September 12, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1832-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Medicare and Medicaid Programs; CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Administrator Oz,

The Audiology Quality Consortium (AQC) appreciates the opportunity to submit comments in response to the calendar year (CY) 2026 Medicare Physician Fee Schedule Proposed Rule.

The AQC is comprised of representatives from nine audiology organizations including the American Speech-Language-Hearing Association, the American Academy of Audiology, the Academy of Doctors of Audiology, the Academy of Rehabilitative Audiology, the Association of VA Audiologists, the Directors of Speech and Hearing Programs in State Health and Welfare Agencies, the Educational Audiology Association, the Military Audiology Association, and the National Hearing Conservation Association. Our mission includes:

- collaborating on the development of audiology quality measures for use in the Centers for Medicare & Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) and with other health care payers
- monitoring the status of audiology quality measures for reporting under MIPS and other health care payers
- responding to proposed rules and measure changes by CMS and other measure owners on behalf of the audiology community; and
- educating audiologists regarding audiology quality reporting and MIPS requirements.

Audiologists are critical members of interdisciplinary health care teams providing hearing and balance evaluation and treatment services across the lifespan and in a variety of health care settings. Audiologists have been eligible to participate in the Quality Payment Program (QPP) since 2019; however, participation is limited in both tracks of the QPP including advanced alternative payment models (AAPMs) the Merit-Based Incentive Payment System (MIPS). Despite their interest in quality improvement, few AAPMs invite audiologists to participate and the low volume threshold under MIPS excludes most audiologists from mandatory reporting. Those audiologists who do participate in the QPP

most often participate via the MIPS track. The AQC sees opportunities to improve the QPP to ensure it works for audiologists and their patients. As a result, they have a keen interest in ensuring the QPP recognizes the value of our members' services.

IV. Updates to the Quality Payment Program and Medicare Promoting Interoperability Program

Merit-Based Incentive Payment System (MIPS) Quality Performance Category
The AQC opposes the removal of following two existing quality measures for the 2026 performance (impacting 2028 payment adjustments),

- **#487: Screening for Social Drivers of Health:** Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.
- **#498: Connection to Community Service Provider:** Percent of patients 18 years or older who screen positive for one or more of the following health related social needs (HRSNs): food insecurity, housing instability, transportation needs, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least one of their HRSNs within 60 days after screening.

While these measures are not reflective of audiology clinical practice, the AQC recognizes the value of understanding the impact of social determinants of health (SDOH). We maintain that the systematic collection of detailed data on patient demographics and SDOH is essential for conducting accurate analyses of health care cost, access, and outcomes, thereby advancing the quality of care delivered to all Medicare beneficiaries. The identification, documentation, and strategic intervention regarding these factors are essential to accessible, high-quality, and cost-effective care. In alignment with CMS' stated objective to transition the vast majority of Medicare and Medicaid beneficiaries into accountable care relationships by 2030, it is imperative to preserve SDOH-related assessment items within the APM Performance Pathway (APP) Plus Quality Measure Set to ensure adequate access to care and the achievement of meaningful health outcomes.

The AQC Recommendation: Maintain reporting requirements associated with SDOH including the retention of Measures 487 and 498.

MIPS Value Pathways
The AQC acknowledges CMS' desire to transition from MIPS to MIPS Value Pathways (MVPs) by 2030. It proposes several new MVPs related to diagnostic radiology, interventional radiology, neuropsychology, pathology, podiatry, and vascular surgery in an effort to facilitate that transition. However, the current MVP structure does not allow for effective participation of many nonphysician qualified health providers, including audiologists.

Specifically, the current MVP framework requires reporting of cost measures but despite continued engagement by nonphysicians in technical expert panels (TEPs) tasked with

developing cost measures, cost measures do not exist for all clinical specialties. Given this limitation, the AQC reiterates its persistent requests that CMS wait to transition to MVPs until it introduces modifications or flexibilities that would enable nonphysicians to effectively participate in MVPs or ensure TEPs produce cost measures inclusive of nonphysician services.

Additionally, value-based models such as MVPs rarely reflect the clinical value nonphysicians such as audiologists bring to the interdisciplinary care team, and their overall engagement or inclusion in these models remains limited. Even when nonphysician qualified health professionals (QHPs) are included in these models, the incentive structure is often centered on the physician, which provides limited opportunities for nonphysician QHPs to earn bonus payments.

Well-Being

As the U.S. population ages and chronic disease burdens grow, strengthening social connections and psychological well-being—including purpose, optimism, and social support—offers a promising, evidence-based strategy to prevent disease and promote resilience in older adults.[i] Research suggests that quality of life in older adults depends not only on health status but also on social connections, which may be as equally valued as health status.[ii]

Communication disorders can sever these essential links from patients to their community and natural environment. These conditions vary in type, severity, and co-occurrence with other symptoms that limit mobility, vision, endurance, or cognition.[iii] Audiologists specialize in the prevention, screening, diagnosis, and treatment of communication disorders. Early access to hearing and communication services improves a patient's ability to share and receive essential health information and to maintain the social connections that are vital to their well-being as they age.

The AQC Recommendation: CMS should partner with stakeholders, including the AQC, to develop well-being measures, including communication and functional status measures, for future incorporation into MIPS.

Thank you in advance for your consideration of this feedback. If you have any questions, please contact Sarah Warren at swarren@asha.org.

Sincerely,

Academy of Doctor's 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

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[i] Kim, E. S., Tkatch, R., Martin, D., MacLeod, S., Sandy, L., & Yeh, C. (2021). Resilient aging: Psychological well-being and social well-being as targets for the promotion of healthy aging. *Gerontology and Geriatric Medicine, 7,* 1–11. https://doi.org/10.1177/23337214211002951

[ii] Farquhar, M. (1995). Elderly people's definitions of quality of life. *Social Science & Medicine, 41*(10), 1439–1446. https://doi.org/10.1016/0277-9536(95)00117-P

[iii] Yorkston, K. M., Bourgeois, M. S., & Baylor, C. R. (2010). Communication and aging. *Physical Medicine and Rehabilitation Clinics of North America, 21*(2), 309–319. https://doi.org/10.1016/j.pmr.2009.12.011