

News Release
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Seventeen National Health Groups Endorse Value-Based Care Bill

Value in Health Care Act Strengthens Medicare's Alternative Payment Models

WASHINGTON – In a new [letter](#), 17 of the nation's leading health stakeholder groups expressed their collective support for a bipartisan House bill introduced today that would solidify Medicare's move to value-based care. [The Value in Health Care Act](#) was reintroduced today by Reps. Darin LaHood (R-Ill.), Suzan DelBene (D-Wash.), Brad Wenstrup, D.P.M. (R-Ohio), Earl Blumenauer (D-Ore.), Larry Bucshon, M.D. (R-Ind.), and Kim Schrier, M.D. (D-Wash.).

The bill, called the [Value Act](#) for short, makes several improvements to CMS's value-based care programs, including:

- Provides a two-year extension of the 5 percent advanced alternative payment model (APMs) incentives created by the 2015 Medicare Access and CHIP Reauthorization Act (MACRA) that are scheduled to expire at the end of the year;
- Gives CMS the authority to adjust the thresholds to secure those incentive payments, allowing more opportunities to bring rural, underserved, primary care or specialty practices into APMs;
- Eliminates the artificial revenue-based distinction that disadvantages rural and safety net providers that are critical to improving access to care and improving health equity;
- Creates a more fair, more transparent process to set financial spending targets so that ACOs are not penalized for their own success;
- Establishes a voluntary track for ACOs to take on higher levels of risk;
- Provides technical assistance for clinicians new to APMs; and
- Studies ways to increase parity between APMs in traditional Medicare and Medicare Advantage so that both programs are attractive and sustainable options.

"A key aim of the bipartisan Medicare Access and CHIP Reauthorization Act (MACRA) was to speed the transition to patient-centered, value-based care by encouraging physicians and other clinicians to transition into APMs. While MACRA was a step in the right direction, the transition has been slower than anticipated and more needs to be done to drive long-term system transformations," the letter to Congress states. "The Value in Health Care Act helps maintain and further strengthen the movement towards high-quality care where financial performance is linked to the quality of patient care rather than the number of services delivered."

The letter was signed by Accountable for Health, American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Physicians, American Hospital Association, American Medical Association, America's Essential Hospitals, AMGA, America's Physician Groups, Association of American Medical Colleges, Federation of American Hospitals, Healthcare Leadership

Council, Health Care Transformation Task Force, Medical Group Management Association, National Association of ACOs, National Rural Health Association, and Premier, Inc. A one-page summary of the bill is available [online](#), along with a [section-by-section summary](#), and [full text](#) of the bill.

ACOs have generated over \$17 billion in gross savings for Medicare over the last decade and improved the quality of care for millions of patients. More than 13 million beneficiaries are cared for by an ACO today, making it far and away the largest APM in Medicare. More than 700,000 physicians and other non-physicians participate in Medicare ACOs.

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About NAACOS. The National Association of ACOs (NAACOS) represents more than 8 million beneficiary lives through Medicare's population health-focused payment and delivery models. NAACOS is a member-led and member-owned nonprofit of more than 400 ACOs in Medicare, Medicaid, and commercial insurance working on behalf of health systems and physician provider organizations across the nation to improve quality of care for patients and reduce health care cost.