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2020 Issue Brief Promoting Access to Care for the Chronically Ill

Issue

A recent study estimates that nearly 150 million Americans are living with at least one chronic condition and around 100 million of them have more than one.¹ Chronic Care Management (CCM) is a critical part of coordinated care, and as a result, Medicare began reimbursing physicians for CCM under a separate billing 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% coinsurance for the service. Since AMGA members have long been providing these services without cost, it is difficult at best to begin charging beneficiaries for these services. As a result, only 684,000 patients out of 35 million beneficiaries eligible to receive CCM services were able to have Medicare cover this care management benefit over the first two years of the payment policy. To avoid underutilization of this important service, CCM should be considered a preventive service, and should not have a coinsurance requirement.

In June 2019, legislation waiving Medicare's CCM code coinsurance requirement, the *Chronic Care Management Improvement Act* ([H.R. 3436](#)), was approved by the House Ways and Means Committee. Rep. Suzan DelBene (D-WA) crafted this legislation at AMGA's request and several Senators have expressed interest in championing this issue as well. Eliminating the coinsurance payment for Medicare beneficiaries receiving CCM services would facilitate more comprehensive management of chronic care conditions and improve the health of AMGA members' patients.

AMGA Asks Congress to:

Mandate that CMS waive the current CCM code coinsurance for Medicare beneficiaries to ensure appropriate use of CCM services, maximum access for patients, and improved health outcomes.

¹ Christine Buttorff, Teague Ruder, and Melissa Bauman, Multiple Chronic Conditions in the United States. Santa Monica, CA: RAND Corporation, 2017. <https://www.rand.org/pubs/tools/TL221.html>.