

# Congress Must Act to Sustain Medicare's Transition to Value-Based Care



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Priorities

Many providers choose to deliver value-based care to their patients. It supports better coordination, improved outcomes, and the flexibility to offer additional services patients need. It also provides more predictable, stable payments to address cash flow challenges. The results are clear—clinicians are providing better care, keeping patients healthier, and lowering costs. To build on this progress, continued support from policymakers is needed to strengthen these innovative programs.



## Continue to Incent APM Adoption

Medicare's advanced alternative payment model (AAPM) incentive payments encourage clinicians to join and remain in risk-based models and support enhanced services that are used to help improve patient outcomes.

- Congress should extend AAPM incentive payments to encourage continued adoption of value-based payment models; and
- Adjust qualifying thresholds so clinicians are not involuntarily forced back into the Merit-based Payment System (MIPS).



## Promote Sustainability of Current Models

Over the past 13 years, value-based care models like the Medicare Shared Savings Program (MSSP) have improved outcomes and lowered costs, while CMS Innovation Center models, such as Direct Contracting and ACO REACH, have tested new approaches to delivering care. To build on this progress, long-term sustainability of these models is essential.

- Congress can support providers in value-based care models by:
  - Extending ACO REACH and removing the Accountable Care Prospective Trend from MSSP;
  - Reducing regulatory burdens and improving quality reporting; and
  - Partnering with ACOs to curb fraud, waste, and abuse.

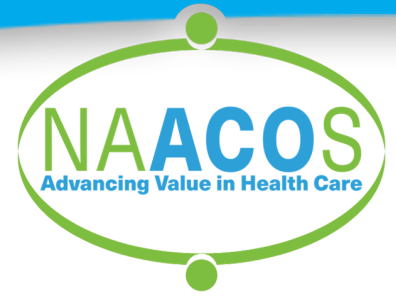


## Increase Multi-Payer Contracts

Congress should seek greater alignment between APMs and Medicare Advantage to ensure that both models provide attractive, sustainable options for innovative care delivery. They can

- Improve and streamline the prior authorization process
- Address coding issues while ensuring that changes do not harm home-based care providers in value-based care
- Improve APM/Medicare Advantage alignment and payment parity

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# Three Things Congress Can Do Now to Support Value-based Care

Eligibility to earn Medicare's Advanced Alternative Payment Model (AAPM) incentive payments **expired on December 31, 2024**. Failing to extend these incentives makes it harder for **500,000 clinicians** to continue providing innovative, value-based care to more than **13 million seniors**. This care lowers long-term health care costs for millions of seniors on Medicare. At the same time, qualifying thresholds also increased dramatically, making it more difficult for clinicians to earn exemptions from the Merit-based Incentive Payment System (MIPS). This adds reporting burdens and costs to practices already under financial strain.

1

Pass the **Preserving Patient Access to Accountable Care Act (H.R. 786/S. 1460)**, a bipartisan bill that extends the incentives and maintains reasonable qualifying thresholds, will allow accountable care to continue to keep seniors healthy.

2

Reduce burdensome and costly quality requirements by supporting the **Health Care Efficiency Through Flexibility Act (H.R. 483)**, which requires CMS to pilot-test reporting approaches and delay mandatory electronic clinical quality measure (eCQM) reporting until 2030.

3

Improve and streamline burdensome prior authorization process by supporting the **Improving Seniors' Timely Access to Care Act (S. 1816/ H.R. 3514)**.