**AQC Joint Announcement - MIPS and Healthmonix**

The Audiology Quality Consortium (AQC) (<https://audiologyquality.org>), comprised of 9 representative audiology organizations, has worked over the last year to create new, audiology-specific quality performance outcome measures that could be used in the Merit Based Incentive Payment System (MIPS). These measures represent additional options for reporting, a supplement to the nine extant measures available in the CMS designated MIPS measures set for audiology. CMS places great emphasis on outcomes measures, and data collection will help advance audiology as a profession by substantiating the quality and effectiveness of the services we provide to patients.

While reporting in 2021 is not required for the vast majority of audiologists, voluntary or opt-in reporting is currently available for audiologists who wish to track their quality performance, practice reporting, or want to formally opt-in to the program and report in an effort to earn a MIPS payment incentive. It is anticipated that the current low-volume threshold will change as early as 2022, resulting in more audiologists being considered mandatory participants in MIPS. The AQC wants you to be prepared and have the necessary tools to report measures successfully under MIPS.

Additional information and educational resources will follow in the coming weeks, with more details about the new quality measures (to be available as Qualified Clinical Data Registry (QCDR) measures).

In 2021, MIPS reporting is mandatory if audiologists meet **all** 3 of the following requirements:

1. $90,000 or more billed services to Medicare AND
2. Provided services to 200 or more Medicare beneficiaries AND
3. Provided 200 or more distinct procedures to Medicare beneficiaries.

It is recommended that you verify if you are a mandated reporter under MIPS by consulting the CMS 2021 provider eligibility look up tool ([Participation Lookup - QPP (cms.gov)](https://qpp.cms.gov/participation-lookup) using your individual National Provider Identifier (NPI). If you meet any of the three above requirements, you may voluntarily report in an effort to track your performance, however you will need to register via the Enterprise Identity Management System ( [CMS' Identity Management | CMS](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/EnterpriseIdentityManagement/EIDM-Overview)).

The reporting mechanism that is most widely used by audiologists for quality measures is claims-based reporting. Providers may also report through Electronic Health Record Systems (EHR), when available, and various registries, though these mechanisms are not typically used by audiologists.

Healthmonix ([www.healthmonix.com](http://www.healthmonix.com)), a company that has assisted in the development of quality reporting measures and mechanisms for a variety of health professions, provided technical support for the AQC’s development of the new audiology-specific measures. Healthmonix recently developed an Audiology Clinical Registry that combines the current MIPS measure set available for audiologists with the new outcome measures the AQC finalized for the profession.

Healthmonix offers several reporting options ([Audiology MIPS Reporting Pricing | Healthmonix Qualified Registry](https://healthmonix.com/audiology-pricing/)) with two levels of pricing based on whether you have Healthmonix submit your data to CMS or if you voluntarily report without submitting data. Testing of the audiology-specific measures will occur over the next few months. Watch for an announcement requesting volunteers for testing. It would be beneficial for practices interested in quality reporting to have the mechanisms and processes established prior to 2022.

More information is forthcoming. In the meantime, you may contact Healthmonix if you have an interest in the Healthmonix Audiology Clinical Registry. See: (<https://healthmonix.com/audiology/>).