

# MEDICARE PHYSICIAN PAYMENT PRIORITIES

## PHYSICIAN PAYMENT STABILITY WILL HELP ADDRESS THE ENDOCRINOLOGIST SHORTAGE:

- Data shows that 78.5% of counties in the United States have no practicing endocrinologists
- Patients are forced to travel long distances and endure significant wait times to see an endocrinologist
- Rural and underserved areas suffer the least access alongside higher needs

### STAGNANT GROWTH FOR ENDOCRINOLOGISTS:

- Physicians have endured over 30 years of stagnant Medicare reimbursement rates that didn't account for inflation
- The current conversion factor for physician payments in the Medicare Physician Fee Schedule is only \$2.00 higher than it was in 1992
- The continued negative payment adjustments significantly influence the reimbursement of endocrinologists and their practices

#### **PHYSICIAN PAYMENT PRIORITIES:**

The Endocrine Society requests your support for comprehensive Medicare Physician Payment reform.

- Without Congressional action, Medicare reimbursement will be cut by 2.8% across the board on January 1, 2025
- The current statute does not provide any updates to the conversion factor, which has contributed to the continued downward pressure on Medicare physician payment
- We urge Congress to avert the 2.8% cut to the Medicare conversion factor

#### **INFLATIONARY UPDATE TIED TO MEI:**

- Physicians do not receive any annual inflationary update in the Medicare Physician Fee Schedule (MPFS), which has resulted in stagnant increases in physician reimbursement for decades
- The MPFS is the only Medicare payment system without such an update
- CMS has described the Medicare Economic Index (MEI) as the best measure available to ensure adequate physician reimbursement
- We urge Congress to pass legislation providing an annual inflationary update tied to the MEI to provide long-term stability for physicians and their patients

## IMPROVE ACCURACY OF VALUES IN PHYSICIAN FEE SCHEDULE:

- Endocrinologists bill evaluation and management (E/M) codes, which represent office visits to evaluate or manage a patient's health
- These codes continue to be misvalued and do not reflect the complex care endocrinologists deliver to patients.
  This misevaluation is contributing to shortages in the endocrinology specialty
- We urge congress to pass the bipartisan Pay PCPs Act, which includes a provision to establish a technical advisory committee (TAC) to define and value E/M and other non-procedural services more regularly

