

Preparing for Payment Cuts: Navigating the MIPS Maze

Part I



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Objectives



Differentiate Fee-for-Service vs Value-Based healthcare payment models



Identify requirements for participation and reporting under the CMS Merit-based Incentive Payment System (MIPS)



Identify quality measures in the CMS MIPS designated measures set for audiology

AQC Groups and Designated Representatives

Currently Convened by American Academy of Audiology

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Purpose of AQC



Collaborate on the modification and/or development of audiology quality measures for use in the 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.



Respond to proposed rules and measure changes by CMS and other measure owners on behalf of the audiology community.



Educate audiologists regarding audiology quality measures and MIPS reporting requirements.

AQC website

<https://audiologyquality.org/>



Search this website

[Home](#) [About AQC](#) [Merit-Based Incentive Payment System \(MIPS\)](#) [MIPS Measures](#) [Reporting](#) [Adjustments/Appeals](#) [Resources](#)

Clinical Practice Improvement Activities

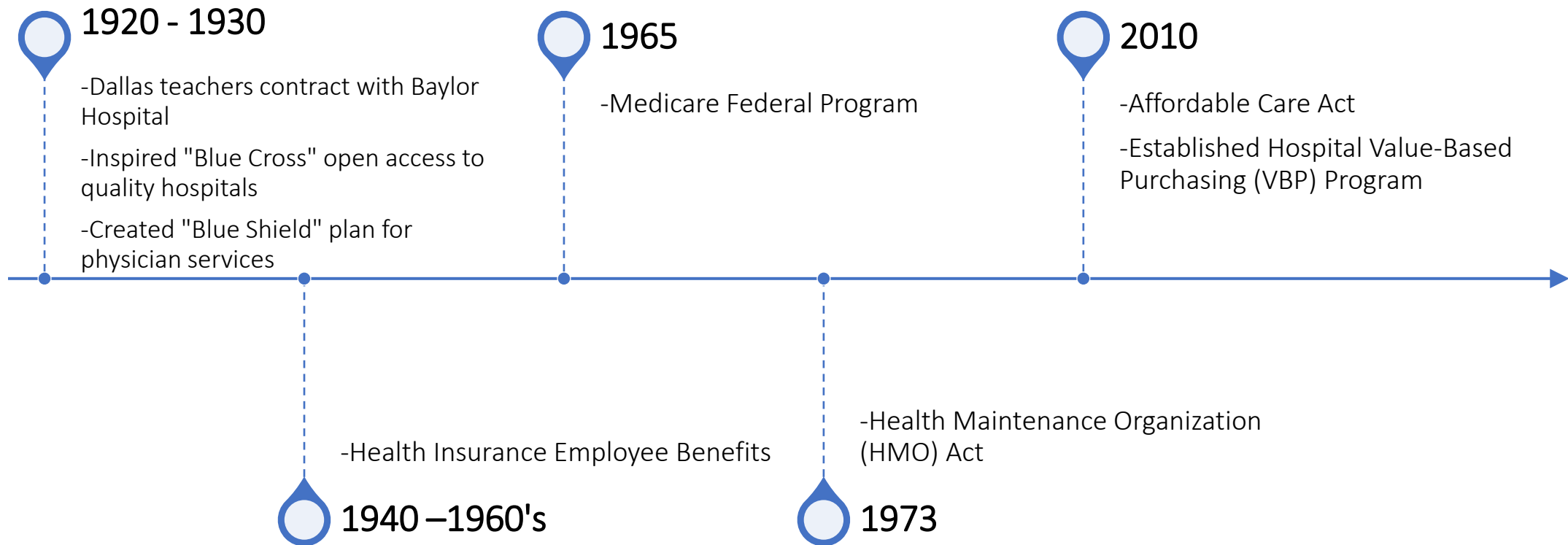
QUALITY



Quality Measures Audiologists Can Report On

- Acute or chronic dizziness
- Documentation and verification of current medications in the medical record
- Screening for clinical depression and follow-up plan

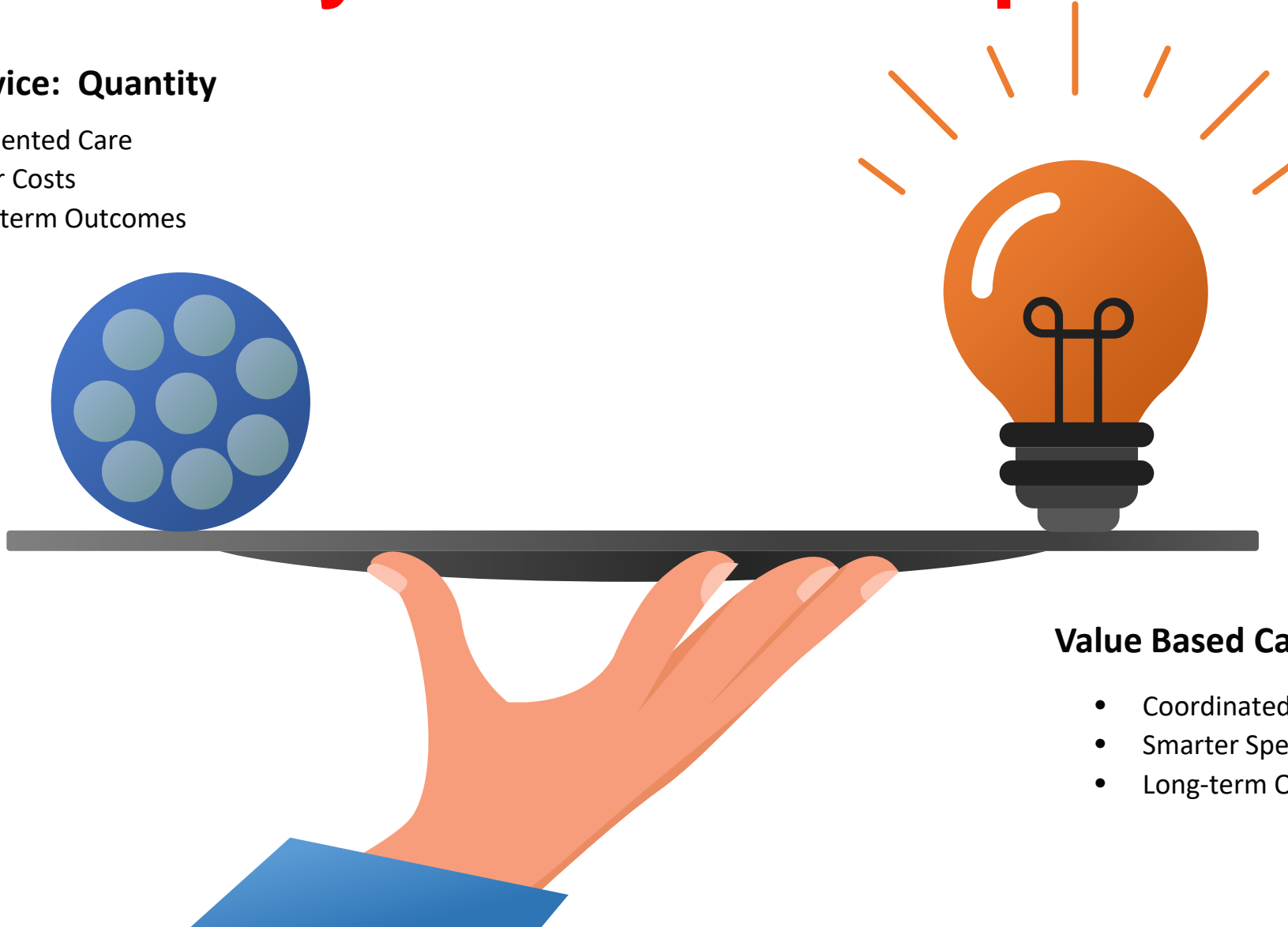
Evolution of Healthcare Coverage



Payment Landscape

Fee for Service: Quantity

- Fragmented Care
- Higher Costs
- Short-term Outcomes



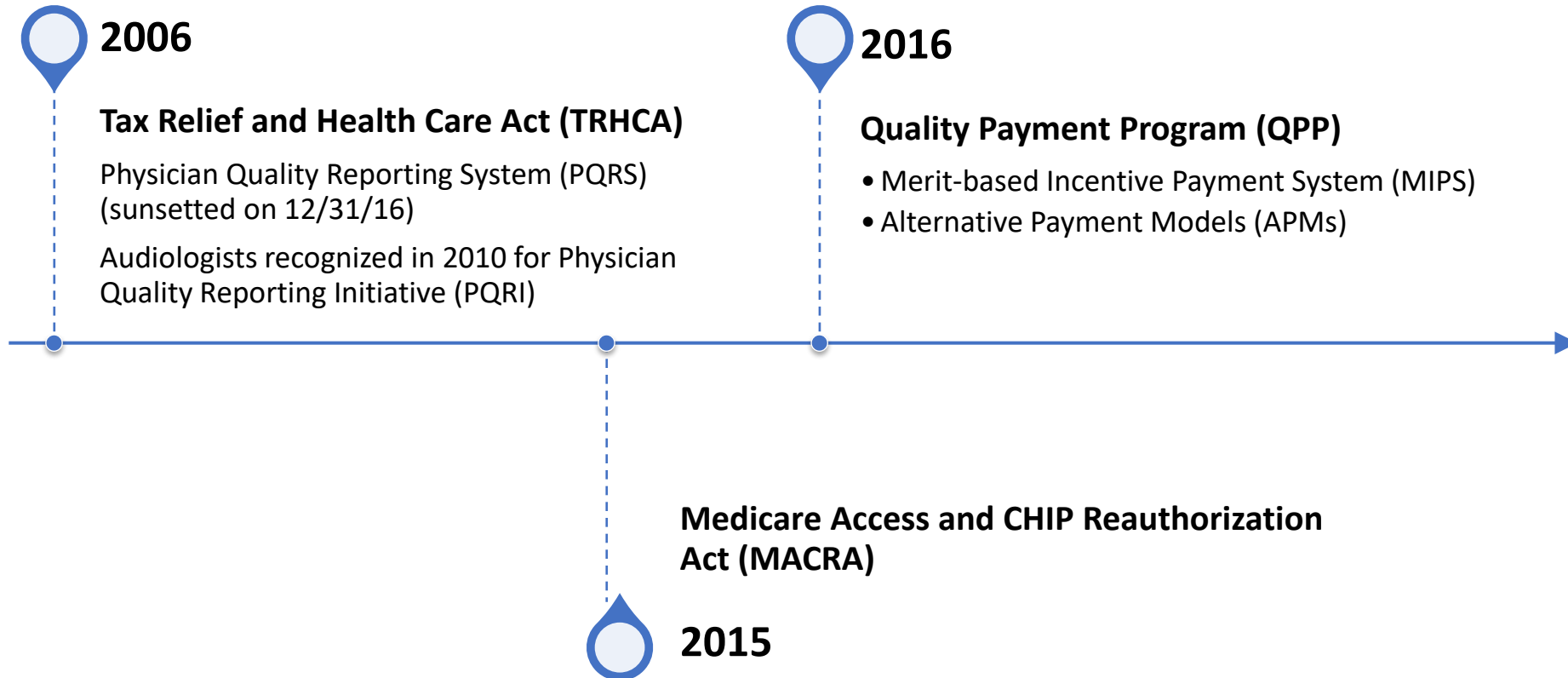
Value Based Care: Quality

- Coordinated Care
- Smarter Spending
- Long-term Outcomes

Payment Landscape

Feature	Fee-for-Service (FFS)	Value-Based Care (VBC)
Focus	Volume	Value
Care	Fragmented	Coordinated
Quality	Varies	Predictable
Goals	Revenue	Health
Effect on Patient	Higher costs	Holistic care
Effect on Provider	Administrative burdens	Infrastructure investments
Effect on Payer	Unpredictable costs	Cost efficiency

CMS Value Based Care Systems



Quality Payment Program (QPP)

April 2015: Passage of the Medicare Access and CHIP Reauthorization Act of 2015 (H.R. 2) – “MACRA”

- Further advanced the transition from a fee-for-service to a value system
- Replaced Physician Quality Reporting System (PQRS) (sunset in 2016)
- Program began for most providers January 2017
- Audiologists were unable to participate in QPP until January 2019

Merit-based Incentive Payment System

Merit-Based Incentive Payment System (MIPS) OR Alternative Payment Models (APM)

- Combining PQRS, merit-based programs and EHR requirements
- Measured on quality, resource use, clinical practice improvement, management of certified EHR technology
- Moving away from fee-for-service and to positive, negative or neutral adjustments in payment
- Moving toward low-cost, high quality patient care

Continue to perform the measures' requirements-**it's good patient care!**

Quality Payment Program

MIPS Categories:

Quality – Assesses quality of care you deliver

- Based on performance measures and quality portion of value modifiers
- 30% of final score

Improvement Activities – Measures improvement in care processes

- 15% of final score

Promoting Interoperability – Promotes patient engagement and electronic exchange of health information

- ***Effective January 2024*** (practices with <15 providers are exempt)
- 25% of final score -- **If exempt is re-weighted to Quality category**

Cost – Assesses cost of care you provide for part B claims

- Replaced value-based payment modifiers (*Audiologists exempt*)
- 30% of final score, but reweighted for audiologists

Reporting Requirements

Quality

At least 6 quality measures:

- ✓ One outcome measure
- ✓ One high priority measure if outcome measure not available
- ✓ Must be reported for at least 75% of denominator eligible individuals for 12 months

Improvement Activities

One of the following:

- ✓ Clinicians, groups, and virtual groups with the small practice, rural, non-patient facing, or health professional shortage area special status must attest to 1 activity.
- ✓ All other clinicians, groups, and virtual groups must attest to 2 activities.

Reporting Requirements (con't)

Promoting Interoperability

- ✓ Use EHR system that meets certification criteria set by the Office of the National Coordinator for Health Information Technology (ONC) - 2015 Cures update
- ✓ Submit collection data for each category for 180 continuous days
- ✓ Small practice exemption/reweighting
- ✓ View objectives/measures:
<https://qpp.cms.gov/mips/promoting-interoperability?py=2024>

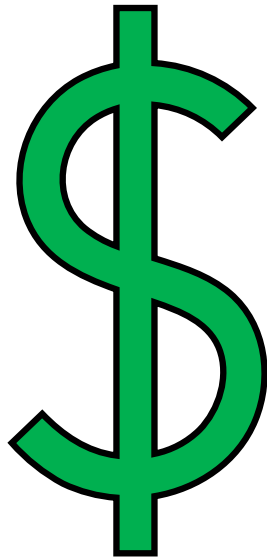
Cost

- ✓ N/A for audiologists

MIPS Eligibility Standards

Practice Setting

- Outpatient non-facility settings



Mandatory Reporters

Low Volume Thresholds

- Bill \$90k or more in allowed Medicare Part B charges
AND
- See 200 or more distinct Medicare Part B beneficiaries
AND
- Provide 200 or more covered Medicare Part B services

Reporting Schedule

APPENDICES

Quality Payment
PROGRAM

Appendix: 2024 Performance Year Timeline

The MIPS program has distinct phases that span several calendar years as shown below.



MIPS Payment Adjustment

2024 MIPS Score 0-100	2026 Payment Adjustment
<75 pts	Penalty 0 – 9% sliding scale
75 pts	Neutral - No Penalty
>75 pts	Bonus – sliding scale funded by payment penalties

- If mandated reporters fail to report successfully, up to a -9% payment adjustment

Exceptions for Mandatory Reporters

- **MIPS Extreme and Uncontrollable Circumstances (EUC) Exception**
 - Rare and outside of your control
 - Unable to collect data
 - Unable to submit data
 - Impact on normal processes
 - Request re-weighting for any or all performance categories
- **MIPS Promoting Interoperability Performance Category Hardship**
 - Decertified EHR technology
 - Insufficient internet connectivity
 - EUC disaster, practice closure, financial distress, vendor issues

MIPS Special Status

CMS Accommodations to boost final MIPS scores

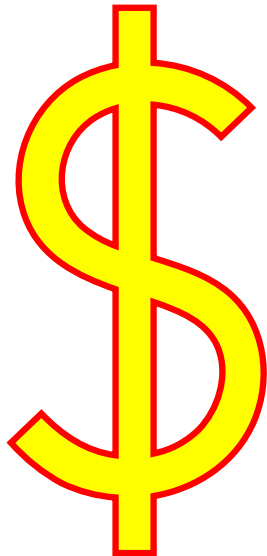
e.g. **Small practice:** ≤ 15 clinicians

- 2x points for each improvement activity within traditional MIPS
- 6 bonus points for each quality performance category when reporting at least one quality measure
- 3 points for quality measures that don't meet data completeness/case minimum requirements
- Automatic reweighting of promoting interoperability category to 0%. Weight will be redistributed to other performance categories


MIPS Voluntary Reporting and Opt-In

Practice Setting

- Outpatient non-facility settings



Voluntary Reporters

- **Meet 1 or 2 Low Volume Thresholds**
 - Opt-in reporting to earn possible + payment adjustment
 - Unlikely to receive max positive payment adjustment
 - May receive *negative* adjustment
-  **Meet Low Volume Thresholds**
 - Voluntarily report
 - Gain reporting experience
 - *No payment* adjustments

Eligibility

<https://qpp.cms.gov/participation-lookup>



Quality Payment
PROGRAM

[Give feedback about the Search experience](#)

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The Quality Payment Program

MIPS ▾

Merit-based Incentive Payment System

APMs ▾

Alternative Payment Models

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QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

NPI Number

1902894900

Check All Years >

Want to check eligibility for all clinicians in a practice at once? [View practice eligibility](#) in our signed in experience.

PY 2021

PY 2022

PY 2023

PY 2024

PY 2025

2025 Audiology Specialty Measures Set

- **Measure 130***: Documentation of Current Medications in the Medical Record
- **Measure 134***: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **Measure 155***: Falls: Plan of Care
- **Measure 181**: Elder Maltreatment Screen and Follow-Up Plan
- **Measure 182**: Functional Outcome Assessment

*original 2019 measures

2025 Audiology Specialty Measures Set

- **Measure 226***: Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **Measure 261***: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
- **Measure 317**: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **Measure 318**: Falls: Screening for Future Falls Risk

*original 2019 measures

2025 Audiology Specialty Measures Set

- **Measure 431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
- **Measure 487:** Screening for social drivers of health (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety)
- **Measure 498:** Community Service Provider: Percent of patients 18 years or older who screen positive for one or more health-related social needs



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Part II

March 18, 2025 7 PM ET



Questions? <https://audiologyquality.org/>

