

NAACOS Fall 2026

Advocacy Talking Points

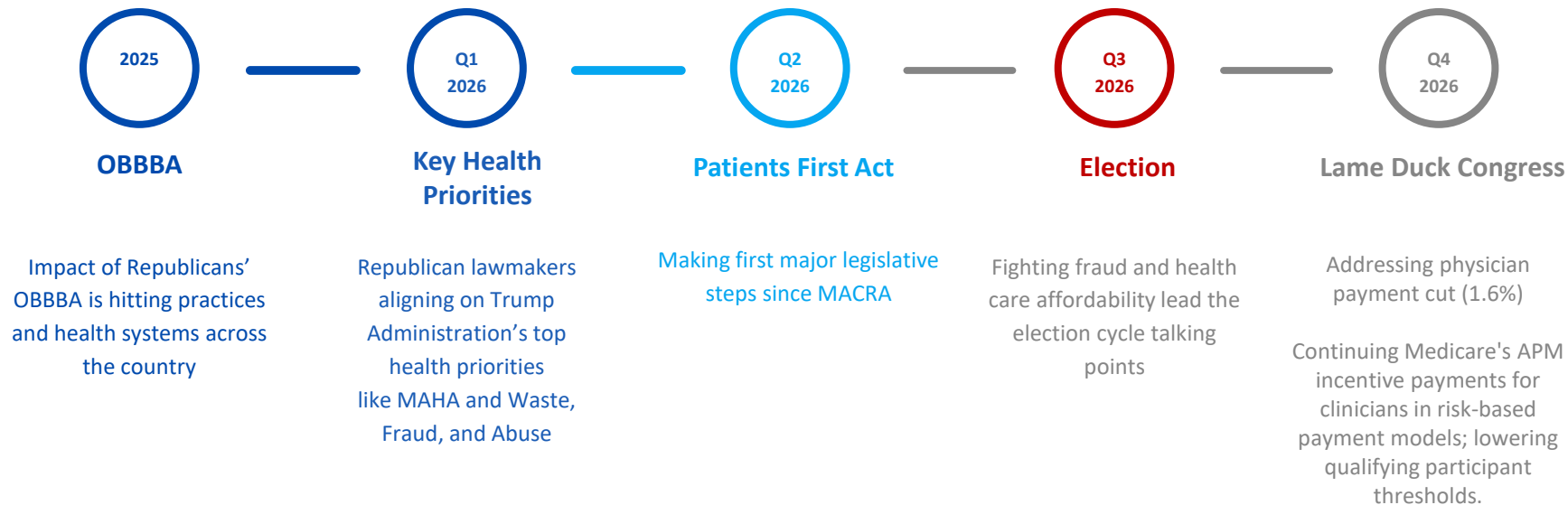
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2026 Hill Day



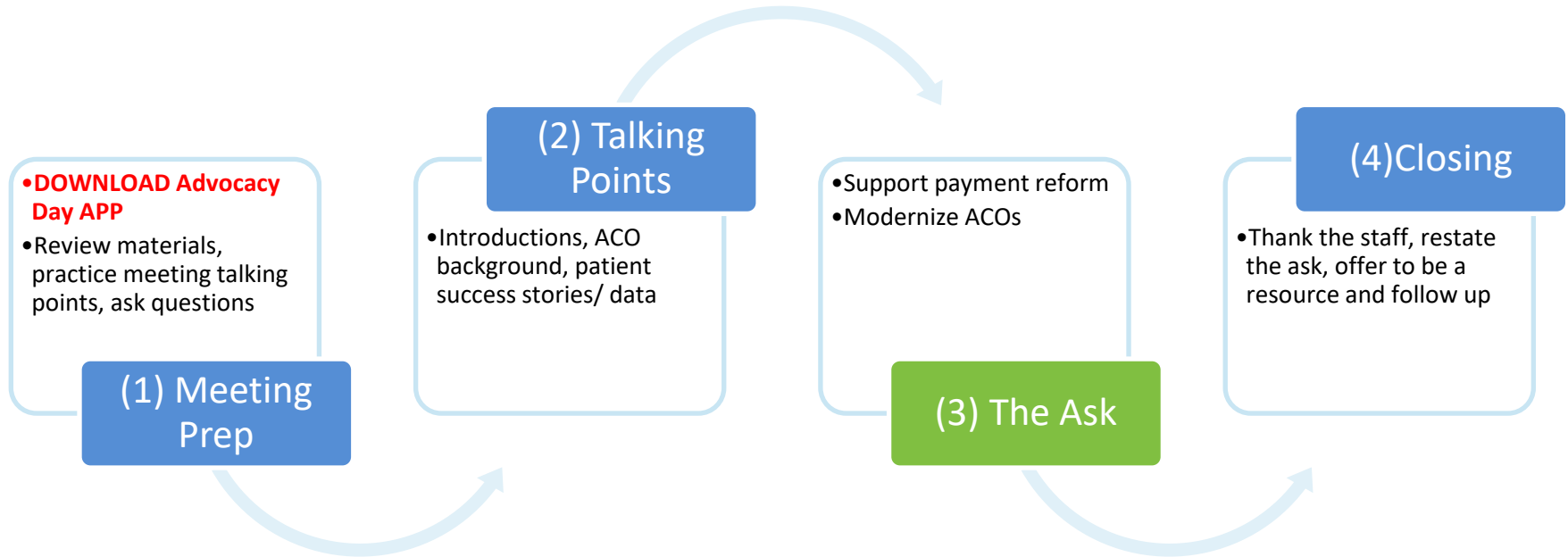
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Congressional Outlook



Elements of a Successful Hill Meeting

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Watch a video:

(Elements of a Hill Meeting) <https://www.youtube.com/watch?v=630HptVC7YQ&t=2s>

SNAPSHOT: 2026 Congressional Priorities



Payment Reform

- ✓ **Protect Accountable Care:**
 - Extend Advanced Alternative Payment Model (AAPM) incentives payments.
 - Stabilize qualifying thresholds.
 - Stop cuts to Medicare physician payments.
- ✓ **Modernize Physician Payment:**
 - Support long-term payment reforms that stabilize Medicare's payment system and promote adoption of accountable care models.

Modernize ACOs

- ✓ **Increase Sustainability:**
 - Improve benchmarks for special populations, address the benchmark ratchet effect, and strengthen fraud, waste, and abuse safeguards.
- ✓ **Reduce Burdens:**
 - Pilot test digital quality transition while maintaining current quality reporting options.
- ✓ **Embrace Innovation:**
 - Support greater use of primary care capitation, expand beneficiary assignment to include additional practitioners, strengthen specialist engagement, and advance the use of technology-enabled care.

Key 2026 Advocacy Themes

1. Accountable Care Is Working
2. Continue to Invest in Accountable Care
3. Stop Payment Cuts; Invest in Long-Term Reform
4. Modernize Accountable Care

Watch a video:

(Hill Day Priorities) <https://www.youtube.com/watch?v=L4W10X2X0FE>

Accountable Care Is Working



Congress Should: Continue investing and modernizing accountable care.

Examples: This is your opportunity to let your ACO shine!

- Talk about how your ACO uses shared savings or APM incentives to reinvest in patient care.
- Discuss annual shared savings or other metrics that show success.

Key Message: ACOs improve quality while generating significant Medicare savings.

- More than **half of traditional Medicare beneficiaries** now receive care through an accountable care arrangement.
- Medicare ACOs have generated more than **\$37.4 billion in gross savings**.
- Average savings per ACO beneficiary have grown from **\$77 to more than \$700** over the past decade.
- Coordinated care helps patients better manage chronic conditions and avoid unnecessary utilization.
- High-need beneficiaries benefit the most from accountable care.
- A senior with multiple chronic conditions can generate nearly **\$40,000 in Medicare savings** while reducing personal out-of-pocket costs by nearly **\$2,000**.
- Accountable care is driving a health care system focused on quality and outcomes rather than volume.

Overall, our goal here is simple: 1) educate and 2) advocate on the importance of investing in the transition to accountable care.

Invest in Accountable Care



Congress Should: Extend AAPM incentives payments, stabilize qualifying thresholds. and stop cuts to Medicare physician payments.

Examples: Be ready to share specific examples of how your practices benefit from APM incentives/ how they are reinvested in the ACO.

- Share examples of how payment cuts lead to increased uncertainty.

Background: MACRA included a 5 percent AAPM incentive payment to encourage participation in risk-based payment models.

- Congress has passed several modified extensions over the last 5 years.
- The most recent extension was a **3.1 percent incentive payment/ threshold freeze for 2026.**
- This one-year extension **expires at the end of 2026.**
- Physicians are also facing a nearly **1.6 percent payment reduction** in 2027.
- For the last five years, Congress has mitigated payment cuts by increasing the Medicare conversion factor.

Key Message: MACRA has successfully accelerated Medicare's transition to AAPMs.

- MACRA's incentive payments are reinvested directly into services that improve patient outcomes.
- Practices use incentives to support whole-person care through care coordination, chronic disease management, wellness and population health programs, transportation and meal assistance, workforce retention, and other essential services not directly reimbursed by Medicare.
- Since enactment, clinician participation in AAPMs has increased by more than **400%.**
- Nearly **45% of all health care payments** are now tied to value-based models with downside financial risk.

Why Invest in Accountable Care?



- You should also expect some questions from Congressional staff.
How long do you need the AAPM bonus? It's been over 10 years.
If the bonus goes away are practices just going to drop out?
- When NAACOS meets with Congressional offices, we highlight how Medicare's payment system is **misaligned and still favors fee-for-service**.
- We also highlight how **payment instability makes it difficult for practices to invest in accountable care**, which impacts patient access to enhanced services.
- This is a good segway into our other priority which is calling on Congress to enact long-term payment reforms that stabilize physician payment and ensure stronger financial incentives for clinicians in AAPMs.

Patients First Act



Congress Should: Pursue long-term Medicare payment reform.

Examples: Be prepared to share examples of how these different provisions will impact your practice or ACO.

Background: The Patients First Act (H.R. 9693) is a bipartisan Medicare payment reform framework proposed by the House Republican and Democratic Doctors Caucuses.

- The bill includes several NAACOS supported priorities, including:
 - ✓ Providing annual inflationary payment updates and adjustments to budget neutrality rules that lead to annual payment cuts.
 - ✓ It also retains higher payment updates for clinicians in risk-bearing APMs and provides longer-term stability for QP thresholds (**top priorities for NAACOS**)
 - ✓ It also requires notice and comment for CMMI model changes, which will provide more transparency for organizations making multi-year commitments to test new payment models.
 - ✓ Lastly, it includes a hybrid primary care payment for independent practices to increase investments in primary care and reduce the reliance on FFS.

Key Message: Medicare's physician payment system is broken. The Patients First Act includes **several reforms to establish a more sustainable physician payment system.**

- While the Patients First Act establishes a strong foundation for long-term physician payment reform, **we believe the bill could be improved.**
 - 1) Address the incentive gap. There is currently a stronger incentive to stay in MIPS until the early 2030s. This is one reason we are continuing to advocate for an extension of APM incentive payments.
 - 2) Ensure practices in ACOs are not excluded from the primary care bonus for independent practices. The bill as drafted has a very narrow definition that could **exclude nearly 80% of primary care practices.**
 - 3) Ensure clinicians in ACOs are not subject to **duplicative FFS quality reporting.**

Modernize Accountable Care



Congress Should: Work with CMS to modernize accountable care.

Examples: Highlight how ACOs fight fraud; the challenges ACOs have with eQMs; and the benefits of using hybrid or capitated payments.

Key Message: Investing in Medicare's transition to accountable care remains one of the most effective strategies for improving care coordination, enhancing quality, and generating long-term savings for Medicare.

- Congress and CMS have taken important steps in recent years to improve the sustainability and effectiveness of these payment models.
- Modernize Accountable Care by:
 1. Ensuring long-term sustainability for ACOs.
 2. Reducing administrative burden on ACOs.
 3. Embracing innovation in permanent payment models.

Increase Sustainability



Congress Should: Work with CMS to increase the sustainability of accountable care.

Examples: The mechanics of ACO benchmarks are often too complex for Congressional staff, so we recommend using more digestible examples and language.

- Highlight benchmark challenges and how ACOs cut down on fraud.

Key Message: ACOs need predictable financial benchmarks and payment structures that accurately reflect the populations they serve (e.g., high needs populations).

- ACOs should also not be penalized for past success (benchmark ratchet) or for fraudulent or wasteful spending outside of their control.
 - This is a great opportunity to highlight how ACOs are the front lines of identifying DME fraud or blowing the whistle for CMS on skin sub spending.
- The bottom line is that ACOs have been good stewards of Medicare resources and Congress and CMS should pursue policies that ensure ACOs are not penalized for success or spending outside of their control.
- CMS should also create a voluntary full-risk track for ACOs in MSSP.

Administrative Burden



Congress Should: Help reduce administrative burden on ACOs.

Examples: Use this opportunity to highlight any challenges your ACO has experienced with the transition to eCQMs.

Key Message: Quality measurement and reporting requirements must be streamlined so clinicians can focus more attention on caring for patients and less on compliance activities.

- The last few years NAACOS has been working with both Congress and CMS to advocate for policies to test new digital approaches to quality measurement while maintaining existing reporting options during the transition period.
- This year we were pleased to see CMS propose changes to quality reporting in the draft CY 2027 PFS.
- The House of Representatives also passed the **Health Care Efficiency Through Flexibility Act (H.R. 5347)**, which would require CMS pilot test digital quality.
- This is a great opportunity to **thank House offices for their support** and encourage the Senate to take up H.R. 5347 before the end of the year.

Embrace Innovation



Congress Should: Work with CMS to embrace innovation in permanent payment models (e.g., MSSP).

Examples: Be prepared to share examples or experiences your ACO has with these types of payment approaches via REACH or PC Flex.

Key Message: Innovate through prospective payments and primary care capitation to provide more stable and predictable funding for practices participating in accountable care.

- The House Doctors Caucuses—and other Members of Congress— have proposed different hybrid primary care payment models to begin transitioning away from standard fee-for-service.
- While all these proposals need refinement, these types of payment approaches help organizations invest in care management, workforce development, technology, and enhanced services for patients.
- Congress and CMS should also expand beneficiary assignment to include additional clinicians, strengthen specialist engagement, improve beneficiary engagement and alignment, and advance the use of technology-enabled care.

Background Information



NAACOS



The National Association of Accountable Care Organizations (NAACOS) is a member-led nonprofit representing value-based care entities in Medicare, Medicaid, and commercial insurance as they improve the quality of care while reducing costs.

484

ACO MEMBERS

10.6 M

BENEFICIARY LIVES IN
MEMBER ACOS

79%

OF ACOS ARE NAACOS
MEMBERS

137

PARTNER
ORGANIZATIONS



LEADERSHIP

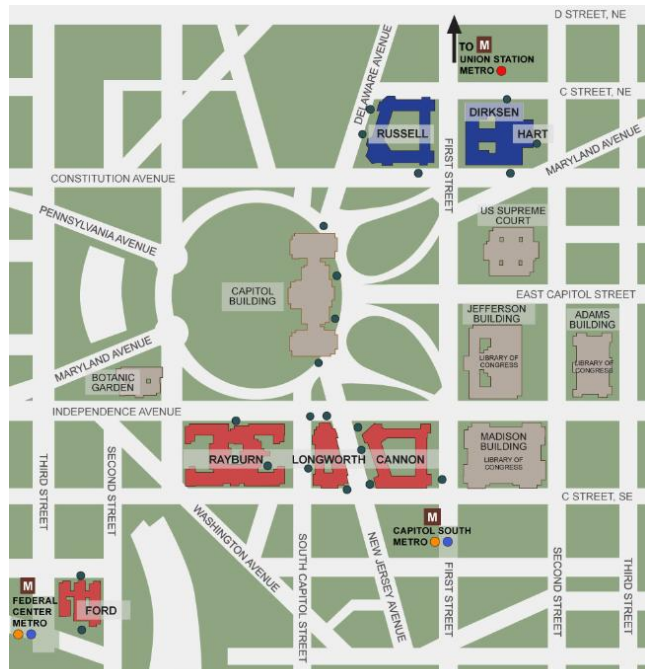


EDUCATION



ADVOCACY

Capitol Hill Map



 House office building (Rayburn, Longworth, Cannon, Ford)

 Senate office building (Russell, Dirksen, Hart)

 Building entrances

 Metro station

 Red line  Blue line  Orange line

Senate Meetings (Russell; Dirksen; or Hart)

- All Senate office buildings are connected
 - Hart and Dirksen on each floor; Russell & Dirksen via tunnel in basement

House Meetings (Rayburn; Longworth; Cannon)

- All HOB buildings connected via tunnels in basement

Security Screening

- Buildings are open to the public; visitors must pass through metal detectors & x-ray when entering buildings

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