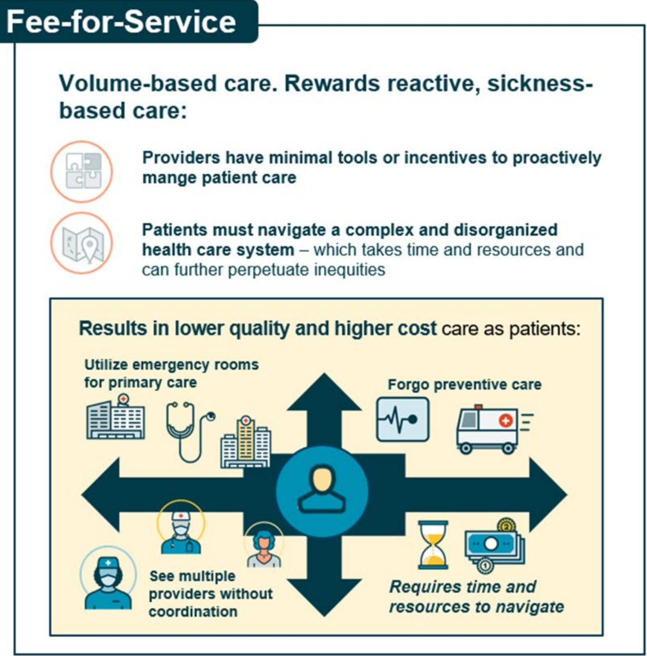
ALLIANCE FOR
VALUE-BASED
PATIENT CARE

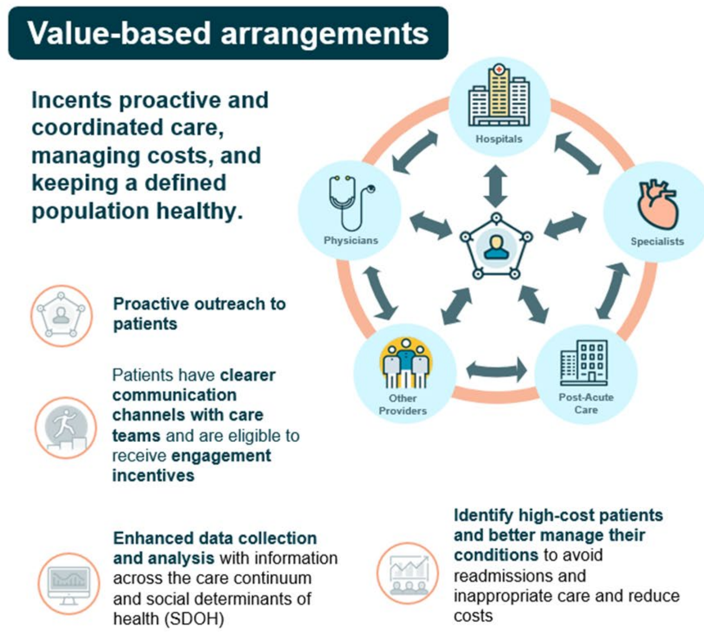
Support the Value in Health Care Act (H.R. 5013)

Rising health care costs coupled with labor shortages and an aging population underscore the need for innovation and continued movement towards value-based care. Medicare must move towards a system that supports quality and coordination of patient care rather than the number of services delivered. To innovate, physicians and other clinicians must invest in quality measurements and improvement, patient-centered care, and advanced technologies that facilitate knowledge sharing and coordination.

The Value in Health Care Act is a bipartisan bill introduced by **Reps. Darin LaHood (R-IL), Suzan DelBene (D-WA), Brad Wenstrup, D.P.M. (R-OH), Earl Blumenauer (D-OR), Larry Bucshon, M.D. (R-IN), and Kim Schrier, M.D. (D-WA)** that makes several important reforms to ensure that alternative payment models (APMs) continue to provide high-quality care for Medicare beneficiaries. A section-by-section is available.

What Is Value-Based Care?





- In the last decade, APMs have generated billions of dollars in savings for taxpayers all while maintaining high quality for patients.
- 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, more needs to be done to drive long-term system transformations.
- The Value in Health Care Act helps maintain and further strengthen the movement towards value where financial performance is linked to the quality of patient care rather than the number of services delivered.

The Alliance for Value-Based Patient Care urges lawmakers to cosponsor H.R. 5013

Value in Health Care Act Summary

- ✓ **Extends Value-Based Care Incentives for Advanced APMs.**
  - MACRA established 5 percent incentive payments for physicians and other clinicians who take on increased financial risk through participation in advanced APMs.
  - Congress passed a one-year 3.5 percent extension of MACRA's advanced APM incentive payment in the Consolidated Appropriations Act of 2023, which will expire at the end of 2023.
  - An extension of MACRA's original incentives is critical to help continue the steady progress towards value-based care.
    - H.R. 5013 provides a multi-year commitment to reforming care delivery by extending MACRA's original 5 percent advanced APM incentive payments for 2 years to continue to encourage the movement to value.
- ✓ **Modifies Qualifying Thresholds to Better Reflect Current Progress in APM Participation.**
  - MACRA established revenue/performance thresholds– known as Qualifying APM Participant (QP) thresholds– that APM participants must meet to qualify for incentive payments. These statutory levels, which increase over time, have proven unrealistic relative to the real-life experiences of clinicians.
  - Congress has previously adjusted the QP thresholds in 2020 and 2022.
    - H.R. 5013 ensures that qualifying thresholds remain attainable to promote program growth by freezing at 50 percent for two years and, long-term, giving CMS authority to adjust thresholds through rulemaking and set varying thresholds for more targeted models where participants (e.g., specialists) cannot meet the existing one-size-fits-all thresholds.
- ✓ **Ensures Participants Join and Remain in Existing APMs.**
  - Current and past APMs have allowed physicians and other clinicians to change care delivery and improve care coordination. It is essential to remove barriers to participation and give additional flexibility and tools to innovate care.
    - H.R. 5013 removes the revenue-based designation in the Medicare Shared Savings Program (MSSP) that penalizes certain ACOs, especially those including rural and safety net providers.
    - Establishes guardrails for CMS to ensure that the process to set financial benchmarks is transparent and appropriately accounts for regional variations in spending to prevent arbitrary winners and losers.
    - Directs CMS to establish a voluntary, full-risk track within programs like the MSSP and has HHS provide more technical assistance to new APM participants.
- ✓ **Evaluates Parity Between APM and Medicare Advantage (MA) Program Requirements.**
  - APMs and the MA program provide opportunities for physicians and other clinicians to innovate care and move payments away from fragmented care options to coordinated care that is rewarded for value. Policymakers must understand how the differences between the programs impact care delivery.
    - H.R. 5013 directs the Government Accountability Office (GAO) to evaluate the potential of parity between APMs and MA so policymakers can seek greater alignment between the programs to ensure that both models provide attractive, sustainable options for innovating care delivery, and to ensure that APMs do not face a competitive disadvantage.

Stakeholder Support

The Value in Health Care Act is supported by a broad range of stakeholders, including: 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, America's Physician Groups, AMGA, 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.

For more information, or to sign on as a cosponsor, contact: Austin Welter (austin.welter@mail.house.gov) with Rep. Darin LaHood or Abe Friedman (abe.friedman@mail.house.gov) with Rep. Suzan DelBene.