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*Welcome to "Washington Update," (formerly Healthcare on the Hill) APG's new weekly e-newsletter on the latest health care happenings affecting APG members in the nation's capital. Know someone who may enjoy receiving it? **Forward this email and have them [click here](#) to be added to the subscription list.** And remember to visit [APG's website](#) for more news and resources, or contact a member of APG's Washington, DC policy and communications team below.*

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#### **Congress Lines Up Priorities as Year-End Push Nears**

Federal lawmakers are crafting a two-part push to move a body of legislation that could broadly affect the U.S. health care system.

Congress is shaping a short-term continuing resolution (CR) that would fund the federal government over the next several months and past the Nov. 8 elections.

The package could include a handful of other provisions, or riders, reauthorizing the Food & Drug Administration user-fee agreements, and providing additional COVID funding as well as some rural hospital relief.

After the elections, Congress is expected to draft a broader omnibus CR that would include a range of late-year legislative items in a traditional “lame duck” session. That package is expected to include a number of APG priorities, such as a partial extension to the expiring 5 percent bonus for advanced alternative payment model participants; a moratorium on the 4.4 percent 2023 Physician Fee Schedule reductions; and a halt to the 4 percent cuts scheduled to go into place as part of the statutory pay-as-you-go (PAYGO) budgetary requirements. Other issues under consideration: A longer-term extension of the telehealth flexibilities now in place under the public health emergency and a halt to expected payment reductions for home health and ambulance providers.

Much is still fluid at this point. Complicating matters is that Congress is eyeing what could be a limited amount of money to offset some of the costlier Medicare provisions, a reality that might force some stakeholder groups to sign off on shorter-term fixes rather than longer ones.

Health care staffers on Capitol Hill have said that the new Congress in 2023 will probably tackle broader issues concerning Medicare payment with an emphasis on value-based payment. (For more, see the brief below). APG advocacy and policy staff will continue to educate and inform lawmakers on the importance of risk-and-value-based payment arrangements.

### **Lawmakers Seek Input on MACRA, Value-Based Care**

A handful of influential Democrats and Republicans in the House have asked APG and other stakeholder groups to weigh-in on options for stabilizing Medicare payment to providers and incentivizing the shift to value-based care.

Eight lawmakers, including five physicians, last week posted an [open request for information](#) on a handful of issues, including the effectiveness of MACRA; regulatory, statutory and implementation barriers that could impede the move to value based care and that should be addressed; ways to increase provider participation accountable entities; and recommendations to improve the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (AAPMs).

APG policy and advocacy staff will work with members to craft a detailed response to the Congressional RFI. Submissions are due Oct. 31, 2022.

### **APG to CMS: Here’s How to Speed the Move from Volume to Value**

APG this week lauded CMS’ ongoing push for value-based care arrangements, outlining a number of steps the agency should also consider as part of physician payment and shared savings. The recommendations were made as part of [APG’s comments](#) to Medicare’s proposed physician payment schedule for 2023.

APG shared its support for several CMS proposed policy changes to the Medicare Shared Savings Program (MSSP), including adjusting Accountable Care Organization (ACO) benchmarks to account for prior savings; expanding opportunities for low-revenue ACOs to share in savings; establishing a sliding

scale for determining shared savings and losses; and reducing the impact of the negative regional adjustment.

APG recommended that CMS continue to test alternatives for how it gauges an area's overall socioeconomic status in place of the Area Deprivation Index (ADI). APG also encouraged CMS to expand the types of ACOs that are eligible for Advance Investment Payments (AIP) so that they include those in the enhanced tracks or those with specific health equity initiatives underway. APG recommended that CMS update the historical benchmarks by incorporating a prospective, external growth rate factor with policies designed to protect against unintended negative consequences, and extend telehealth flexibilities past the COVID public health emergency.

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