

ASHA'S 2019 Audiology & Speech-Language Pathology MIPS Fact Sheet

Overview

The Merit-Based Incentive Payment System (MIPS) was enacted by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) [<https://go.cms.gov/2qAieMi>], and represents a transition from volume-based, fee-for-service payment to value-based reimbursement or at least value-modified reimbursement. The Centers for Medicare & Medicaid Services (CMS) have implemented key aspects of MACRA through the Quality Payment Program (QPP) [<https://go.cms.gov/2zzqEHM>].

MIPS was implemented for physicians with reporting requirements that stated in 2017 and is effective on January 1, 2019, to all additional Medicare-recognized health care professionals who bill under Medicare Part B in outpatient, non-facility settings including audiologists and speech-language pathologists (SLPs).¹

MIPS is budget neutral. Eligible professionals are benchmarked against peers in to up to four categories of performance.²

Overall payments for audiology and speech-language pathology services will remain stable under MIPS. However, payments will be distributed based on participants' performance score with high performing participants receiving a payment increase and low performing participants receiving a decrease.

Payment adjustments based on 2019 reporting will apply to 2021 payments, 2020 reporting will apply to 2022 payments, and so forth.

Audiologists and SLPs are eligible for MIPS reporting in 2019 as described in the **2019 Medicare Physician Fee Schedule Final Rule** [<http://bit.ly/2019MFS>]. However, exclusions—based on setting and the volume of Medicare patients seen and services provided—significantly limit the number of ASHA members who will be required to participate. It is anticipated that less than 1% of ASHA members (likely less than 100 total) will be required participants in MIPS for 2019.

Key Components & Details

Low-Volume Thresholds

The low-volume thresholds that exclude professionals from required participation in MIPS remain in place for 2019 as proposed.

Participation in MIPS is required only for Medicare enrolled providers in non-facility settings that meet **ALL** of the following criteria:

- \$90,000 or more allowed charges for Medicare outpatient professional services; and
- 200 or more distinct Medicare patients treated; and
- 200 procedures conducted with Medicare patients.

¹ Clinical social workers remain the only profession excluded because of a discrepancy between CMS approved quality measures and their CPT codes.

² Performance categories applicable to audiology and speech-language pathology are **Quality** and **Clinical Practice Improvement Activities**. The performance categories of **Resource Use** and **Promoting Interoperability** are weighted at 0% for 2019 for non-physician practitioners, including ASHA members.

*Members meeting only one or two of the criteria may opt-in to MIPS as optional participants to compete for the payment incentives including both positive and negative payment adjustments.
Members meeting none of the criteria may voluntarily report to gain experience.*

Members can use the **MIPS Eligibility NPI Look-up Tool** at: <https://qpp.cms.gov/participation-lookup>

Ramp-Up (Implementation) Details

Full compliance with reporting on all eligible claims is phased in across the year and with some flexibility regarding the number of claims that require reporting.

2021 Payment Adjustments

Positive MIPS Adjustment: Up to 7% positive adjustment based on 2019 reporting

Negative MIPS Adjustment: Up to 7% negative adjustment based on 2019 reporting

Members with a neutral performance score will receive no payment adjustment from the fee schedule.

(Budget Neutrality: The program redistributes payments based on their overall MIPS Score)

Categories Applicable to ASHA Members

- Quality: 85% of MIPS Score
- Clinical Practice Improvement Activities: 15% of MIPS Score

Non-physicians, including ASHA members, OTs, PTs, etc., are currently exempt from the Promoting Interoperability (Electronic Health Record Meaningful Use) and Resource Use (Cost) categories.

Quality Reporting Details

Most members eligible may report via claims. Additional web login and update as well as EHR and QCDR options available are unlikely to be used by ASHA members.

2019 Audiology Measures: (6 Available Measures)

- Medication Documentation (Measure # 130)
- Tobacco Cessation/ Screening (Measure # 226)
- Falls Risk Screening (Measure # 154)
- Falls Risk Plan (Measure # 155)
- Dizziness Referral (Measure # 261)
- Depression Screening (Measure # 134)

2019 Speech-Language Pathology Measures: (3 Available Measures)

- Medication Documentation (Measure # 130)
- Tobacco Cessation/ Screening (Measure # 226)
- Pain Assessment (Measure # 131)

Clinical Practice Improvement Activity (CPIA) Details

Members will be able to report approved activities they participate in via web-based report and attestation. There are more than 100 options potentially available and specific options will be available on ASHA's Quality Payment Program page [<http://bit.ly/MedicareQPP>].