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2019 Issue Brief Promoting Access to Care for the Chronically Ill

Issue

Chronic Care Management (CCM) is a critical part of coordinated care, and as a result, Medicare began reimbursing providers for CCM under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for non-face-to-face care management.

Providers and care managers have discovered several positive outcomes for CCM beneficiaries, including improved patient satisfaction and adherence to recommended therapies, improved clinician efficiency, and decreased hospitalizations and emergency department visits.

However, current guidelines from the U.S. Preventive Services Task Force do not classify CCM as a preventive service. Because of this, the Centers for Medicare & Medicaid Services (CMS) requires that beneficiaries pay a 20% co-insurance for the service. As a result, only 684,000 patients out of 35 million Medicare beneficiaries with two or more chronic conditions benefitted from CCM services over the first two years of the payment policy.

AMGA asks Congress to:

Congress should mandate that CMS waive the current CCM code co-insurance for beneficiaries to ensure appropriate use of CCM services as well as maximum access for patients.