



# NAACOS Fall Hill Day Training



**Wednesday, September 13**

# Agenda

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- **Congressional Priorities**
- **NAACOS Advocacy**
- **Hill Day Logistics**
- **Materials**
- **Key Messages**
- **Meeting Basics: Elements of a Hill Meeting**
- **Staff Contact Information**

# Congressional Priorities



## What are Members of Congress working on in 2023?

- **Debt Ceiling Increase & Appropriations** – Lawmakers reached debt ceiling agreement but continued disagreement on spending priorities; makes CY 24 funding bills difficult to pass
- **Expiring Health Provisions**– SUD/ MH; pandemic prep; workforce
- **Health Costs**– Passing bills to increase price transparency; limit consolidation; site neutral; and reform PBMs
- **Medicare Payment & MACRA**– APM incentives expiration; physician fee schedule conversion factor & codes; evaluate incentives/payment adequacy; rural health challenges & disparities
- **Chronic Care Management**– Efforts to eliminate cost sharing for CCM
- **NP Assignment**– Allow non-physicians to drive assignment in MSSP ACOs
- **Medicaid Dual Eligibles**– Senate working group drafting legislation to address care overlap
- **Claims Data & All Payer**– Efforts to require commercial payers to share data w/ providers to enable better progress towards value; ongoing discussions about all payer claims data



# NAACOS Advocacy



# NAACOS Advocacy Goals



## Support VBC Progress

Media campaigns

- Multi-stakeholder campaign on the value of VBC
- Social media campaigns to spread positive messages about ACOs and VBC

## Promote Value Legislation

Grow congressional champions

- Value 101 Briefing for Congressional staff on April 27
- Reintroduction of Value Act
- Congressional oversight of benchmarks & eCQMs

## Prepare for broader reconsideration of MACRA incentives

Maintain focus on value and movement to APMs

- MACRA Hearing @ E&C
- Develop more stable long-term VBC financial incentives & flexibilities

# NAACOS' 2023 Congressional Priorities



**February.** NAACOS led 12 groups in [sending a letter](#) to Congressional leaders outlining recommendations to promote value-based patient care in Medicare.

**July.** NAACOS coordinated introduction of Value in Health Care Act and corresponding [endorsement letter](#).

APMs

Extend value-based care incentives and ensure that qualifying thresholds remain attainable for new and existing clinicians

ACOs

Remove barriers to participation, eliminate regulatory burdens and improve financial methodologies

Quality

Educate Congress about eCQM transition challenges and advocate for engagement with CMS re pilot and potential delay  
Advocate for beneficial long-term telehealth policy for ACOs

Multi-Payer

Consider parity between APMs and Medicare Advantage requirements and program flexibilities

CMMI

Educate lawmakers about benefits of ACO REACH  
Establish more predictability and stakeholder involvement in CMMI evaluation (including focus on equity & provider types)

APM Bonus  
Extension  
&  
Longer-Term  
MACRA  
Reforms

# Hill Day Logistics



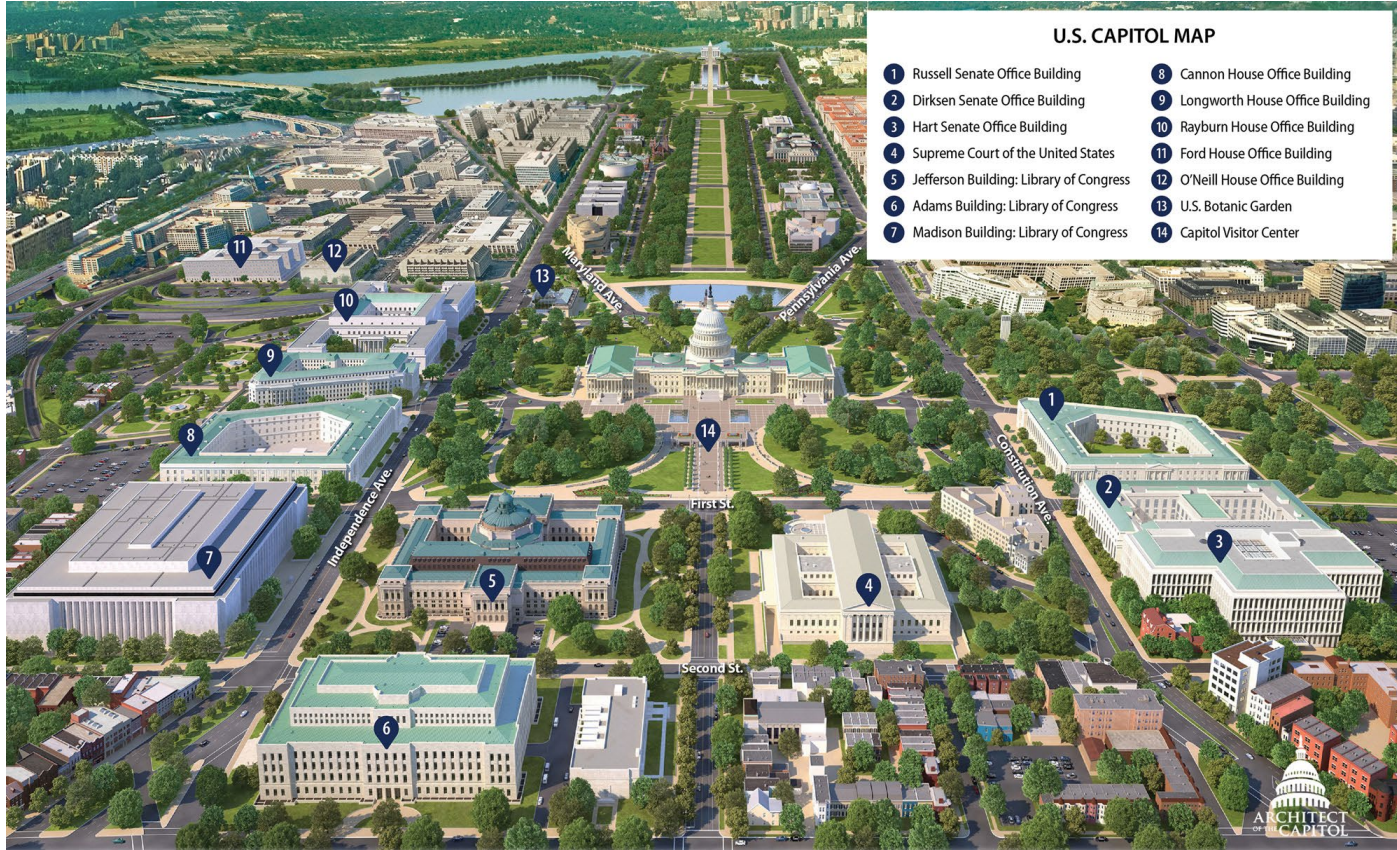
# Hill Day Logistics



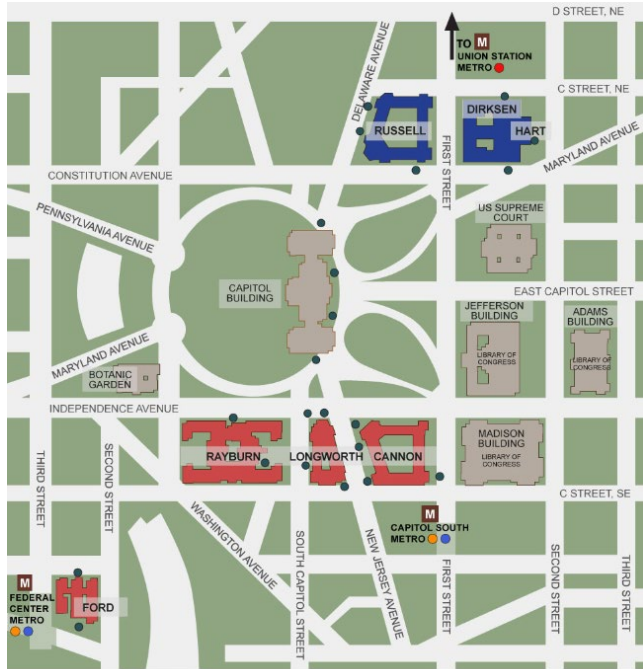
- **Hill Meetings.** NAACOS staff will be grouping ACOs/partners into regions and scheduling Hill meetings with key Congressional offices. The goal is for groups to have between 3-4 meetings throughout the day. Schedules will be available by early next week but there could be last minute changes or additions depending on the Congressional schedule.
- **Hill Meeting Times.** Meetings will be scheduled on **Wednesday, September 20 between 10AM-4PM.**
- **Materials.** Will be available online @ <https://www.naacos.com/2023-congressional-priorities>
- **Hill Day Pre-Meeting.** NAACOS staff will be holding a pre-Hill Day meeting on **Wednesday, September 20 @ 8:00 AM** in the Pentagon room at the Marriot Marquis. Coffee and light breakfast snacks will be available. Participants will be able to pick up materials, meet with NAACOS staff, and ask questions prior to departing to Capitol Hill via cab or Uber. If you are not able to join, please let us know and we can coordinate getting you folders with leave behind materials.
- **NAACOS Staff.** The NAACOS advocacy team (Robert Daley; Aisha Pittman; Alyssa Neuman; David Pittman; and Cybil Roehrenbeck) will be available during the Hill Day to help groups navigate Capitol Hill and join key meetings.
- **VIP Reception.** Following the Hill Day participants are invited to attend the conference **VIP reception @ 6:30 PM** at the Marriot Marquis (10<sup>th</sup> Floor Terrace).



# Capitol Hill Map



# Capitol Hill Map



## 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

# Hill Day Materials



# Folders & One Pagers



## 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.



## Schedule & Background Information

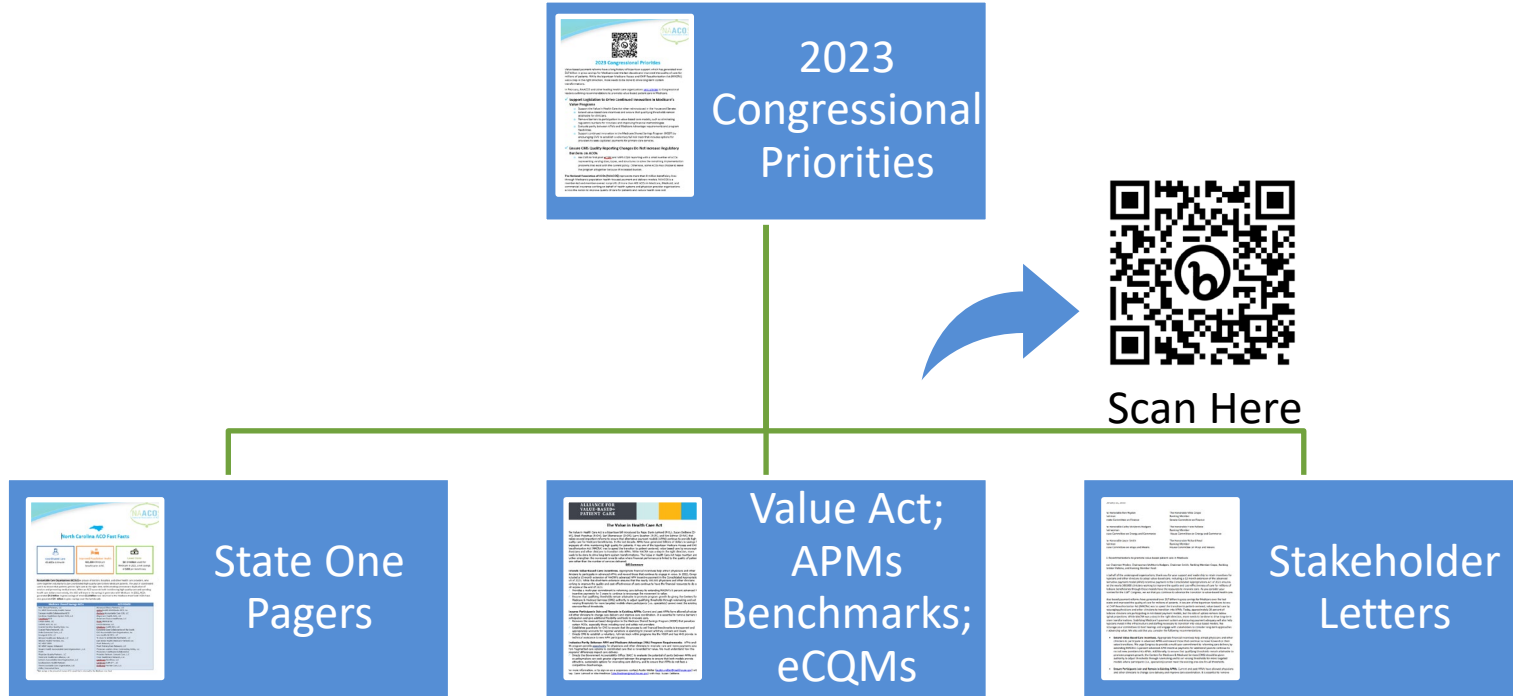


## 2023 Congressional Priorities



## QR Code for Online One-Pagers

# Materials & Talking Points

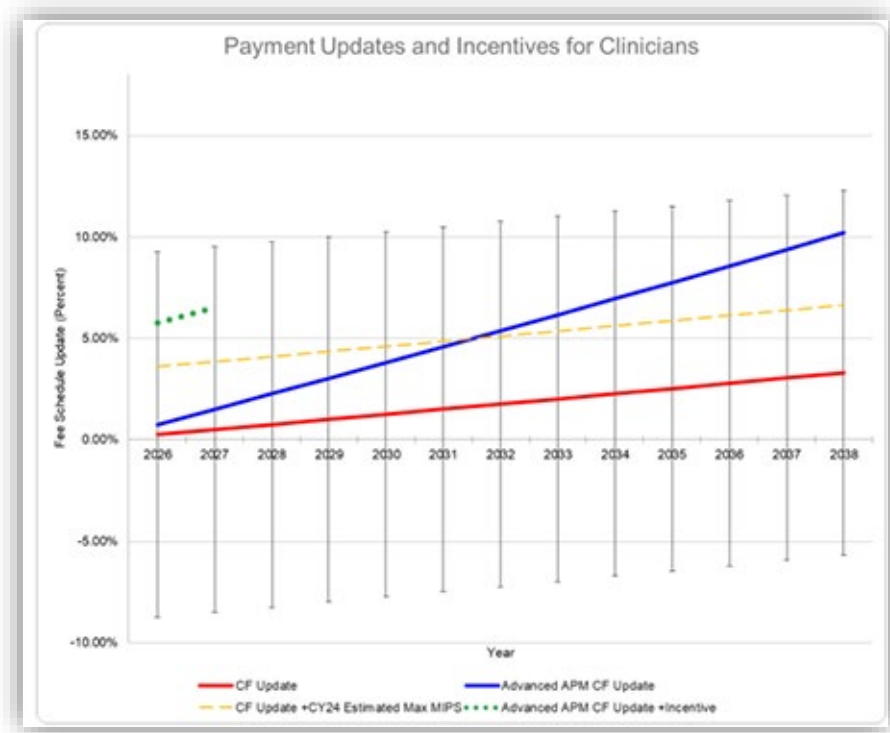


# Key Messages



# Key Message: APM Incentives

- ✓ Value-based care is improving patient care and successfully bending the cost curve in Medicare.
- ✓ Medicare's incentives favor the status quo over accountable care.
- ✓ With APM incentives set to expire, MACRA's incentives now favor fee-for-service until the early 2030s.
- ✓ Increasing QP thresholds will make it difficult for ACOs & clinicians to qualify for payment updates & bonuses
- ✓ Extending the advanced APM incentive payments would right-size the incentives and is a good investment.
- ✓ CMS should have the authority to adjust thresholds to encourage participation.



# Key Message: Value in Health Care Act



## MSSP Provisions

- ✓ Eliminates high low revenue distinction
- ✓ Establishes benchmark guardrails & requires CMS to report back to Congress
- ✓ Establishes optional full risk track in MSSP

## APM Provisions

- ✓ Two-year extension of APM incentives at original 5 percent
- ✓ Gives CMS more authority to set QP thresholds
- ✓ Provides more technical assistance for APMs
- ✓ Studies parity between APMs and MA

**Original Cosponsors:** Reps. Darin LaHood (R-IL); Suzan DelBene (D-WA); Brad Wenstrup (R-OH); Earl Blumenauer (D-OR); Larry Bucshon (R-IN); Kim Schrier (D-WA)

**Supporting Organizations:** 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, AMGA, America's Physician Groups, 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.



# Key Message: Digital Quality

**Congress must work with CMS to ensure CMS does not move forward with new quality requirements before testing with a pilot.**

- ✓ CMS must test reporting with a small number of ACOs representing varying sizes, types and structures to solve the remaining implementation problems that exist. Otherwise, some ACOs may choose to leave the program altogether.
- ✓ While CMS proposals in the Medicare Physician Fee Schedule (MPFS) rule would provide an interim solution to mitigate these concerns, this is a time limited and temporary fix and does not solve the underlying concerns in the long-term.
- ✓ CMS should delay the 2025 requirement to transition to eQMs or MIPS CQMs and first pilot these changes or make permanent solutions for the feasibility concerns ACOs have raised.

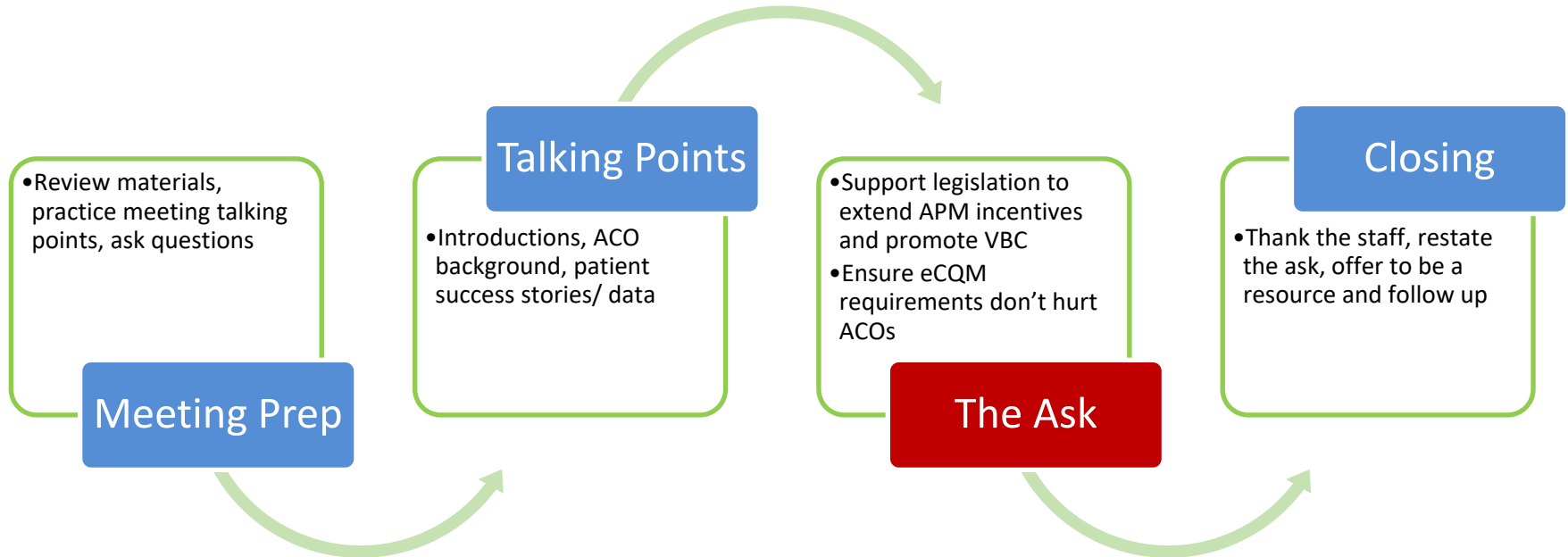


***In a 2022 poll of NAACOS members, 50% of respondents reported the work to transition to eQMs or MIPS CQMs for the first year of reporting would cost \$100,000 to \$499,000. And 16% reported a cost of \$500,000 to \$999,999 – this is money that could have funded free mammograms, or new care coordinators for the ACO.***

# Elements of a Hill Meeting



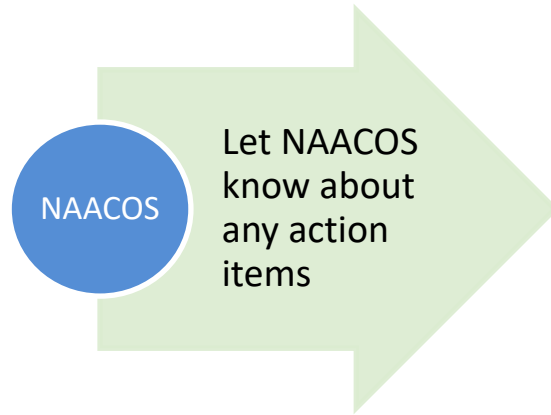
# Elements of a Hill Meeting



# Following Up & Post on Social



Following up and being a resource for Hill staff is just as important as the meetings themselves!



# ACOs on the Hill

# Questions?

## NAACOS Staff Contacts



**Aisha Pittman (202) 281-8802**

**Robert Daley (202) 897-8430**

**David Pittman (806) 224-9751**

**Alyssa Neumann (202) 247-8572**

**Cybil Roehrenbeck (202) 701-4261**