

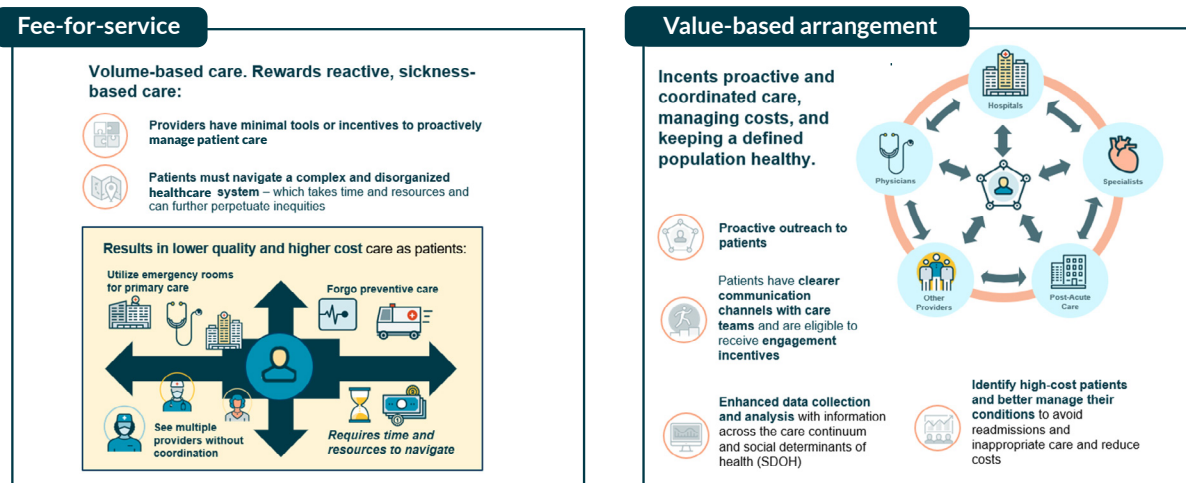
# Support the Value in Health Care Act (H.R. 5013/ S. 3503)

The U.S. healthcare system is increasingly facing the pressures of rising costs, coupled with labor shortages and an aging population that utilizes more healthcare for longer periods of time. **Value-based care is a key part** of the solution. Medicare must move toward this innovative system that supports quality and coordination of patient care rather than the number of services delivered. Physicians and other clinicians must also 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 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](#) summary is available.

- **House Sponsors:** 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).
- **Senate Sponsors:** Sheldon Whitehouse (D-RI), John Barrasso, M.D. (R-WY), Peter Welch (D-VT), Thom Tillis (R-NC), Bill Cassidy, M.D. (R-LA), John Thune (R-SD), and Marsha Blackburn (R-TN).

## What Is Value-Based Care?



- In the last decade, APMs have generated billions in savings for taxpayers, while maintaining high-quality patient care.
- 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 toward value.

## What Is the Value in Health Care Act?

### ✓ Extends Value-Based Care Incentives for Advanced APMs.

- MACRA established a 5% incentive for physicians and other clinicians who take on increased financial risk through participation in advanced APMs.
- Congress passed a one-year 3.5% extension of MACRA's advanced APM incentive in the Consolidated Appropriations Act of 2023, which expires at the end of 2023.
- An extension of MACRA's original incentive is critical to continue the steady progress toward value-based care.

- *The Value in Health Care Act provides a multi-year commitment to reforming care delivery by extending MACRA's original 5% advanced APM incentive for two 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 incentives. 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.
  - *The Value in Health Care Act ensures that qualifying thresholds remain attainable to promote program growth by freezing them at 50% for two years and giving the Centers for Medicare & Medicaid Services (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.
  - *The Value in Health Care Act 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 the U.S. Department of Health and Human Services 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.
  - *The Value in Health Care Act directs the Government Accountability Office 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](#) with Rep. Darin LaHood; [Abe Friedman](#) with Rep. Suzan DelBene; [Ally Crha](#) with Sen. Sheldon Whitehouse; or [Maddison Dillon](#) with Sen. John Barrasso.**