report). Many clinicians who did not successfully participate received the full 9% negative payment adjustment. The insignificant positive payment adjustments available through MIPS and A-APMs, compounded by the downward budget neutrality adjustments CMS has implemented to provide a payment increase to primary care, have created a potentially unsustainable financial environment for audiologists and threatens to jeopardize access to care for Medicare beneficiaries.

Audiologists are professionals qualified in the education, prevention, identification, diagnosis and treatment of hearing loss and balance disorders. As such, our participation in CMS quality initiatives is important to demonstrate the quality care provided by audiologists to Medicare beneficiaries. While audiologists are trained and licensed to provide both assessment and treatment for hearing and balance disorders, the current Medicare regulatory definition places audiologists in the “Other Diagnostic Procedures” benefit classification (Section 1861(s)(3) of the Social Security Act), which is limited to the exclusive diagnostic-only areas of hearing and balance health care. Audiologists are not designated as practitioners under Medicare regulations, as are other allied health professionals. 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, is challenging within these current restrictive regulatory confines. Legislation has been introduced, the Medicare Audiology Access Improvement Act (H.R. 6445/S. 2377), that would rectify this problem and we encourage the Congress to pass it as soon as practicable.

Under current program parameters, audiologists are not recognized for patient care management and thus do not fit well in any established (though voluntary) MIPS Value Pathways (MVPs), the alternatives offered by CMS to participation in traditional MIPS or advanced alternative payment models. This must be addressed in Medicare quality program reforms, as CMS has indicated plans to fully transition to MVPs and eventually to sunset the traditional MIPS program. This would mean that care providers, such as audiologists, would remain at a disadvantage in quality program participation.

Another example of MIPS program inadequacies is the CMS inclusion of audiologists under the Promoting Interoperability category effective January 1, 2024. Audiologists required to participate under the Promoting Interoperability category were not provided sufficient time to identify, implement, or fund an appropriate EHR system. Importantly, audiologists were not offered the financial and educational resources as were offered to physicians during the introduction and adoption of the Meaningful Use program. We respectfully request that Senators consider this lack of program parity for audiologists and other allied health professionals who are now subject to reporting under the Promoting Interoperability category.

CMS can support providers through initial investments of capital to establish the technological and care coordination equipment and processes essential to success in value-based care. Alternatively, a ramp up period in which providers can participate in upside-risk-only arrangements would encourage new providers to explore value-based care in a financially responsible way prior to transitioning to full-risk arrangements. Effective quality measurement programs going forward will feature an inherent fairness for all providers of services to Medicare beneficiaries and streamline measures across programs and settings to the extent possible. CMS cannot continue to focus on physicians at the exclusion and detriment of qualified clinical professionals such as audiologists.

We appreciate the Finance Committee's recognition that program structural and budgetary parameters mean that providers do not have a real opportunity to earn the maximum positive payment adjustment, but that program flaws mean providers can receive the maximum negative payment adjustment. We hope that changes can be made to mitigate this problem.

Thank you for your consideration of these comments. Please contact AQC Chair Deborah Carlson, PhD, at carrie@korrisgroup.com should you have any questions or require additional information.

Sincerely,



Deborah L. Carlson, PhD
AQC Chair