



Congressional Priorities

A major pathway for improving access to health care and lowering costs is through advancing alternative payment models (APMs). Over the last two decades, APMs have demonstrated that when providers are accountable for costs and quality and provided flexibility from fee-for-service (FFS) constraints, they are able to generate savings for taxpayers and improve beneficiary care. This emphasis on outcomes allows physicians and other clinicians to improve care delivery and prioritize primary and preventive care, keep patients healthy, and coordinate care across the continuum.

Value-based payment reforms have a long history of bipartisan support and have generated over \$22 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, lawmakers must do more to continue driving long-term system transformations.

✓ Reform Medicare Physician Payments to Encourage Movement to Value

- Stabilizing Medicare's payment system to account for inflation and ensure payment adequacy is necessary to allow clinicians to invest in the infrastructure and staffing necessary to transition into value-based payment models. Going forward lawmakers need to:
 - **Develop a new payment system that accounts for inflation in payment updates.**
 - **Maintain stronger financial incentives for physicians that move into APMs.**
 - **Ensure that payment updates do not impact a clinician's ability to meet financial targets in APMs.**
 - **Reduce program complexity by ensuring that clinicians in APMs are not required to engage in duplicative quality reporting efforts.**
 - **Emphasize that the Merit-Based Incentive Payment System (MIPS) should prepare clinicians for and encourage adoption of APMs.**
 - **Ensure that promising aspects of innovative models have a more predictable pathway for being implemented and becoming permanent.**
- While updating Medicare's incentive structure will take time, in the short-term, lawmakers should cosponsor and support the **Value in Health Care Act ([H.R. 5013/S.3503](#))**.

✓ Require CMS to Pilot New Digital Quality Requirements Before Final Implementation

- Clinicians in APMs should not be required to make investments in new reporting approaches until the data and infrastructure required to report digital quality measures is widely adopted.
- CMS should first pilot test these new digital quality measures for a subset of APMs and ACOs to identify key challenges and unintended consequences that need to be resolved before moving forward on a program-wide basis.
- Congress and CMS should provide incentives to participate in pilot tests, such as exemptions from existing reporting requirements.