**Hill Day Cheat Sheet**

**Medicare Physician Practice Payment Reform**

* Since 2020, an ACR-led coalition of organizations representing over one million physician and non-physician providers lobbied Congress to provide short and long-term relief for the Medicare Physician Fee Schedule (MPFS) to mitigate significant payment reductions resulting from the statutorily required application of budget neutrality.
* Most recently, Congress added an additional 2.93% to the Medicare Physician Fee Schedule (MPFS) conversion factor (CF) which expired at the end of 2024. Congress has not intervened for 2025 and as a result, the current MPFS CF is roughly 2.83% below the 2024 CF.
* As one of the only fee schedules without a built-in inflationary update, MPFS payment rates struggle to keep pace with the true cost of maintaining a practice. The addition of a Medicare Economic Index (MEI) based inflationary update to the MPFS will help provide long term financial stability to Medicare providers thereby helping ensure Medicare beneficiaries get the care they deserve.

**Requests**

* Congress needs to take initial steps now to address the broken Medicare physician practice payment system by adding an annual payment adjustment based on the Medicare Economic Index (MEI) and reform the budget neutrality requirements which have caused significant problems for the Medicare physician payment system.
* Consider using the savings associated with the ROOT Act to offset the cost of permanent Medicare physician practice payment reform.

 **Radiology Outpatient Ordering Transmission (ROOT) Act**

* As part of the Protecting Access to Medicare Act of 2014 (PAMA), Congress established the consultation of physician-developed appropriate use criteria (AUC) by providers ordering advanced diagnostic imaging exams.
* Implementation of the PAMA AUC program is designed to:
* Provide the patient with the appropriate exam the first time
* Curb patient exposure to unnecessary radiation
* Reduce Medicare spending on low-value imaging
* Promote the movement towards value-based imaging care and physician-developed guidelines
* While CMS reinforced the benefits of the program, it has indefinitely “paused” implementation of the AUC program due to certain claims processing challenges.
* Legislation to remove the claims processing requirement and replace it with an ordering provider’s attestation of “conferring/reviewing” qualified AUC has been introduced in the Senate by Sen. Marsha Blackburn (R-TN) and needs to be passed by Congress to move the program forward. Ordering data would be collected and subject to an annual, retrospective review and audit by CMS.
* The significant savings associated with enacting and implementing the ROOT Act could be used to partially offset the cost of Medicare physician practice payment reform.
* The ROOT Act will ensure that CMS implements the AUC program without further delay and in a manner that is least burdensome to providers. Absent this legislation, the benefits of the AUC program, including reducing “low-value” advanced imaging exams, will go unrealized.

**Requests**

* Senate: Please cosponsor the Radiology Outpatient Ordering Transmission (ROOT) Act and include the ROOT Act in the next healthcare-related package considered by Congress.
* House: Please introduce companion legislation to the Senate’s Radiology Outpatient Ordering Transmission (ROOT) Act and include the ROOT Act in the next healthcare-related package considered by Congress.