

Congress of the United States
Washington, DC 20515

March 8, 2022

The Honorable Xavier Becerra
Secretary
United States Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Becerra:

We write to thank you for your commitment to advancing value-based care and to request that you incent more provider participation by rapidly adopting modifications to existing alternative payment models (APMs). We are writing to recommend regulatory actions that would complement our legislative efforts.

We appreciate the commitment to reducing costs, improving quality, and achieving value in our health care system that the Centers for Medicare and Medicaid Services (CMS) has articulated. Adoption of value-based payments has played a critical role in slowing health care spending while improving quality over the last decade.¹ Moving forward, we must continue to prioritize policies that incentivize responsible cost-savings and advance quality care for seniors, as intended by Congress. Achieving the goal of all Medicare beneficiaries and most Medicaid beneficiaries in a relationship with accountability for quality and total cost of care by 2030 will ensure that beneficiaries are receiving innovative, high quality care at a lower cost.

We agree that stakeholder engagement and feedback must be prioritized ahead of new model tests and we encourage CMS to take steps to increase participation in alternative payment models (APMs). The existing set of APMs offer opportunities for providers to engage in value-based care and have a proven record of generating savings while improving care for seniors; however, some program aspects hinder adoption. CMS should rapidly adopt policies that will improve participation in MSSP and other existing Innovation Center programs. The following suggestions can quickly be implemented by CMS and have already garnered bipartisan support in Congress:

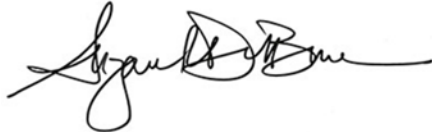
- Encourage participation in the MSSP by restoring the percent of shared savings beginner participants receive to at least 50 percent.
- Modify risk adjustment to be more realistic and better reflect factors participants encounter, like health and other risk variables in their communities.
- Remove the arbitrary high- and low-revenue ACO distinction so that all participants are on a level playing field. No ACO should be required to take on more risk than the nominal risk standard set by CMS.
- Establish fair and accurate benchmarks by modifying performance metrics so participants aren't competing against their own successes in providing better care.
- Address overlap in value-based care programs so that APMs within markets complement each other rather than cause confusion.

¹ Health Care Transformation Task Force, "Getting Warmer: Health Expenditure Trends and Health System Reform," March 31, 2021: <https://hcttf.org/nhe-getting-warmer/>

- Provide greater technical support to ACO participants to cover the significant startup costs associated with program participation.

Thank you again for your dedication to the movement to value-based care. We look forward to your response and to continue working together to modernize our health care system and improve the lives and beneficiaries.

Sincerely,



Suzan DelBene
Member of Congress



Markwayne Mullin
Member of Congress



Ami Bera, M.D.
Member of Congress



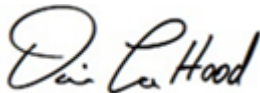
Mike Kelly
Member of Congress



Peter Welch
Member of Congress



Brad R. Wenstrup, D.P.M.
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Darin LaHood
Member of Congress

Nanette Diaz Barragán
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Michael C. Burgess, M.D.
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Judy Chu
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Jim Cooper
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Neal P. Dunn, M.D.
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Carol D. Miller
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