



2023 Congressional Priorities

Value-based payment reforms have a long history of bipartisan support which has generated over \$21 billion in gross savings for Medicare over the last decade and improved the quality of care for millions of patients. While the bipartisan Medicare Access and CHIP Reauthorization Act (MACRA) was a step in the right direction, more needs to be done to drive long-term system transformations. In February, NAACOS and other leading health care organizations [sent a letter](#) to Congressional leaders outlining recommendations to promote value-based patient care in Medicare.

- ✓ **Extend advanced alternative payment model (APM) incentives.**
 - MACRA established 5 percent incentive payments to encourage growth in risk based APMs.
 - The one-year 3.5 percent extension of these incentives will expire at the end of 2023.
 - Providing a multi-year extension of MACRA's original 5 percent advanced APM incentive payments will help sustain and grow the movement forwards accountable care.
 - An extension is also critical because beginning in 2024 incentives will favor the Merit-Based Incentive Payment System (MIPS) until the early 2030s.
- ✓ **Ensure APM qualifying thresholds remain attainable for clinicians.**
 - MACRA established 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.
 - Ensuring that qualifying thresholds remain attainable will help promote program growth.
 - CMS should also be given the authority to adjust thresholds through rulemaking and set varying thresholds for more targeted models where participants cannot meet the existing one-size-fits-all thresholds (e.g., specialists in bundled payment models).
- ✓ **Cosponsor Legislation to Continue Driving Innovation in Medicare.**
 - Support the Value in Health Care Act ([H.R. 5013](#)) and Senate version when introduced.
 - This bipartisan bill makes several important reforms to maintain and further strengthen MACRA's movement towards high-quality care in which financial performance is linked to the quality of patient care rather than the number of services delivered.
 - The bill extends APM incentives for two years, gives CMS flexibility to set APM qualifying thresholds, improves the Medicare Shared Savings Program, and seeks to study parity between Medicare Advantage and APMs.
- ✓ **Ask CMS to Pilot New Quality Requirements Before Implementation.**
 - CMS should first pilot eCQM and MIPS CQM reporting with a small number of ACOs representing varying sizes, types, and structures to solve the remaining implementation problems that exist with the current policy. Otherwise, some ACOs may choose to leave the program altogether because of increased burden and costs.