Assessment should also consider how well APMs support the quadruple aim of improving outcomes, enhancing patient satisfaction, lowering costs, and improving physician satisfaction.

Evaluations should be used to improve the accuracy of individual performance metrics and make design improvements to increase a model's ability to effectively drive and capture quality or efficiency enhancements, as well as to recognize when it is time to sunset a particular program or model.

Medicare must have the flexibility to align existing and novel Innovation Center models quickly and with relative ease to ensure that they are implemented consistently and meet multiple specialties' needs.

The Innovation Center approach to new model development must also allow greater opportunities to learn and change along the way rather than having to be fully formulated, which takes a year or more, before implementation of the new model.

In addition to the bill highlights noted earlier in this letter, ACP supports provisions in H.R. 6545, the Physician Fee Schedule Update and Improvements Act that would extend incentive payments for participation in eligible advanced alternative payment models (APMs) through 2026. The bill includes a provision that would provide the Secretary of Health and Human Services (HHS) with flexibility for tiering bonuses. ACP supports extending incentive payments -based fee-for-service health care

system to one that is based on the value of health care delivered to the patient. Instead of having a tiered approach for bonuses, we recommend that Congress considers freezing the revenue threshold increase for five years to encourage more physicians to transition from feefor service into APMs and maintain financial viability for those already participating in such programs.

We urge the Senate to approve S. 3503/ H.R. 7623, the Value in Health Care Act of 2023. We are pleased that the bill provides a mul -year commitment to reforming care delivery by entives. It also gives the Centers for Medicare

& Medicaid Services (CMS) authority to adjust APM qualifying thresholds so that the current one-size-fits-all approach does not serve as a disincentive to including rural, underserved, primary care or specialty prac in APMs.

## Rethinking MIPS

The MIPS component of the Quality Payment Program is starting to demonstrate some forward progress for primary care physicians. CMS has been looking to evolve the MIPS program through a new structure entitled MIPS Value Pathways (MVPs). MVPs are intended to

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one million daims after three years. As a result of this overestimation for TCM services alone, Medicare physician payments were reduced by more than \$5.2 billion from 2013 to 2021.