

	Current Law	Senate Finance	House Ways & Means	House Energy & Commerce	H.R. 4015/S. 2000
Base Medicare Update	-24.1% in 2014. Future SGR cuts possible 2015 & beyond.	0% update 2014-2023. Up to 2% update 2024 & beyond.	0.5% update 2014-2016. 0% update 2017-2023. Up to 2% update 2024 & beyond.	0.5% update 2014 & beyond	0.5% update 2014-2018. 0% update 2019-2023. 2024 & beyond: 1.0% APM participants; 0.5% all others.
Quality Update Incentive Program (QUIP) (House Energy & Commerce)	N/A	N/A	N/A	1% bonus or -1% penalty in 2019 & beyond – based on performance in self-assigned peer cohorts.	N/A
PQRS	-2% in 2017 beyond	Penalties sunset in 2017.	Penalties sunset in 2017.	No change from current law.	Penalties sunset in 2018. PQRS measures used in MIPS.
EHR Meaningful Use (MU)	-3% in 2017 -4% in 2018 -5% in 2019 & beyond	Penalties sunset in 2017.	Penalties sunset in 2017.	No change from current law.	Penalties sunset in 2018. MU measures used in MIPS. Goal of interoperability by 2017.
Value Based Modifier (VBM)	-2% in 2017 & beyond for ALL physicians	Penalties sunset in 2017.	Penalties sunset in 2017.	No change from current law.	Penalties sunset in 2018. Sec. may apply VBM to physicians “as appropriate” (not all).
Merit-based Incentive Payment System (MIPS) (H.R. 4015/S. 2000) Value-Based Program (VBP) (Senate Finance & House Ways & Means)	N/A	VBP Bonus or penalty up to 4% 2017 6% 2018 8% 2019 10% 2020 12% 2021 & beyond	VBP Bonus or penalty up to 4% 2017 6% 2018 8% 2019 10% 2020 12% 2021 & beyond	N/A	MIPS Bonus or penalty up to 4% 2018 5% 2019 7% 2020 9% 2021 & beyond More flexible than separate programs in current law.
Alternative Payment Models (APMs)	2-sided risk not required.	5% bonus payment 2017-2022 based on successful participation. 2-sided risk required, except for medical home.	5% bonus payment 2017-2022 based on successful participation. 2-sided risk required, except for medical home.	2-sided risk not required. Pathway developed for establishment of new APMs.	5% bonus payment 2018-2023 for successful participation. 2-sided risk required, except medical homes. Panel reviews physician-proposed APMs. \$40 million per year (2015-2019) in technical assistance for small practices.
Measure Development	\$0	\$15 million a year 2014-2018; \$75 million total.	\$15 million a year 2014-2018; \$75 million total.	\$0	\$15 million a year 2014-2018; \$75 million total. Excess available through FY 2021.
Appropriate Use (AU) Criteria	Many physician specialty organizations are engaged in development of relevant AU use criteria.	Consultation of physician developed/endorsed AU criteria required for certain imaging services. “Outliers” subject to prior authorization.	Consultation of physician developed/endorsed AU criteria required for certain imaging services. “Outliers” subject to prior authorization.	QUIP program encourages physician development of AU criteria.	Consultation of physician developed/endorsed AU criteria required for certain imaging services. “Outliers” subject to prior authorization (up to 5% of professionals, with 2 years of data).
Physician Data Access	Data provided by CMS through physician feedback program. No requirements on timeliness.	Expands scope of information CMS provides through physician feedback program. No requirements on timeliness.	Expands scope of information CMS provides through physician feedback program. No requirements on timeliness.	CMS-required quarterly feedback reporting at individual physician level.	CMS-required quarterly feedback reporting at individual physician level.
Physician Claims Data	Physician claims data released via FOIA on case-by-case basis.	Physician claims data released to public.	Physician claims data released to public.	Physician claims data NOT publicly released.	Physician claims data released to public.
Standard of Care Protection Act	No protections.	No protections.	Included.	Included.	Included.