

Congress of the United States
Washington, DC 20515

September 21, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
H-232, U.S. Capitol Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, U.S. Capitol Building
Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy:

Thank you for your leadership in addressing the public health emergency caused by COVID-19. As discussions on the next phase of our response to the pandemic continue, value-based care providers remain on our frontlines of defense until we develop and disseminate a vaccine for COVID-19. Participants in value-based care models such as accountable care organizations (ACOs) and other alternative payment model (APM) participants have long used care coordination tools that have become even more important in the context of patient care during COVID-19.

We encourage the House to take action to ensure that value-based care organizations continue to provide these vital services by modifying the Qualifying APM Participant (QP) thresholds included in the Medicare Access and CHIP Reauthorization Act (MACRA). With overwhelming bipartisan support, Congress passed MACRA in 2015 to shift Medicare away from fee-for-service by providing incentives to health care providers for participating in risk-bearing or Advanced APMs. As a result of this effort, recent survey data shows over a third of health care spending is through value-based payments,^[1] but this transition is threatened because the law's thresholds for providers to qualify for incentives is set to increase to unrealistic levels in 2021.

It has become clear that COVID-19 will make it more challenging for many of these providers to meet the law's current thresholds due to shifts in care. According to data recently released by the Centers for Medicare & Medicaid Services (CMS), on average, providers missed even the current QP threshold (50 percent) and are nowhere near the heightened threshold (75 percent) required by statute in 2021.

It is critical for seniors that APMs continue in 2021 and beyond. Providers participating in APMs are conducting care coordination strategies that are needed now more than ever. Many seniors and vulnerable patients have been isolating themselves for months while they wait for a vaccine. ACOs and other APM providers are making sure their beneficiaries are accessing food and medications while they isolate. With a vaccine at least a year away, this is the exact kind of non-medical interventions our seniors will depend until a vaccine becomes available.

In the next COVID-19 response package we urge you to include a provision to address the QP cliff. The impending QP threshold jump in 2021 will derail the shift to value-based care right when seniors need it the most.

^[1] Health Care Payment Learning and Action Network (HCPLAN), "APM Measurement: Progress of Alternative Payment Models: 2019 Methodology and Results Report," (2019) at page 17, available at <http://hcp-lan.org/workproducts/apm-methodology-2019.pdf>.

Thank you for your consideration to this important matter and your commitment to the health and wellbeing of America's seniors

Sincerely,



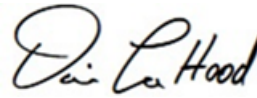
Suzan K. DelBene
Member of Congress



Roger Marshall, M.D.
Member of Congress



Peter Welch
Member of Congress



Darin LaHood
Member of Congress

//s//
Mike Kelly
Member of Congress

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Terri Sewell
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Judy Chu
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Markwayne Mullin
Member of Congress

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Ami Bera, M.D.
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Brian Fitzpatrick
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David Schweikert
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